

	<p>Assisted Living Medicaid Waiver Provider Specific Policy</p> <p>Revision Table</p>
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Effective 12/1/2010 the policy for Assisted Living 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
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
6/28/04	11.2	Corrected phone and fax number for DSAAPD-Administration.
9/18/08	Overview	Removed obsolete wording.
12/21/09	2.1.7	Clarification of the services included in the hospice per diem.

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Assisted Living Medicaid Waiver Provider Specific Policy

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Assisted Living Medicaid Waiver Program Provider Specific Policy Manual

Health care services are provided to the majority of Medicaid clients through a Managed Care Organization (MCO). However, Assisted Living Medicaid Waiver Program (ALMWP) clients are exempt from managed care coverage. Services provided to clients eligible for assisted living services will be reimbursed on a “fee-for-service” basis.

1.0 Overview

1.1 General Information

- 1.1.1 The Assisted Living Medicaid Waiver Program (ALMWP) is a community based residential services program administered by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).
- 1.1.2 The program is funded by the Delaware Medical Assistance Program (DMAP) and state general funds and is targeted to older persons and adults with physical disabilities who meet Medicaid nursing home admission criteria.
- 1.1.3 Assisted living is:
 - 1.1.3.1 The provision of housing and meals within a “homelike” environment (Medicaid does not reimburse the assisted living facility for room and board. The consumer is responsible for these charges).
 - 1.1.3.2 Services and supports to meet an individual’s needs, as identified by a standardized assessment tool and identified in the negotiated service agreement;
 - 1.1.3.3 A philosophy of care which emphasizes consumer independence, choice, privacy and dignity.
- 1.1.4 Providers who render assisted living services to eligible consumers must be licensed as an assisted living agency by the Division of Long Term Care Residents Protection.
- 1.1.5 All assisted living service providers must sign a contract with Division of Social Services (DSS)/Medicaid.
- 1.1.6 All records maintained by the ALMWP provider shall at all times be open to inspection by the authorized representatives of the Division of Long-term Care Residents Protection (DLTCRP), Office of Health Facilities Licensing and Certification, DSAAPD, DMAP and Long Term Care Ombudsman.

1.1.7 To ensure a variety of residential alternatives, the ALMWP may include the following types of settings:

1.1.7.1 Small group homes

1.1.7.2 Larger residential settings

1.1.7.3 Designated sections of apartment buildings

1.1.7.4 Housing clusters (e.g., townhouses, mobile homes)

NOTE: The assisted living agency is considered the consumer's home.

2.0 Coverage

2.1 General Information

- 2.1.1 The ALMWP provider may bill the per diem rate for date of admission but not date of discharge. **EXCEPTION:** The ALMWP provider may bill for the day the consumer leaves the assisted living facility for social/hospitalization (transfer) and the day the consumer returns to the assisted living facility after social/hospitalization.
- 2.1.2 The ALMWP provider may not bill the per diem rate for any day that the consumer is absent from the assisted living agency for the entire day.
- 2.1.3 The DMAP does not cover home health services provided to an assisted living consumer on a non-medical/social leave of absence outside of the State of Delaware.
- 2.1.4 The DMAP may cover medically necessary home health services to an assisted living consumer on a non-medical/social leave of absence within the State of Delaware. Prior authorization must be obtained through the DSAAPD nurse for nursing aide services and/or skilled nursing services.
- 2.1.5 The DMAP may cover medically necessary skilled nursing visits or private duty nursing visits in the assisted living agency. Prior authorization must be obtained through the DSAAPD nurse.
- 2.1.6 The DMAP does not cover home health aide visits in the assisted living agency. (Home health aide services provided in the assisted living agency are reimbursed as part of the ALMWP per diem rate.)
- 2.1.7 Based upon a documented change in the consumer's condition, the ALMWP provider may request a review of the monthly service rate and/or the supplemental services payment by the DSAAPD nurse. Such a review may occur no more frequently than quarterly. See Supplemental Services Payment information in Section 7.0 of this manual.
- 2.1.8 The ALMWP provider may request approval from DSAAPD to receive the supplemental services payment no more frequently than quarterly. See Supplemental Services Payment information in Section 7.0 of this manual.
- 2.1.9 ALMWP clients are also eligible for all services normally covered by the DMAP.

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3.0 Eligibility

3.1 Criteria

3.1.1 The ALMWP is particularly targeted to older adults and adults with physical disabilities who need assistance with the Activities of Daily Living (ADL). To be eligible for the ALMWP consumers must:

3.1.1.1 Be residents of the state of Delaware

3.1.1.2 Be 18 years of age or older; and

3.1.1.3 Meet the financial, medical, and program eligibility criteria specified below.

3.2 General Eligibility Criterion

3.2.1 All applicants must be determined medically and financially eligible for the DMAP and meet Medicaid nursing home admission criteria.

3.3 Financial Eligibility

3.3.1 Financial eligibility is determined by the DSS Long Term Care Financial Unit.

3.3.2 Applicants for the ALMWP must meet the income and assets criteria for Long Term Care Medicaid.

3.3.3 Any individual who is in receipt of Supplemental Security Income (SSI), who would be eligible for SSI if she/he were not institutionalized, or whose income is less than 250% of the SSI standard and who has resources that are less than \$2,000, and burial funds less than \$1,500 may be financially eligible to have Medicaid payments made on his/her behalf to the ALMWP provider.

3.3.4 When the application for the ALMWP has been approved, the Medicaid Financial Unit will send a notice of acceptance to the applicant, family, and ALMWP provider.

