



AIDS and Other HIV-Related Diseases Waiver

Revision Table

Revision Date	Sections Revised	Description
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
3/1/03	9.0	To be in compliance with HIPAA, DSS mapped many local codes to HCPCS procedure codes that did not accurately describe the services provided by AIDS waiver providers. Section 9.0, Appendix B, is being updated to include CMS approved HCPCS codes that better describe original service. The update, effective 3/1/03, reflects the progression of codes, description and date of service each codes is to be used.
3/1/03	9.0	Local codes was mapped to 90804. However, providers couldn't bill for more than 1 unit (up to 30 min.). Codes 90806 and 90808 are being added to give providers the capability to bill for services up to 50 and 80 minutes. These codes can be used for dates of service on and after 3/1/03.
6/28/04	5.2.1.7	Corrected address and phone numbers for the Long Term Care Administrator.
8/23/04	7.1.1, 8.0 and 9.0	Providers no longer use local codes. Therefore, local codes in Appendix A (section 8.0-8.6) are removed from manual and reference to Appendix A is removed. The local code/description columns are also removed from Appendix B (Section 9.0)
12/20/05	Appendix B – HCPCS Procedures Codes	Replaced current HCPCS code and description 96100 with code 96101. Effective 1/1/2006
9/18/08	TOC	Removed obsolete numbering.
4/16/12	Above the Overview	Updated policy to reflect, effective 04/01/2012 additional Medicaid populations now served through a Managed Care Organization (MCO).

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AIDS and Other HIV-Related Diseases Waiver Provider Specific Policy Manual

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Home And Community Based Waiver Services For Individuals With AIDS And Other HIV-Related Diseases

Health care services are provided to the majority of Medicaid clients through a Managed Care Organization (MCO). AIDS Waiver services are included in the MCO benefits package. All AIDS Waiver clients who are enrolled with an MCO must receive AIDS Waiver services through the MCO.

1.0 Overview

1.1 Waiver Objectives

- 1.1.1 The Waiver to provide home and community-based services to individuals with Acquired Immune Deficiency Syndrome (AIDS) and other HIV-Related Diseases (HRD) is designed to provide this population with an alternative to institutionalization. These individuals are generally institutionalized in a hospital rather than a nursing facility.
- 1.1.2 The purpose of this Waiver program is to substantially reduce the number and length of hospital stays of individuals with AIDS/HRD who can function in the community with the provision of special in-home and community support services.

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2.0 Program and Contractual Responsibilities

2.1 HCBS Provider Responsibilities

- 2.1.1 The HCBS provider agrees to be responsible for full, current, and detailed knowledge of published federal and state laws, regulations, and guidelines pertinent to discharging HCBS duties and responsibilities and to request any necessary interpretation of specific provisions.
- 2.1.2 The HCBS provider agrees that services will be rendered by employees of the HCBS provider. Personnel policies, employee benefits, travel, purchasing policies, and other similar administrative procedures applicable to the services rendered must be those of the HCBS provider. The DMAP will not have control or supervision of the details of tasks to be performed, but will have authority to exercise general direction.
- 2.1.3 The HCBS provider agrees to obtain all supplies and materials used to provide services at the lowest practicable cost and to contain total costs by competitive bidding.
- 2.1.4 The HCBS provider certifies that the federal funds used do not replace or supplant, in any way, State or local funds for already existing services. The HCBS provider guarantees that any costs incurred will not be allocated to or included as a cost of any other federally financed program in either the current, a prior, or a subsequent period. The HCBS provider further certifies that the services to be provided are not already available without cost to persons eligible for social services under the Public Assistance Titles of the Social Security Act.
- 2.1.5 The HCBS provider agrees to establish a system through which clients may present grievances about the operation of the service program. The HCBS provider also agrees to advise clients of this right and will advise applicants and clients of their right to appeal denial or exclusion from the HCBS program or failure to recognize a client's choice of a service and of their rights to a fair hearing procedures.
- 2.1.6 If the contract for HCBS services is terminated for any reason, the DMAP will retain, without cost, ownership of all case records maintained by the HCBS provider, in the execution of its duties. Upon written request from the DMAP, the HCBS provider agrees to provide copies of all case records within fifteen (15) days of receipt of the termination notice.

2.2 DMAP Responsibilities

- 2.2.1 The DMAP agrees to furnish the HCBS provider with administrative and program guidance.

2.2.2 The DMAP agrees to identify a Program Manager who will be the primary program liaison. In addition, the DMAP may appoint a liaison for fiscal matters.

2.2.3 If an applicant or client requests a fair hearing, the DMAP agrees to make arrangements to provide such a hearing through its normal fair hearing procedures.

