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State/Territory Name: **Delaware**

State Plan Amendment (SPA) #: **22-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 10, 2022

Stephen Groff
Director
Division of Medicaid Medical Assistance
P.O. Box 906
New Castle, DE, 19720

Re: Delaware (DE) State Plan Amendment (SPA) 22-0010

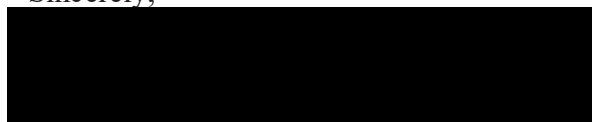
Dear Mr. Groff:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0010. This amendment updates Delaware Medicaid State Plan Targeted Case Management (TCM) services to align provider qualifications and reimbursement.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Delaware Medicaid SPA 22-0010 was approved on November 9, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Kimberly Xavier, Chief, Policy & Planning
Melissa Dohring, State Plan Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 0</u>	2. STATE <u>DE</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~September 1, 2022~~ July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR §440.169

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2022 \$ 110,365
b FFY 2023 \$ 605,935

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Pages 27
Attachment 4.19-B Pages 28

Supplement 3 to Attachment 3.1 - A Pages 1-6
Supplement 4 to Attachment 3.1-A Page 1 - Page 6


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-B Pages 27 (TN No. #16-011)
Attachment 4.19-B Pages 28 (TN No. #16-011)

Supplement 3 to Attachment 3.1 - A Pages 1-8 (TN No. #16-011)
Supplement 4 to Attachment 3.1-A Page 1 - Page 7 (TN No. #16-011)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)
 Targeted Case Management Services
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Stephen M. Groff

13. TITLE
Director

14. DATE SUBMITTED

15. RETURN TO

Stephen M. Groff, Director, DMMA, P.O. Box 906 New Castle, DE19720

FOR CMS USE ONLY

16. DATE RECEIVED
08/16/2022

17. DATE APPROVED
11/09/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2022

19. SIGNATURE


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

11-7-22 State requested pen & ink changes to update update Box 4- to reflect July 1, 2022 effective date, Box 5- to add citation 42 CFR §440.169 and Boxes 7 & 8 to update state plan pages.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Meeting Delaware DDDS Eligibility Criteria Living In their Own Home or their Family's Home

A. Target Group - Services shall be provided to participants who (42 CFR §441.18(a)(8)(i) and §441.18(a)(9)):

1. Meet the eligibility requirements set forth in 16 DE Admin. Code 2100 Division of Developmental Disabilities Services (DDDS) Eligibility Criteria which requires a diagnosis of an intellectual developmental disability (including brain injury), autism spectrum disorder or Prader Willi Syndrome with functional limitations; and,
2. Reside in their own home or their family home and do not receive residential habilitation services.

Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does *not* include individuals between the ages of 21 and 64 who are served in Institutions for Mental Disease (IMD) or individuals who are inmates of public institutions (State Medicaid Directors Letter 072500b, July 25, 2000).

B. Areas of State in which services will be provided (§1915(g)(1)):

- Entire State
 Only in the following geographic areas: *[Specify areas]*

C. Comparability of Services (§1902(a)(10)(B) and §1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act
 Services are not comparable in amount, duration, and scope (§1915(g)(1))

D. Definition of Services (42 CFR §440.169)

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services, regardless of the funding source for the services to which access is gained. Targeted Case Management will be performed by case managers and includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs, to assist the individual and family to plot a trajectory toward an inclusive, quality, community life. This may include the determination of need for any medical, educational, social or other services. These assessment activities include functions necessary to inform the development of the person-centered plan:
 - i) Obtaining client histories and other information necessary for evaluating and/or reevaluating and recommending community-based supports and services that may address individual or family needs

TN No. SPA #22-0010
Supersedes
TN No. #16-011

Approval Date 11/09/2022
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Meeting Delaware DDDS Eligibility Criteria Living In their Own Home or their Family's Home

D. Definition of Services (42 CFR §440.169) Continued

1. Comprehensive and Periodic Assessments Continued

- ii) Identifying the individual's and/or family's support needs and providing assistance and reminders related to completing needed documentation for clinical and financial eligibility for assistance programs
- iii) Gathering information from sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual and
- iv) Providing necessary education and information to the individual and his/her family to provide necessary support to assist them in developing a vision for their life, and to gain understanding of transitions that occur through the life course.