3.3.5 The admitting ALMWP provider will receive a notice which indicates the:

3.3.5.1 Amount of the consumer's monthly income due to the ALMWP provider

3.3.5.2 Amount to be retained for medical insurance and personal needs

3.3.5.3 Effective date of the Medicaid coverage

- 3.3.5.4 Consumer's Medicaid ID number (to be used for billing).
- 3.3.6 Collection of the patient pay amount from the consumer or his/her representative is the responsibility of the ALMWP provider.
- 3.3.7 If the consumer has income under the Adult Foster Care standard, there will be no patient pay amount.

3.4 Medical Eligibility

- 3.4.1 Medical eligibility is determined by the Pre-Admission Screening Units of either DSS or DSAAPD.

3.5 Program Eligibility

- 3.5.1 Program eligibility for the ALMWP will be determined by the DSAAPD. An individual must:
 - 3.5.1.1 Have need of an assisted living service on a regular weekly basis; and
 - 3.5.1.2 Be able to be maintained safely in the assisted living agency with the provision of the ALMWP services. Safety concerns must be brought to resolution through a mutually agreed upon Managed Risk Agreement.
- 3.5.2 The ALMWP is not appropriate for clients needing only:
 - 3.5.2.1 A Medicaid card.
 - 3.5.2.2 Housing.
- 3.5.3 An individual will not be able to enter the ALMWP unless:
 - 3.5.3.1 There is a unit available in an assisted living agency that can meet the consumer's needs and preferences
 - 3.5.3.2 The total annual costs billed to Medicaid for assisted living and community care services are no more than the annual cost of Medicaid nursing facility care
 - 3.5.3.3 The consumer, alone or with the assistance of a representative, can make decisions that allow him/her to reside safely in the community within the provision of assisted living services
 - 3.5.3.4 The maximum number of clients who can be served under the ALMWP has not been reached

- 3.5.3.5 The client must participate in the eligibility determination process both with the ALMWP provider and DSAAPD. The negotiated Service Agreement and any Managed Risk Agreement must be reviewed and approved by DSAAPD.
- 3.5.4 As per 63.505 of the Delaware Regulation for Assisted Living Agencies:
- 3.5.4.1 The assisted living agency shall not admit any consumer who needs services, which cannot be provided or arranged for by the assisted living agency. The ALMWP provider shall not provide services to a consumer who:
- 3.5.4.1.1 Needs 24 hours nursing services or whose medical conditions are unstable to the point that they require frequent observation, assessment and intervention by a licensed professional nurse, including unscheduled nursing services. Unless the attending physician certifies that despite the presence of this factor, the consumer's need may be safely met by a Service Agreement developed by the ALMWP provider, the attending physician, a registered nurse, the consumer or his/her representative and other appropriate health care professionals as determined by the consumer's needs
- 3.5.4.1.2 Is bedridden for 14 consecutive days unless a physician certifies that despite the presence of this factor, the consumer's needs may be safely met by a Services Agreement developed by the ALMWP provider, the attending physician, a registered nurse, the consumer or his/her representative and other appropriate health care professional as determined by the consumer's needs
- 3.5.4.1.3 Needs transfer assistance by more than one person and a mechanical device unless special staffing arrangements have been made to ensure safe care and evacuation
- 3.5.4.1.4 Has conditions that exceed program capabilities
- 3.5.4.1.5 Presents a danger to self or others or engages in illegal drug use.

3.6 Approval of the Service Agreement

- 3.6.1 The Service Agreement and any Managed Risk Agreements, negotiated between the ALMWP provider and the consumer, must be completed and received by DSAAPD, at least 10 days prior to the client's entrance into the assisted living agency.
- 3.6.2 The terms of the Service Agreement and any Managed Risk Agreements must be approved by both the DSAAPD AL/CM and the DSAAPD Nurse.
- 3.6.2.1 The purpose of the review is to ensure that the agreement reflects the consumer's care needs of both skilled and unskilled services.

- 3.6.2.2 The agreement should be reasonable in terms of services received for that designated monthly service rate.
- 3.6.3 The AL/CM and Nurse will signify their approval of the Service Agreement and any Managed Risk Agreements by their signatures on the Service Agreement Approval Form (Appendix B) and the Advanced Action Notice for the client.
- 3.6.4 DSAAPD will signal the provider of their approval by sending the provider:
 - 3.6.4.1 Service Agreement Approval Form.
 - 3.6.4.2 Consumer's care plan.
 - 3.6.4.3 Advanced Action Notice for the consumer.

4.0 Content/Description of Assisted Living Services

In addition to all regular Medicaid services, the consumer is eligible for the following assisted living services:

- Personal Services/Assistance with the Activities of Daily Living (ADLs)
- Nursing Services
- Meal Services
- Social/Emotional Services
- Assistance with Instrumental Activities of Daily Living (IADLs)

