



To: Division of Disability and Rehabilitative Services, Bureau of Developmental Disabilities Services Participants, Providers, Families and Stakeholders
From: Cathy Robinson, Director, Bureau of Developmental Disabilities Services
Re: Guidance – HCBS in hospital settings
Date: August 4, 2020

In accordance with the recent amendment to Section 1902(h) of the Social Security Act (42 U.S.C. 1396a(h)), states' Medicaid programs are permitted to provide home-and community-based services to individuals in acute care hospitals. The Bureau of Developmental Disabilities Services has developed the following guidance for the delivery of HCBS (i.e., Family Support Waiver and the Community Integration Habilitation Waiver) in acute care hospitals.

This guidance is only applicable for individuals receiving BDDS waiver services who are seeking or receiving treatment in an acute care hospital setting for inpatient medical care or other related services for surgery, acute medical conditions, or injuries. This guidance does not pertain to individuals who require long term care in a facility based setting including but not limited to nursing homes, rehabilitation centers and/or treatment facilities.

Individuals may receive HCBS from their direct support professional or other support staff like behavior management or music therapy provider while receiving medical care and treatment in an acute care hospital so long as the following conditions exist:

- a) the waiver service is accurately documented in the Person Centered Individualized Support Plan;
- b) the waiver service provided meets the need(s) of the individual that are not met through the provision of hospital services; and
- c) the waiver service is being provided to ensure a smooth transition between the acute care settings and home and community-based setting and preserve the individual's functional abilities.

The HCBS provided by the direct support professional or other support staff such as behavior management or music therapy provider may not be utilized as a substitute for services that the hospital is obligated to provide through its conditions, requirements and expectations under

any participation, licensing, professional partnership agreement(s) as well as local, state and/or federal laws.

Case managers are required to document in the case notes when an individual receives acute medical care. The case manager must ensure the waiver service is identified in the PCISP and the following must be included in the case note: a) what waiver service(s) will be provided during the acute hospital stay, b) description of how the waiver services will assist in returning to the community and preserve individual's functional abilities, c) coordination and communication activities among individualized support team members, d) anticipated length of acute hospital stay, and e) anticipated frequency and duration of the waiver service.

Case managers may not interrupt or terminate an individual's waiver due to an acute hospital admission or stay. If the individual needs HCBS services to support them during an acute hospital stay, the case manager will update the individual's plan within waiver rules and service limitations.

Parent(s) and legal guardians of adults who are employed as the individual's direct support professional may continue to provide the waiver service while the individual is receiving care and treatment in the acute care hospital setting up to and including the current approved number of hours that exists with the current service plan at the time of hospitalization.

Individuals receiving services on the CIH waiver who may need additional supports while receiving care in an acute care hospital setting may submit a budget modification request that documents the need for increased supports, the anticipated length of temporary supports needed, and the availability of staff to provide the support.

All FSW and CIH waiver rules and service limitations still apply (i.e. 40 hour rule, incident reporting guidelines, etc.).