NEBRASKA MEDICAID AND SPECIALIZED ADD-ON SERVICES

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Presentation Objectives

- 1. Understand the Pre-Screening and Resident Review (PASRR) Level II evaluations and how these evaluations identify Specialized Add-On Services.
- 2. Understand the purpose of Specialized Add-On Services for individuals with intellectual disabilities/related conditions (ID/RC) and how these services should be built into the nursing facility care plan.
- 3. Understand what specific services are available through Medicaid in a fee-for-service capacity.
- Community-based DD provider will learn about the completion and submission of prior authorizations and fee-for-service claims.

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Nursing Facility Regulations - General Overview

471 NAC Chapters 12, 43 and 44 contain the Medicaid regulations pertaining to nursing facilities and the requirements for Nursing Facility Level of Care (NF LOC), PASRR and Specialized Add-On Services.

- > Chapter 12:
 - > 12-002 Definitions regarding nursing facility services
 - > 12-006 PASRR requirements
 - ➤ 12-007 Requirements for nursing facility services (i.e., physical exams, physician's services, bed-holding policies, what is included in the per diem, etc.)
 - > 12-008 Specialized Add-On Services
 - > 12-009 Requirements for special needs facilities/individuals
 - ➤ 12-011 Civil Money Penalty funds
 - > 12-013 Nurse aides in nursing facilities
- Chapters 43 and 44 Nursing Facility Level of Care for children and adults, respectively



PASRR: Pre-Admission Screening & Resident Review

- Pre-Admission Screening & Resident Review
- Goal of PASRR
 - The goal of PASRR is to ensure that an individual with Serious Mental Illness (SMI), Intellectual Disability (ID), or a Related Condition (RC) is placed in the least restrictive and most appropriate environment possible to prevent unnecessary institutionalization and protect other residents.



PASRR History

- PASRR was established in 1987 under the Omnibus Budget Reconciliation Act which mandated states to create a PASRR system
- January 1, 1989 states were required to have their PASRR programs up and running



PASRR History - Continued

- November 1992 The PASRR Final Rule was issued. This was the first clear guidance to states on what had to be addressed within their PASRR system. The three year gap between implementing the PASRR program and issuance of formal regulatory guidance means there are differences from state to state.
- ➤ June 1999 The Supreme Court *Olmstead* ruling required states to create opportunities for individuals with disabilities to live in the most integrated setting possible.



PASRR in Nebraska

- DHHS contracts with Kepro to complete Level I & Level II PASRRs in Nebraska
 - Kepro became the State's PASRR contractor effective January 1, 2021
- DHHS divisions collaborate to manage the PASRR program
 - Medicaid & Long-Term Care: Oversight of the PASRR program
 - Behavioral Health: Contract Management, Kepro billing and PASRR-related education
 - Developmental Disabilities: Expertise



PASRR Requirements

- ➤ Federal law prevents a Medicaid-certified nursing facility (NF) from admitting an applicant with SMI, ID, or RC, unless the individual is properly screened, thoroughly evaluated and found to be appropriate for NF placement. (42 CFR 483)
- PASRR is required for all individuals who apply to or reside in a Medicaid-certified NF, regardless of their source of payment for NF services.

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PASRR Requirements - Continued

- ➤ To be approved for NF services with SMI/ID/RC, individuals must be determined appropriate for NF LOC and must receive the necessary ('specialized') services to address these needs.
- Every state must have its Medicaid State Plan approved by the federal government (CMS), and this plan must include a compliant PASRR program.

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PASRR Levels

- Level I Screen
 - Completed online
 - Identify all persons with suspected or known:
 - Serious Mental Illness,
 - Intellectual or Developmental Disability
 - Related Conditions
 - Categorical Exemptions (when individuals with SMI/ID/RC have certain diagnoses or levels of severity of illness, exempting them from a Level II evaluation for a specified period of time)
 - Emergency Seven Day, Respite 30 Day, Progressed Dementia, Serious Medical, and Exempted Hospital discharge (NAC 471 12-006.07)
 - "Negative Screen"



PASRR Levels

- Level II Evaluation
 - Face-to-Face interview by qualified contractor
 - Determination of the Nursing Facility Level of Care is made
 - Summary of findings is produced
 - Identifies person-centered recommendations that become part of the individual's NF plan of care.
 - Recommend specialized services to address PASRR-related needs
 - ➤ If applicable, identifies and facilitates the least restrictive community-based alternatives
 - May be time-limited (30, 60, 90, or 120 days)