4.1 Personal Services/Assistance with the Activities of Daily Living (ADLs)

- 4.1.1 Personal services/assistance with the ADLs encompass a range of interventions (supervision, minimum assistance, moderate assistance and maximum [total] assistance) to aid the consumer in the performance of one or more of the activities of daily living (e.g., ambulating, transferring, grooming, bathing, dressing, eating and toileting).
- 4.1.2 Ambulating includes: supervision (e.g., staff person accompanies consumer with balance problems when walking, etc.); minimum, moderate or maximum assistance for consumers who need human help and/or use a cane, walker, crutches, or a wheelchair; assistance with climbing stairs; assistance with turning/positioning in bed or chair.
- 4.1.3 Transferring includes: supervision of self-transfer; minimum, moderate or maximum assistance for consumers when moving from bed to chair (e.g., using transfer board, one person or one person plus mechanical lift, unless special staffing arrangements have been made, as specified in Regulation 63.505 of the Delaware Regulations for Assisted Living Agencies).
- 4.1.4 Grooming includes: reminders; supervision of self-care; minimum, moderate or maximum assistance with specific tasks (e.g., shaving, shampooing, oral care, finger nails, toe nails); applying or changing non-sterile dressings.
- 4.1.5 Bathing includes: reminders; supervision or preparation of bath when consumer bathes self; scheduling/encouragement/other appropriate interventions when consumer resists bathing regularly; minimum, moderate or maximum assistance with bathing (e.g., human or mechanical assistance to get in the tub or shower; assistance with bathing self; total bathing assistance).

- 4.1.6 Dressing includes: reminders; supervision of consumers who dress themselves; minimum, moderate or maximum assistance with dressing (e.g., helping consumer pick out clothes; getting clothes from closet or dresser; assisting with fasteners, zippers, shoes; putting on or taking off braces/prosthetics, etc.).
- 4.1.7 Eating includes: reminders; assistance with self-feeding (e.g., arranging food tray, opening containers, cutting food, etc.); supervision during meal time (e.g., for consumers who have difficulty swallowing, who need to be encouraged to eat, etc.); minimum, moderate or maximum assistance for residents who need to be fed. Assistance with tube feeding is not included. It is expected that an individual requiring tube feeding would be independently responsible for this skill.
- 4.1.8 Toileting includes: reminders; bowel and/or bladder training programs; supervision when using the toilet; minimum, moderate and maximum assistance (e.g., taking the consumer to the bathroom, helping the consumer use a bedpan or urinal, etc.); routine catheter care (e.g., reminders or supervision of consumers doing self-care, performing routine care); routine ostomy/colostomy care (e.g., reminders or supervision of consumers doing self-care, performing routine care).

4.2 Nursing Services

- 4.2.1 Nursing services to be provided by a registered nurse [RN] or a licensed practical nurse [LPN] available in assisted living include the following:
- 4.2.1.1 Routine nursing services expected to be provided directly by the assisted living agency includes assistance with medication administration* insulin/other injections, blood sugar monitoring; and nursing assessment.
- *Under an amendment of the Delaware Nurse Practice Act, assistance with self-administration of medications, other than by injection, may be provided by caregivers who have successfully completed a State Board of Nursing approved medication training program [24 Delaware Code, Chapter 19, Subsection 1921(a)(16)].
- 4.2.1.2 Non-routine nursing and therapy services may be brought into the assisted living setting with the approval of DSAAPD. These nursing and therapy services include; non-routine skilled nursing when needed on a short term or intermittent basis, or occupational, speech or physical therapy.
- 4.2.2 Such nursing and therapy services are beyond the scope of nursing services covered by the ALMWP, and may be paid for by Medicare, Medicaid, private insurance, or personal funds, as appropriate.

4.3 Meal Services

- 4.3.1 Assisted living providers are required to serve three meals per day (food costs are covered in the room and board payment).
- 4.3.2 Consumer's food preferences must be considered in developing menus, and food substitutions should be available at all meals.
- 4.3.3 When a consumer needs a special diet ordered for therapeutic reasons by a physician, the assisted living provider must consult with a dietitian and/or nurse in developing special menus/appropriate substitutions to meet the consumer's needs and food preferences.

4.4 Social/Emotional Services

- 4.4.1 Assisted living providers that serve persons with dementia or other cognitive impairments must have the capacity to provide needed staff support, intervention and supervision to such individuals.
- 4.4.2 The regulations require assisted living providers to develop policies and procedures designed to prevent cognitively impaired consumers from wandering away from safe areas (Delaware Regulations for Assisted Living Agencies, Section 63.304).

4.5 Assistance With Instrumental Activities of Daily Living (IADLs)

- 4.5.1 Assistance with IADLs encompasses a range of interventions (supervision, minimum assistance, moderate assistance and maximum [total] assistance) to assist the consumer in performing one or more of the IADLs. IADLs include the following specific services:
 - 4.5.1.1 Laundry
 - 4.5.1.2 Meal preparation (consumers who wish to prepare some or all of their meals or snacks should receive needed assistance with food shopping, meal preparation and cleaning up after the meal)
 - 4.5.1.3 Cleaning the consumer's living unit
 - 4.5.1.4 Shopping assistance
 - 4.5.1.5 Making arrangements for routine or special health needs (e.g., scheduling medical appointments, reminding consumers of scheduled appointments, arranging transportation to appointments).

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5.0 Program Responsibility

5.1 DSAAPD Responsibility

- 5.1.1 It is the responsibility of the DSAAPD to oversee the day-to-day operation of the ALMWP. The DSAAPD will be responsible for the following functions:
- 5.1.1.1 Recruit and monitor assisted living providers
 - 5.1.1.2 Furnish the assisted living provider with administrative and program guidance
 - 5.1.1.3 Determine program (medical and technical) eligibility of all consumers who apply for admission to the program, upon admission to the program, and re-determine annually thereafter
 - 5.1.1.4 Determine consumer's monthly service rate
 - 5.1.1.5 Forward, upon the consumer's written request, the consumer's most recent assessment, level of care and anticipated monthly service rate to prospective ALMWP providers
 - 5.1.1.6 Facilitate consumer placement in the ALMWP
 - 5.1.1.7 Participate (as appropriate) with the consumer and the provider in negotiating the Service Agreement. At the minimum, the Service Agreement must address the need for the following:
 - 5.1.1.7.1 Personal services;
 - 5.1.1.7.2 Nursing services
 - 5.1.1.7.3 Food services
 - 5.1.1.7.4 Environmental services including housekeeping, laundry, safety, trash removal
 - 5.1.1.7.5 Social/emotional services including those related to cognitive deficits
 - 5.1.1.7.6 Financial management services
 - 5.1.1.7.7 Transportation services
 - 5.1.1.7.8 Individual living unit furnishings
 - 5.1.1.7.9 Notification of family when there is a change in the health status of the consumer