The case manager collects information to inform the planning process and/or directly conducts an assessment of an individual's needs, both as targeted case management services begin, and at least annually thereafter or more frequently at the request of the individual.

2. Development (and periodic revision) of a person-centered plan in accordance with 42 CFR §441.301(c)(1) through 42 CFR §441.301(c)(4). This activity may be conducted through direct and collateral contacts. The plan must reflect what is important to the individual to lead the life they want to lead. The plan must also identify and reflect the services and supports that are important for and to the individual to reach specified goals, to achieve desired outcomes and to meet needs identified through an assessment of functional need. The plan must also reflect the individual's preferences for the delivery of such services and supports. Individuals and families may focus on their current situation and stage of life but may also find it helpful to look ahead to start thinking about what they can do or learn now that will help build an inclusive productive life in the future.

The case manager:

- i) Uses a person-centered planning approach and a team process to discover what it takes to live the life the individual wants to live
- ii) Uses a person-centered planning approach and a team process to develop the individual's person-centered plan to meet the individual's needs [and achieve the individual's goals] in the most integrated manner possible
- iii) Provides support to the individual to ensure that the process is driven by the individual to the maximum extent possible and includes people chosen by the individual, with the individual at the center of the process
- iv) Develops and updates the person-centered plan of care based upon the individual's needs and person-centered planning process annually, or more frequently, as needed

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TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Meeting Delaware DDDS Eligibility Criteria Living In their Own Home or their Family's Home

D. Definition of Services (42 CFR §440.169) Continued

2. Person Centered Plan, Continued

- v) Assists the person to select qualified providers who can best meet their needs
- vi) Ensures that the plan identifies risk factors and includes plans to mitigate them
- vii) Facilitates transition for new waiver enrollees moving from their family home to a waiver residence
- viii) Facilitates seamless transitions between providers, services, or settings for the maximum benefit of the individual
- ix) Updates the person-centered plan of care annually or more frequently, if needed, as the individual's needs change
- x) Obtains necessary consents

3. Information, referral, facilitating access and related activities (such as assisting individuals in scheduling appointments) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

The case manager:

- i) Assists individuals and families in gaining information and establishing linkages with peers and/or professionals who can be key informants in supporting individuals with disabilities throughout the life course
- ii) Assists the individual and the individual's person-centered planning team in identifying and choosing resources and strategies that aim to promote the development, education, interests, and personal well-being of a person and that enhances individual and family functioning
- iii) Explores coverage of services, as appropriate, to address individuals' needs through a full array of sources, including services provided under the State Plan, Medicare, and/or private insurance or other community resources
- iv) Collaborates and coordinates with other individuals and/or entities essential in supporting the individual, such as MCO representatives, vocational rehabilitation, and education coordinators to ensure seamless coordination among needed support services and to ensure that the individual is receiving services as appropriate from other sources
- v) Coordinates with providers and potential providers to ensure seamless service access and delivery

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TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Meeting Delaware DDDS Eligibility Criteria Living In their Own Home or their Family's Home

D. Definition of Services (42 CFR §440.169) Continued

3. Information, referral, facilitating access and related activities, Continued

- vi) Facilitates access to financial assistance, e.g., Social Security benefits, SNAP, subsidized housing, etc.
- vii) Facilitates continued enrollment in the DDDS HCBS Waiver by gathering or completing necessary documentation
- viii) Assists individuals in transitioning to and from the Diamond State Health Plan Plus Medicaid LTSS benefit
- ix) Assists an individual to access legal services
- x) May assist an individual to obtain transportation to appointments and other activities.
- xi) Informs and assists an individual or his or her family with surrogate decision making and assistance options, including supported decision-making agreements, powers of attorney, and guardianship
- xii) Facilitates referral to a nursing facility when appropriate and when other available options have been fully considered and exhausted
- xiii) Participates in transition planning for an individual's discharge from a nursing facility or hospital within six months of the planned discharge date
- xiv) Provides advocacy on behalf of individuals to ensure receipt of services as indicated in their person-centered plan
- xv) Empowers individuals and families to be their own advocates
- xvi) Provides individuals with information regarding their rights, including related to due process and fair hearings, and providing support to individuals as they exercise those rights