PASRR - Dementia Exclusion

- Considered to have dementia if they have a:
 - Primary diagnosis of dementia as described in the DSM, 3rd edition, revised in 1987, or
 - Non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in the DSM
 - More details: 42 CFR 483.102



Specialized or SMI/ID/RC services

- Required since 1992 for individuals diagnosed with SMI/ID/RC
- Needed by an individual specifically due to their SMI/ID/RC
- Meant to supplement the individual's nursing facility services and are specific to the individual's diagnoses
- Furnished by an outside provider not affiliated with the nursing facility

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SMI/ID/RC Services - Continued

- Only determined as part of a full Level II PASRR
- > Required to be included in the individual's plan of care
- ➤ If an individualized supplemental service is needed for a specific individual but the NF cannot arrange for that service, the NF must either provide the service at its own expense or discharge the individual



SMI/ID/RC Services - Continued

- Provided by community-based providers, increasing community inclusion for these individuals
- Services billed by the provider of the service, not by the NF
- > NF can:
 - Contract with a qualified provider
 - Refer individuals to a qualified provider



Definition of Specialized Add-On Services

From 471 NAC 12-002:

- DISABILITY OR A RELATED CONDITION. A continuous program for each individual, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services that is directed towards:
- (1) The acquisition of the skills necessary for the individual to function with as much selfdetermination and independence as possible; and
- (2) The prevention or deceleration of regression or loss of current optimal functional status.



Definition continued

002.29(A) SPECIALIZED ADD-ON SERVICES. Specialized add-on services do not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous specialized add-on services program. Specialized add-on services may include services provided in an intermediate care facility for individuals with developmental disabilities (ICF/DD) setting or in a community-based developmental disability services (CBDDS) program and are provided for: residents determined to have medical needs which are secondary to developmental or habilitative needs.

Specialized add-on service options include:

- (i) Assessment or evaluation for alternative communication devices;
- (ii) Behavior management program;
- (iii) Day program;
- (iv) Vocational evaluation;
- (v) Psychological or psychiatric evaluation; and
- (vi) Stimulation or environmental enhancements or use of assistive devices.



Identification Criteria for Individuals with ID/RC

006.05(B) IDENTIFICATION CRITERIA FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY OR A RELATED CONDITION. An individual is considered to have an intellectual Disability or a related condition and requires a Level II evaluation if the individual meets any of the following criteria:

Suspicion or diagnosis of intellectual disability (ID): An individual is considered to have intellectual disability if he or she has a level of intellectual disability as described in the American Association on Mental Deficiency's Manual or Classification in Mental Deficiency (1983). Intellectual Disability refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period; or
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Identification Criteria for Individuals with ID/RC continued

- 2) Suspicion or presence of a Related Condition or Developmental Disability: Related condition is defined as a severe, chronic disability whose condition is:
 - (a) Attributable to cerebral palsy or epilepsy; or any other condition, other than mental illness (MI), found to be closely related to intellectual disability (ID) because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with intellectual disability (ID) and requires treatment or services similar to those required for such persons;



Identification Criteria for Individuals with ID/RC - Continued

- (b) Manifested before the person reached age 22;
- (c) Likely to continue indefinitely;
- (d) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (i) Self-care;
 - (ii) Understanding and use of language;
 - (iii) Learning;
 - (iv) Mobility;
 - (v) Self-direction; or
 - (vi) Capacity for independent living.



Examples of Related Conditions

- Anoxia at Birth
- Arthrogryposis
- Asperger Syndrome
- Autism Spectrum Disorder
- Cerebral Palsy
- Childhood Disintegrative Disorder
- Congenital Blindness
- Congenital Deafness
- Down Syndrome
- Encephalitis
- Epilepsy/Seizure Disorder

- Expressive Language Disorder
- Fetal Alcohol Syndrome
- Fragile X Syndrome
- Friedreich's Ataxia
- Hydrocephaly
- Isodicentric Chromosome 15 Syndrome
- Klippel-Feil Syndrome
- Landau-Kleffner Syndrome
- Meningitis
- Pervasive Developmental Disorder
- Phenylketonuria (PKU)

- Polio
- Prader-Willi Syndrome
- Spina Bifida
- Traumatic Brain Injury



Identification Criteria for Individuals with ID/RC - Continued

006.05(B)(i) NO KNOWN DIAGNOSIS. In the absence of a known diagnosis of intellectual disability or a related condition, a suspicion or history of treatment by an agency serving individuals with such conditions should trigger the housing or receiving facility to contact the Department for a determination of need for Level II evaluation under the preadmission screening and resident review (PASRR) program.