- 5.1.1.7.10 Assistive technology and durable medical equipment
- 5.1.1.7.11 Rehabilitation services
- 5.1.1.7.12 Qualified interpreters for people who are deaf and hard of hearing
- 5.1.1.7.13 Reasonable accommodations for persons with disabilities.
- 5.1.2 The Service Agreement is based on the service assessment and is developed jointly by the consumer or representative, the provider and DSAAPD through negotiation. No one person unilaterally decides the content of the Service Agreement. The Service Agreement must be completed no more than 30 days prior to move-in, and must be reviewed, and, if needed, revised within 14 days of admission and at least annually by all parties named above.
- 5.1.3 Participate (as appropriate) with the consumer and the provider in negotiating the Managed Risk Agreement. The Managed Risk Agreement is a written addendum to the Service Agreement which specifies how a situation, in which the consumer's choice or preference places the consumer at risk or is likely to lead to adverse consequences, will be handled. A Managed Risk Agreement may be negotiated in conjunction with the Service Agreement, or at any time a situation arises which is appropriate to be addressed by a Managed Risk Agreement. If a Managed Risk Agreement is made a part of the Service Agreement, it shall:
 - 5.1.3.1 Clearly describe the problem, issue or service that is the subject of the Managed Risk Agreement.
 - 5.1.3.2 Describe the choices available to the consumer as well as the risks and benefits associated with each choice, the ALMWP provider's recommendations or desired outcome, and the consumer's or his/her representative's desired preference.
 - 5.1.3.3 Indicate the agreed upon option.
 - 5.1.3.4 Describe the agreed upon responsibilities of the ALMWP provider, the consumer and any third party providers.
 - 5.1.3.5 Become a part of the Service Agreement, and be signed separately by the consumer, or his/her representative, the ALMWP provider, and any third party with obligations under the Managed Risk Agreement that the third party is able to fully comprehend and perform.
 - 5.1.3.6 Include a time frame for review.
- 5.1.4 Review and approve the negotiated Service Agreement.

- 5.1.5 Review and approve any Managed Risk Agreement.
- 5.1.6 Prior authorize nursing aide and/or skilled nursing services or private duty nursing as described in General Information.
- 5.1.7 If the consumer is eligible to receive a supplemental payment for services related to cognitive impairment, ensure that a family member or representative is present in Service Agreement negotiation.
- 5.1.8 Ensure that the director and staff of the ALMWP provider meet the minimum provider standards as described in this policy.

5.2 DSS/Medicaid Responsibility

- 5.2.1 It is the responsibility of DSS/Medicaid to:
 - 5.2.1.1 Determine consumer's financial eligibility.
 - 5.2.1.2 Notify DSAAPD of any changes in financial eligibility.
 - 5.2.1.3 Furnish the ALMWP provider with Medicaid program guidance.
 - 5.2.1.4 Issue Medicaid policies, rules, and regulations related to the ALMWP.
 - 5.2.1.5 Complete appropriate file maintenance forms to keep payment rates updated in the MMIS system.
 - 5.2.1.6 Enroll assisted living providers.
 - 5.2.1.7 Process claims and reimburse providers who are enrolled with the DMAP to provide assisted living services.

5.3 Provider Responsibility

- 5.3.1 Administrative
 - 5.3.1.1 The provider must:
 - 5.3.1.1.1 Meet and comply with all federal, state and local rules, regulations and standards that are applicable to assisted living. All ALMWP providers must be licensed and regulated by the Division Long Term Care Resident Protection (DLTCRP), in compliance with the Delaware Regulations for Assisted Living Agencies, adopted under Title 16, Part II, Chapter 11 of the Code of Delaware.

- 5.3.1.1.2 Be monitored at least annually, or more frequently, if determined necessary by DSAAPD.
- 5.3.1.1.3 Accept applicants approved by the ALMWP for placement unless the agency provides documented evidence that it does not have the capacity to serve the needs of the applicant.
- 5.3.1.1.4 Accommodate the changing needs of consumers in the ALMWP and is expected to have the capacity to provide more assistance than the consumer needs on admission, unless the agency provides evidence that it does not have and is unable to develop such capacity, without changing the nature of the agency.
- 5.3.1.1.5 Give clear information to the DSAAPD and to all prospective applicants for admission, regarding its limitation in providing services to meet consumer's changing needs, and criteria and procedures for discharge.
- 5.3.1.1.6 Accept the room and board rate and the monthly service rate set by DSAAPD as payment in full for each consumer the ALMWP provider admits.
- 5.3.1.1.7 Collect the consumer's patient pay amount.
- 5.3.1.1.8 Notify DSAAPD and DSS regarding all consumer insurance coverage.
- 5.3.1.1.9 Ensure that all residents and paid and volunteer staff of the assisted living agency are knowledgeable about residents' rights as specified in Delaware Regulations for Assisted Living Agencies and the "Rights of Patients," Code of Delaware, Title 16, Chapter 11, Subchapter II.
- 5.3.1.1.10 Ensure that consumers do not waive rights guaranteed in the Delaware Regulations for Assisted Living Agencies and the "Rights of Patients," Code of Delaware, Title 16, Chapter 11, Subchapter II. Upon admission, all consumers must be given, in writing, the name, address and telephone number of the following: the contact person for the ALMWP at DSAAPD; the Long Term Care Ombudsman; and the DLTCRP licensing director.
- 5.3.1.1.11 Ensure the right of consumers to make informed choices about all aspects of their lives, and must ensure the full participation in decision-making of the consumer's representative.
- 5.3.1.1.12 Maintain the confidentiality of the consumer's records and the discussions, which take place during the negotiation of the Service Agreement. The ALMWP provider also must recognize the right of the consumer to read or get a copy of his/her records and to give consent in writing for others to review or receive a copy of such records.
- 5.3.1.1.13 Ensure access to authorized representatives of Delaware Health and Social Services to the consumer's personal and medical records.

