

Medicaid Community Options

Course 8: Service Definitions

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Presented to: New Supports Planner Training

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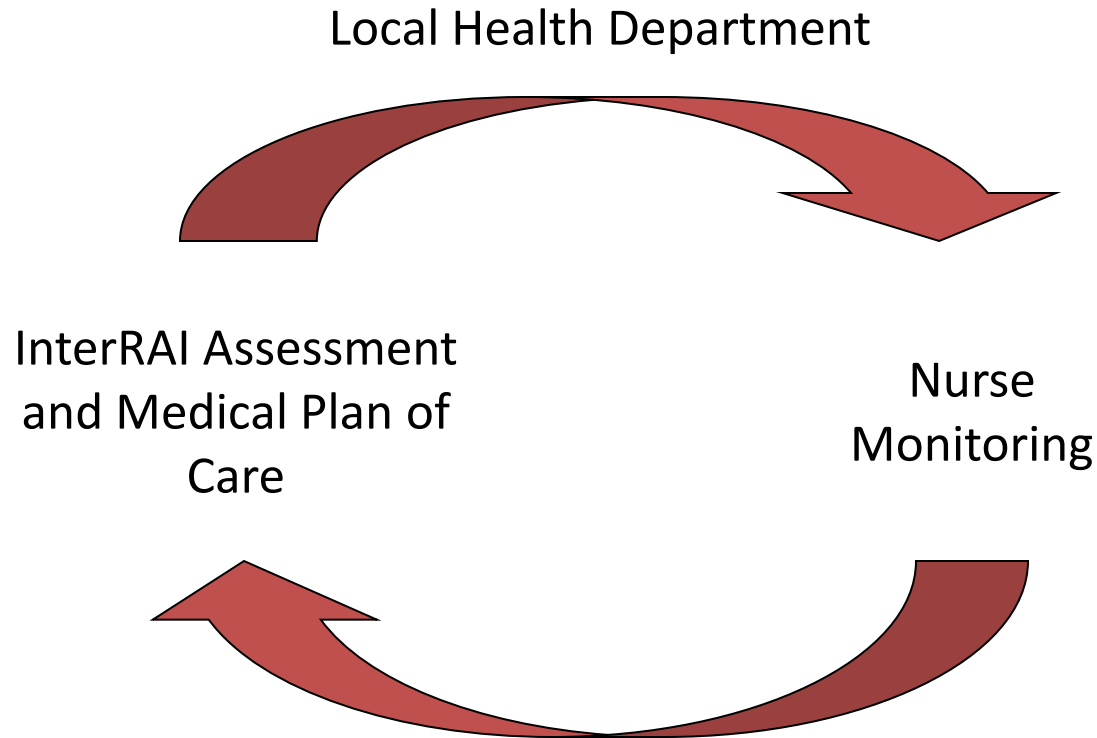


MARYLAND
Department of Health

Services Offered by Program

	CPAS	CFC	Waiver
Personal Assistance Services	X	X	X
Case Management/Supports Planning	X	X	X
Nurse Monitoring	X	X	X
Personal Emergency Back-up Systems		X	X
Transition Services		X	X
Consumer Training		X	X
Home Delivered Meals		X	X
Assistive Technology		X	X
Accessibility Adaptations		X	X
Environmental Assessments		X	X
Medical Day Care			X
Nutritionist/Dietician			X
Family Training			X
Behavioral Consultation			X
Assisted Living			X
Senior Center Plus			X

Nurse Monitoring by the Local Health Department



Nurse Monitoring

- The local health department provides quality oversight of personal assistance services.
 - If the participant resides in an assisted living facility or personal assistance is not being provided, nurse monitoring should not be on the plan of service.
- Nurse monitors do not delegate nursing tasks— that is the responsibility of the RSA delegating nurse.
- Nurse monitoring does not include skilled tasks – if skilled nursing services are required, they must be provided by another program.

Nurse Monitoring

- The LHD recommends frequency of nurse monitoring visits.
- Inform the participant that he or she may waive nurse monitoring.
 - However, you should advise them of the health and safety issues.
 - A waiver form must be completed and signed.
 - At minimum, two contacts must occur each year (mid-year and annual home visit for assessment).

