Medicaid Community-Based Supportive Living Program

Application

Application of this Medical Policy applies to:
INTEGRITY for Duals (FIDE)
Application Excluded for:
RItecare (MED), Substitute Care (SUB), Children with Special Needs (CSN), Rhody Health Partners (RHP), Extended Family Planning (EFP), Rhody Health Expansion (RHE), Health Benefits Exchange (HBE), Duals CONNECT (CO-DSNP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

The HCBS Final rule general description of Assisted Living as the following: An "assisted living residence" (ALR) refers to any residence licensed by the State pursuant to R.I.G.L. 23.17-4 and regulated by the Rhode Island Department of Health (DOH) in accordance with R23-17.4-ALR. For the purposes of these provider certification standards, ALRs are considered a community-setting and not a medical institution or health facility because assisted living does not include 24-hour skilled nursing care and the living environment is a home-like setting. 'Home-like' means an environment having the qualities of a home, including privacy, comfortable surroundings, and the opportunity to decorate one's living area and arrange furnishings to suit one's personal preferences. A home-like environment provides opportunities for self-expression, encourages interaction with the community, family, and friends, allows for control over one's own schedule, ensures freedom from coercion and restraint, and has a legally enforceable agreement comparable to a lease.1 4 Assisted Living is a service option for people with different levels and types of physical, behavioral, and cognitive support needs. The State approach to certify and reimburse ALRs according to beneficiaries' level of need is an effort to enhance the range of community-based services appropriately gauged to meet a fuller spectrum of beneficiary needs. R.I.G.L.

Certification

Under these provisions, ALRs will be certified at one of three levels or tiers (Facility Tier A, B, or C). Central to certification is the package of services that an ALR demonstrates it is equipped to provide to LTSS Medicaid beneficiaries. The new certification standards build upon existing ones. In addition to Facility Tier A (formerly known as 'Basic') and Facility Tier B (formerly known as 'Enhanced'), the State has added a specialized certification tier, Facility Tier C, for ALRs that are able to offer supportive services for beneficiaries with more complex needs.

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 wheelchair 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.

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.

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.

TIERS A, B, C

Base-Level/Tier A Medicaid Service Package

Each ALR must provide a minimum service package of Home and Community Based Services (HCBS) to a Medicaid funded resident, which will be considered as Tier A Services. This includes:

- Daily assistance with at least two (2) activities of daily living (ADLs) **AND**
- Personal care and attendant services performed by a certified nursing assistant (CNA). At least one (1) hour of service must be provided per week. The CNA hours must be adequate to meet the resident's needs as determined by the ALR Assessment and person-centered Service Plan.
- Housekeeping/homemaker services.
- Chore services (e.g., washing rugs or any heavy maintenance chores).
- Companion services. • Meal preparation. • Medication administration and/or oversight.
- Social and recreational programming that reflects a resident's interests and needs. These activities should promote integration in the ALR and the greater community. The programming may include therapeutic type activities based on the needs of the resident such as access to counseling, AA meetings, or activities which focus on maintaining or promoting life skills.
- Transportation or coordination of transportation services as specified in the person-centered Service Plan.
- Provision of twenty-four (24) hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence and provides for the supervision and safety of the resident.

Enhanced-Level/Tier B Medicaid Service Package

Includes all services included in the Tier A Service Package, plus any or a combination of the following types of services to a Medicaid funded resident:

- Provision of Personal Care, including:
  - Extensive assistance with at least two (2) ADLs, **OR**
  - Seven (7) hours or more of ADL care as documented in the resident's ALR Assessment and person-centered Service Plan, **AND/OR**
  - Complex medication management, comprising organizing an enhanced number of medications, more complex delivery of medications, and/or increased time spent delivering medications. **AND/OR**
- Coordination of Behavioral and/or Dementia Care, including:
  - Cognitive assessments and care planning.
  - Therapeutic activities specific to people who are diagnosed with dementia, and/or behavioral health conditions requiring support.
  - Cuing, redirection, and management of behaviors for a resident who has been diagnosed with Alzheimer's disease, other related dementia, or a behavioral health condition as determined by a physician.
  - Providing support and education to the resident about managing specific health conditions as documented in their person-centered Service Plan.

- Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact the resident and/or others.
- Documentation of such behaviors and interventions in the resident's person-centered Service Plan and in nursing notes. **AND/OR**

- Coordination of Limited Health Services, including:
  - Stage I and Stage II pressure ulcer treatment and prevention.
  - Simple wound care including postoperative suture care/removal and stasis ulcer care.
  - Ostomy care including appliance changes for residents with established stomas.
  - Urinary catheter care

Tier C Medicaid Service Package

Includes all services within the Tier A & B Service Packages, plus any or a combination of the following types of services to a Medicaid funded resident:

- Provision of Personal Care, including:
  - Extensive assistance with at least three (3) ADLs, **AND**
  - Sixteen (16) hours or more of ADL care as documented in the resident's ALR Assessment and person-centered Service Plan. **AND/OR**
- Coordination of Behavioral Health services and/or Dementia Care, including:
  - Cognitive assessments and care planning
  - Therapeutic activities specific to individuals who are diagnoses with Dementia and/or behavioral health conditions requiring support.
  - Cuing, redirection, and management of behaviors, for an individual who has been diagnosed with Alzheimer's disease or other related dementia, or a behavioral health diagnosis as determined by a physician.
  - Providing support and education to the resident about managing specific health conditions as documented in the resident's person-centered service plan.
  - Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact themselves or others.
  - Documentation of such behaviors and interventions in place in the person centered service plan and in nursing notes. **AND/OR**
- Coordination of Limited Health Services, including:
  - Stage I and stage II pressure ulcer treatment and prevention
  - Simple wound care including postoperative suture care/removal and stasis ulcer care
  - Ostomy care including appliance changes for residents with established stomas
  - Urinary catheter care

Criteria

Facility Criteria:

In order to be entitled to receive payment for one or more of the service packages identified above, an ALR must be certified as a Medicaid eligible provider of those services. Certification is the means by which the ALR is deemed to be a qualified provider. EOHHS recognizes three tiers of ALR certification - Facility Tier A, Facility Tier B, and Facility Tier C. Certification is contingent on demonstration that the ALR is equipped to provide the respective service packages to meet a Medicaid beneficiary's LTSS needs in a manner that promotes choice, dignity, and independence.

Facility Tier A.1 Licensure Residence must attain a level of licensure applicable to the provision of the Tier A Service Package. This includes: A.1.1 Fire Code A minimum of fire code classification of F2 licensure specified in 216-RICR-40- 10-2 section 2.4.2(A)(1) for provision of a basic level of services that do not include limited health services and/or Alzheimer's disease and dementia enhanced services. A.1.2 Medication Classification6 8 Medication classification of M1 licensure specified at, 216-RICR-40-10-2 section 2.4.2(A) pertaining to the capacity to serve more than one beneficiary who requires central storage of and/or administration of medications, or level M2 licensure for residents who require assistance as elaborated in 216-RICR-40-10-2 section 2.4.2.4(A)(3)(a) with self-administration of medications.

Facility Tier B certification represents the capability to provide both an enhanced level of personal care services and/or to provide coordination of behavioral and/or dementia care, or limited health care services. General Requirements for Certification In order to be certified as a Facility Tier B provider, an ALR must: B.1 Be certified as a Facility Tier A provider and have an active Special Care Unit (Dementia) license and/or a Limited Health Care Services license. OR Demonstrate ability to provide additional hours of personal care beyond the Tier A services which may include: B.2 Demonstrated ability to provide the Personal Care/Assistance services package including: B.2.1 Either extensive assistance with at least two (2) ADLs or B.2.2 Enhanced staffing sufficient to provide seven (7) hours or more of ADL care to an individual as documented in the ALR assessment and person-centered Service Plan and complex medication management comprising enhanced numbers of meds, more complex delivery of meds, and/ or increased time spent delivering meds.6 11 AND/OR Meet the Requirements for Provision of Dementia Care B.3 Be licensed by the Rhode Island Department of Health (DOH) at a Dementia Care level of licensure as set forth in 216-RICR-40-10-2.4.2(3) in accordance with DOH Rules and Regulations. B.3.1 Attain fire code classification of F1 licensure specified at 216-RICR-40- 10-2, section 2.6.2(C) for the provision of limited health services and/or Alzheimer Dementia Special Care Unit 216-RICR-40-10-2 section 2.5.1. B.3.2 Residence includes a special care unit. This includes designated, separate units (e.g. 'neighborhoods' or closed areas) dedicated solely to the care of individuals with dementia, including Alzheimer's disease. B.4 Demonstrate capacity to provide coordination of behavioral health and/or dementia care including B.4.1 Cognitive assessments and care planning. B.4.2 Therapeutic activities specific to individuals who are diagnosed with Dementia and/or behavioral health conditions requiring support. B.4.3 Cueing, redirection, and management of behaviors, for an individual who has been diagnosed with Alzheimer's disease or other related dementia, or a behavioral health diagnosis as determined by a physician. B.4.4 Providing support and education to the resident about managing specific health conditions as documented in the resident's person-centered service plan. B.4.5 Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact themselves or others. B.4.6 Documentation of such behaviors and interventions in place in the person centered service plan and in nursing notes. AND/OR Meet the Requirements for Provision of Limited Health Services 12 B.5 Be Licensed by RI DOH at a Limited Health Care Services level of licensure as set forth in 216-RICR-40-10-2.4 and 2.6 B.5.1 Attain fire code classification of F1 licensure specified at 216-RICR-40-10- 2, section 2.6.2(C) for the provision of limited health services and/or Alzheimer Dementia Special Care Unit 216-RICR-40-10-2 section 2.5.1. B.6 Demonstrate capacity to provide limited health services package including: B.6.1 Stage I and stage II pressure ulcer treatment and prevention. B.6.2 Simple wound care including postoperative suture care/removal and stasis ulcer care. B.6.3 Ostomy care including appliance changes for residents with established stomas. B.6.4 Urinary catheter care