2.3 Responsibilities of Both Parties

2.3.1 Formal communication concerning the Contract, program activities, treatment methods, reports, etc. will be made via written correspondence between the HCBS waiver provider and the DMAP.

3.0 Program Eligibility

3.1 Criteria

- 3.1.1 To be approved for the Waiver program an individual must meet the following criteria:
 - 3.1.1.1 Be diagnosed as having AIDS, or be HIV positive, symptomatic and meet the hospital level of care criteria established by the Delaware Medical Assistance Program (DMAP)
 - 3.1.1.2 Have resources less than the limit established by Delaware Health and Social Services (DHSS) for individuals receiving Supplemental Security Income (SSI) benefits pursuant to State statute
 - 3.1.1.3 Have a Waiver Service Plan of Care that does not exceed the cost of institutional care
 - 3.1.1.4 Be able to be maintained safely in the community with the provision of Waiver services
- 3.1.2 An individual must also meet one of the following eligibility criteria:
 - 3.1.2.1 Be a client of Federal SSI for the aged, blind or disabled, or
 - 3.1.2.2 Be eligible for Medicaid under 42 CFR 435 with the income limit established for institutional eligibility in accordance with the Medicaid State Plan and 42 CFR 435.

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4.0 Application

4.1 Application Instructions

- 4.1.1 An individual wishing to apply for the A/H (AIDS/HRD) Waiver must call or write the appropriate Long Term Care Medicaid Pre-Admission Screening unit to initiate the application. These units are located in the Long Term Care Medicaid offices located in the Robscott Building, Newark, for New Castle County residents and the Milford State Service Center for residents in Kent and Sussex counties. Refer to the General Policy for the appropriate address and telephone number.

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5.0 Content/Description of Services

5.1 Limitations

- 5.1.1 The items and services provided to eligible persons may be limited in duration or amount depending upon the cost of the Waiver service care plan. Any limitation imposed will be consistent with the medical necessity of the patient's condition, as determined by the Delaware Medical Assistance Program (DMAP) with the assistance of the attending physician or other practitioner. This determination will be made in accordance with standards generally recognized by licensed health professionals and promulgated through DMAP.

5.2 Available Services

- 5.2.1 The services available under this Waiver are described below:

- 5.2.1.1 Case Management - This is a process in which a licensed practical or registered professional nurse or a social worker in a social service agency is responsible for planning, locating, coordinating and monitoring the services. The case manager is also responsible for monitoring the person being served. If a social worker is designated as the case manager, a nurse consultant will be provided by the case management agency to assist with the development of the Service Plan of Care.

- 5.2.1.2 Personal Care Services - These are home management tasks performed in the individual's home by a personal care aide who has been trained in the basic care and management of the home. The personal care aide will help with personal care such as bathing and dressing, and can also help with household chores such as light housekeeping and laundry. These services must be provided in accordance with a written Plan of Care developed by the Case Manager.

- 5.2.1.3 Reserved

- 5.2.1.4 Respite Care - Respite care provides relief to the regular caregiver at those times when such relief is in the best interest of the Waiver client or caregiver. Respite care may include the services of a personal care aide. It can be provided on an hourly or daily basis. It may be provided in the client's home, nursing facility or in a State-approved foster care home.

Respite is limited to fourteen (14) days in any Waiver year. In the event of an emergency, respite care may be authorized by the Medical Review Team for more than the allowable fourteen (14) days, but may not exceed thirty (30) days per client per Waiver year.

- 5.2.1.5 Mental Health Services - These services include treatment, rehabilitation, and support for clients in need of psychiatric and substance abuse treatment services who do not qualify for this service under the Medicaid State Plan.

5.2.1.6 Reserved

5.2.1.7 Supplemental Nutrition - This service is to be considered for individuals diagnosed with HRD and AIDS to ensure proper treatment in individuals experiencing weight loss, wasting, malabsorption and malnutrition who do not qualify for this service under the Medicaid State Plan. AIDS Waiver Case Managers are responsible for authorizing this service by completing a service authorization form (Form HCBS-5). This service requires a prior authorization number when submitting for billing. The DMAP Long Term Care Administrator or designee assigned by the Administrator is responsible for assigning a prior authorization number for this service. Prior authorization requests should be addressed to:

Division of Social Services
Long Term Care Administrator
PO Box 906
Herman S. Holloway, Sr. Campus
Lewis Building
New Castle, DE 19720
Fax #: (302) 255-4454

5.2.2 Waiver clients are also eligible for all services normally covered by the DMAP.

6.0 Reimbursement

6.1 General Criteria

- 6.1.1 The DMAP reimburses HCBS providers in accordance with the federally approved Home and Community-Based Waiver.
- 6.1.2 The HCBS provider will not be reimbursed for extra-contractual services unless specifically authorized in writing by the DMAP. If the HCBS provider furnishes such services without prior written authorization from the DMAP, these services will be deemed by the DMAP to be gratuitous and not subject to any financial reimbursement except as provided for by separate agreements.
- 6.1.3 It is agreed that adjustments to the per diem and monthly rates will be negotiated on a yearly basis. There will be no adjustments to the rates during the year.