4. Monitoring and follow-up activities and contacts are provided as necessary to ensure the person-centered plan is implemented and addresses the eligible individual's needs and the individual and individual's family's vision for the future. Monitoring ensures that:

- i) Supports and linkages are provided as indicated in the individual's person-centered plan
- ii) Supports and services in the person-centered plan are adequate
- iii) Changes in the needs or status of the individual are reflected in the person-centered plan

Monitoring and follow up activities include making necessary adjustments in the person-centered plan and service arrangements with providers as follows:

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STATE: DELAWARE

TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Meeting Delaware DDDS Eligibility Criteria Living In their Own Home or their Family's Home

D. Definition of Services (42 CFR §440.169) Continued

4. Monitoring and follow-up activities Continued

- i) Monitoring through regular monthly contacts that can include face-to-face, telephone or email contacts with the recipient or on behalf of the recipient, taking into account the communication preferences of the individual/guardian
- ii) Monitoring of the health and welfare of the individual and incorporating the results into revisions to individual service plans as necessary to ensure that the individual can meet his or her goals
- iii) Activities and contacts necessary to ensure that the individual service plan is effectively implemented and adequately addresses the needs of the eligible individual
- iv) Responding to and assessing emergency situations and incidents and ensuring that appropriate actions are taken to protect the health, welfare, and safety of the individual
- v) Reviewing provider documentation of service provision, as appropriate, and monitoring individual progress on goals identified in the person-centered plan, and initiating contact when services are not achieving desired outcomes
- vi) Participation in investigations of reportable incidents, as appropriate and integrating prevention strategies into revisions to individual service plans as necessary to remediate individual and systemic issues
- vii) Ensuring that linkages are made and services are provided in accordance with the individual service plan
- viii) Activities and contacts that are necessary to ensure that individuals and their families (as appropriate) receive appropriate notification and communication related to unusual incidents and major unusual incidents
- ix) Soliciting input from the individual and/or family related to information and supports that would be or have been most helpful

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case manager to changes in the eligible individual's needs. 42 CFR §440.169(e).

Provider Qualifications (42 CFR §441.18(a)(8)(v) and 42 CFR §441.18(b)

Qualified providers must have a contract or other written agreement with the State of Delaware that specifies requisite expertise in supporting individuals with intellectual and developmental disabilities and their families.

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TARGET CASE MANAGEMENT SERVICES FOR

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Provider Qualifications (42 CFR §441.18(a)(8)(v) and 42 CFR §441.18(b) Continued

Specifically, the providers will comply with DDDS and Department of Health and Social Services (DHSS) standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications. Case managers providing this service must:

1. Have an Associate's degree or higher in behavioral, social sciences, or a related field OR experience in health or human services support, which includes interviewing individuals and assessing personal, health, employment, social, or financial needs in accordance with program requirements
2. Have demonstrated experience and competency in supporting families
3. Complete DDDS and DHSS required training, including training on the participant's service plan and the participant's unique and/or disability-specific needs, which may include but is not limited to communication, mobility, and behavioral support needs
4. Comport with other requirements as required by DDDS and DHSS.

Freedom of Choice (42 CFR §441.18(a)(1))

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in the plan
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan

Freedom of Choice Exception (§1915(g)(1) and 42 CFR §441.18(b))

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. Non-governmental providers must be selected through a competitive procurement process by the Delaware Division of Developmental Disabilities Services (DDDS). This process will ensure that every jurisdiction in the State will be able to receive high-quality, comprehensive case management services to eligible individuals.

