Flexible Budgets

• All participants are given a recommended flexible budget based on needs identified in the InterRAI assessments
  – Children under age 18 are assessed using the InterRAI-PEDs
  – Individuals ages 18 and over are assessed using the InterRAI-HC

• Budgets only apply to the following services:
  – Personal Assistance
  – Home-delivered meals
  – *Other* items that substitute for human assistance
    • These “other” items are not specifically categorized by the State

• If a person doesn’t use the above services, the budget no longer applies

• Budgets do not factor in enrollment or services received through another program
Why Does a Person Have a Budget?

• The program’s total budget needs to be distributed fairly and equitably across all participants based on need

• The amount of services a participant receives should not depend on where he/she lives or who they have as an advocate

• Budgets are an objective baseline for every participant
What Determines a Budget?

- Budgets are based on the participant’s needs identified in the interRAI assessment
  - The assessment collects health and social support information and assigns a level of acuity
  - The higher the person’s acuity, the more services they will need, the greater their budget
  - Budgets do not factor in enrollment or services received through another program
- The budget provides a **recommendation** of how many personal assistance hours may be needed
  - The addition of home-delivered meals reduces the number of hours in the participant’s budget
  - Exceptions may apply with medical documentation
- There are seven interRAI-HC budget groups based on these acuity levels
# Budgets by Group

<table>
<thead>
<tr>
<th>Group</th>
<th>RUG</th>
<th>Grouper Description</th>
<th>Budget</th>
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<tbody>
<tr>
<td>Group 1</td>
<td>PA1</td>
<td>Physical Function – Low ADL</td>
<td>$9,075</td>
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<tr>
<td></td>
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<td>Behavioral – Low ADL</td>
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<tr>
<td></td>
<td>CA1</td>
<td>Clin. Complex – Low ADL</td>
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<td>IA1</td>
<td>Cognitive Impairment – Low ADL</td>
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<td>PA2</td>
<td>Physical Function – Low ADL, Low to High IADL</td>
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<td>RA1</td>
<td>Rehabilitation - Low ADL</td>
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<td>Group 2</td>
<td>BA2</td>
<td>Behavioral – Low ADL, High IADL</td>
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<td>CA2</td>
<td>Clin. Complex – Low ADL, High IADL</td>
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<tr>
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<td>IA2</td>
<td>Cognitive Impairment – Low ADL, Low to High IADL</td>
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<td></td>
<td>PB0</td>
<td>Physical Function – Low to Medium ADL</td>
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<td>CB0</td>
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<td>RA2</td>
<td>Rehabilitation Low – Low ADL, High IADL</td>
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<td>PC0</td>
<td>Physical Function – Medium to High ADL</td>
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<td>SSA</td>
<td>Special Care – Low to High ADL</td>
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<td>IB0</td>
<td>Cognitive Impairment – Medium ADL</td>
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<td>Group 4</td>
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<td>Group 5</td>
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<td>RB0</td>
<td>Rehabilitation High – High ADL</td>
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<td>SSB</td>
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<td>Group 7</td>
<td>SE3</td>
<td>Extensive Services 3 – Medium to High ADL</td>
<td>$83,134</td>
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</tbody>
</table>
Personal Assistance and Home-Delivered Meals

• There are many services available in the programs, however, Personal Assistance is the most common and accounts for the majority of the program’s budget
  – Generally, participants need someone in their home to help them with activities of daily living when no one else is available
  – When requesting personal assistance, hours of service are assigned based on the participant’s ADL/IADL needs
    • Exceptions may apply. Any additional hours requested beyond the budget must be supported with recent medical documentation

• Home-delivered meals are also considered within the budget
  – Home-delivered meals must not overlap with personal assistance
10.09.84.14 Covered Services

B. The Program covers the following services when provided by a personal assistance provider:

(1) Assistance with activities of daily living;
(2) Delegated nursing functions if this assistance is:
   (a) Specified in the participant’s plan of service; and
   (b) Rendered in accordance with the Maryland Nurse Practice Act, COMAR 10.27.11, and other requirements of the Maryland Board of Nursing;
(3) Assistance with tasks requiring judgment to protect a participant from harm or neglect;
(4) Assistance with or completion of instrumental activities of daily living, provided in conjunction with the services covered under §B(1)—(3) of this regulation; and
(5) Assistance with the participant’s self-administration of medications, or administration of medications or other remedies, when ordered by a physician.
Personal Assistance

• Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living, health related tasks through hands on assistance, supervision, and/or cueing, will be provided
  – The Department only authorizes agencies to provide personal assistance services
    • If the participant finds someone they like, that person must first enroll with an agency before services can begin
  – Shared Personal Assistance is available for participants that share a home
  – One unit of Personal Assistance is 15 minutes; each unit must be medically necessary and associated with an I/ADL
Personal Assistance

