DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID & MEDICAL ASSISTANCE

DELAWARE MEDICAL ASSISTANCE PROGRAM

LONG TERM CARE COMMUNITY SERVICES PROVIDER SPECIFIC POLICY MANUAL

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Delaware Medical Assistance Program

Long Term Care Community Services Provider Specific Policy Manual Revision Table

Revision Date	Sections Revised	Description
6/1/2017	Universal	This manual replaces the Elderly and Disabled Waiver Provider Specific Manual. This manual was written in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements to incorporate updates expanding Home and Community Based Services (HCBS).

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Long Term Care Community Services (LTCCS) Provider Specific Policy Manual

1.0 Overview

Health care services are provided to Long Term Care Community Services (LTCCS) recipients through a Managed Care Organization (MCO). Enrollment in a MCO is required in order for members to receive services through the LTCCS program.

1.1 LTCCS Objectives

1.1.1 The LTCCS program provides for home and community-based services in integrated community settings for recipients who are elderly, have physical disabilities (including acquired brain injuries), certain diagnoses (including Acquired Immune Deficiency Syndrome (AIDS) or HIV-Related Diseases), or reside in Assisted Living (AL) facilities and who have limited ability to perform activities of daily living and would be “at risk” of requiring nursing facility placement in the absence of LTCCS.

1.1.2 The goal of the waiver is to provide services to persons in a manner which responds to each participant’s abilities, assessed needs, and preferences, and ensures maximum self-sufficiency, independent functioning, and safety in the most integrated community-based settings while preserving recipient dignity, respect and privacy. This goal is accomplished through the delivery of a range of home and community-based long-term care services which target the special needs of the population.

1.2 Program Description

1.2.1 LTCCS program is operated and administered by the Division of Medicaid and Medical Assistance (DMMA). DMMA contracts with Managed Care Organizations (MCOs) which are responsible for delivery of LTCCS to eligible and enrolled program participants.

1.2.2 Participants who are eligible for this program can receive, as needed, all regular Medicaid services AND additional LTCCS services that Medicaid normally does not cover.

2.0 Qualities of LTCCS Provider Settings

2.1 Overview

All LTCCS provider settings must be fully compliant with the requirements set forth in 42 CFR §441.301(c)(4). DMMA will be unable to contract with noncompliant LTCCS providers for the delivery of LTCCS after March 17, 2019.

2.2 Requirements for LTCCS Provider Settings

2.2.1 The setting is integrated in and supports full access of LTCCS recipients to the greater community, including:

2.2.1.1 Opportunities to seek employment and work in competitive integrated settings;

2.2.1.2 Opportunities to engage in community life;

2.2.1.3 Opportunities to control personal resources;

2.2.1.4 Opportunities to receive services in the community, to the same degree of access as recipients not receiving Medicaid HCBS.

2.2.2 The setting must optimize, but not regiment, recipient initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

2.2.3 The setting must ensure a recipient's rights of privacy, dignity and respect, and freedom from coercion and restraint.

2.2.4 The setting must facilitate recipient choice regarding services and supports, and who provides them.

2.2.5 The setting must be physically accessible.

2.2.6 Recipients must have the freedom and support to control their own schedules and activities, and have access to food at any time.

2.2.7 Recipients must be able to have visitors of their choosing at any time.

2.3 Requirements Specific to Provider-Owned or Controlled Residential Settings

2.3.1 In addition to the requirements listed above in 2.1 and 2.2, provider-owned or controlled residential settings must also meet the following conditions:

2.3.1.1 The unit or dwelling must be a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the recipient receiving services, and the recipient has, at a minimum, the same responsibilities and protections from eviction that tenants have under 25 Del.C Part III-Residential Landlord-Tenant Code.

2.3.1.2 Each recipient must have privacy in their sleeping or living unit.

2.3.1.2.1 Units have entrance and bathroom doors lockable by the recipient, with only appropriate staff having keys to doors.