The providers of services under this authority are limited to state or designated contracted entities and individuals with necessary knowledge, skills and abilities to effectively provide Targeted Case Management Services to individuals within the target group. The state ensures that all individuals within the target group will receive unfettered access to these services.

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Access to Services (42 CFR §441.18(a)(2), 42 CFR §441.18(a)(3), 42 CFR §441.18(a)(6):

The state assures the following:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan
2. Individuals will not be compelled to receive case management services, condition receipt of services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan

Payment (42 CFR §441.18(a)(4):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other programs authorities for the same purpose.

Case Records (42 CFR §441.18(a)(7))

Providers maintain case records that document for all individuals receiving case management as follows:

- (i) The name of the individual
- (ii) The dates of the case management services
- (iii) The name of the provider agency (if relevant) and the person providing the case management service
- (iv) The nature, content, units of case management services received and whether goals specified in the care plan have been achieved
- (v) Whether the individual has declined services in the care plan
- (vi) The need for, and occurrences of, coordination with other case managers
- (vii) A timeline for obtaining needed services
- (viii) A timeline for reevaluation of the plan

Limitations

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid services (State Medicaid Manual (SMM) 4302.F).

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TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Meeting Delaware DDDS Eligibility Criteria Living In
their Own Home or their Family's Home

Limitations Continued

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placements arrangements (42 CFR §441.18(c)).

FFP is only available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§1902(a)(25) and §1905(c)).

Coverage Exclusions: None

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Approved for Funding through the Delaware DDDS HCBS Waiver Program DE 0009 Who Are Authorized to Receive Residential Habilitation

- A. Target Group - Services shall be provided to participants who (42 CFR §441.18(a)(8)(i) and §441.18(a)(9)):
1. Meet the eligibility requirements set forth in 16 DE Admin. Code 2100 Division of Developmental Disabilities Services (DDDS) Eligibility Criteria which requires a diagnosis of an intellectual developmental disability (including brain injury), autism spectrum disorder or Prader Willi Syndrome with functional limitations; and,
 2. Have been approved to receive residential habilitation under the Delaware HCBS waiver program DE 0009 administered by the Delaware Division of Developmental Disabilities Services (DDDS) authorized under Section §1915(c) of the Social Security Act

X Target group includes individuals transitioning to a community licensed and/or certified setting. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between the ages of 21 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions (State Medicaid Directors Letter 072500b, July 25, 2000) or individuals receiving services and supports while living in their own or family home.

- B. Areas of State in which services will be provided(§1915(g)(1)):

Entire State
 Only in the following geographic areas: *[Specify areas]*

- C. Comparability of Services (§1902(a)(10)(B) and§ 1915(g)(1))

Services are provided in accordance with §1902(a)(10)(B) of the Act
 Services are not comparable in amount, duration, and scope (§1915(g)(1))

- D. Definition of Services (42 CFR §440.169)

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services, regardless of the funding source for the services to which access is gained. Targeted Case Management will be performed by case managers and includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include functions necessary to inform the development of the person-centered plan:

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DDDS HCBS Waiver Program DE 0009 Who Are Authorized to Receive Residential Habilitation

D. Definition of Services (42 CFR §440.169) Continued

1. Comprehensive and Periodic Assessments Continued

- i) Obtaining client histories and other information necessary for evaluating and/or reevaluating and recommending determination of the individual's level of care
- ii) Identifying the individual's support needs and providing assistance and reminders related to completing needed documentation for clinical and financial eligibility
- iii) Gathering information from sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual
- iv) Providing necessary education and information to the individual and the individual's family to provide necessary familiarity with the program, requirements, rights, and responsibilities.

The case manager collects information to inform the plan and/or directly conducts an assessment of an individual's needs for services prior to waiver enrollment and at least annually thereafter or more frequently at the request of the individual or as changes in the circumstances of the person warrant. This is the frequency of review that is specified in the approved DDDS HCBS waiver.