[Nurse Monitoring Waiver Form](#)

Nurse Monitoring Under CFC & CPAS

Agency Provider(s)

Personal Assistance Agency
Responsibilities:

- Supervision and planning of personal assistants
- Meeting requirements under RSA licensure

LHD Responsibilities:

- Quality oversight of Personal Assistance Agency
- Complete subset of interRAI tool (confirm no significant changes)
- Develop Nurse Monitoring visit frequency

Delegated tasks

Frequency determined by the nurse, based on participant's medical condition, the Nurse Practice Act standards and the RSA regulations

No delegated tasks

- Minimum contact every 6 months
- Frequency determined by the nurse, based on participant's medical condition

Supports Planning

- Recommended frequency:
 - 20 hours per year for participants living in an assisted living.
 - 3 hours per month for participants living in their home.
 - 6 hours per month for pending applicants.
- Expectation is more time spent with the participant during development of the plan of service; ongoing contact should not require as much time.
- Similar to nurse monitoring, supports planning may be waived.

[Supports Planning Waiver Form](#)

Consumer Training

- Trains consumer on the acquisition, maintenance and enhancement of skills necessary for individuals to perform ADLs, IADLs, and Health Related Tasks
- The topics covered by consumer training may include, but are not limited to money management and budgeting, independent living and meal planning.
- These activities are to be targeted to the individualized needs of the participant receiving the training; and sensitive of the educational background, culture, and general environment of the participant receiving the training.
- Consumer training must be provided by an approved Medicaid provider.

Environmental Assessment

- An assessment of the person's home may be completed upon request to identify improvements to make the house functional and safe for the participant.
- Included in the environmental assessment, as necessary, may be:
 - An evaluation of the condition of the participant,
 - Environmental factors in the facility or home,
 - The participant's ability to perform ADLs,
 - The participant's strength, range of motion (ROM) and endurance, and
 - The participant's need for assistive devices and equipment.

Environmental Adaptations

- An environmental assessment should be completed before submitting a request for an environmental adaptation.
- Multiple quotes/bids are required for purchases exceeding \$1,000.
- Combined limit of \$15,000 over three years when combined with technology.

Environmental Adaptations

- May include:
 - Automatic door openers
 - Grab bars
 - Ramp
 - Repair to previous adaptation
 - Stair glide or lift
 - Structural change (internal)
 - Structural change (external)
 - Other

Environmental Adaptations

- May not include adaptations that:
 - Are of general maintenance, such as carpeting, roof repair, and central air conditioning,
 - Are not of direct medical or remedial benefit to the participant,
 - Add to the home's total square footage, or
 - Modify the exterior of the home, other than the provision of ramps, lifts, sidewalks necessary to utilize a ramp or lift, and railings.

Technology

- Most equipment and supplies are covered under another Medicaid benefit – Disposable Medical Supplies and Durable Medical Equipment (DMS/DME).
 - DMS/DME must be billed first if it is coverable.
 - Items determined not medically necessary by DMS/DME cannot be covered as technology.
- Items not covered under the DMS/DME formulary may be covered under CFC, if it substitutes for human assistance and is supported by [10.09.84.18](#).
- Technology covered under these programs includes non-experimental technology or adaptive equipment, excluding service animals, which enables a participant to live in the community and participate in community activities.

Technology

- Technology must
 - Prevent the participant's institutionalization
 - Ensure the participants health, safety and independence
 - Specifically related to ADLs and IADLs within the approved POS
- Examples of technology:
 - Audio devices for the blind
 - Communication devices
 - Over the bed table
 - Water temperature gauge

Personal Emergency Response System

- A personal emergency response system (PERS) is an electronic device, piece of equipment, or system which upon activation, enables a participant to secure help in an emergency, 24 hours per day, seven days per week.
- There are a variety of devices and systems available to meet individual needs and preferences for CFC participants choosing this service.
 - This service may include any or all of the following components: purchase/installation and monthly maintenance/monitoring of a PERS device.
 - Systems are available in various languages

Personal Emergency Response System

- CFC Regulations limit the use of PERS as follows in COMAR [10.09.84.23](#)
 - Reimbursement for Personal Emergency Response System is limited to participants who:
 - Live alone; or
 - Have no regular caregiver for extended parts of the day and would otherwise require extensive routine supervision to ensure the participant's health and safety

Transition Services

- Expenditures essential for transition and linked to an assessed need for an individual to transition from an institution to a community-based home setting.
 - Such as security and utility deposits, bedding, basic kitchen supplies, and other necessities.
 - All items should be listed with quantities and total cost.
 - Transition funds are limited to \$3,000.
- Items must be essential to a successful transition and may be secured up to 60 days post-transition.
- Transition Funds providers will only pay for items on an approved plan of service.
- Excludes recreational and non-essential items such as home décor, TVs, internet access, and gaming systems.