Facility Tier C. General Requirements for Certification In order to be certified as a Facility Tier C provider, an ALR must: C.1 Be certified as a Facility Tier B provider. AND Demonstrate ability to provide additional hours of personal care beyond the Tier B services which may include: C.2 Meeting two of the following requirements: C.2.1 Proven ability to provide extensive assistance with at least 3 ADL's and 16 hours or more of ADL care as documented in the ALR assessment and person-centered Service Plan. C.2.2 Single rooms or apartment-like settings. 13 C.2.3 Special trained staff such as individuals licensed and/or certified in behavioral health, dementia, or another specialty area of care available 24/7. C.2.4 Intermittent skilled care or stabilization services upon transition. AND/OR Meet the Requirements for Provision of Dementia Care AND/OR Meet the Requirements for Provision of Limited Health Services

To be eligible, a beneficiary must meet the Rhode Island Department of Health definition of a 'resident'. As defined in 216-RICR-40-10-2 1: "Resident" means a person not requiring medical or nursing care as provided in a health care facility, but who as a result of choice and/or physical or mental limitation requires personal assistance, lodging, and meals and may require the administration of medication and/or limited health services. A resident must be capable of self-preservation in emergency situations, unless the facility meets a more stringent Life Safety Code as required under R.I. Gen. Laws § 23-17.4-6(b)(3). Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bedbound or in need of the assistance of more than one (1) person for ambulation are not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that the required care is received. Furthermore, a new resident may receive daily therapy services and/or limited skilled nursing care services, as defined through these regulations, from a Rhode Island licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided that assisted living residence assumes responsibility for ensuring that the care is received. Notwithstanding the aforementioned, residents who are bed bound or in need of assistance of more than one (1) staff person for ambulation may reside in a residence if they are receiving hospice care in accordance with these regulations "Resident" shall also mean the resident's agent as designated in writing or legal guardian.

Base Level Services	**ALR Requirements Tier A (Authorization Required)**
	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 assistance with a minimum of two (2) of six ADLs (Bathing, Eating, Toileting, Ambulation, Transfers, Dressing) AND at least 1 hour of personal care and attendant services.
Enhanced Level Service	**ALR Requirements Tier B (Authorization Required)**
	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 extensive assistance with a minimum of two (2) of six ADLs (Bathing, Eating, Toileting, Ambulation, Transfers, Dressing) **OR** seven (7) or more hours per week of any combination of: Personal care, Limited health care services, Care coordination, including behavioral health or memory care (cognitive decline) or complex medication management, Habilitation or Rehabilitative services.

ALR Requirements Tier C (Authorization Required)
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 beneficiary's 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 sixteen (16) hours of the activities of daily living 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/Tier B 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/Tier B 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 Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on Providers
2. Click on Provider Resources
3. Click on Forms
4. Click on "Click here for a list of prior authorization request forms" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours.

Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the Authorization Quick Reference Guide.

Exclusions and Limitations

- A certified ALR is prohibited from charging a Medicaid beneficiary or the managed care plan for a Medicaid service 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.

References:

- R.I.G.L. § 40-8.13-12 and §40-6-27.
- Rhode Island EOHHS Medicaid Community-Based Supportive Living Program Assisted Living Residence (ALR) Provider Certification Standards.

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Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. 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.