




MEMORANDUM

To: DDA Stakeholders
From: Bernard Simons, Deputy Secretary 
Re: DDA Amendment #3 2020 - Guidance #4 - Acute Care Hospital Supports
Release Date: February 16, 2020
Effective: January 19, 2021

NOTE: Please inform appropriate staff members of the contents of this memorandum.

BACKGROUND

On January 19, 2021, the Centers for Medicare and Medicaid Services (CMS) approved the Maryland Department of Health (MDH) Developmental Disabilities Administration (DDA) Waiver Amendments #3 2020 with an effective date of January 19, 2021.

The purpose of this guidance is to inform stakeholders of changes to the DDA's Medicaid Home and Community-Based Services (HCBS) Waiver programs (*i.e.*, Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver) (each a "DDA Waiver program") and operations based on the approved amendments.

This guidance applies to Applicants, Participants, and their family members, Coordinators of Community Services (CCS), DDA Providers, and DDA Staff (e.g., DDA Regional Office Program, Provider Relations, and Fiscal Staff). This guidance applies to services rendered to participants under both service delivery models: traditional services and self-directed services.

OVERVIEW

Changes set forth in Amendment #3 2020 of the DDA Waiver program applications permits provision of certain supports in an acute care hospital only for the purpose of providing the participant personal, behavioral and communication supports not otherwise provided in the hospital. Such support services cannot duplicate hospital services.

Direct Support services (*i.e.*, personal, behavioral and communication supports) can be provided in an acute hospital setting, in accordance with applicable requirements set forth in the DDA Waiver program applications and reiterated in this guidance, under the following DDA Waiver program services:

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.

Applicable Services Reference Table

Meaningful Day Services		Residential Services		Support Services (CCS and Waiver Supports)	
	Employment Services	X	Community Living – Group Home	Assistive Technology & Services	Nurse Consultation
	Supported Employment	X	Community Living – Enhanced Supports	Behavioral Support Services	Nurse Health Case Management
	Employment Discovery & Customization	X	Supported Living	Coordination of Community Services	Nurse CM & Delegation Svcs
	Career Exploration		Shared Living	Environmental Assessment	Participant Ed, Training & Advocacy
X	Community Development Svcs			Environmental Modification	X Personal Supports
X	Day Habilitation			Family & Peer Mentoring Supports	Respite Services
				Family Caregiver Training & Empowerment	Remote Support Services
				Housing Support	Support Broker
				Live-in Caregiver Supports	Transportation Svcs
				Nursing Support Services	Vehicle Mods

Standards and Requirements

A. Acute Care Hospital Supports

1. As part of certain DDA Medicaid Waiver program service identified above, Direct Support Professional staffing services may be provided in an acute care hospital only for the purposes of providing the participant with personal, behavioral and communication supports not otherwise provided in a hospital setting.
2. Such support services cannot duplicate services the hospital is required to provide to its patients.
3. These support services may not interfere with necessary treatment to the participant rendered by the hospital.

B. Acute Care Hospital Supports Requirements

1. Personal, behavioral, and communication supports needs otherwise provided in the acute care hospital must be documented in the participant's record.
2. The DDA Waiver program service, under which these supports are provided in a hospital setting:
 - a. Must be identified in the participant's person-centered service plan (e.g., provider implementation plan, nursing care plan, behavioral plan);
 - b. Must be provided to meet the participant's needs and are not otherwise covered in hospital settings;
 - c. Should not substitute for services that the hospital is obligated to provide to its patients by applicable laws and regulations or accreditation requirements; and
 - d. Should be designed to ensure smooth transitions between the hospital setting and the home- and community-based setting, preserving the participant's functional abilities.
3. DDA Provider's Program Service Plan
 - a. DDA Providers interested in furnishing service during an acute care hospital stay must include this service delivery method in their provider Program Service Plan (required by COMAR 10.22.02.09) for each service.
 - b. Current DDA Providers must submit an amendment to their current Program Service Plan to the DDA Regional Office Provider Relations liaison and receive approval prior to providing support services during an acute care hospital stay outside of the Appendix K authority.
 - c. DDA Providers shall update their Program Service Plan for the applicable services for which they propose to include such support services during an acute care hospital stay:
 - 1) As part of their annual re-licensure/re-certification application; and
 - 2) Prior to the end of the Appendix K authority.

4. DDA Providers must document in the participant’s record provision of such supports to a participant during their stay in an acute care hospital setting. Such documentation shall include the following.

- a. Service note describing service/activities as authorized by the PCP.
- b. A description of the service provided, including: the date of service, service provided, time of service, location of service, and 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.

- c. DDA Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the time billed.
- d. DDA Providers provide this documentation upon request by the Maryland Department of Health.

C. Quality Assurance

- 1. The CCS shall assess and document the quality and effectiveness of the supports provided in the hospital setting during the follow up on status and discharge planning.
- 2. Health and safety concerns shall be reported to the DDA Regional Office Quality Enhancement Staff.

D. Service Limitation, Utilization and Audit

1. The total combination of support services, whether provided during an acute care hospital stay or in a home- or community-based setting, cannot exceed services authorized by the DDA within the PCP.
2. The following DDA Waiver program services) may not be provided at the same time as each other: Community Development Services, Day Habilitation, Community Living - Group Home, Community Living - Enhanced Supports, Supported Living, or Personal Support. Only one DDA Waiver program service can be provided and billed for a specific timeframe.
3. The State has mechanisms in place to prevent duplicate billing for both institutional and home- and community-based services including:
 - a. Service utilization reviews; and
 - b. Audits.

Applicable Resources:

[Community Pathways Waiver](#)

[Community Supports Waiver](#)

[Family Supports Waiver](#)