

Services Provided in an Acute Care Hospital Settings

I. APPLICABILITY

A. This policy applies to:

1. People receiving Developmental Disabilities Administration funded services through its Traditional or Self-Directed Services Delivery Model;
2. Their families and representatives; and
3. Coordinators of Community Services; Self-Directed staff and vendors; Support Brokers; Financial Management and Counseling Services agencies; DDA providers; and DDA staff.

II. IMPLEMENTATION DATE

- A. This policy begins 30 days after posting and overrides all other policies or guidance related to acute care hospital supports.
- B. In the event of a public health or state of emergency, this policy can be overruled by any and all federal authorities.

III. PURPOSE

- A. This policy describes the requirements and guidance for supports provided in acute care settings which are funded through a DDA service.

IV. DEFINITIONS

- A. "Acute Care Hospital" is a hospital that provides short term medical care and other related services for medical diagnoses, acute medical conditions, injuries or surgeries. .
- B. "Acute Care Hospital Supports" means a direct support professional provides personal, behavioral, and communication support to people in an acute hospital setting. These services cannot duplicate the services the hospital is already providing.
- C. "Behavior Support Plan" or "BSP" is a written plan designed to modify behavior through the use of clinically accepted techniques that:

1. Is person-centered and trauma-informed;
 2. Is based upon:
 - a) Positive Behavior Supports; and
 - b) The results of a Functional Behavioral Assessment; and
 3. Includes a description of the problem behavior, along with a specific reason as to why the problem behavior occurs.
- D. "Coordination of Community Services" are targeted case management services to help people receiving and/or requesting services funded by the DDA. Targeted case management services are provided in accordance with [COMAR 10.09.48](#).
- E. "Coordinator of Community Services" or "CCS" is an individual who provides Coordination of Community Services. They can be either an employee or a contractor of a DDA approved Provider of Coordination of Community Services.
- F. "DDA Medicaid Waiver Program" is one of three Medicaid Home and Community-Based Waiver Programs operated by the Developmental Disabilities Administration that serve eligible children and adults with intellectual and developmental disabilities. These programs are approved by the Centers for Medicare & Medicaid Services and include the:
1. Family Supports Waiver;
 2. Community Pathways Waiver; and
 3. Community Supports Waiver.
- G. "DDA Provider" is an individual or entity, licensed or certified by the Maryland Department of Health, that provides DDA-funded services to people in accordance with the DDA's requirements.
- H. "Direct Support Staff" or "Direct Support Professionals" or "DSP" are individuals who are paid to provide direct support services to a person.

- I. "Financial Management and Counseling Services" or FMCS are services provided to support a person in the DDA Self-Directed Services Delivery Model in using their budget authority and, if applicable, employer authority. FMCS services include, but are not limited to:
 1. Processing claims for payment for Waiver Program services in accordance with the person's self-directed budget allocation; and
 2. Verifying that the DDA provider, vendor, or direct support staff meet all qualifications to provide the Waiver Program service.
- J. "Legal guardian" is either:
 1. A natural or adoptive parent of a person under the age of 18; or
 2. An individual who has been appointed by a court order as guardian of the person.
- K. "Legally Responsible Person" is an individual who has a legal obligation under the provisions of Maryland law to care for another individual. This includes:
 1. A parent of a minor (either natural or adoptive);
 2. Legal guardian; or
 3. An individual otherwise legally responsible for the care of a minor (such as, a foster parent or relative appointed by court).
- L. "Person" is an individual who is eligible to receive or receiving DDA-funded services.
- M. "Person-Centered Plan" or "PCP" is a written plan, developed through a collaborative planning process, driven by the person with a developmental disability to:
 1. Identify their goals and preferences;

2. Identify services to support them to pursue their personally defined outcomes in the most integrated community setting;
 3. Direct the delivery of services that reflect their personal preferences and choice; and
 4. Identify their specific needs that must be addressed to ensure their health and welfare.
- N. "Policy on Reportable Incidents and Investigations" or "PORII" is policy, required by [COMAR 10.22.02.01](#) to ensure the health, safety and welfare of people receiving DDA-funded services by formalizing a process to identify, report, investigate, and resolve incidents in a timely manner.
- O. "Regional Office" or "RO" is one of the DDA's four local offices. ROs are the point of contact for applicants, people getting DDA-funded services, families and DDA providers living and working in the counties they serve. Each RO has the authority to review individual Person-Centered Plans and approve funding for services. The ROs are:
1. Central Maryland Regional Office, serving Anne Arundel, Baltimore, Howard, and Harford Counties and Baltimore City;
 2. Eastern Shore Regional Office, serving Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties;
 3. Southern Maryland Regional Office, serving Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties; and
 4. Western Maryland Regional Office, serving Allegany, Carroll, Frederick, Garrett, and Washington Counties.
- P. "Relative" is a natural or adoptive parent, child, step-child, step parent, or sibling of a person, who is not also a legal guardian or legally responsible person.