2.3.1.2.2 Recipients who share units must have a choice of roommates in that setting.

2.3.1.2.3 Recipients must be given the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

2.3.2 Modifications to Requirements

2.3.2.1 Any modification of the conditions set forth in this chapter must be supported by a specific assessed need and justified in the person-centered service plan (see section 3.3.3 of this manual).

2.4 Settings That Are Not LTCCS

2.4.1 LTCCS settings do not include the following:

2.4.1.1 A nursing facility (NF);

2.4.1.2 An institution for mental diseases (IMD);

2.4.1.3 An intermediate care facility for individuals with intellectual disabilities (ICF/IID);

2.4.1.4 A hospital; or

2.4.1.5 Any other locations that have qualities of an institutional setting, as determined by DMMA. This would include any other settings that have the effect of isolating recipients receiving Medicaid LTCCS from the broader community of recipients not receiving Medicaid LTCCS.

3.0 Program-Contractual Responsibilities

3.1 LTCCS Provider Responsibilities

3.1.1 The LTCCS provider must agree to all terms and conditions listed in the Delaware Medical Assistance Program (DMAP) contract, the MCO contract, and the policies and procedures of the DMAP and the MCO.

3.1.2 The LTCCS provider must meet and comply with all federal, state and local rules, regulations and standards that are applicable to the services rendered.

3.1.3 The LTCCS provider must consider all referred LTCCS participants for covered services.

3.1.4 The LTCCS provider must maintain participant confidentiality.

3.1.5 The LTCCS provider must ensure access to participants' case records by authorized representatives of Delaware Health and Social Services (DHSS), the MCO, and/or the Center for Medicare and Medicaid Services (CMS).

3.1.6 The LTCCS provider must ensure that participants who have grievances or complaints receive a timely hearing and a written response. Whenever possible, participants' grievances and complaints should be resolved to the participant's satisfaction. A written record of all such grievances and complaints must be maintained by the LTCCS provider.

3.1.7 The LTCCS provider must provide notice to the DMMA and MCO when changes, such as the following, occur:

3.1.7.1 A change in ownership, including a change in the membership of boards, directors, or other corporate governing bodies.

3.1.7.2 A change in the provider agency's director.

3.1.7.3 Any change in the form of legal organization of the provider agency.

3.1.7.4 At least sixty (60) days advance notice for planned changes, and immediate notification when unforeseen changes occur, is required. Contracts with LTCCS providers may not be transferred; when a change in ownership or corporate structure occurs, DMMA will determine if a new contract must be negotiated with the LTCCS provider.

3.1.8 The LTCCS provider must accept the reimbursement rates published by DMMA as payment in full for each participant the LTCCS provider serves.

3.1.9 In the event that the LTCCS provider contract is terminated, by either DMMA or the MCO, the provider will retain, without cost, ownership of all case records maintained by the LTCCS provider. Upon written request, the LTCCS provider agrees to provide copies of all case records within fifteen (15) days of receipt of the termination notice.

3.2 DMMA Responsibilities

3.2.1 DMMA agrees to furnish the MCO and LTCCS providers with administrative, policy and program guidance.

3.2.2 If the applicant or participant requests a fair hearing, DMMA agrees to make arrangements to provide such a hearing through its normal fair hearing procedures.

3.3 MCO Responsibilities

3.3.1 Contracted MCOs agree to abide by all terms and conditions set forth in their contract with DMMA.

3.3.2 In accordance with 42 CFR §441.301(c)(1), the MCO is required to utilize a person-centered planning process for all LTCCS recipients. The LTCCS recipient will lead the person-centered planning process, where possible, with the LTCCS recipient's representative having a participatory role, as needed and as defined by the recipient. The person-centered planning process:

3.3.2.1 Includes people chosen by the recipient.

3.3.2.2 Provides necessary information and support to ensure that the recipient directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.

3.3.2.3 Is timely and occurs at times and locations of convenience to the recipient.

3.3.2.4 Reflects cultural considerations of the recipient and is conducted by providing information in plain language and in a manner that is accessible to recipients with disabilities and recipients with limited English proficiency.