- 5.3.1.1.14 Ensure access to authorized representatives of Delaware Health and Social Services to the facility at any reasonable hour.
- 5.3.1.1.15 Conduct service assessments. The initial service assessment must be conducted no more than 30 days prior to admission. It should be reviewed and revised, if appropriate within 14 days of admission and as frequently as needed thereafter, but no less than annually.
- 5.3.1.1.16 Ensure that consumers who have grievances or complaints receive a timely response and that, whenever possible, consumers' grievances and complaints are resolved to his/her satisfaction. A written record of all such grievances and complaints must be maintained by the ALMWP provider. Such records are open for review by representatives of DSAAPD, DLTCRP and DSS.
 - 5.3.1.1.16.1 When such grievances or complaints are not resolved by the provider to the consumer's satisfaction, the provider must facilitate the ability of consumers to contact any and all of the following:
 - 5.3.1.1.16.1.1 Service Agreement concerns should be directed to DSAAPD.
 - 5.3.1.1.16.1.2 Service delivery concerns should be directed to DSS, the Ombudsman, and the DLTCRP.
 - 5.3.1.1.16.1.3 DLTCRP or any other agency, advocate or individual the consumer chooses to contact.
 - 5.3.1.1.16.2 Retaliation against consumers, family members, staff or others who complain or report grievances is prohibited. Such actions will result in a referral to the Ombudsman for an investigation to determine if a violation has occurred which warrants further legal action, and may result in termination of the contract.
- 5.3.1.1.17 As per Section 63.802 of Delaware's Assisted Living Regulations, on at least a semi-annual basis, the assisted living agency shall survey each consumer or his/her representative regarding their satisfaction with services provided.
 - 5.3.1.1.17.1 The assisted living agency shall retain all surveys that shall be reviewed during inspections.
 - 5.3.1.1.17.2 The assisted living agency shall maintain documentation that addressed what actions were taken as a result of the surveys.
- 5.3.1.1.18 Not interfere with the right of consumers and/or families to form consumer and family groups, such as resident councils, and must make available, upon request, private meeting space for such groups.
- 5.3.1.1.19 Provide adequate notification (at least 30 days in advance) to DSAAPD of plans to discharge any consumer in the ALMWP and provide evidence that residents' rights regulations are followed and that the consumer and family and/or surrogate

received timely notice; a discharge plan has been developed in conjunction with the consumer; and prior to issuance of a discharge notice, efforts were made to address identified problems.

- 5.3.1.1.20 Provide notice to the DSAAPD and DSS when changes, such as the following occur:
 - 5.3.1.1.20.1 A change in ownership, including a change in the membership of boards of directors or other corporate governing bodies
 - 5.3.1.1.20.2 A change in the assisted living agency's director
 - 5.3.1.1.20.3 Any change in the form of legal organization of the assisted living agency.
 - 5.3.1.1.20.4 At least 60 days advance notice for planned changes, and immediate notification when unforeseen changes occur, is required. Contracts with assisted living agencies may not be transferred; when a change in ownership or corporate structure occurs, DSS will determine if a new contract must be negotiated with the ALMWP provider.
- 5.3.2 Management
 - 5.3.2.1 The provider must:
 - 5.3.2.1.1 Adopt the ALMWP's Guiding Principles, and specify in policies and procedures how the principles will be implemented. The Guiding Principles adopted for Delaware's ALMWP specify that each ALMWP provider will:
 - 5.3.2.1.1.1 Be rooted in the consumer driven values of home and community based services that seek to maximize individual decision-making and independence.
 - 5.3.2.1.1.2 Personalize the services provided according to each individual's preferences and capabilities.
 - 5.3.2.1.1.3 Enable consumers to remain in their assisted living residence by providing flexible services to accommodate varying needs and expectations that will evolve over time.
 - 5.3.2.1.1.4 Maximize the ability of consumers to choose both the types of services the program will provide them and the level of responsibility they will assume in addressing their service needs.
 - 5.3.2.1.1.5 Provide consumers with assisted living services in a wide range of settings that offer security, privacy and an affordable home-like environment.
 - 5.3.2.1.1.6 Provide supportive and health services based on a social model of care rather than on an institutional model of medical care.

