



*DELAWARE HEALTH  
AND SOCIAL SERVICES*

Division of Medicaid  
and Medical Assistance

## Elderly & Disabled Waiver Provider Policy Manual

<b>Revision Date</b>	<b>Sections Revised</b>	<b>Description</b>
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
3/1/03	10.0	To be in compliance with HIPAA, DSS mapped many local codes to HCPCS procedure codes that did not accurately describe the services provided by E&D waiver providers. Section 10.0, Appendix C, 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.
6/28/04	11.2	Corrected phone and fax numbers for DSAAPD-Administration.
8/23/04	7.1.1, 9.0 and 10.0	Providers no longer use local codes. Therefore, references to local codes are removed from the provider manual.
9/18/08	Overview	Removed obsolete numbering.
12/8/10	All	Consolidated E and D Waiver effective 12/01/2010 and removed the ABI and Assisted Living Waiver policy.



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### **Home And Community-Based Waiver Services For The Elderly And Disabled**

#### **1.0 Overview**

Health care services are provided to the majority of Medicaid clients through a Managed Care Organization (MCO). However, Home and Community-Based Services (HCBS) waiver clients are exempt from managed care coverage. Services provided to clients eligible for HCBS waiver services will be reimbursed on a “fee-for-service” basis.

#### **1.1 Waiver Objectives**

- 1.1.1 The Elderly and Disabled (E &D) Waiver provides for home and community-based services for individuals aged 18 and above who are elderly or who have physical disabilities and limited ability to perform activities of daily living and would otherwise require care in a nursing facility.
- 1.1.2 The goal of the waiver is to provide services to persons in a manner which responds to each participant’s abilities, assessed needs, and preferences, and ensures maximum self-sufficiency, independent functioning, and safety. This goal is accomplished through the delivery of a range of home and community-based long-term care services which target the special needs of the population.

#### **1.2 Program Description**

- 1.2.1 The Elderly and Disabled (E&D) Waiver is a program operated and administered by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). The Division of Medicaid and Medical Assistance (DMMA) has oversight responsibilities, DSAAPD and DMMA share responsibilities for determining eligibility for waiver program applicants.
- 1.2.2 Participants who are eligible for this program can receive, as needed, all regular Medicaid services AND additional Waiver services that Medicaid normally does not cover.



## **2.0 Program/Contractual Responsibilities**

### **2.1 Elderly & Disabled Waiver Provider Responsibilities**

- 2.1.1 The E&D provider must agree to all terms and conditions listed in the Delaware Medical Assistance Program (DMAP) contract and the policies and procedures of DMAP.
- 2.1.2 The E&D provider must meet and comply with DSAAPD Service Specifications for services delivered. Waiver program service specifications can be found at: [http://www.dhss.delaware.gov/dhss/dsaapd/waiver\\_service\\_specifications.html](http://www.dhss.delaware.gov/dhss/dsaapd/waiver_service_specifications.html)
- 2.1.3 The E&D provider must meet and comply with all federal, state and local rules, regulations, and standards that are applicable to the services rendered.
- 2.1.4 The E&D provider must consider all referred waiver participants for placement.
- 2.1.5 The E&D provider must maintain participant confidentiality.
- 2.1.6 The E&D provider must ensure access to participant's case records by authorized representatives of Delaware Health and Social Services and/or the Center for Medicare and Medicaid Services (CMS).
- 2.1.7 The E&D provider must ensure that participants who have grievances or complaints receive a timely hearing and 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 E&D provider.
- 2.1.8 The E&D provider must provide notice to the DSAAPD and DMMA when changes, such as the following occur:
- 2.1.8.1 A change in ownership, including a change in the membership of boards of directors or other corporate governing bodies.
- 2.1.8.2 A change in the provider agency's director.
- 2.1.8.3 Any change in the form of legal organization of the provider agency.



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2.1.8.4 At least 60 days advance notice for planned changes, and immediate notification when unforeseen changes occur, is required. Contracts with E&D waiver 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 E&D provider.

2.1.9 The E&D provider must accept the reimbursement rates published by DSAAPD as payment in full for each participant the E&D provider admits.

2.1.10 In the event that the E&D provider contract is terminated, DSAAPD will retain, without cost, ownership of all case records maintained by the E&D provider. Upon written request from DSAAPD, the E&D provider agrees to provide copies of all case records within fifteen days of receipt of the termination notice.

### **2.2 Division of Services for Aging & Adults with Physical Disabilities (DSAAPD) Responsibilities**

2.2.1 DSAAPD agrees to furnish the E&D provider with administrative and program guidance.

2.2.2 DSAAPD agrees to identify a Community Services Program (CSP) contact for the service area of the waiver provider.

2.2.3 If the applicant or participant requests a fair hearing, DSAAPD 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, and reports, etc. will be made via written correspondence between the E&D waiver provider and the DSAAPD.