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7.0 Billing Instructions for Waiver Providers

7.1 Special Billing Instructions

- 7.1.1 The procedure codes listed in Appendix B must be used to bill the DMAP for services under the Home and Community-Based Waiver for Individuals with AIDS/HRD.
- 7.1.2 Waiver services must be prior authorized by DSS through the AIDS Waiver Case Management agency in order for payment to be made. The provider will receive an Authorization to Purchase form (Form HCBS 5) generated by the Case Manager (see Appendix C). Nutritional supplements require a prior authorization number that will be assigned by the LTC Administrator or designee.
- 7.1.3 Clients in the waiver must have a diagnosis of AIDS and the diagnosis must be reflected in the providers billing.
- 7.1.4 Waiver service providers may "span bill" (bill for more than one unit of service on the same line), only when billing for consecutive days.


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Reserved

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	<p>HCPCS Procedure Codes</p> <p>AIDS/HRD Waiver</p>
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9.0 Appendix B – HCPCS Procedure Codes

The following procedure codes are to be used for billing services under the HCBS AIDS/HRD Waiver. To assure that the correct procedure code is being used when billing the DMAP, the provider should check the heading at the top of each column.

Code/Description (Used for dates of service 7//1/02 through 2/28/03)		Code/Description (Used for dates of service on and after 3/1/03)	
99510	Home visit for individual, family or marriage counseling	99510	Home visit for individual, family or marriage counseling
G9012	Coordinated care fee, risk adjusted maintenance, other specified care management	G9012	Coordinated care fee, risk adjusted maintenance, other specified care management
99509	Home visit for assistance with activities of daily living and personal care	S5130	Homemaker service; NOS, per 15 minutes
T1005	Respite care, up to 15 minutes	T1005	Respite care, up to 15 minutes
S9125	Respite care in the home, per diem	S9125	Respite care in the home, per diem
90885	Psychiatric evaluation of hospital records other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	90885	Psychiatric evaluation of hospital records other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90801	Psychiatric diagnostic interview examination	90801	Psychiatric diagnostic interview examination
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient
		90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
		90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes

Code/Description (Used for dates of service 7//1/02 through 2/28/03)		Code/Description (Used for dates of service on and after 3/1/03)	
			face-to-face with the patient.
90853	Group psychotherapy (other than of a multiple-family group)	90853	Group psychotherapy (other than of a multiple-family group)
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, approximately 75-80 minutes face-to-face with the patient	H2011	Crisis intervention service; per 15 minutes
G0177	Training and educational services related to the care and treatment of patient's mental health problems sessions, 45 minutes or more	H2027	Psychoeducational service; per 15 minutes
96100	Psychological testing (includes psychodiagnostic assessment of personality psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour.	96100	Psychological testing (includes psychodiagnostic assessment of personality psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour. (For dates of service through 12/31/05).
		96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report. (For dates of service on or after 1/1/2006)
B9998*	NOC Enteral supplies	B9998*	NOC Enteral supplies
B9998*	NOC Enteral supplies	B9998*	NOC Enteral supplies
B9998*	NOC Enteral supplies	B9998*	NOC Enteral supplies
B9998*	NOC Enteral supplies	B9998*	NOC Enteral supplies
B9998*	NOC Enteral supplies	B9998*	NOC Enteral supplies

***These codes must be prior authorized.**



Authorization to Purchase Services

10.0 Appendix C – Authorization to Purchase Services

Client Name: _____ Provider Name: _____

ID#: _____ PA #: _____

Address: _____ Address: _____

The client named above has been approved/re-approved for the Title XIX Home and Community Based Service Waiver Option. You are therefore authorized to deliver services to client as follows:

Types of Service	Unit Cost	Units Per Week	Effective Date	Discontinue Date
1.				
2.				
3.				
4.				

We have determined that _____ is responsible for

(Client's Name)

paying you \$ _____ per month toward his/her cost of care beginning on _____ and continuing until further notice.

(Date)

Please note that payment for services rendered in excess of this authorization will not be honored.

Sincerely,

DSS Case Manager

1st Copy - Service Provider

2nd Copy - Client

3rd Copy - File

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