Medicaid Community-Based Supportive Living Program

Benefit Coverage

Covered Benefit for lines of business including:
Medicare- Medicaid Plan (MMP) Integrity
Excluded from Coverage:
RItecare (MED), Substitute Care (SUB), Children with Special Needs (CSN), Rhody Health Partners (RHP), Extended Family Planning (EFP), ACA Adult Expansion (RHE), Health Benefits Exchange (HBE)

Description

These standards apply only to licensed assisted living and adult supportive care residences seeking to participate in the Medicaid Community-based Supportive Living Program (CSLP) under the State's Integrated Care Initiative (ICI) pursuant to §40-8.13. The CSLP is a pilot open to Medicaid LTSS (Long Term Support Services) beneficiaries who meet the high or highest level of care and are enrolled in one of the Integrated Care Initiative participating health plans.

The managed care organizations participating in the ICI are hereby designated to serve as contractual entities of the EOHHS and, in this capacity, are responsible for entering into agreements with only those licensed residential providers who meet the certification standards set forth herein.

During the initial six (6) months of implementation, Neighborhood Health Plan of RI (Neighborhood) serves as the sole contractual entity authorized by the EOHHS responsible for entering into agreements with providers that meet these CSLP certification standards.

Definitions

ADL or ADLs**-activity or activities of daily living.** These include but are not limited to:

Bathing: When the participant requires direct care of or constant supervision and cueing during the entire activity of a shower, bath or sponge bath for purpose of maintaining adequate hygiene.

Dressing: When the participant requires direct care of or constant supervision and cueing during the entire activity of dressing and undressing, taking on or off prostheses, braces, anti-embolism garments (e.g. "11TED" stockings) or assistive devices.

Eating: When the participant requires direct care of or constant supervision and cueing during the entire meal, physical assistance by the staff with a portion of, or the entire meal. Eating is defined as the ability to consume food or drink through the mouth using routine or adapted utensils. This also includes the ability to cut, chew, and swallow food.

Grooming: (personal hygiene): When the participant requires direct care of or constant supervision and cueing during the entire activity. Grooming is defined as the ability to comb hair, brush teeth, shave, apply make-up, and nail care, eyeglasses, and jewelry application.

Mobility (ambulation): When the participant must be physically steadied, assisted, or guided in ambulation, or unable to self-propel a wheelchair without the assistance of another person.

Toileting: When the participant needs assistance due to incontinence of bladder or bowel or requires scheduled assistance or routine catheter or colostomy care. This includes assistance transferring on/off the toilet, cleansing of self, changing of pads/briefs.

Transferring: When the participant must be assisted or lifted to another position. Transferring is defined as the physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position. This includes changes of position in wheel chair for pressure relief and or transfers to bed during the day secondary to poor sitting tolerance. This also includes changes of position in bed.

Assisted living residence means any residence licensed by the state pursuant to R.I.G.L. §23.17-4 and regulated by the Department of Health (DOH) in accordance with R23-17.4-ALR. For the purposes of these Provider Certification Standards, "Assisted living" is considered a community setting and not a medical institution or health facility because assisted living **does not** include 24 hour skilled nursing care, residents have privacy including a lockable door, and the living environment is a homelike setting that promotes maximum dignity and independence, and, as appropriate, supervision, safety and security.

Base-Level Medicaid Service Package means the basic level package of Medicaid-funded long-term services and supports provided in an assisted living or adult supportive care residence which includes, at a minimum: personal care, homemaker, chores, attendant care, companion services, medication administration and/or oversight (to the extent permitted under State law), therapeutic social and recreational programming, and 24-hour on-site response staff to meet scheduled or unpredicted needs. Services must be provided in a home-like environment.

Certified Provider means the appropriately licensed assisted living residence or adult supportive-care residence that meets the standards for the CLSP under the auspices of the Integrated Care Initiative.

Certification Standards means the requirements an appropriately licensed residence must meet to participate in the CSLP.

Community Supportive Living Program or CSLP means the Medicaid community based long term services and supports (LTSS) program established by R.I.G.L. §40-8.13 for Medicaid and dually-eligible Medicaid and Medicare beneficiaries who choose to receive services through a long-term care managed care arrangement as defined therein.

Enhanced-Level Medicaid Service Package means a package of services provided by an appropriately licensed ALR (Assisted Living Residence) participating in the CSLP to provide the base level service package and offer extended personal care and attendant services, care coordination and therapeutic activities and/or limited health services. The enhanced service package may also include coordination of behavioral health services, or health and home stabilization services that optimize a beneficiary's general health and welfare.

Executive Office Health and Human Services or EOHHS means the Medicaid single state agency responsible for providing or entering into agreements to provide Medicaid funded long-term services and supports.