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### **3.0 Program Eligibility Criteria**

#### **3.1 Criteria**

- 3.1.1 In order to participate in the E&D waiver program, an individual must meet medical and financial criteria as established in Appendix B of the approved E&D waiver application.
- 3.1.1.1 The approved E&D waiver application can be found on the Publications page of the DSAAPD website: <http://www.dhss.delaware.gov/dhss/dsaapd/publica.html>
- 3.1.1.2 Determination of waiver eligibility is the responsibility of state staff.



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### **4.0 Application**

#### **4.1 Application Instructions**

- 4.1.1 An individual wishing to apply for the E&D Waiver must contact the appropriate DSAAPD Community Services Program Unit to initiate the application. Refer to Section 9.0 of this manual for the appropriate Community Service Program Unit address and phone number.



## **5.0 Content/Description of Services**

### **5.1 Limitations**

- 5.1.1 The services provided to eligible persons may be limited in duration or amount as documented in Appendix C of the E&D Waiver application.
- 5.1.2 Service limitations imposed by DSAAPD staff will be consistent with the medical necessity of the patient's condition, as determined by the DSAAPD Case Manager and DSAAPD Nurse Consultant 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 the DSAAPD.

### **5.2 Available Services**

- 5.2.1 Adult Day Services – Services furnished in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service.
- 5.2.2 Personal Care Services - Personal care includes assistance with activities of daily living (ADL's) (bathing, dressing, personal hygiene, transferring, toileting, skin care, eating and assisting with mobility). When specified in the plan of care, this service includes assistance with instrumental activities of daily living (IADL's) (e.g. light housekeeping chores, shopping, meal preparation). Assistance with IADL's must be essential to the health and welfare of the participant. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.
- 5.2.3 Respite - Respite service provides supportive care in assisted living facilities or nursing facilities on a short-term basis because of the absence of, or need for relief for, those persons normally providing the care. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.
- 5.2.3.1 The service is not available to participants whose primary residence is an assisted living facility.



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- 5.2.3.2 Limit of no more than fourteen (14) days per year. Case managers prior authorize this service and may authorize service request exceptions above these limits.
- 5.2.4 Personal Emergency Response System (PERS) - PERS is an electronic device that enables a waiver participant to secure help in an emergency. As part of the PERS service, a participant may be provided with a portable “help” button to allow for mobility. The PERS device is connected to the participant’s phone and programmed to signal a response center and/or other forms of assistance once the “help” button is activated. The PERS service is available only to participants who live outside of assisted living facilities. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.
- 5.2.5 Specialized Medical Equipment and Supplies – Specialized medical equipment and supplies include: (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.
- 5.2.6 Cognitive Services – Cognitive Services are necessary for the assessment and treatment of individuals who exhibit cognitive deficits or interpersonal conflict, such as those that are exhibited as a result of a brain injury. Cognitive Services include two key components:
- 5.2.6.1 Multidisciplinary Assessment and consultation to determine the participant’s level of functioning and service needs. This Cognitive Services component includes neuropsychological consultation and assessments, functional assessment and the development and implementation of a structured behavioral intervention plan.
- 5.2.6.2 Behavioral Therapies include remediation, programming, counseling and therapeutic services for participants and their families which have the goal of decreasing or modifying the participant’s significant maladaptive behaviors or cognitive disorders that are not covered under the Medicaid State Plan. These



services consist of the following elements: Individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law.), services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness, individual activity therapies that are not primarily recreational or diversionary, family counseling (the primary purpose of which treatment of the individual's condition) and diagnostic services.

- 5.2.7 Day Habilitation – Day Habilitation service is the assistance with the acquisition, reacquisition, 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. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. Meals provided as part of these services shall not constitute a "full nutritional regiment" (3 meals per day). Day habilitation services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the service plan. In addition, day habilitation services may serve to reinforce skills or lessons taught in other settings. This service is provided to participants who demonstrate a need based on cognitive, social, and/or behavioral deficits such as those that may result from an acquired brain injury. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.
- 5.2.8 Assisted Living – Assisted Living provides personal care and supportive services (homemaker, chore, attendant services, and meal preparation) that are furnished to waiver participants who reside in homelike, non-institutional settings. Assisted living includes a 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services also include social and recreational programming, and medication assistance (to the extent permitted under State law). As needed, the assisted living service may also include prompting to carry out desired behaviors and/or to curtail inappropriate behaviors. Services that are provided by third parties must be coordinated with the assisted living provider.
- 5.2.9 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 E&D providers in accordance with the federally approved E&D Waiver and the waiver program service specifications.
- 6.1.2 The E&D provider will not be reimbursed for extra-contractual services unless specifically authorized in writing by the DMAP. If the E&D 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.
- 6.1.4 Medicaid waiver reimbursement does not include the participant's patient pay amount.

### **6.2 Assisted Living Service Supplemental Services Payment (Add-On) Overview**

- 6.2.1 Within the Assisted Living service under the E&D Waiver there is a Supplemental Services Payment (i.e. Add-On). This additional reimbursement opportunity is offered for assisted living service participants with dementia or other cognitive impairments who have the characteristics such as those listed in Section 6.3 , may need additional staff support, intervention and supervision from the assisted living agency. E&D Assisted Living service 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. Providers may request approval from DSAAPD to receive a supplemental payment for individual consumers, equivalent to 10% of the base payment.

