CHAPTER 6: LONG TERM SERVICES AND SUPPORT (LTSS)

UNIT 1: GENERAL INFORMATION AND COVERED SERVICES

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6.1 OVERVIEW

Introduction

Delaware's Diamond State Health Plan Plus Long Term Services and Support (DSHP Plus LTSS) Program provides enhanced benefits to DSHP Plus members who qualify for Medicaid Long Term Services and Support. Health Options serves as a managed care organization (MCO) operating the DSHP Plus LTSS Program.

Goals of the DSHP Plus LTSS Program

The primary goals of DSHP Plus LTSS are to:

- Provide streamlined, timely access to LTSS;
- Expand access to and utilization of cost-effective Home and Community-Based Services (HCBS) alternatives to nursing facility care;
- Serve more people with existing LTSS funds;
- Increase HCBS options;
- Improve coordination of all Medicaid (acute, behavioral, and LTSS) services; and
- Rebalance LTSS spending (i.e., funding spent on institutional versus HCBS).

DSHP Plus LTSS promotes coordination of care

DSHP Plus LTSS promotes quality and cost-effective coordination of care for eligible DSHP Plus LTSS members with chronic, complex, and complicated health care, social service, and custodial needs in a Nursing Facility or Home and Community-Based setting. Case Management involves the systematic process of assessment, planning, coordinating, implementing and evaluating care through a fully integrated physical health, behavioral health, and LTSS program to ensure the care needs of the member are met.

6.1 ELIGIBILITY AND ENROLLMENT

Overview

In order to be enrolled into the Diamond State Health Plan Plus Long Term Services and Support (DSHP Plus LTSS) Program, an individual must qualify both financially and medically. The State of Delaware, through contracting with a Health Benefits Manager (HBM), performs functions related to outreach, education, enrollment, transfer, and disenrollment of members.

Medical eligibility determination

The State performs the initial and annual Level of Care Assessment for those being considered for the LTSS Level of Care benefits.

Financial eligibility determination

The State performs the financial assessment for those being considered for the DSHP Plus LTSS Program.

Enrollment process

Once the State determines the individual is both medically and financially eligible, Health Options is notified on an outbound report from the State. In general, a member's effective date of enrollment will be the first day of the month.

Effective dates are not retroactive *except* in the case of DSHP Plus LTSS members residing in a Nursing Facility who may be retroactive up to ninety (90) calendar days prior to the member's date of application for Medicaid.

DSHP Plus LTSS target population

The DSHP Plus LTSS Program provides services, including LTSS, through a managed care delivery system to the following populations:

- Institutionalized individuals in Nursing Facilities who meet the Nursing Facility (NF) Level of Care (LOC);
- Aged and/or disabled individuals over age 18 who do not meet the NF LOC, but who, in the absence of Home and Community-Based Services (HCBS), are "at risk" of institutionalization and meet the "At-Risk" for NF LOC criteria; and
- Individuals with a diagnosis of AIDS or HIV, over age one (1), who meet the Hospital LOC criteria and who receive HCBS as an alternative.

6.1 LONG TERM SERVICES AND SUPPORT (LTSS) BENEFITS

Covered services

Health Options offers the following services as part of its benefit package:

- Adult Day Services
- Community-based residential alternatives that include Assisted Living Facilities
- Attendant Care Services
- Cognitive Services for individuals with Acquired Brain Injury (ABI)
  - Up to twenty (20) visits per year, plus assessment
- Day Habilitation
- Home-Delivered Meals
  - Up to one (1) meal per day
- Independent Activities of Daily Living (Chore) Services
- Minor Home Modifications
  - Up to $6,000 per project;
  - $10,000 per benefit year; and
  - $20,000 per lifetime.
- Nutritional Supplements for individuals diagnosed with HIV/AIDS who are not covered under the State Plan
- Personal Emergency Response System (PERS)
- Respite Care, both at Home and in Nursing and Assisted Living Facilities
  - Up to fourteen (14) calendar days per year
- Specialized Medical Equipment and Supplies not covered under the State Plan
- Transition Services for those moving from a Nursing Facility (NF) to the Community under the Money Follows the Person (MFP) Program up to $2,500 per transition
- Transition Workshops for those moving from a NF to the Community under the MFP Program
- Nursing Facility Services

At-Risk Members

At-Risk Members are members who do not meet the Nursing Facility Level of Care but are "at risk" of institutionalization.

Self-directed Attendant Care Services

Members may opt to self-direct their Attendant Care Services. Self-direction allows members to have choice and control over how Attendant Care Services are provided and who provides the services.

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6.1 LONG TERM SERVICES AND SUPPORT (LTSS) BENEFITS,
Continued

Money Follows the Person (MFP)

Money Follows the Person (MFP) is a program to assist eligible members to transition from a Nursing Facility to the community. Members who wish to participate must meet the federal definition of an "eligible individual" transitioning from a "qualified institution" to a "qualified residence."

- **Eligible Individual:**
  - Signed Informed Consent Form;
  - Enrolled in DSHP for a minimum of one (1) day;
  - Resided in "Qualified Institution" for a minimum of ninety (90) consecutive days;
  - None of the 90 consecutive days were Medicare; and
  - Transitions directly from Nursing Facility to Community.
- **Qualified Institution:** Includes the following licensed and Medicaid Certified Facilities:
  - Hospital;
  - Nursing Facility (NF); and
  - Intermediate Care Facility for Persons with Mental Retardation (ICF/MR).
- **Qualified Residence:**
  - Home owned or leased by member or family member;
  - Apartment;
  - Community-based residence with no more than four (4) unrelated residents.

