



Acquired Brain Injury Medicaid Waiver Program Provider Specific Policy

Revision Table

Effective 12/1/2010 the policy for Acquired Brain Injury Medicaid Waiver has been combined with the Elderly and Disabled Waiver. Please refer to the Elderly/Disabled Provider Policy Specific Manual at http://www.dmap.state.de.us/downloads/manuals/elderly_disabled_waiver_provider_specific.pdf

Revision Date	Sections Revised	Description
12/1/07	All	This is a new provider manual for a new program
12/14/07	6.0, 7.1 and 7.2	Procedure code and contact information has been added.
12/30/09	4.1	ABI requirements update

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Acquired Brain Injury Medicaid Waiver Program Provider Policy Manual

1.0 Overview

Acquired Brain Injury (ABI) participants are exempt from Medicaid managed care coverage. Services provided to ABI participants will be reimbursed on a “fee-for-service” basis.

1.1 Program Description

- 1.1.1 The Acquired Brain Injury Medicaid Waiver Program (ABIMWP) is administered by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).
- 1.1.2 The ABIMWP is targeted to older adults and adults with physical disabilities who have sustained an acquired brain injury.
- 1.1.3 All participants must be determined medically and financially eligible for the Delaware Medical Assistance Program (DMAP) and meet Medicaid nursing home admission criteria
- 1.1.4 The goal of the waiver is to provide services to persons with an Acquired Brain Injury (ABI) in a manner which responds to each consumer's abilities, assessed needs, and preferences, and which ensures maximum consumer self-sufficiency, independent functioning, and safety. This goal will be accomplished through the delivery of a range of home and community-based long-term care services, including assisted living, which target the special needs of the ABI population.

1.2 Content/Description of Services

- 1.2.1 Waiver participants are also eligible for all services normally covered by Medicaid.

1.3 Limitations

- 1.3.1 The items and services provided to eligible participants may be limited in duration or amount. Any limitation imposed will be consistent with the medical necessity of the participant's condition, as determined by the designated case manager. This determination will be made in accordance with standards generally recognized by licensed health professionals and promulgated through the DSAAPD service specifications.

1.4 Waiver Services

- 1.4.1 Case Management is a service that assists participants in gaining access to waiver and State plan services, as well as medical, social, educational, and other services, regardless of the funding source. Services include identifying, planning, educating, accessing, monitoring and coordinating all community-based supports and services. As part of case management service, certain inherent administrative functions will be performed. Such functions include: monitoring waiver expenditures against approved levels, reviewing participant service plans to ensure that waiver requirements are met, and performing prior-authorization of services.
- 1.4.2 Assisted Living services are divided into the following two(2) tiers of service:
- 1.4.2.1 Basic Assisted Living encompasses personal care and supportive services (homemaker and meal preparation) that are furnished to waiver participants who reside in a homelike, non-institutional setting that includes 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). Services that are provided by third parties must be coordinated with the assisted living provider.
- 1.4.2.2 Enhanced ABI Assisted Living is intended to provide a supplemental service rate or additional reimbursement for psychosocial Assisted Living services that are beyond the scope of Level I or Basic Assisted Living in the State of Delaware. This reimbursement level exists in recognition of the fact that some participants with ABI will require more attention because of the nature of their injuries. At this level, an example of additional attention may include prompting to carry out desired behaviors and/or to curtail inappropriate behaviors. In the care planning process, case managers will coordinate with assisted living service providers to determine appropriate care needs and reimbursement levels.
- 1.4.3 Adult Day Services are divided into the following two (2) tiers of service:
- 1.4.3.1 Level I or Basic Adult Day Services (a.k.a. Adult Day Care) encompasses both health and social services needed to ensure the optimal functioning of the participant. Services are generally furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day).
- 1.4.3.2 Level II or Enhanced ABI Adult Day Services is intended to provide an additional reimbursement for the additional staff time needed to care for participants who demonstrate ongoing behavioral patterns and/or ADL dependencies, which increase the amount of staff time needed to care for those participants. The behavior and need for intervention must occur at least weekly, and be documented as such.

NOTE: Transportation between the participant's residence and the adult day care site is provided as a part of adult day care services and the cost of transportation is included in the rate paid to providers.

- 1.4.4 Day Habilitation service is the assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills that take place in a non-residential setting separate from the participant's private residence or other residential living arrangement. 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. Transportation between the participant's residence and the day habilitation site is provided as a part of day habilitation services and the cost of transportation is included in the rate paid to providers.

NOTE: The ABI Adult Day Programming strategy includes the two levels of Adult Day Services and Day Habilitation Service. In most cases these services are delivered by the same or similar providers. Case managers will integrate (as appropriate) these three options to ensure accomplishment of desired outcomes in the most cost effective manner.