• **Personal assistance services may not include:**
  – Services rendered to anyone other than the participant or primarily for the benefit of anyone other than the participant;
  – Services rendered by anyone not enrolled with an agency;
  – The cost of food or meals prepared in or delivered to the home or otherwise received in the community;
  – Housekeeping services, other than those incidental to services covered
Personal Assistance Limitations

10.09.84.23 Limitations

C. The Program does not cover the following services:

   (1) Service primarily for the purpose of housekeeping unrelated to the participant’s activities of daily living, such as:
       (a) Cleaning of the floor and furniture in areas not occupied by the participant;
       (b) Laundry other than that incidental to services for the participant; and
       (c) Shopping for groceries or household items unless in the company of the participant;

   (2) Services provided by providers not approved for participation by the Department;

   (3) Expenses incurred while escorting participants:
       (a) To obtain medical diagnosis or treatment;
       (b) To or from the participant’s workplace; or
       (c) For participation in social or community activities.
ADLs and IADLs

**Activities of Daily Living (ADLs)**

- Bathing/completing personal hygiene routines
- Dressing/changing clothes
- Eating
- Mobility
  - Transferring from a bed, chair, or other structure
  - Moving, turning, and positioning the body while in bed or in a wheelchair
  - Moving about indoors or outdoors
- Toileting
  - Bladder/bowel requirements
  - Routines associated with the achievement or maintenance of continence
  - Incontinence care

**Instrumental Activities of Daily Living (IADLs)**

- Preparing meals
- Performing light chores that are incidental to the personal assistance services provided to the participant
- Shopping for groceries
- Nutritional planning
- Traveling as needed
- Managing finances/handling money
- Using the telephone or other appropriate means of communication
- Reading
- Planning and making decisions
Rates for Personal Assistance

• Currently, agencies are paid $17.50 per hour for personal assistance
  – This rate may be adjusted each year dependent on the state budget process

• The rate the actual personal assistance worker receives varies based on the agency

• How Does a Personal Assistance Agency enroll?
  – Submit a MDH provider enrollment application
    • Instructions and the application can be found at the link above
Example – Participants Receiving Personal Assistance Services 7 Days a Week

<table>
<thead>
<tr>
<th>Group</th>
<th>Annual Budget</th>
<th>Daily Budget</th>
<th>Hours at Weighted Agency Rate ($17.50)</th>
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<tbody>
<tr>
<td>Group 1</td>
<td>$9,075</td>
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<td>Group 7</td>
<td>$83,134</td>
<td>$221.13</td>
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</table>
Shared Personal Assistance

• Two participants living together may share a personal assistance worker
  – Since the worker has additional tasks, the rate is $11.67 \times \frac{4}{3}$ of the current provider rate

• Both participants plans of service must include the same provider and duration and frequency must match
  – Non-shared personal assistance hours must be listed as well to account for any time the participants may receive services individually
Example of Shared Personal Assistance

- Client A shares 16 hours of personal assistance a week with client B. Client A also receives an additional 7 hours of personal assistance a week

Client A’s POS:

<table>
<thead>
<tr>
<th>POS Service</th>
<th>Service Type</th>
<th>Provider Name</th>
<th>Units</th>
<th>Frequency</th>
<th>Rate</th>
<th>Annual</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Assistance — Shared Attendant</td>
<td>Community First Choice</td>
<td>ABSOLUTE CARE LC</td>
<td>16 hours per week</td>
<td>51 weeks</td>
<td>$2.7775</td>
<td>$9,065.76</td>
<td>Quick View</td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Personal Assistance Agency</td>
<td>Community First Choice</td>
<td>ABSOLUTE CARE LC</td>
<td>7 hours per week</td>
<td>52 weeks</td>
<td>$4.1650</td>
<td>$6,064.24</td>
<td>Quick View</td>
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</table>

Client B’s POS:

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<tr>
<th>POS Service</th>
<th>Service Type</th>
<th>Provider Name</th>
<th>Units</th>
<th>Frequency</th>
<th>Rate</th>
<th>Annual</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td>Personal Assistance — Shared Attendant</td>
<td>Community First Choice</td>
<td>ABSOLUTE HOME HEALTH CARE INC</td>
<td>16 hours per week</td>
<td>51 weeks</td>
<td>$2.7775</td>
<td>$9,065.76</td>
<td>Quick View</td>
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<tr>
<td>Personal Assistance Agency</td>
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<td>1 week</td>
<td>$4.1650</td>
<td>$266.56</td>
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</table>
Frequency of Personal Assistance

• All plans should be based on a 52-week period
  – Costs must be sustainable for a full year
• Personal Assistance is measured in 15 minute increments.
  – One hour is 4 units of service
• Note how much time will be spent each day on personal assistance
  – Use daily chart if needs vary by the day of the week
    • Monday requires 2 hours; while Tuesday requires 4 hours
  – Use a general “X hours per day” if all days are the same
Daily Rate for Personal Assistance