2. Development (and periodic revision) of a specific person-centered plan in accordance with 42 CFR §441.301(c)(1) through 42 CFR §441.301(c)(4). This activity may be conducted through direct and collateral contacts. The plan must reflect what is important to the individual to lead the life they want to lead. The plan must also reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

The case manager:

- i) Uses a person-centered planning approach and a team process to develop the individual's person-centered plan to meet the individual's needs and achieve the individual's goals in the most integrated setting and manner possible
- ii) Provides support to the individual to ensure that the process is driven by the individual to the maximum extent possible and includes people chosen by the individual, with the individual at the center of the process
- iii) Assists the person to select qualified providers who can best meet their needs
- iv) Ensures that the plan identifies risk factors and includes plans to mitigate them
- v) Facilitates transition for new waiver enrollees moving from their family home to a waiver residence

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TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Approved for Funding through the Delaware DDDS HCBS Waiver Program DE 0009 Who Are Authorized to Receive Residential Habilitation

D. Definition of Services (42 CFR §440.169) Continued

2. Person Centered Plan Continued

- vi) Facilitates seamless transitions between providers, services or settings for the maximum benefit of the individual
- vii) Updates the person-centered plan annually or more frequently, if needed, as the individual's needs change
- viii) Provides individuals with information regarding their rights, including related to due process and fair hearings, and providing support to individuals as they exercise those rights and
- ix) Obtains necessary consents.

3. Information, referral, facilitating access and related activities to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

The case manager:

- i) Assists individuals and families in gaining information and establishing linkages with peers, professionals or organizations who can be key informants in supporting individuals with disabilities throughout the life course
- ii) Explores coverage of services to address individuals' needs through a full array of sources, including services provided under the State Plan, Medicare, and/or private insurance or other community resources
- iii) Collaborates and coordinates with other individuals and/or entities essential in the delivery of services for the individual, such as MCO representatives, vocational rehabilitation and education coordinators to ensure seamless coordination among needed support services and to ensure that the individual is receiving services as appropriate from other sources
- iv) Coordinates with providers and potential providers to ensure seamless service access and delivery
- v) Facilitates access to financial assistance, e.g., Social Security benefits, SNAP, subsidized housing, etc.
- vi) Facilitates continued enrollment in the DDDS HCBS Waiver by gathering or completing necessary documentation
- vii) Assists individuals in transitioning to and from the Diamond State Health Plan Plus Medicaid LTSS benefit
- viii) Assists an individual to access legal services

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TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Approved for Funding through the Delaware DDDS HCBS Waiver Program DE 0009 Who Are Authorized to Receive Residential Habilitation

D. Definition of Services (42 CFR §440.169) Continued

3. Information, referral, facilitating access and related activities Continued

- i) May assist an individual to obtain transportation to appointments and other activities.
- ii) Informs and assists an individual or his or her family with surrogate decision making and assistance options, including supported decision-making agreements, powers of attorney, and guardianship.
- iii) Facilitates referral to a nursing facility when appropriate and when other available options have been fully considered and exhausted.
- iv) Participates in transition planning for an individual's discharge from a nursing facility or hospital within six months of the planned discharge date

4. Monitoring and follow-up activities and contacts are provided as necessary to ensure the person-centered plan is implemented and addresses the eligible individual's needs and the individual and individual's family's vision for the future. Monitoring ensures that: Monitoring and follow-up activities that include activities and contacts that are necessary to ensure the person-centered plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals. The contacts are conducted as frequently as necessary, in accordance with a minimum frequency as specified in the approved HCBS waiver application, to determine whether the following conditions are met:

- i) Services are being furnished in accordance with the individual's person-centered plan
- ii) Services in the person-centered plan are adequate and
- iii) Changes in the needs or status of the individual are reflected in the person-centered plan

Monitoring and follow up activities include making necessary adjustments in the person-centered plan and service arrangements with providers, including:

- i) Monitoring of the health and welfare of the individual through monthly contacts that can include face-to-face, telephone or email contacts with the recipient or on behalf of the recipient, taking into account the communication preferences of the individual/guardian and incorporating the results into revisions to individual service plans as necessary to ensure that the individual can meet his or her goals
- ii) Activities and contacts necessary to ensure that the individual service plan is effectively implemented and adequately addresses the needs of the eligible individual
- iii) Ensuring that services are provided in accordance with 42 CFR §441.301(c)(4)
- iv) Providing advocacy on behalf of individuals to ensure receipt of services as indicated in their person-centered plan

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Approved for Funding through the Delaware DDDS HCBS Waiver Program DE 0009 Who Are Authorized to Receive Residential Habilitation

D. Definition of Services (42 CFR §440.169) Continued

4. Monitoring and Follow-up Continued

- v) Responding to and assessing emergency situations and incidents and ensuring that appropriate actions are taken to protect the health, welfare, and safety of the individual
- vi) Participating in planning meetings to address individual crisis needs, discuss options, and ensure that an action plan is developed and executed
- vii) Assessing whether the individual's crisis is being mitigated, and following up when appropriate through contact with the individual and any service providers
- viii) Reviewing provider documentation of service provision and monitoring individual progress on goals identified in the person-centered plan, and initiating contact when services are not achieving desired outcomes
- ix) Participation in investigations of reportable incidents and integrating prevention strategies into revisions to individual service plans as necessary to remediate individual and systemic issues
- x) Ensuring that services are provided in accordance with the individual service plan and individual service plan services are effectively coordinated through communication with service providers
- xi) Activities and contacts that are necessary to ensure those individuals and their families (as appropriate) receive appropriate notification and communication related to unusual incidents and major unusual incidents
- xii) Soliciting input from the individual and/or family, as appropriate, related to their satisfaction with the services

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. 42 CFR §440.169(e).

Provider Qualifications (42 CFR §441.18(a)(8)(v) and 42 CFR §441.18(b))

Qualified providers must have a contract or other written agreement with the State of Delaware that specifies requisite expertise in supporting individuals with intellectual and developmental disabilities and their families.

Specifically, the providers will comply with DDDS and Department of Health and Social Services (DHSS) standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications. Individuals providing this service must:

1. Have an Associate's degree or higher in behavioral, social sciences, or a related field OR experience in health or human services support, which includes interviewing individuals and assessing personal, health, employment, social, or financial needs in accordance with program requirements.

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Provider Qualifications (42 CFR §441.18(a)(8)(v) and 42 CFR §441.18(b)) Continued

2. Have demonstrated experience and competency in supporting families
3. Complete DDDS and DHSS required training, including training on the participant's service plan and the participant's unique and/or disability-specific needs, which may include but is not limited to communication, mobility and behavioral support needs
4. Comport with other requirements as required by DDDS and DHSS.

Freedom of Choice (42 CFR §441.18(a)(1))

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in the plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR §441.18(b))

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

The providers of services under this authority are limited to designated state or contracted staff with necessary knowledge, skills, and abilities to effectively provide TCM to individuals within the target group. The state ensures that all individuals within the target group will receive unfettered access to these services.

Access to Services (42 CFR §441.18(a)(2), 42 CFR §441.18(a)(3), 42 CFR §441.18(a)(6)):

The state assures the following:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. Individuals will not be compelled to receive case management services, condition receipt of services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR §441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other programs authorities for the same purpose.

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TARGET CASE MANAGEMENT SERVICES FOR

Individuals with Intellectual and Developmental Disabilities Approved for Funding through the Delaware DDDS
HCBS Waiver Program DE 0009 Who Are Authorized to Receive Residential Habilitation

Case Records (42 CFR §441.18(a)(7))

Providers maintain case records that document for all individuals receiving case management as follows:

- i) The name of the individual
- ii) The dates of the case management services
- iii) The name of the provider agency (if relevant) and the person providing the case management service
- iv) The nature, content, units of case management services received and whether goals specified in the care plan have been achieved
- v) Whether the individual has declined services in the care plan
- vi) The need for, and occurrences of, coordination with other Support Coordinators
- vii) A timeline for obtaining needed services
- viii) A timeline for reevaluation of the plan

Limitations

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid services (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placements arrangements (42 CFR §441.18(c)).