- 5.3.2.2 Ensure that the director of the assisted living agency meets the following minimum standards:
- 5.3.2.2.1 Education – A high school diploma or equivalent is required, plus at least 20 hours of education or training in one or more of the following areas: assisted living administration; health care or nursing home administration; nursing; gerontology; social work; or other relevant human service or administrative discipline. Documentation must be provided to verify training and/or course work.
 - 5.3.2.2.2 Experience – At least two years experience as a director of a residential facility, nursing facility or home health agency; or at least three years experience as a nurse, social worker, or senior manager in a residential setting, nursing facility, home health agency, or an agency providing ADL assistance to the aging and/or adults with disabilities.
 - 5.3.2.2.3 Background check – The ALMWP provider must present evidence that prior to employment a background check was completed on the director. This will be evidenced by contacting the State Adult Abuse, Nurse Aide and Child Abuse Registries and obtaining or attempting to obtain service letters from current or most recent employer and from all health care and child care employers for the past five years. ALMWP providers may not employ as a director a person who has a finding or conviction of abuse, neglect, exploitation or misappropriation of funds.
 - 5.3.2.2.4 Orientation and training for providers – All directors must complete an initial orientation and training program for ALMWP providers given by DSAAPD.
 - 5.3.2.2.5 Ongoing education and training – All directors must complete at least 10 hours of training each calendar year in one or more of the following areas: any aspect of assisted living or long term care facility administration; gerontology; Alzheimer’s Disease or other dementia care; disabilities; mental health.
- 5.3.2.3 The ALMWP provider must ensure that all staff of the assisted living agency meets the following minimum standards:
- 5.3.2.3.1 Education – A high school diploma or equivalent plus certification as a nurse aide or home health aide, or successful completion of other appropriate caregiver training. Documentation must be provided to verify training and/or course work.
 - 5.3.2.3.2 Experience – At least one-year experience as a caregiver in a residential setting, nursing facility, home health agency or agency providing ADL assistance to the aging and/or adults with disabilities is preferred but not required as long as educational qualifications are met.
 - 5.3.2.3.3 Background check – The provider must present evidence that prior to employment, a background check was completed on all staff by contacting the State Adult Abuse, Nurse Aide and Child Abuse Registries and obtaining or attempting to obtain reference letters from previous employer(s) of the last three

years. ALMWP providers may not employ, as a caregiver, a person who has a finding or conviction of abuse, neglect, exploitation or misappropriation of funds.

- 5.3.2.3.4 Orientation and training for all staff – All staff must receive an initial orientation and training program for assisted living staff, which may be provided by the ALMWP provider.
- 5.3.2.3.5 Ongoing education and training – All staff who have direct consumer contact must complete at least 10 hours of training each calendar year in one or more of the following areas: care-giving skills focused on the aging and/or adults with physical disabilities; assisted living philosophy or care-giving skills; gerontology; Alzheimer’s Disease or other dementia care; mental health.
- 5.3.2.3.6 Specialized training – Staff must receive specialized training to meet the needs of particular consumers, when such training is identified as necessary by DSAAPD.
- 5.3.2.4 Ensure that staff who provide nursing services are appropriately licensed.
- 5.3.2.5 Ensure that caregivers that provide assistance with self-administration of medications have successfully completed a State Board of Nursing approved medication training course and must demonstrate competence annually.
- 5.3.2.6 Employ sufficient numbers of staff to meet a range of consumer’s service needs.
- 5.3.2.7 Ensure that drivers in their employ who provide transportation to consumers have an appropriate valid driver’s license.
- 5.3.2.8 Have the capacity for automated billing.
- 5.3.2.9 Enter into an ALMWP contract and be willing to enter into a State Funded Assisted Living contract.
- 5.3.3 Services
 - 5.3.3.1 The provider must:
 - 5.3.3.1.1 Be responsible and accountable for providing the services delineated in the Service Agreement.
 - 5.3.3.1.2 Have the capacity to meet the current and changing service needs of consumers they admit under the ALMWP, complying with the assisted living services definitions.
 - 5.3.3.1.3 Ensure that assisted living services are of a high quality and that the manner in which services are delivered enhances, to the greatest extent possible, the

consumer's ability to function independently and to exercise choice and control over his/her life.

- 5.3.3.1.4 Provide flexible services that accommodate and support the consumer's independence and ability to make decisions.
- 5.3.3.1.5 Support Managed Risk Agreements and recognize the consumer's right to take responsibility for the risks associated with exercising choice and decision-making.
- 5.3.3.1.6 Participate jointly with the consumer, the consumer's representative and the DSAAPD representative, if requested by the consumer, in the development of the Service Agreement. The initial Service Agreement must be developed in a face-to-face meeting and must be scheduled at a time and place that is mutually agreeable to all parties. The provider must accommodate the consumer's individual needs. The initial agreement must be completed no more than 30 days before move-in.
- 5.3.3.1.7 Ensure that the Service Agreement and any Managed Risk Agreement, negotiated between the ALMWP provider and the consumer, is completed and received by DSAAPD at least 10 days prior to the consumer's admission into the assisted living agency.
- 5.3.3.1.8 Ensure that the health care needs of the consumer are addressed when he/she is on a non-medical/social leave of absence. This may necessitate a referral to a DSAAPD case manager.