Transition Funds

- Transition funds may include funds for/to:
 - Obtain housing (e.g. security deposit)
 - Secure essential utilities (e.g. installation/set up fees)
 - Basic furniture
 - Small appliances or other approved appliances
 - Essential personal or household items
 - Personal items such as soap, toilet paper, etc
 - Household items such as sheets, dishes, towels, etc
 - Transition related transportation

[Transition Fund Forms](#)

Flexible Funds

- Only available to MFP participants transitioning from a nursing facility.
- Includes funds for groceries, transportation, birth certificates and other needed items that could not otherwise be funded by Medicaid.
 - All items should be listed with quantities and total cost.
- Limitations
 - \$700 per transition (must be spent within 60 days of transition)
 - Transition funds must be exhausted

Transition Services Providers

- Transition funds providers make direct payments to purchase goods using transition funds, MFP flex funds, and “other” items or services that substitute for human assistance.
 - “Other” Items that substitute for human assistance are those that cannot be provided by other enrolled providers
 - The transition funds provider will not pay for assistive technology, environmental assessments or modifications, or home-delivered meals
- The transition funds provider will review the POS to make sure all the requested expenditures have been approved and will not make payments if an item is not specifically listed on an approved POS.
 - The supports planners must assist in gathering and uploading receipts.

Assisted Living

(Community Options and ICS only)

- Assisted Living Facilities are paid for providing a collection of services.
 - The participant may be required to contribute to the cost of room and board. This will be determined in the waiver application process.
 - A “level” is determined (level 2 or 3) by the Assisted Living Facility (this determines the rate in the Plan of Service).
- Services that may overlap with Assisted Living include:
 - Medical Day Care
 - Behavioral Health Consultation
 - Senior Center Plus

Assisted Living

(Community Options or ICS only)

- Services not allowable for a person in an assisted living are:
 - Nurse monitoring,
 - Personal assistance services,
 - Home-delivered meals,
 - Environmental assessment and adaptations,
 - Technology,
 - PERS installation and/or monitoring,
 - Dietitian and nutritionist services,
 - Consumer Training, and
 - Family Training

Temporary Respite (ALF or NF)

(Community Options or ICS Only)

- Temporary respite care may be provided by an assisted living facility and/or nursing facility (up to 14 days annually)
- When adding this service to the POS, describe in the Comments Sections why the temporary move is planned as well as the dates in which the person will reside in that facility.

Behavioral Health Consultation

(Community Options or ICS Only)

- This service is mainly offered when behavior is:
 - Potentially dangerous to the participant's, or another person's health and functioning; or
 - Placing the participant at risk of institutionalization due to health and safety concerns.
- The service includes a:
 - Home visit by an individual qualified to render services to:
 - Evaluate a participant's behavior;
 - Assess the situation;
 - Determine the contributing factors; and
 - Recommend interventions and treatments;
 - Written report with the results of the provider's assessment and recommendations to be reviewed by the participant/representative; and
 - Verbal review of the report with the participant/representative to discuss:
 - The report's findings and recommendations; and
 - A course of action, including any related needed medical interventions

Dietitian & Nutritionist Services

(Community Options or ICS Only)

- This service includes nutrition care planning, nutrition assessment, and dietetic instruction
- The service is approved when:
 - The participant's medical condition requires the judgment, knowledge, and skills of a licensed nutritionist or licensed dietitian;
 - Targeted to the individualized needs of the participant, rather than being of general interest;
 - Sensitive to the educational background, culture, religion, eating habits and preferences, and general environment of the participant; and
 - Specified in the participant's Plan of Service as necessary to:
 - Ensure the participant's health and safety; and
 - Prevent the participant's institutionalization, or hospitalization

Family Training

(Community Options or ICS Only)

- Family training may include:
 - Instruction on treatment regimens and dementia;
 - Use of equipment specified in the Plan of Service;
 - Other issues; or
 - Follow-up training as authorized.

Senior Center Plus

(Community Options or ICS Only)

- The services provided include a program of structured group recreational activities, supervised care, assistance with activities of daily living and instrumental activities of daily living, and enhanced socialization provided in an out-of-home, outpatient setting
- Social and recreational activities designed for elderly, disabled individuals, as well as one nutritious meal shall be available within the center's confines
- Please note that this service is not associated with Senior Care, or a regular Senior Center. This is a specific Medicaid service paid for under the waiver

Who are the Providers in LTSSMaryland?

- The LTSSMaryland system has a list of all providers enrolled in Medicaid.
 - Paperwork completed, ready to work.
 - List of providers is updated weekly
- If the person is not in LTSSMaryland, they are most likely not a provider (or the system hasn't caught up yet that week).

How Do I Find Providers?

[County by County Provider Lists](#)

[Maryland Access Point](#)

(<https://md.getcare.com>)

[LTSSMaryland](#)

(<https://ltssmaryland.org>)