3.3.2.5 Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.

3.3.2.6 Precludes providers of HCBS for the recipient, or those who have an interest in or are employed by a provider of HCBS for the recipient, from

providing case management or developing the person-centered service plan.

3.3.2.7 Offers informed choices to the recipient regarding the services and supports they receive and from whom, including the option to choose from among both residential and day settings, including generic settings.

3.3.2.8 Includes a method for the recipient to request updates to the plan as needed.

3.3.2.9 Records the alternative home and community-based settings that were considered by the recipient.

3.3.3 In accordance with 42 CFR §441.301(c)(2) and (3), the MCO is required to complete a person-centered service plan for each LTCCS recipient. The person-centered service plan must reflect the services and supports that are important for the recipient to meet the needs identified through an assessment of functional need, as well as what is important to the recipient with regard to preferences for the delivery of such services and supports. The person-centered service plan must be reviewed, and revised upon reassessment of functional need, at least every twelve (12) months, when the recipients circumstances or needs change significantly, or at the request of the recipient. The written plan must:

3.3.3.1 Reflect that the setting in which the recipient resides is chosen by the recipient. Recipients must also be given the opportunity to choose a private unit in a residential setting. The State must ensure that the setting chosen by the recipient is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

3.3.3.2 Reflect the individual's strengths and preferences.

3.3.3.3 Reflect clinical and support needs as identified through an assessment of functional need.

3.3.3.4 Include individually identified goals and desired outcomes.

3.3.3.5 Reflect the services and supports (both paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports.

3.3.3.6 Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.

3.3.3.7 Be understandable to the individual receiving services and supports, and the individuals important in supporting the recipient. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with 42 CFR §435.905(b).

3.3.3.8 Identify the individual and/or entity responsible for monitoring the plan.

3.3.3.9 Be finalized and agreed to, with the informed consent of the recipient in writing, and signed by all individuals and providers responsible for its implementation.

3.3.3.10 Be distributed to the recipient and other people involved in the plan.

3.3.3.11 Include those services, the purpose or control of which the recipient elects to self-direct.

3.3.3.12 Prevent the provision of unnecessary or inappropriate services and supports.

3.3.3.13 Document that any modification of the conditions listed under Section 2.2 of this manual, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:

3.3.3.13.1 Identify a specific and assessed need.

3.3.3.13.2 Document the positive interventions and supports used prior to any modifications to the person-centered service plan.

3.3.3.13.3 Document less intrusive methods of meeting the need that have been tried but did not work.

3.3.3.13.4 Include a clear description of the condition that is directly proportionate to the specific assessed need.

3.3.3.13.5 Include a regular collection and review of data to measure the ongoing effectiveness of the modification.

3.3.3.13.6 Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

3.3.3.13.7 Include informed consent of the recipient.

3.3.3.13.8 Include an assurance that interventions and supports will cause no harm to the recipient.

3.4 Responsibilities of All Parties

3.4.1 Formal communication concerning the contract, program activities, treatment methods, and reports, etc. will be made via written correspondence between DMMA, the MCO and the LTCCS provider.

3.4.2 All parties have the responsibility to report critical incidents in accordance with State laws, rules, regulations and agency policy memorandums to the appropriate investigative authorities immediately upon discovery. Reporting responsibilities include the requirement to contact 9-1-1 in emergency or potentially life-threatening situations involving HCBS recipients and to report crimes committed against HCBS recipients.

3.4.2.1 Critical incidents include, but are not limited to:

3.4.2.1.1 Deaths

3.4.2.1.2 Suspected abuse/neglect/exploitation

3.4.2.1.3 Serious illness

3.4.2.1.4 Injury to recipient

3.4.2.1.5 Deliberate damage to recipient's property or theft

3.4.2.1.6 Medication management issues (errors, omissions, etc.)

3.4.2.1.7 Other high risk incidents including, but not limited to environmental hazards, suicide threats, self-injurious behaviors, etc.