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6.0 Prior Authorization

6.1 Requirements

- 6.1.1 Prior authorization is required for all nursing aide, skilled nursing and private duty nursing services that are beyond the scope covered by the ALMWP (see General Information section of this manual). These services can only be provided by an agency or entity that is enrolled with the DMAP as a home health agency or a private duty nurse. ALMWP providers may not bill the DMAP for the above services using their ALMWP provider number.
- 6.1.2 The primary care physician, family, consumer, home health agency, or private duty nurse should direct requests for prior authorization to the appropriate DSAAPD location as listed on in Section 11.0 of this manual.
- 6.1.3 The request should include the following information:
- 6.1.3.1 Name of consumer
 - 6.1.3.2 Consumer's Medical Assistance ID number
 - 6.1.3.3 Date of birth
 - 6.1.3.4 Detailed medical history that documents the need for the home health or private duty nursing service requested
 - 6.1.3.5 Nursing assessment and plan of care. Plan of care includes rehabilitation goals and objective designed to restore, improve, or maintain the consumer's optimal level of functioning, self-care, self-responsibility, independence, and quality of life. Assessment includes, but is not limited, to the following components:
 - 6.1.3.5.1 Physical assessment and diagnosis
 - 6.1.3.5.2 Psycho-social assessment including home, family and environmental factors
 - 6.1.3.5.3 Level of function (physical, mental, developmental)
 - 6.1.3.5.4 Availability and ability of caretaker to maintain client in the home, e.g., knowledge of emergency procedures

- 6.1.4 The DSAAPD will forward a letter detailing the prior authorization to the home health agency or private duty nurse. This notification must be retained in the home health agency or private duty nurse medical record.

7.0 Supplemental Services Payment

7.1 Assisted Living Provider Specifications (1998) Quote:

7.1.1 Supplemental Services Payment: consumers with dementia or other cognitive impairments who have the characteristics such as those listed below may need additional staff support, intervention and supervision from the assisted living agency. ALMWP providers that serve persons with dementia or other cognitive impairments must have the capacity to provide needed staff support, intervention and supervision to such individuals. ALMWP providers may request approval from DSAAPD to receive a supplemental payment for individual consumers, equivalent to 10% of the base payment.

7.2 Supplemental Payment

7.2.1 A request for supplemental payment will be approved based on evidence that all of the conditions specified below are met.

7.2.1.1 Documentation is presented of the consumer's diagnosis of severe cognitive impairment with one or more of the characteristics specified below, as determined by a written assessment of the consumer's psychosocial and cognitive status in consultation with an appropriate medical and/or mental health professional. Characteristics include, but are not limited to, the following:

7.2.1.1.1 Severe memory loss

7.2.1.1.2 Disorientation/confusion

7.2.1.1.3 Impaired judgment that significantly affects ability to recognize the need for assistance

7.2.1.1.4 Inability to recognize danger

7.2.1.1.5 Inability to communicate needs by any means or to summon assistance

7.2.2 Documented evidence is provided to verify that a pattern of significant behavior problems exists, that is, significant behavior problems occur frequently and/or are unpredictable. Such behaviors must be shown to have a specific impact on the health, safety and/or independent functioning of the consumer and/or the health, safety, independent functioning and/or rights of other consumers, with the result that supervision is needed all or most of the time. Behaviors that may rise to the level of significant behavior problems include, but are not limited to, the following:

7.2.2.1 Wandering

7.2.2.2 Self abusive behaviors

- 7.2.2.3 Verbal aggression, e.g., cursing, threatening to strike, hit, punch, bite
- 7.2.2.4 Agitation/disruptive behavior, e.g., screaming, banging, throwing objects
- 7.2.2.5 Combative behavior/physical aggression during care or in interactions with others
- 7.2.2.6 Verbal or physical sexual advances, public masturbation
- 7.2.3 A cognitive intervention plan is developed by the provider in consultation with an appropriate medical and/or mental health professional. The consumer and the consumer's family and/or surrogate decision-maker also must be involved in the development of the plan and must give written consent before it is finalized. The cognitive intervention plan must:
 - 7.2.3.1 Be flexible
 - 7.2.3.2 Emphasize practical remedies
 - 7.2.3.3 Ensure consumer safety while maximizing the consumer's ability to make decisions and function independently
 - 7.2.3.4 Include a program of meaningful structured activities, when appropriate
 - 7.2.3.5 Include a plan for making environmental changes identified, as necessary
 - 7.2.3.6 Provide consultation with and availability of support from appropriate dementia, disability and/or mental health specialists

8.0 Reimbursement

8.1 Methodology

- 8.1.1 Providers enrolled in the ALMWP are reimbursed a per diem rate based on the consumer's level of service needs.
- 8.1.2 ALMWP providers are reimbursed based on the monthly service rate assigned to the consumer by DSAAPD. The consumer may be assigned one of three possible monthly service levels and may qualify for a supplemental amount as determined by DSAAPD. Refer to the Billing Instructions of this manual for information regarding the completion of the 837 Institutional.
- 8.1.3 Medicaid does not reimburse the assisted living provider for room and board. The consumer is responsible for these charges. Room and board is a flat monthly rate as determined by DSAAPD.
- 8.1.4 The consumer's patient pay amount is deducted from the monthly payment to the assisted living provider.
- 8.1.5 Medicaid does not reimburse the assisted living provider for "bed-hold" days (e.g., a bed held for a consumer who is physically absent from the facility because of hospitalization or non-medical/social leave absence).