- 1.4.5 Cognitive Services are necessary for the diagnosis and treatment of individuals who exhibit cognitive deficits or interpersonal conflict resulting from brain injury. Cognitive Services are divided into the following two(2) tiers of service:
- 1.4.5.1 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.
- 1.4.5.2 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. The purpose of this service it to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

- 1.4.6 Personal Care Service is a range of assistance to enable waiver participants who live in the community (outside AL facilities) to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cueing to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis. Health-related services that are provided may include skilled or nursing care and medication administration to the extent permitted by State law.
- 1.4.7 Respite Care Services is provided to waiver participants who live in the community (outside AL facilities), who are unable to care for themselves. Respite care is furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant.
- 1.4.8 Personal Emergency Response Systems (PERS) is an electronic device that enables waiver participants who live in the community (outside AL facilities) to secure help in an emergency. The participant may also wear a portable “help” button to allow for mobility. The system is connected to the participant’s phone and programmed to signal a response center once the “help” button is activated. The response center is staffed by trained professionals.

2.0 Eligibility

Participants must meet the technical, medical, and financial eligibility criteria specified below.

2.1 Technical Eligibility

- 2.1.1 A resident of the state of Delaware; and
- 2.1.2 18 years of age or older
- 2.1.3 Participant must benefit from ABI Case Management and one (1) enhanced ABI service.
- 2.1.3.1 Enhanced services under the ABI waiver are as follows:
- 2.1.3.1.1 Enhanced Assisted Living
- 2.1.3.1.2 Enhanced (Level II) Adult Day Care
- 2.1.3.1.3 Day Habilitation
- 2.1.3.1.4 Cognitive Services
- 2.1.4 Program eligibility for the ABIMWP will be determined by the DSAAPD.

2.1.5 Have the ability to reside safely in the community or assisted living agency with the assistance of ABIMWP services.

2.2 Medical Eligibility

2.2.1 Medical eligibility is determined by the Pre-Admission Screening Units of either DSAAPD or the Division of Medicaid & Medical Assistance (DMMA).

2.3 Financial Eligibility

2.3.1 Financial eligibility is determined by the DMMA Long Term Care Financial Unit.

2.3.2 Participants for the ABIMWP must meet the income and resource criteria for Long Term Care Medicaid.

3.0 Program Responsibility

3.1 DSAAPD Responsibility

3.1.1 Recruit and monitor Acquired Brain Injury providers.

3.1.2 Furnish the Acquired Brain Injury provider with administrative assistance, program guidance, and operational training.

3.1.3 Determine and maintain program eligibility of all participants.

3.1.4 Refer participant to the designated CM provider.

3.1.5 Prior authorize ABI case management services.

3.1.6 Enforce Delaware Medical Assistance Program (DMAP) policies with provider entities.

3.2 DMMA Responsibility

3.2.1 Determine participant's technical and financial eligibility.

3.2.2 Notify DSAAPD of changes in participant's technical and financial eligibility.

3.2.3 Determine participant's monthly patient pay amount.

3.2.4 Furnish the ABIMWP provider with Medicaid guidance.

- 3.2.5 Issue Medicaid policies, rules, and regulations related to the ABIMWP.
- 3.2.6 Complete file maintenance forms to keep payment rates updated in the MMIS system.
- 3.2.7 Enroll Acquired Brain Injury providers.
- 3.2.8 Process claims and reimburses ABIMWP providers.
- 3.2.9 Provide the admitting ABIMWP provider with a notice that indicates the:
 - 3.2.9.1 Amount of the participant's monthly income due to the ABIMWP provider.
 - 3.2.9.2 Amount to be retained for medical insurance and personal needs.
 - 3.2.9.3 Effective date of the Medicaid coverage.
 - 3.2.9.4 Participant's Medicaid ID number (to be used for billing).

3.3 Provider Responsibility – All Providers

- 3.3.1 The ABIMWP provider agrees to all terms and conditions listed in the Delaware Medical Assistance Program (DMAP) contract and the policies and procedures in this manual.
- 3.3.2 Meet and comply with DSAAPD Service Specifications for services delivered. Service specifications are supplied during the provider pre-qualification process.
- 3.3.3 Meet and comply with all federal, state and local rules, regulations and standards that are applicable to the services provided through the ABI Waiver.
- 3.3.4 Consider participants approved by the ABIMWP for placement.
- 3.3.5 Maintain participant confidentiality.
- 3.3.6 Ensure access to authorized representatives of Delaware Health and Social Services and/or the Center for Medicare and Medicaid Services (CMS) to the participant's case records.
- 3.3.7 Ensure access to authorized representatives of Delaware Health and Social Services to the provider facility.

- 3.3.8 Ensure that participants who have grievances or complaints receive a timely response and that, whenever possible, participants' grievances and complaints are resolved to his/her satisfaction. A written record of all such grievances and complaints must be maintained by the ABIMWP provider.
- 3.3.9 Provide written notification (at least 30 days in advance) to the designated case management agency, and the participant of plans to discharge from the provider agency.
- 3.3.10 Provide notice to the DSAAPD and DMMA when changes, such as the following occur:
 - 3.3.10.1 A change in ownership, including a change in the membership of boards of directors or other corporate governing bodies.
 - 3.3.10.2 A change in the provider agency's director.
 - 3.3.10.3 Any change in the form of legal organization of the provider agency.
 - 3.3.10.4 At least 60 days advance notice for planned changes, and immediate notification when unforeseen changes occur, is required. Contracts with Acquired Brian Injury 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 ABIMWP provider.
- 3.3.11 Have the capacity for automated billing.
- 3.3.12 Be responsible and accountable for providing the services delineated in the ABI Waiver.
- 3.3.13 Have the capacity to meet the current and changing service needs of participants they admit under the ABIMWP.
- 3.3.14 Accept the reimbursement rates published by DSAAPD as payment in full for each participant the ABIMWP provider admits.