3.4.2.2 Critical incidents will be reported to the appropriate agency in accordance with the following:

3.4.2.2.1 Adult Protective Service (APS) for suspected abuse, inadequate self-care, neglect, disruptive behavior and exploitation.

3.4.2.2.2 DHSS Long Term Care Office of the State Ombudsman (OSO) for residents of a long term care facility who have a complaint about their rights.

3.4.2.2.3 Division of Long Term Care and Residents Protection (DLTCRP) for recipients receiving services in a long term care facility and there is an incident of abuse, neglect, or mistreatment, and/or financial exploitation. DLTCRP is also the designated agency to regulate acute and outpatient health care facilities/agencies and to receive Critical Incidents occurring in these facilities involving abuse, neglect or harassment; hospital, hospice seclusion and restraint deaths. Reports of suspected abuse, neglect, and exploitation of recipients who are children residing in pediatric nursing facilities must also be reported to DLTCRP.

3.4.2.2.4 Office of Health Facilities Licensing and Certification (OHFLC) is the designated agency to regulate acute and outpatient health care facilities/agencies and receives Critical Incidents occurring in these facilities involving abuse, neglect or harassment; hospital, hospice seclusion and restraint deaths.

3.4.2.2.5 The Division of Family Services (DFS): is the designated agency to receive, investigate, and respond to Critical Incidents of abuse or neglect of children living in the community.

4.0 Program Eligibility Criteria

4.1 Criteria

4.1.1 In order to participate in the LTCCS program, an individual must meet medical and financial criteria as established by DMMA.

4.1.1.1 The LTCCS application may be requested by contacting the DMMA Central Intake Unit (CIU). Refer to Section 7.0 of this manual for DMMA CIU contact information.

4.1.1.2 Determination of LTCCS eligibility is the responsibility of DMMA staff.

5.0 Application

5.1 Application Instructions

5.1.1 An individual who wishes to apply for the LTCCS program must contact the DMMA CIU to initiate the application. Refer to Section 7.0 of this manual for the DMMA CIU contact information.

6.0 Content/Description of Services

6.1 Scope of Services

6.1.1 The MCO shall furnish covered services in an amount, duration and scope that is no less than the amount, duration and scope for the same benefit/service as specified in Delaware's Medicaid State Plan.

6.1.2 MCO determinations of amount, duration and scope of covered services shall be guided by the considerations contained in Section 13-Appendix H (Medical Necessity Definition) of DMMA's General Policy Manual.

6.2 Available Services

6.2.1 Adult Day Services – Services furnished in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Members with an acquired brain injury (ABI) or traumatic brain injury (TBI), will receive additional prompting and/or intervention as needed, and as indicated in the person-centered service plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service. This service is not available to persons residing in assisted living or nursing facilities.

6.2.2 Attendant Services – Attendant care services includes assistance with activities of daily living (ADL's) (bathing, dressing, personal hygiene, transferring, toileting, skin care, eating and assisting with mobility). When specified in the plan of care, this service includes assistance with instrumental activities of daily living (IADL's) (e.g. light housekeeping chores, shopping, meal preparation). Assistance with IADL's must be essential to the health and welfare of the participant. This service does not duplicate a service provided under the state plan as an expanded EPSDT service. Members with an acquired brain injury (ABI) or traumatic brain injury (TBI) will receive additional prompting and/or intervention as needed, and as indicated in the person-centered service plan. This service is not available to persons residing in assisted living or nursing facilities.

6.2.3 Respite - Respite service provides supportive care in HCB settings on a short-term basis because of the absence of, or need for relief for, those persons normally providing the care. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.

6.2.3.1 Limit of no more than fourteen (14) days per year. Case managers prior authorize this service and may authorize service request exceptions above these limits.