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Assisted Living Glossary

9.0 Appendix A – Assisted Living Glossary

Term	Definition
AL/CM	Assisted Living Case Manager
ALMWP	Assisted Living Medicaid Waiver Program
Activities of Daily Living	The tasks for self-care that are performed either independently or with supervision or assistance. Activities of daily living include ambulating, transferring, grooming, bathing, dressing, eating, and toileting.
Assisted Living Settings	To ensure a variety of residential alternatives, the Assisted Living program may include the following types of settings; small group homes; larger residential settings; designated sections of apartment buildings; and housing clusters.
Assistive Technology	Any item, piece of equipment or product system whether acquired commercially of the shelf, modified, or customized that is used to increase or improve functional capabilities of adults with disabilities.
Bounded Choice	Limits placed by the assisted living agency on a consumer's choices as a result of limited consumer capacity, social norms, and/or available resources. These boundaries include the prevention of imminent danger or harm to self and/or others, and the maintenance of respect for the dignity of others.
CMS	Center for Medicare and Medicaid Services is the governing agency for Medicaid (formerly HCFA).
Consumer	A person receiving services in the assisted living agency.
DSAAPD	The Division of Services for Aging and Adults with Physical Disabilities, which is responsible for administration and oversight of the day-to-day operation of the Assisted Living Program.
DLTCRP	The Division Long Term Care Resident Protection which licenses assisted living agencies. A new Division within Delaware Health and Social Services which has responsibility for the Long Term Care Ombudsman Program and for licensing long term care facilities.
DSS	The Division of Social Services, which determines Medicaid financial eligibility of consumers who apply for admission to the ALMWP and pays provider claims.
Durable Medical Equipment (DME)	Equipment capable of withstanding repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury and is needed to maintain the consumer in the home (i.e., wheelchairs, hospital beds).

Term	Definition
837 Institutional	A HIPAA compliant ANSI ASC x12N standard version electronic institutional health claim.
HCFA	The Health Care Financing Administration was the governing agency for Medicaid (name changed to CMS).
Homelike	An environment having the qualities of a home, including privacy, comfortable surroundings supported by the use of residential building materials and furnishings, and the opportunity to modify one's living area to suit one's individual preferences. A homelike environment provides consumers with an opportunity for self-expression and encourages interaction with community, family and friends.
Incapable of making decisions	Inability of a consumer, based on a service assessment, to understand his/her own needs for supportive, personal or nursing services; to choose what, if any, services one wants to receive to meet those needs; and to understand the outcome likely to result from that choice. The term refers to the decision and not the content or result of the decision.
Individual Living Unit	A self-contained dwelling unit which has bathing facilities, living and sleeping space.
Managed Risk Agreement	The process of balancing a consumer's choice and independence with the health and safety of that consumer. If a consumer's request places that consumer at risk or is likely to lead to adverse consequences, such risks and consequences are to be discussed between the provider and the consumer, and his/her representative, as appropriate. The risks and consequences discussed become a written addendum to the Service Agreement. That addendum would specify how a situation that could cause risk or adverse consequences would be handled.
Non Medical/Social Leave of Absence	A leave of absence from assisted living for purposes other than acute care hospitalization.
PASARR	The Pre-admission Screening and Annual Resident Review is a federally mandated screening or review of all individuals with mental illness or mental retardation who apply to reside in a DMAP certified nursing facility regardless of the source of payment for the nursing facility services, and regardless of the individual's or resident's known diagnoses.
Provider	An entity licensed as an assisted living agency under Title 16, Part II, Chapter 11 of the Code of Delaware which contracts with the Department of Health and Social Services to provide assisted living services to consumers under the ALMWP.
Qualified Interpreter	An interpreter who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary.

Term	Definition
Representative	A person acting on behalf of the consumer under Delaware law who assists the consumer when the consumer is judged to be incapable of making decisions.
Service Agreement	A written document, which describes the services, activities and interventions delivered by the provider to meet the consumer's service, desires and needs. The Service Agreement specifies: who will deliver specific services; when services will be delivered; the manner in which services will be provided; the frequency with which services will be provided; and the expected outcome.
Service Assessment	A written document for each consumer developed by the ALMWP provider. The service assessment is used to identify what services a consumer needs. The service assessment shall be utilized by the ALMWP provider to determine if services needed and desired by the consumer can be met. A consumer seeking entrance into the ALMWP shall have an initial service assessment completed by appropriately qualified individuals no more than 30 days prior to admission. The service assessment shall be reviewed and revised, if appropriate, within 14 days of admission, and as frequently as needed thereafter. If the consumer requires specialized medical, therapeutic, or nursing services, that component of the assessment must be performed by personnel qualified in that area. Regular assessments shall indicate whether the needs of the consumer are or can be met or arranged for by the assisted living agency.
Service Assessment Tool	The service assessment tool shall be developed by the ALMWP provider and shall include an evaluation of the physical and psychosocial needs of the consumer.
Shared Responsibility	The concept that consumers, their representatives if any, and provider of assisted living services share responsibility for planning and decision making affecting the consumer in the ALMWP. To participate fully in shared responsibility, consumers shall be provided with clear and understandable information about the possible consequences of their decision-making.

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Division of Services for Aging and Adults with Physical Disabilities Service Agreement Approval Form

10.0 Appendix B – Division of Services for Aging and Adults with Physical Disabilities Service Agreement Approval Form

Client Name: _____

Provider: _____

Date of Agreement: _____

Agreement

Risk Agreement

____ Approved

____ Approved

____ Disapproved

____ Disapproved

Suggestions for improvement of Agreement/Risk Agreement:

Nurse Signature

AL/CM Signature

Date

Date

This form must be accompanied by a copy of the negotiated Service Agreement and any Managed Risk Agreements.

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11.0 Index - Locations and Telephone Numbers for Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

11.1 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 or 800-223-9074	Phone #: (302) 422-1386 or 800-223-9074
Fax #: 453-3836	Fax #: 422-1346
TTY #: 453-3837	TTY #: 422-1415

11.2 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.

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