Specialized Add-On Services for Individuals with ID/RC

008.01 SPECIALIZED ADD-ON SERVICES FOR CLIENTS WITH INTELLECTUAL DISABILITIES OR RELATED CONDITIONS RESIDING IN NURSING FACILITIES.

- Medically necessary services intended to assist the nursing facility clients in obtaining, maintaining, or improving developmental-age appropriate skills. These services include habilitative training and are not provided by the nursing facility.
- These services are identified through the preadmission screening and resident review (PASRR) Level II assessment.
- > Specialized add-on services **must result** in a **continuous, aggressive** individualized plan of care and be recommended and monitored by the individual's interdisciplinary team.
- Each specialized add-on service must be prior authorized separately.



Types of Services

- > 008.02(A) HABILITATIVE SKILLS TRAINING. (training focusing on hygiene, self-help skills, ADLs, advocacy skills, communication skills)
- > 008.02(B) HABILITATIVE COMMUNITY INCLUSION. (training focusing on increasing independence and inclusion in the community)
- > 008.02(C) EMPLOYMENT ASSISTANCE. (training to enable the individual to seek and obtain employment in the community)
- > 008.02(D) EMPLOYMENT SUPPORT. (training to provide the skills, tools and supports necessary to maintain employment)
- > 008.02(E) NON-MEDICAL TRANSPORTATION. (mileage to and from community settings where training is provided)



Habilitative Skills Training - Components

From 471 NAC 12 008.02(A):

- ➤ Identification of skill needs requiring training with regard to individual rights and due process, advocating for their own needs, desires, future life goals and participation in the development of their plan of care, communication skills, personal hygiene skills, dressing skills, laundry skills, bathing skills, and toileting skills;
- Development and implementation of formal training goals related to identified skill needs; and
- Monitor and revise goals according to the individual's response to training.



Habilitative Skills Training - Limitations

From 471 NAC 12 008.02(A)(i):

- > Transportation is not included in the reimbursement rates. Transportation services can be billed separately for off-site habilitative skills only and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
- This service can be authorized in combination with but cannot be provided during the same time period as habilitative community inclusion.
- This service must exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.



Habilitative Community Inclusion - Components

From 471 NAC Chapter 12 – 008.02(B):

- Identification of needed skills with regard to access and use of community supports, services and activities;
- Development and implementation of formal training goals related to:
 - (a) Community transportation and emergency systems;
 - (b) Accessing and participation in community groups, volunteer organizations, and social settings; and
 - (c) Opportunities to pursue social and cultural interests and building and maintaining interpersonal relationships; and
- Monitoring and revising goals according to the individual's response to training.



Habilitative Community Inclusion - Limitations

From 471 NAC 12 - 008.02(B)(i):

- Habilitative community inclusion can supplement, but cannot replace, activities that would otherwise be available as part of the nursing facility activities program;
- Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle; and
- This service must exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.



Employment Assistance - Components

From 471 NAC 12 – 008.02(C):

- Identification of the individual's job preferences and skill needs;
- Identification of available employment opportunities in their community;
- Development and implementation of formal training goals related to the individual's employment needs including application for employment, job readiness and preparation skills and appropriate work behavior; and
- Monitoring and revising goals according to the individual's response to training.



Employment Assistance - Limitations

From 471 NAC 12 - 008.02(C)(i):

- The individual's service hours are determined by the assistance needed to reach employment goals;
- This service can be authorized in combination with but cannot be provided during the same time period as employment support;
- Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle;
- This service must exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA);
- No employment assistance or support services are available to a individual of a nursing facility through a program funded by the Rehabilitation Act of 1973 in Nebraska.
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Employment Support - Components

From 471 NAC 12 – 008.02(D):

- Teaching appropriate work behavior related to punctuality, attendance and coworker relationships;
- Providing training and support for the individual to develop time management skills;
- Providing training and monitoring in order for the individual to learn the job tasks necessary to maintain employment;
- Providing social skills training in relation to the work environment; and
- Monitoring and revising goals according to the individual's response to training.