6.2.4 Personal Emergency Response System (PERS) – A PERS is an electronic device that enables an LTCCS participant to secure help in an emergency. As part of the PERS service, a participant may be provided with a portable "help" button to allow for mobility. The PERS device is connected to the

participant's phone and programmed to signal a response center and/or other forms of assistance once the "help" button is activated. The PERS service is available only to participants who live outside of assisted living facilities. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.

6.2.5 Specialized Medical Equipment and Supplies – Specialized medical equipment and supplies include: (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.

6.2.6 Cognitive Services – Cognitive Services are necessary for the assessment and treatment of individuals who exhibit cognitive deficits or interpersonal conflict, such as those that are exhibited as a result of a brain injury. Cognitive Services include two key components:

6.2.6.1 Multidisciplinary Assessment and consultation to determine the participant's level of functioning and service needs. This Cognitive Services component includes neuropsychological consultation and assessments, functional assessment and the development and implementation of a structured behavioral intervention plan.

6.2.6.2 Behavioral Therapies include remediation, programming, counseling and therapeutic services for participants and their families which have the goal of decreasing or modifying the participant's significant maladaptive behaviors or cognitive disorders that are not covered under the Medicaid State Plan. These services consist of the following elements: Individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law.), services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness, individual activity therapies that are not primarily recreational or diversionary, family counseling (the primary

purpose of which treatment of the individual's condition) and diagnostic services.

6.2.6.3 These services are not available to persons residing in assisted living or nursing facilities.

6.2.7 Day Habilitation – Day Habilitation includes assistance with acquisition, reacquisition, retention, or improvement in self-help, socialization and adaptive skills that take place in a non-residential HCB setting separate from the participant's private residence. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. Meals provided as part of these services shall not constitute a "full nutritional regiment" (3 meals per day). Day habilitation services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the service plan. In addition, day habilitation services may serve to reinforce skills or lessons taught in other settings. This service is provided to participants who demonstrate a need based on cognitive, social, and/or behavioral deficits such as those that may result from an acquired brain injury. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.

6.2.8 Assisted Living – Assisted Living provides personal care and supportive services (homemaker, chore, attendant services, and meal preparation) that are furnished to LTCCS participants who reside in homelike, non-institutional settings. Assisted living includes a 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services also include social and recreational programming, and medication assistance (to the extent permitted under State law). As needed, the assisted living service may also include prompting to carry out desired behaviors and/or to curtail inappropriate behaviors. Services that are provided by third parties must be coordinated with the assisted living provider.

6.2.9 LTCCS members are also eligible for all services normally covered by the DMAP.

7.0 Contact Information – DMMA and MCO

7.1 DMMA

Central Intake Unit (CIU)

Robscott Building

153 E. Chestnut Hill Road, Newark, DE 19713

Phone: 1-866-940-8963

Fax: (302)451-3628

Pre Admission Screening (PAS)

New Castle County

Robscott Building

153 E. Chestnut Hill Road, Newark, DE 19713

Phone: (302)451-3640

Fax: (302)451-3668

Kent County

Smyrna State Service Center

200 S. DuPont Boulevard, Suite 101, Smyrna, DE 19977

Phone: (302)514-4560

Fax: (302)514-4561

James W. Williams State Service Center

805 River Road, Dover, DE 19901

Phone: (302)857-5070

Fax: (302)857-5071

Milford State Service Center at Riverwalk

253 NE Front Street, Milford, DE 19963

Phone: (302)424-7172

Fax: (302)424-7218

Sussex County

Thurman Adams State Service Center

546 S. Bedford Street, Georgetown, DE 19947

Phone: (302)515-3150

Fax: (302)515-3151

7.2 MCO

United Healthcare Community Plan (Administrative Office)

4051 Ogletown Road, Suite 200, Newark, DE 19713

Phone: 1-800-600-9007

Fax: 1-877-877-8230

www.UHCCommunityPlan.com

Highmark Health Options

800 Delaware Avenue, Wilmington, DE 19801

Phone: 1-844-325-6252

Fax: 1-855-476-4158

www.highmarkhealthoptions.com