- Q. "Representative" is an individual person chosen or appointed to act or speak for another person. Examples include but not limited to:
1. Authorized or designated representatives;
 2. Legal representatives;
 3. Supported decision team member; and
 4. Person Centered Team members.
- R. "Self-Directed Services Delivery Model" or "SDS Delivery Model" is a model of service delivery that the DDA provides through its Waiver Programs. In the SDS Model the person (not the provider) has:
1. The power and responsibility for overseeing, coordinating and directing the services they have been approved to receive;
 2. Budget authority over how the Medicaid funds are spent to purchase authorized services; and
 3. Employer authority to recruit, hire, train, and supervise the staff and service providers they want to hire.
- S. "Service Implementation Plan" or "SIP" is the DDA required form used to document the DDA provider's or direct support professionals' service delivery implementation strategy for the requested services to support the person's chosen outcome. Service Implementation Plans must include specific strategies for goal implementation that are specific, measurable, achievable, relevant to the person's identified outcomes, and have clear proposed timelines for achievement.
- T. "Traditional Service Delivery Model" is a service delivery model that the DDA provides through its Waiver Programs. In the Traditional Service Delivery model the person chooses a DDA Provider who is responsible for overseeing, coordinating and providing their approved services.
- U. "Waiver Program Service" is a service funded by a DDA-operated Medicaid Waiver Program.

V. POLICY

- A. Services provided in acute care hospitals include direct support professionals (DSP) providing personal, behavioral, and communication supports to people in an acute hospital setting.
- B. Acute care hospital supports can be provided under the following DDA services only:
 - 1. Community Development Services;
 - 2. Day Habilitation Services;
 - 3. Personal Support Services;
 - 4. Community Living - Group Home Services;
 - 5. Community Living - Enhanced Support Services; and
 - 6. Supported Living Services.
- C. Services may not be provided in skilled nursing facilities, rehabilitation centers, or psychiatric hospital centers.

VI. STANDARDS

A. Services Provided in Acute Care Hospitals:

- 1. Personal, behavioral, and communication needs supports may be provided when they are not otherwise provided in the acute care hospital.
- 2. Acute care hospital supports:
 - a. Are designed to:
 - i. Support maintaining or improving the person's functional abilities; and
 - ii. Ensure smooth transitions between the hospital setting and the home and community-based setting.
 - b. Must be provided to the meet the person's needs; and
 - c. Must be described in the person's record. Examples include the Person-Centered Plan (PCP), Service Implementation Plan (SIP), and Behavior Support Plan (BSP).

B. Exclusions:

- 1. Services may not be provided in skilled nursing facilities, rehabilitation centers, or psychiatric hospital centers.
- 2. DDA services provided in acute care hospital settings must not:
 - a. Interfere or disrupt necessary treatment to the person provided by the hospital; and

- b. Substitute or duplicate services that the hospital is required to provide to its patients.

C. Criteria to be Eligible:

A person may be eligible to receive certain DDA services in an acute care hospital if they:

1. Are enrolled in either the Self-Directed Services Delivery Model or the Traditional Services Delivery Model;
2. Has an assessed need for the DDA service noted in this policy;
3. Has actively chosen to receive the supports in the acute care hospital; and
4. The request for funding meets all requirements in this policy, guidance, and the DDA Medicaid Waiver Program application.

D. Special Service Requirements and Limitations

1. The total combination of support services, provided during an acute care hospital stay or in a home or community-based setting, cannot exceed services authorized within the PCP.
2. Two or more DDA funded services cannot be provided at the same time in an acute care hospital. For example, only one of the following DDA services may be provided at the same time:
 - a. Community Development Services;
 - b. Day Habilitation;
 - c. Community Living - Group Home;
 - d. Community Living - Enhanced Supports;
 - e. Supported Living; or
 - f. Personal Support.
3. The Coordinator of Community Services must assess and document the quality and effectiveness of the supports provided in the hospital setting during monitoring and follow up activities and discharge planning.
4. Health and safety concerns must be reported by the individual that discovers them to:
 - a. Appropriate Hospital Staff such as:
 - i. The Hospital Patient Advocate; and
 - ii. Licensed Healthcare Practitioner responsible for the person's prescribed orders.