3.4 Provider Responsibility – Specific to Case Management Providers

- 3.4.1 Case Management Provider (CMP) will calculate and notify ABIMWP of participant's monthly service rate for Assisted Living services.
- 3.4.2 CMP will counsel participant on importance of paying the patient pay amount (PPA) to the designated provider(s) and inform participant of the consequences for non-payment.

- 3.4.3 Notify DMMA regarding any change in participant insurance coverage. Provide written notification (at least 30 days in advance) to DSAAPD and the participant of plans to discharge from the case management service.

4.0 Prior Authorization

4.1 Requirements

- 4.1.1 All ABI Waiver services require a prior-authorization in the Delaware Medicaid Management Information System (MMIS).
- 4.1.2 All ABI Case Management services (Procedure Code T2022) must be prior-authorized by DSAAPD personnel.
- 4.1.3 All ABI services (excluding Case Management services) are prior-authorized by the designated Case Management Provider (CMP). The CMP will have the authority to prior-authorize the seven (7) remaining ABI Waiver services, excluding the Case Management service.
- 4.1.4 Due to conflict of interest concerns, case management providers are not permitted to provide additional ABI and State Plan services.

5.0 Reimbursement

5.1 Methodology

- 5.1.1 Providers enrolled in the ABIMWP are reimbursed a unit of service rate.
- 5.1.2 Medicaid does not reimburse Assisted Living providers for room and board. The participant is responsible for these charges.
- 5.1.3 Medicaid reimbursement does not include the participant's patient pay amount.
- 5.1.4 Medicaid does not reimburse Assisted Living providers while the participant is physically absent from the facility due to a hospitalization or non-medical/social leave of absence.
- 5.1.5 Under the ABIMWP, AL providers may not bill the per diem rate for any day that the participant is absent from assisted living agencies for the entire day.
- 5.1.6 If participant elects hospice, services included in the ABI waiver program may not overlap the services included in the hospice per diem.

5.1.7 ABIMWP participants are also eligible for all services normally covered by the DMAP.

6.0 Appendix A – HCPCS Procedure Codes

The following procedure codes are to be used for billing services under the Acquired Brain Injury Waiver.

ABI Waiver Procedure Codes and Levels

ABI Wavier Service	Procedure Codes	Service Unit (Interval)
Case Management	T2022	Monthly
Personal Care	S5130	15 minute
Respite	T1005	15 minute
Day Habilitation – Full Day	T2020	Day rate (over 4.5 hours)
Day Habilitation - per unit	T2021	15 minute rate (up to 4.5 hours)
Cognitive Services - Assessment	90801	Interview
Cognitive Services – Therapy	90806	Hourly
PERS – Install	S5160	As needed
PERS – Monitoring	S5161	Monthly
PERS – Extra Pendant	S5162	As needed/Monthly
Adult Day Care – (Full day > 4.5 hours) - Basic	S5105	Daily (> 4.5 hours)
Adult Day Care – (1/2 day < 4.5 hours) – Basic	S5101	Daily (< 4.5 hours)
Adult Day Care – (Full day > 4.5 hours) - Enhanced	S5105 U1	Daily (> 4.5 hours)
Adult Day Care – (1/2 day < 4.5 hours) – Enhanced	S5101 U1	Daily (< 4.5 hours)

LOR	Level	Daily Rate
10	Assisted Living Level I	\$34.48
12	Assisted Living Level I w/add-on	\$37.93
13	Assisted Living Level I w/ABI add-on	\$64.76
20	Assisted Living Level II	\$46.61
22	Assisted Living Level II w/add-on	\$42.37
23	Assisted Living Level II w/ABI add-on	\$64.76
30	Assisted Living Level III	\$51.41
32	Assisted Living Level III w/add-on	\$56.41
33	Assisted Living Level III w/ABI add-on	\$64.76

7.0 Appendix B – Index – Location and Telephone Numbers for Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

7.1 Direct Services

New Castle County	Kent/Sussex Counties
DSAAPD	DSAAPD
University Plaza	Milford State Service Center
256 Chapman Road	18 North Walnut Street, First Floor
Oxford Building, Suite 200	Milford, De 19963
Newark, De 19702	
Phone #: (302) 453-3820	Phone #: (302) 424-7310 or 800-223-9074
Fax #: 453-3836	Fax #: 422-1346
TTY #: 453-3837	TTY #: 422-1415

7.2 Administration

DSAAPD
Second Floor Annex
1901 N. DuPont Highway
New Castle, De 19720
Phone #: (302) 255-9390 or 800-233-9074
Fax#: (302) 255-4445

Locations and telephone numbers for the Delaware Medical Assistance Program (DMAP) may be found in the Index to the General Policy.