Employment Support - Limitations

From 471 NAC 12 - 008.02(D)(i):

- > Payment for employment support excludes the supervisory activities rendered as a normal part of the business setting.
- > This service can be authorized in combination with but cannot be provided during the same time period as employment assistance.
- > Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
- This service must exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA).
- No employment assistance or support services are available to an individual of a nursing facility through a program funded by the Rehabilitation Act of 1973 in Nebraska.
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Non-Medical Transportation

From 471 NAC 12 – 008.02(E):

> Transportation is provided in order for the individual to participate in specialized add-on services in a community setting.

Limitations -471 NAC Chapter 12 - 008.02(E)(i):

- Transportation is limited to travel to and from a habilitative service according to the individual's plan of care.
- > The individual must be present in the vehicle.
- Purchase or lease of vehicles is not covered under this service.
- Is a separately billable service for off-site habilitative skills, off-site employment assistance, employment support, and habilitative community inclusion.



Prior Authorization - Requirements

From 471 NAC 12 – 008.02(F):

- All Specialized Add-On Services are prior authorized separately by the provider of the service.
- The Level II PASRR must accompany the prior authorization request.
- The individual's NF Plan of Care must accompany the prior authorization request.
- The NF Plan of Care must include the Specialized Add-On Services.
- > The prior authorization must specify the formal goals and objectives that will address the needs identified in the Level II PASRR.
- The prior authorization must specify the frequency and duration of each service.



Prior Authorization - Additional Requirements

From 471 NAC 12 - 008.02(F)(i):

- Provided ONLY when prior authorized, when recommended by the individual's Interdisciplinary Team (IDT) and are included in the Plan of Care.
- The interdisciplinary team includes but is not limited to: the attending physician, a registered nurse and nurse aide with responsibility for the individual, a member of the food and nutrition services staff, to the extent possible the individual and the individual's representative, and other appropriate staff or professionals in disciplines as determined by the individual's needs or as requested by the individual.
- > Specialized add-on services must meet professional standards of quality and be provided by qualified persons in accordance with each individual's written plan of care.



Prior Authorization Form

The Prior Authorization form can be found at the following website:

https://public-dhhs.ne.gov/Forms/Home.aspx

Search for MLTC-78 in the search bar



Payments

From 471 NAC 12 - 008.02(F)(ii):

- Payments are paid to the provider of the services.
- Payments to providers for medically necessary services, including specialized add-on services in excess of limitations for covered services identified elsewhere in the state plan, or not listed as specialized add-on services according to the state plan, require pre-authorization.
- Claims are submitted to Medicaid Fee For Service utilizing the CMS 1500 claim form.
- Claims can be submitted via paper form or electronically.
- Electronic Data Interchange information can be found at the following website:
 - https://dhhs.ne.gov/Pages/Medicaid-Provider-Electronic-Data-Interchange.aspx



Payments

- ➤ The CMS 1500 claim form is a professional claim type that can be submitted via paper or electronically. If submitting via paper, the form can be purchased online.
- General information from CMS regarding submitting the claim form electronically can be found at the following website:

https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500

You may download <u>a sample</u> form at the following website in the "Downloads" box in the center of the page:

https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS1188854



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CMS 1500 Profession Claim Form Resources

- ➤ The following Link is a Reference Instruction Manual for CMS 1500 Version 02/12 updated July 2021
 - https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2021_07-v9.pdf
- Forms may be purchased through vendors such as Staples or Amazon.
- ➤ Forms may also be purchased from the U.S. Government Printing Office by calling (202) 512-1800.



Provider Enrollment

This is the link to the DHHS MLTC public website regarding provider enrollment (informational):

https://dhhs.ne.gov/Pages/Medicaid-Provider-Screening-and-Enrollment-Forms.aspx

➤ Each agency must complete a provider agreement to become an enrolled provider with Medicaid. Maximus website is:

www.nebraskamedicaidproviderenrollment.com

(Website for the actual submission of the agreement.)

In addition, each staff who will work with a resident will complete a provider agreement. However, this agreement will be a group member provider agreement under the agency's main provider agreement.



National Provider Identifier

- ➤ Each agency will need to have a National Provider Identifier or NPI.
- > The CMS website with information regarding NPIs is:

https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand

- ➤ Each staff who works with a resident and provides specialized add-on services will also need to have their own individual NPI number.
- > NPIs can be applied for at the following website:
- http://nppes.cms.hhs.gov



Questions?



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REFERENCES

PROVIDER INFORMATION

https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx

PROVIDER BULLETINS

https://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx

REGULATIONS – 471 NEBRASKA ADMINISTRATIVE CODE

https://dhhs.ne.gov/Pages/Title-471.aspx