• Applicants and participants enrolled in Community First Choice, Community Options Waiver, and Increased Community Services who have a documented need for more than 12 hours per day of personal assistance services
  – A task schedule must be uploaded
• MDH will pay a flat rate for each pre-authorized day of service over 12 hours
• The daily service cannot be used for supervision or other tasks that are not covered under the current personal assistance definition
  – The definition and medical necessity criteria for personal assistance remain the same
  – See COMAR 10.09.84.14 for covered services under personal assistance
Daily Rate for Personal Assistance

• Only one agency may serve a person on a day that the daily rate is received
  – Shared attendant for daily rate may be utilized for two participants approved for daily rate services

• There is no exception to the limit on billing for personal assistance hours over 12 hours per day. This limit is a hard cap in the MMIS billing system and no exceptions can be made by the ISAS team
  – If a participant has an emergency situation, the plan of service needs to be revised to include the daily rate
  – It is imperative that any known needs be handled in advance through the plan of service revision process to ensure continuity of services
Personal Assistance Providers

- Personal assistance providers must use a call-in system for timekeeping and billing
  - The call-in system is called the In-home Supports Assurance System (ISAS)
- Agency providing personal assistance must be licensed as an RSA and no requirements can be waived
- Requirements are listed in 10.09.84.06
Where Does the Participant Find a Personal Assistance Worker?

• Personal assistance workers must work for an agency enrolled in Medicaid
  – Agency must be licensed as a RSA
• A participant may find a person that does not currently work for an agency. However, that provider must then contact an agency and work out employment details
• To find a prospective provider, the participant may:
  – Advertise in the paper
  – Ask a neighbor
  – Post on a community bulletin board
  – Find someone in the community/neighborhood, and
  – Ask a relative
Excluded Providers

• Maryland has created a CFC representative role and form to identify representatives not eligible for payment
  – CFC Representative Form
Excluded Providers

• Anyone signing the Plan of Service on a participant’s behalf is excluded from being a paid personal assistance provider
  – A personal assistance provider agency may not assign the participant’s representative to provide services to that participant (COMAR 10.09.84.06.C)

• A legal guardian of the participant

• The parent or foster parent of a dependent minor child

• Any individual who makes decisions on behalf of the person related to the participant’s plan of service
Home-Delivered Meals

- Home delivered meals are a covered service under CFC as an item that substitutes for human assistance
  - Not meant to supplement a participant’s grocery budget
  - Limited to up to 14 meals per week
- Home-delivered meals should not overlap with personal assistance
  - The participant must be able to prepare and eat the home-delivered meal. If the participant cannot, the meal may not be appropriate
- Supports planners are required to obtain a signed copy of the menu from the provider when initially requesting this service and upon annual POS submission
Exceptions Process

- Exceptions may apply to the budget if documented appropriately
  - May also be used to request items or services not directly supported through available medical information

- The exceptions form is built into the Plan of Service in the LTSSMaryland system

- The supports planner may not make clinical recommendations
  - If additional hours of service are being requested beyond the budget, appropriate medical documentation must be submitted by the supports planner with the Plan of Service
Exceptions Process

• The supports planner is responsible for:
  – explaining this process to the participant,
  – completing the exceptions form,
  – acquiring any additional documentation needed to support the exception request,
  – uploading all documents to the LTSSMaryland system, and
  – assisting with the development of schedules
Schedules

• Schedules should be submitted when:
  – An applicant/participant is attending school
  – An applicant/participant is attending Medical Day Care
  – A request is over budget
  – An applicant/participant is receiving services from multiple Medicaid funded programs (Medical Day Care Waiver, REM program, DDA Waiver, dialysis, etc.)
  – At the request of the POS Reviewer

• The supports planner should review the schedule with the applicant/participant to discuss the requested tasks to verify the tasks are in compliance with 10.09.84.02 and 10.09.84.14
Schedules

• The recommended schedule format is Sunday through Saturday and should include:
  – The approximate time/duration of each ADL/IADL task the personal assistance provider will complete
  – All services received from any other MA funded program
  – Any regularly scheduled treatments (dialysis, chemotherapy, physical therapy, occupational therapy, speech therapy, wound treatments, etc.)
  – School or Medical Day Care hours and days

• If personal assistance services are not received on a particular day of the week, please indicate how ADL/IADL needs will be met on that day
Medical Documentation

• Medical documentation includes medical records, treatment plans/notes, progress notes, discharge summaries, etc.
  – A letter from a doctor alone does not qualify as medical documentation

• Medical documentation should be provided for the request of additional personal assistance services, temporary or ongoing, and in the case of a new diagnosis not captured on the active InterRAI assessment

• Temporary increases of personal assistance services of less than one week are not required to be approved by the Department