

## STATE OF DELAWARE

## STATE COUNCIL FOR PERSONS WITH DISABILITIES

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**MEMORANDUM** 

The Honorable John Carney Governor John McNeal SCPD Director

DATE:

February 21, 2017

TO:

Ms. Kimberly Xavier, DMMA

Planning & Policy Development Unit

FROM:

Ms. Jamie Wolfe, Chairperson

State Council for Persons with Disabilities

RE:

20 DE Reg. 612 [DMMA Proposed E&D Waiver Provider Policy Manual Regulation

(2/1/17)

The State Council for Persons with Disabilities (SCPD) has reviewed the Department of Health and Social Services/Division of Medicaid and Medical Assistance's (DMMAs) proposes major revisions to its Elderly & Disabled Waiver Provider Manual. The proposed regulation was published as 20 DE Reg. 612 in the February 1, 2017 issue of the Register of Regulations.

The primary impetus for the revisions is to promote conformity with the CMS HCBS settings rule. Overall, the initiative mirrors CMS standards and provides helpful, affirmative guidance to MCOs and providers. SCPD has the following observations.

First, DMMA provided an early draft of the revised policy to the DLP in December, 2015 which prompted the DLP to share 3 pages of recommendations in January, 2016. The current draft reflects approximately nine (9) amendments based on the recommendations.

Second, the Elderly and Disabled Waiver no longer exists. It was merged into the DSHP+ program in 2012. See, e.g., attached excerpt from DMMA May 18, 2011 overview. See also §1.0, deleting reference to E&D waiver. The title to the Provider Manual should therefore be revised. Consistent with §1.0, the following title could be considered: "Long Term Care Community Services (LTCCS) Provider Policy Manual" or "Long Term Care Community Services/Diamond State Health Plan Plus Provider Policy Manual".

Third, §2.2.1 does not match the formatting in the balance of the section and is merely a non-directive statement. Consider the following substitute:

2.2.1. The LTCCS setting must be integrated and support full access of LTCCS recipients to the greater community, including:...

Fourth, §§2.2.6 and 2.2.7 recite that recipients "should" have the freedom and support to control their own schedules... and be able to have visitors of their choosing at any time. This is not coterminus with the federal regulation, 42 C.F.R. 441.530, which recites that states "must" make available a list of supports, including the following:

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Individuals are able to have visitors of their choosing at any time.

For consistency with §§2.2.2-2.2.5, DMMA may wish to use the term "must" rather than "should", i.e., "individuals must have the freedom" and "individuals must be able to have visitors...".

Fifth, §3.1.5 requires providers to provide DHSS with access to participant records. DMMA may wish to consider adding a provision addressing access by DHSS authorized representatives to provider-owned or leased settings (e.g. day habilitation; adult day services) in which covered services are provided. This is a DHSS statutory right for licensed residential LTC facilities. See Title 16 Del.C. §1105(a)(5), 1107 and 1134(d)(11). However, day programs are not covered by the residential LTC statutes so DHSS may wish to include the right in the policy manual.

Sixth, DMMA should correct the grammar in §3.3.2.6. The section recites that the person centered planning process is required to include nine (9) listed features. All of the items in the list begin with a verb. Subsection 3.3.2.6 is inconsistent. See Delaware Legislative Drafting Manual, Rule 27, published at http://legis.delaware.gov/docs/default-source/Publications/legislative-drafting-manual.pdf?sfvrsn=4

Seventh, in §3.4.2,, DMMA should consider replacing "authority" with "authorities" since there may be more than 1 entity to which critical incidents must be reported. For example, the DHSS PM 46 policy, §V.K.2 (Rev. 8/16) contemplates covered entities reporting to both the police and DHSS for conduct amounting to a crime. There is also overlapping jurisdiction between the Ombudsman (§3.4.2.2.2) and DLTCRP (§3.4.2.2.3).

Eighth, §§3.4.2.2.3 and 3.4.2.2.4 merit review. I understand that licensing of acute and outpatient health care was switched when the DPH OHFLC was placed under the DLTCRP effective July 1, 2016. See http://www.dhss.delaware.gov/dhss/dltcrp/

Ninth, DMMA may wish to add a reference to the requirement of critical incident reporting concerning patients of psychiatric hospitals and residential centers to the Protection & Advocacy agency pursuant to 16 Del.C. §5162. See also DHSS PM 46 policy, §V.K.2 (Rev. 8/16).

Tenth, §6.2, entitled "Available Services", omits some services included in the MCO contract, including minor home modifications, home-delivered meals, transition services, and nutritional supplements. Each of these services enhance community-based living as much as the listed personal emergency response system. DMMA should consider adding the omitted services.

Eleventh, §6.2.1 and 6.2.2 contain specific references to additional services for individuals with brain injuries in the contexts of adult day services and attendant services:

Members with an acquired brain injury (ABI) or traumatic brain injury (TBI) will receive additional prompting and/or intervention as needed, and as indicated in the personcentered service plan.

SCPD is endorsing the proposed regulation.

Thank you for your consideration and please contact SCPD if you have any questions regarding our position and observations on the proposed regulation.

cc: Mr. Stephen Groff

Mr. Brian Hartman, Esq.

Governor's Advisory Council for Exceptional Citizens

Developmental Disabilities Council

20reg612 dmma-e&d waiver provider policy manual 2-16-17

## EXCERPT: 6-22-11 DHSS PRESENTATIONS OF DSH P- PLUS INSTITUTE

## Populations Included in Expansion

- Nursing Facility/Institutionalized
- HCBS groups
- Existing E/D and AIDS waiver participants; existing 1915c waivers will be "folded into" the 1115 waiver
- Money Follows the Person (MFP) will be incorporated into the DSHP-Plus expansion 4
- Other full benefit dual eligibles in the community 4
- Medicaid for Workers with Disabilities (MWD) 4