6.1 LONG TERM SERVICES AND SUPPORT (LTSS) BILLING AND REIMBURSEMENT

Overview

When billing for services rendered to Diamond State Health Plan Plus Long Term Services and Support (DSHP Plus LTSS) Program members, providers should refer to the most current federal, state, or other payer instructions for specific requirements applicable to the CMS-1500 professional and UB-04 facility health insurance claim forms and/or appropriate electronic filing format.

In addition to the following DSHP Plus LTSS members-specific billing guidelines outlined below, all Health Options billing guidelines apply.

DSHP Plus LTSS members-specific billing guidelines

Only those HCPCS (CPT® and HCPCS Level II) codes on the fee schedule will be considered for reimbursement when filed in conjunction with the corresponding Revenue Code(s) and modifiers, otherwise charges will be denied for billing guidelines. **Services billed outside of the agreement are subject to recovery.** All services require prior authorization. Additional information on the Health Options LTSS-specific billing guidelines is available on the Health Options website at www.highmarkhealthoptions.com.

6.1 ADDITIONAL LTSS PROGRAM INFORMATION

Background checks

Health Options will verify that potential Attendant Care Employees meet all applicable qualifications prior to delivering services including the following minimum qualifications: at least 18 years of age, have the skills necessary to perform the required services, possess a valid Social Security number, and is willing to submit to a criminal record check.

For each potential Attendant Care Employee, Health Options will conduct a criminal history check pursuant to 16 DE Admin Code 3110, a check of the Delaware's Adult Abuse Registry (see 11 DE Admin Code 8564; registry is available on the Delaware Department of Health and Social Services (DHHS) website), a check of the national and Delaware sex offender registries, and a check of the excluded provider list.

Critical incident reporting

Critical incidents include, but are not limited to, the following:

- Unexpected death of a member, including deaths occurring in any suspicious or unusual manner, or suddenly when the deceased was not attended by a physician;
- Suspected physical, mental, or sexual mistreatment, abuse, and/or neglect of a member;
- Suspected theft or financial exploitation of a member;
- Severe injury sustained by a member;
- Medication error involving a member; or,
- Inappropriate/unprofessional conduct by a provider involving a member.

Member Education

At time of the Intake Visit and at each subsequent face-to-face visit, the Case Manager will review the *Abuse/Neglect/Exploitation Identification and Reporting* section of the *Long Term Services and Support (LTSS) Education Materials* with the member. Documentation of review will be documented in the *Home Safety Monitoring Checklist*.

Identification

The Case Manager utilizes the *LTSS Education Materials* to educate the member regarding the identification and reporting of Abuse, Neglect and Exploitation, which are all considered Critical Incidents.

- Abuse includes inflicting pain, injury, mental anguish, unreasonable confinement or other cruel treatment. Abuse can be:
  - Physical abuse;
  - Emotional abuse; or,
  - Sexual abuse.

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6.1 ADDITIONAL LTSS PROGRAM INFORMATION, Continued

Critical incident reporting (continued)

- Neglect can occur:
  - When an adult is unable to care for him/herself or to obtain needed care, placing their health or life at risk;
  - The neglect may be unintended, resulting from the caregiver's lack of ability to provide or arrange for the care the person requires;
  - Neglect may be due to the intentional failure of the caregiver to meet the person's needs.
- Financial exploitation occurs when a caregiver improperly uses funds intended for the care or use of an adult. These funds are paid to the adult or caregiver by a government agency. Exploitation can include:
  - Fraud or coercion;
  - Forgery; or,
  - Unauthorized use of banking accounts, cash or government cards.

Reporting

Health Options immediately reports to the State's Division of Medicaid and Medical Assistance (DMMA) and the appropriate investigative agency by telephone all current information received or known about a Critical Incident and follows up in writing to DMMA and the appropriate investigative agency within eight (8) hours of identifying any Critical Incident.

Health Options provides a full written report to DMMA within thirty (30) days of identifying a Critical Incident that includes, at a minimum, information regarding the Critical Incident, the investigation conducted by Health Options and/or investigative agency (if applicable), findings by Health Options and the investigative agency (as applicable), and any corrective actions.

Health Options reports Critical Incidents to the following appropriate investigative agencies:

- Adult Protective Service (APS) for suspected abuse, neglect, disruptive behavior, and exploitation. Inadequate self-care cases are handled by the Community Services Program within the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).
- 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.
- Division of Long Term Care and Residents Protection (DLTCRP) for members receiving services in a long term care facility and there is an incident of abuse, neglect, or mistreatment, and/or financial exploitation. Reports of suspected abuse, neglect, and exploitation of members who are children residing in pediatric nursing facilities must also be reported to DLTCRP.

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6.1 ADDITIONAL LTSS PROGRAM INFORMATION, Continued

Critical incident reporting (continued)

- 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.
- 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.

Health Options cooperates with DMMA and any investigative agency in documenting, investigating, and addressing actual and suspected Critical Incidents. Health Options collects and analyzes data regarding Critical Incidents, tracks and identifies trends, identifies root causes, and makes necessary changes in order to prevent reoccurrence.