FFP is only available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§1902(a)(25) and §1905(c)).

Coverage Exclusions: None

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

For Targeted Case Management services for Individuals Meeting Delaware DDDS Eligibility Criteria
Living In their Own Home or their Family's Home

Monthly Rate:

Targeted case management for Individuals Meeting Delaware DDDS Eligibility Criteria Living In their Own Home or their Family's Home will be reimbursed at a monthly rate.

Effective July 1, 2022, the rate methodology is a prospective fee schedule rate based on rate assumptions instead of actual costs.

To develop the fee schedule rate, the state considers the following key cost components necessary to complete all contractually required activities or deliverables:

- Staff wages
- Employee benefits and other employee-related expenses
- Productivity
- Program Support Costs
- Administrative Overhead
- Staff to Client Ratio

To model the cost components, various market sources are reviewed, including staff wages and benefits for the local labor market from the U.S. DOL Bureau of Labor Statistics, provider experience and other stakeholder feedback. The market assumptions for each component are factored together to develop an overall hourly rate, which is then converted to a monthly rate.

The State will rebase the rate and re-examine all the rate assumptions and the overall methodology at least every five years. In years in which the rate is not rebased, the annual rate will be adjusted for inflation using the average CPI-U Inflation Index for the most recent twelve months available. If the CPI-U adjustment indicates a negative adjustment for the 12-month period, no change shall be made to the TCM rate. At any time during the five-year period, revaluation of the rate is considered as warranted based on provider inquiries or service access considerations.

The state payment for TCM will be the lower of:

- The provider's submitted charge for the service
- The DDDS fee schedule rate

A unit of service shall:

- (a) Be one (1) month; and
- (b) Consist of a minimum of one (1) service contact that can include face-to-face, telephone or email contacts with the recipient or on behalf of the recipient.

The fee schedule rate was set as of 7/1/2022 and is effective for service provided on or after that date.

Except as otherwise noted in the plan, State-developed fee schedule rates are the same for both government and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are available on the DDDS website at the following link:

https://dhss.delaware.gov/dhss/ddds/ddds_rates.html

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

For Targeted Case Management services for Individuals with Intellectual and Developmental Disabilities Approved for Funding through the Delaware DDDS HCBS Waiver Program DE 0009 Who Are Authorized to Receive Residential Habilitation

Monthly Rate:

Targeted case management for Individuals Approved for Funding through the Delaware DDDS HCBS Waiver Program DE 0009 Who Are Receiving Residential Habilitation will be reimbursed at a monthly rate.

Effective July 1, 2022, the rate methodology is a prospective fee schedule rate based on rate assumptions instead of actual costs.

To develop the fee schedule rate, the state considers the following key cost components necessary to complete all contractually required activities or deliverables:

- Staff wages
- Employee benefits and other employee-related expenses
- Productivity
- Program Support Costs
- Administrative Overhead
- Staff to Client Ratio

To model the cost components, various market sources are reviewed, including U.S. DOL Bureau of Labor Statistics wages and benefits, provider experience and other stakeholder feedback. The market assumptions for each component are factored together to develop an overall hourly rate, which is then converted to a monthly rate.

The State will rebase the rate and re-examine all the rate assumptions and the overall methodology at least every five years. In years in which the rate is not rebased, the annual rate will be adjusted for inflation using the average CPI-U Inflation Index for the most recent twelve months available. If the CPI-U adjustment indicates a negative adjustment for the 12-month period, no change shall be made to the TCM rate. At any time during the five-year period, revaluation of the rate is considered as warranted based on provider inquiries or service access considerations.

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The fee schedule rate was set as of 7/1/2022 and is effective for services provided on or after that date.

Except as otherwise noted in the plan, State-developed fee schedule rates are the same for both government and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are available on the DMAP website at the following link:

https://dhss.delaware.gov/dhss/ddds/ddds_rates.html

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