Health and home stabilization services means a set of services provided to a resident to assist in acclimation to the assisted living environment and/ or to provide support and education to the resident about managing specific health conditions.

Limited Health Services means health services provided by a licensed ALR as ordered by a resident's physician, and provided by a qualified ALR as defined in R23-17.4-ALR (part C).

Medication administration means the direct application of a prescribed medication, whether by injection, inhalation, ingestion, or any other means, to the body of a resident by a person legally authorized to do so.

Personal care services means the same as physical or verbal assistance with activities of daily living included under "personal care services" described in MCAR 1500 Personal care services do not include assistance with tasks that must be performed by a licensed health professional.

Person centered care plan means an individualized approach to planning that strives to place the individual at the center of decision making and supports an individual to share his/her desires and goals, to consider different options for support and to learn about the benefits and risks of each option.

Resident means a person residing in an assisted living residence or adult supportive care residence for whom Medicaid-funded services are paid for, in whole or in part, by the EOHHS or its contractual designee under a contract. For decision making purposes, the term "resident" includes the resident's legal representative or surrogate decision maker in accordance with state law or at the resident's request.

Specialized Medicaid Service Package means a set of services provided by an appropriately licensed ALR that includes the enhanced service package and an array of intensive services designed specifically to address dementia care needs.

Therapeutic Activities means a program of purposeful activities to meet the needs and interests that promote personal growth, enhance self-image, and/or improve and maintain the functioning level of the resident to the extent possible.

Criteria

Facility Criteria:

Medicaid certified assisted living residences (ALR) participating in the CSLP must be licensed in accordance with the RI Department of Health Rules and Regulations at R23-17.4-ALR. The licensure of the ALR must be in good standing. For the purposes of CSLP certification, good standing requires documentation from the DOH that there have been no significant enforcement actions taken against the ALR during the twelve (12) months prior to entering into an agreement with the contracting entity.

The contracted entity administering the plan is responsible for ensuring a Medicaid beneficiary has access to the services required to meet this clinical level of need until such time as this need is reassessed. Therefore, the certified ALR and the managed care must work in concert to assure every Medicaid beneficiary's needs are met in a manner that promotes self-reliance, dignity and independence.

A certified ALR must have the capacity and authority to furnish the personalized Medicaid services required to meet a beneficiary's LTSS needs in a manner that promotes self-reliance, dignity and independence. In Rhode Island, ALRs licensed at various levels that reflect their capacity to provide different kinds of Medicaid

services, depending on a beneficiary's level of care needs. Accordingly, the EOHHS contracted managed care entity may enter into agreements that certify providers based on their licensure authority and capacity to provide specific packages of services to Medicaid beneficiaries with varying levels of acuity needs,
Service Level Criteria: **A provider order is required for any skilled services delivered**

Base Level Services (Authorization Required)	**ALR Requirements** 1. Appropriate level of licensure, **AND** 2. The capacity to provide a package of Medicaid home and community-based services that includes: ☐ personal care and attendant services ☐ homemaker services ☐ chores ☐ companion services ☐ meal preparation ☐ medication administration, **AND/OR** ☐ oversight, and social and recreational programming in a home-like environment in the community 3. 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and provide supervision, safety and security. Other individuals or agencies may also furnish Medicaid state plan or waiver services under an arrangement between the beneficiary's plan and the ALR; but the services/care provided by these other persons/entities must supplement rather than supplant the base services. **Member Requirements** Medicaid beneficiaries who qualify for the base service capacity must require medication administration and/or oversight, assistance with a minimum of two (2) of the activities of daily living, and need six (6) hours or more of personal care per week.
Enhanced Level Services (Authorization Required)	**ALR Requirements** 1. Appropriate licensure level, **AND** 2. The capacity to provide the **base level service package AND** offer: 3. Extended personal care and attendant services 4. Care coordination 5. Therapeutic activities, **AND/OR** 6. Limited health services 7. The enhanced service package may also include coordination of behavioral health services, or health and home stabilization services that optimize a beneficiary's general health and welfare. 8. ALR must coordinate with the beneficiary's plan to obtain consultative resources to address behavioral issues for residents. The ALR must include in the beneficiary's service plan the identity of the professional clinical psychologist, psychiatrist, psychiatric nurse practitioner, or other behavioral specialist who will provide the consultation, and when and how the Consultation will be utilized. **Member Requirements** Medicaid beneficiaries who qualify for services at this level must need assistance with at least two (2) of the activities of daily living and require seven (7) to twelve (12) hours of any combination of personal care, limited health care services and care coordination (including behavioral health) and/or health and home stabilization services.