### **6.3 Assisted Living Service Supplemental Services Payment (Add-On) Detail**



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- 6.3.1 A request for supplemental payment will be approved based on evidence that all of the conditions specified below are met.
- 6.3.1.1 A request for supplemental payment will be approved based on documentation presented of the participant's diagnosis of severe cognitive impairment with one or more of the characteristics specified below, as determined by a written assessment of the participant'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:
- 6.3.1.1.1 Severe memory loss
  - 6.3.1.1.2 Disorientation/confusion
  - 6.3.1.1.3 Impaired judgment that significantly affects ability to recognize the need for assistance
  - 6.3.1.1.4 Inability to recognize danger
  - 6.3.1.1.5 Inability to communicate needs by any means or to summon assistance
- 6.3.1.2 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:
- 6.3.1.2.1 Wandering
  - 6.3.1.2.2 Self abusive behaviors
  - 6.3.1.2.3 Verbal aggression, e.g., cursing, threatening to strike, hit, punch, biting
  - 6.3.1.2.4 Agitation/disruptive behavior, e.g., screaming, banging, throwing objects
  - 6.3.1.2.5 Combative behavior/physical aggression during care or in interactions with others
  - 6.3.1.2.6 Verbal or physical sexual advances, public masturbation



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### **7.0**      **Obtaining Prior Authorization**

#### **7.1**      **Prior Authorization Process**

- 7.1.1      All E&D Waiver specific services (except Assisted Living services) require prior authorization. Refer to Section 5.2 of this manual for details of the E&D Waiver services.
- 7.1.2      For Prior Authorization approval providers must contact the appropriate Direct Service office. See Section 9.1 of this manual for regional contact information.
- 7.1.3      The waiver provider will receive the prior authorization decision via a letter generated by DSAAPD.
- 7.1.4      To bill for E&D Waiver services: providers must utilize their National Provider Identification (NPI) number, the E&D Waiver taxonomy, the prior authorization number and the appropriate procedure code listed in Section 8.1 on all claims submitted for payment.



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### 8.0 Procedure Codes for the Elderly & Disabled Waiver

#### 8.1 Procedure Codes

The following procedure codes are to be used for billing services under the Elderly and Disabled Waiver.

Code	Description
<b>S5130</b>	Personal Care service – performed by Home Health-Aide Only agency: 15 minute unit reimbursed
<b>S5130 U1</b>	Personal Care service – performed by PASA agency: 15 minute unit reimbursement
<b>S5130 U2</b>	Personal Care service – performed by Personal Attendant agency: 15 minute unit reimbursement
<b>S9125</b>	Respite service – Daily rate – 24 hour unit reimbursement
<b>T2020</b>	Day Habilitation – Daily rate for attendance at 4.5 hours and above
<b>T2021</b>	Day Habilitation – ½ day rate for attendance at under 4.5 hours
<b>90801</b>	Cognitive Services – One-time assessment reimbursement
<b>90806</b>	Cognitive Services – 15 minute unit therapy session
<b>S5101</b>	Adult Day Service (Basic) – ½ day rate for attendance under 4.5 hours
<b>S5105</b>	Adult Day Service (Basic) – Daily rate for attendance at 4.5 hours and above
<b>S5101 U1</b>	Adult Day Service (Enhanced) – ½ day rate for attendance under 4.5 hours
<b>S5105 U1</b>	Adult Day Service (Enhanced) – Daily rate for attendance at 4.5 hours and above
<b>S5160</b>	Personal Emergency Response System – Installation
<b>S5161</b>	Personal Emergency Response System – Monthly monitoring
<b>S5162</b>	Personal Emergency Response System – Extra pendant
<b>*(LOR)</b>	Assisted Living service is reimbursed by the waiver participants Level of Reimbursement (LOR). This level will be determined by state staff.

**\*All the above services must be prior authorized, with the exception of Assisted Living services. Assisted Living reimbursements rates are determined by DSAAPD or DMMA staff and are presented to the provider facility prior to participant admission.**



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### **9.0**            **Locations and Telephone Numbers – Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)**

#### **9.1**            **Direct Services**

##### **New Castle County**

University Plaza  
256 Chapman Road  
Oxford Building, Suite 200  
Newark, DE 19702  
1-800-223-9074  
Fax: (302) 391-3501  
Fax: (302) 391-3501 – Adult Protective Services  
TDD: (302) 391-3505

##### **Kent/Sussex Counties**

DSAAPD Milford Office  
18 N. Walnut St., First Floor  
Milford, DE 19963  
1-800-223-9074  
Fax: (302) 422-1346  
TDD: (302) 424-7141

#### **9.2**            **Administration**

Herman M. Holloway, Sr. Campus  
Main Administration Building, First Floor Annex  
1901 N. DuPont Highway  
New Castle, DE 19720  
1-800-223-9074  
Fax: (302) 255-4445