- b. DDA provider staff; and
 - c. DDA Regional Office Quality Enhancement Staff.
5. In accordance with the [Policy on Reportable Incidents and Investigations PORII](#), the DDA Quality Enhancement Staff will review all incident reports as applicable.
- .
6. DDA services provided in acute care hospitals are subject to DDA service utilization reviews and audits.
7. DDA Provider Requirements:
- a. DDA providers must develop, maintain, and enforce written policies for their acute care hospital supports services delivery models. The policies must address:
 - i. How the provider will ensure the participant will ensure the person's rights of privacy, dignity, respect, and freedom from coercion and restraint; and
 - ii. How the provider will ensure its provision of acute care hospital supports complies with applicable laws governing the person's rights to privacy.
 - b. Provider Program Service Plan:
 - i. DDA providers must include acute care hospital supports as a service delivery method in their Program Service Plan for each service as per their proposed business model.
 - ii. For each service, DDA Providers must note the service delivery methods (i.e., direct in-person and acute care hospital supports) as applicable, and include the scope and methodology in using these delivery methods.

C. Requirements To Be Paid to Provide Services

1. Progress notes and other documentation of provision of acute care hospital support must be in accordance with the DDA standards for billing documentation.
2. DDA Providers must document in the person's record the supports provided to the person during their stay in an acute care hospital setting. Such documentation must include;
 - a. A service note describing service/activities as authorized by the PCP; and
 - b. A description of the service provided, including:
 - i. The date of service,
 - ii. The service provided;
 - iii. The time of service;
 - iv. The location of service; and
 - v. The name of the staff person that provided the service.

Example: On (date) I (insert staff name) was providing (insert name of person) support with (choose as many as applicable: personal care, communication, behavior supports) during their stay at (name of hospital/institution). I assisted (insert name of person) with (choose as many as applicable: showering, using the bathroom, completing hygiene tasks, eating/drinking, changing, transferring, using preferred communication method to communicate needs/wants with medical professionals/hospital personnel, providing proactive and reactive supports identified in the person's BSP, and/or monitoring for s/sx displayed by the person that communicates pain or dissatisfaction) to ensure the unique health/safety and needs/wants of (insert name of person) were effectively communicated and provided during their stay while medical personnel ensured specific health restated supports were provided.

3. DDA Providers shall maintain copies of staff timesheets that document the presence of staff who provided the services under the time billed as per Medicaid requirements.
4. DDA Providers shall provide this documentation upon request.
5. Under the Traditional Services Delivery Model, the DDA Provider must:

- a. Indicate on their provider Program Service Plan (required by [COMAR 10.22.02.09](#)) each service for which they wish include support services during an acute care hospital stay;
 - b. Ensure Direct Support Professionals staff meet all qualifications as outlined in the approved DDA Medicaid Waiver program application at the time of service delivery;
 - c. Document services delivery and maintain records as per DDA's requirements; and
 - d. Submit claims as per [DDA's Guidelines for Service Authorization and Provider Billing requirements](#).
6. Under the Self-Directed Service Delivery Model:
- a. Direct support professionals must meet all qualifications as outlined in the approved DDA Medicaid Waiver program application at the time of service delivery, as confirmed by the Financial Management and Counseling Services agency;
 - b. The person must submit timesheets as per the applicable requirements; and
 - c. The person and the Direct Support Professional must document service delivery and maintain records.

D. Rates/Billing

1. Providers must be approved or licensed to provide the services including having services provided in acute care hospitals included in their approved Program Services Plan.
2. Rates shall be reasonable, customary, and necessary, as determined by the person's needs and recommended by their team.
3. Under the Traditional Service Delivery Model, services are billed in *LTSSMaryland* or PCIS2, based on DDA [Guidance for Operating in PCIS2 and LTSSMaryland](#).
4. Under the Self-Directed Service Delivery Mode, timesheets and invoices must be submitted as per their FMCS agency's policies and practices.

E. Legally Responsible Individuals, Legal Guardians, or Relatives Requirements

Legally responsible individuals, legal guardians, or relatives may be paid depending on the service provided, as found within their respective policies.

III. Legal References

- A. [Community Pathways Waiver](#)
- B. [Community Supports Waiver](#)
- C. [Family Supports Waiver](#)
- D. [COMAR 10.22.02.09](#)

IV. Reference Materials

- A. [Guidance for Operating in PCIS2 and LTSSMaryland](#)

V. Related Policies and Procedures

- A. [Community Living - Group Home Services](#)
- B. [Community Living - Enhanced Support Services](#)
- C. [Meaningful Day Services](#)
- D. [Personal Support Services](#)
- E. [Policy on Reportable Incidents and Investigations \(PORII\)](#)
- F. [Supported Living Services](#)