Dementia Care (Authorization Required)

ALR Requirements

1. Appropriate Licensure level in good standing **AND** provide the enhanced service package and a set of specialized services designed specifically to address dementia care needs including but not limited to
    a. cognitive assessments
    b. care planning
    c. enhanced staffing
    d. therapeutic activities specific to individuals who are diagnosed with dementia
    e. behavioral health and home stabilization services provided in coordination with the beneficiaries plan by licensed professionals familiar with the unique needs of persons with dementia
2. Staffing that is adequate to respond to the assessed sleeping and waking patterns and needs of the resident.
3. Policies and procedures to manage residents who may wander that specify the actions to be taken in case a resident elopes.
4. The ability to provide physical assistance with bathing and toilet use for residents who require caregivers to perform these activities and sub tasks of these activities along with required oversight, supervision, encouragement, and cueing.
5. These services must be delivered in an appropriately licensed ALR that meets one of the following:
    a. The ALR is dedicated solely to the care of individuals with dementia, including Alzheimer's disease.
    b. The ALR is organized into designated separate units dedicated solely to the care of individuals with dementia, including Alzheimer's disease.
    c. The ALR is arranged in separate "neighborhoods" or closed areas with separate units dedicated solely to the care of individuals with dementia, including Alzheimer's disease.

Member Requirements

Medicaid beneficiaries who qualify for services at this level must have a diagnosis of Alzheimer's disease or another related dementia and be determined to need memory care. Beneficiaries must need assistance with at least three (3) of the activities of daily living and require thirteen (13) hours or more of any combination of personal care, limited skilled nursing, and/or behavioral health or health and home stabilization services. The beneficiary is prohibited from receiving more than forty-five (45) consecutive days of skilled nursing in any assessment period.

Discharge, Social Leave, and Unit Hold

For beneficiary absences an ALR certified at any level must:

1. Obtain the contractual managed care entity's approval for payment for social leave in excess of eighteen (18) calendar days per year;
2. Notify the Medicaid beneficiary of the agreed polices of the managed care plan and the ALR with regard to bed-holds, as soon as possible before, or as soon as practicable following hospitalization or discharge to a nursing home. The notification must include information concerning:
    - options for bed-hold payments, **AND**
    - rights to return to the same or another unit within the ALR.

The certified ALR is not required to discharge (move out) and readmit a Medicaid beneficiary receiving the enhanced or specialize levels of services who is absent for less than twenty-one (21) consecutive days. Bed-holds are not a Medicaid-funded service and, as such, the ALR is permitted to accept private payment for a bed hold not to exceed the daily cost of the Medicaid payment for the month or time period for which there is an absence.

The certified ALR must retain a unit for a Medicaid beneficiary receiving enhanced or specialized services who is hospitalized or temporarily placed in a nursing facility for up to twenty (20) days in circumstances in which the managed care indicates in writing that the Medicaid beneficiary is likely to return. Bed-holds are not a Medicaid-funded service and, as such, the ALR is permitted to accept private payment for a bed hold not to exceed the daily cost of the Medicaid payment for the month or time period for which there is an absence.

If, prior to the end of the twenty (20) days, the managed care plan and the ALR jointly concur that the beneficiary will likely not return to the ALR, the unit hold payment must terminate and the ALR may rent the unit to another resident, providing Medicaid beneficiaries are given first preference. Both the ALR and the managed care plan may not seek third-party payment for the first twenty (20) days of retaining the unit in such circumstances if the Medicaid beneficiary is paying for the unit-hold.)

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

Prior Authorization Forms

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.
Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the Authorization Quick Reference Guide

Exclusions

- A certified ALR is prohibited from charging a Medicaid beneficiary or the managed care plan for a Medicaid services that has not been properly authorized in consultation with the beneficiary, his or her Representative, and the managed care plan.
- A certified ALR must not require a Medicaid beneficiary to request any item or service as a condition of admission or continued stay.
- The certified ALR must not demand or accept supplemental payments from the family members or friends of Medicaid beneficiaries, except for amenities.
- The ALR is prohibited from requiring private payment for a certain number of months as a prerequisite for accepting Medicaid.

The EOHHS or its contracted entity may terminate certification with no less than thirty (30) days' notice. Payments may stop immediately in instances in which the health, safety or general welfare of a Medicaid beneficiary is determined to be in imminent jeopardy.

CMP Cross Reference:
Created: 02/18/16
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Effective Date: 6/1/16, 3/24/17, 1/01/18, 4/12/18

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

R.I.G.L. § 40-8.13-12 and §40-6-27.2

Rhode Island EOHHS Medicaid Community-Based Supportive Living Program Assisted Living Residence (ALR) Provider Certification Standards.