

Policy Transmittal Developmental Disabilities Services



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Number: APD-PT-20-099
Issue date: 9/14/2020

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): adult and child foster care providers; 24 hour residential providers; supported living providers. |
| <input checked="" type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Attendant Care in a Hospital Setting Worker Guide		
Policy/rule number(s):	OAR 411-325-0490(3), 411-360-0200(3), and 411-450-0050(8)	Release number:	
Effective date:		Expiration date:	
References:			
Web address:	Included below		

Discussion/interpretation:

With the passage of the CARES Act, Congress recognized that some people with intellectual and developmental disabilities benefit from having a familiar caregiver with them in a hospital setting. Prior to the act, funding for attendant care services was prohibited in a hospital. Now, under certain conditions described in the attached

worker guide, it is permissible. The worker guide will be available on the [case management](#) and [brokerage](#) tools pages.

Updates will be made to OAR 411-325-0490(3), 411-360-0200(3), and 411-450-0050(8) to reflect the ability for a provider to make payment claims for services delivered in a hospital setting.

This policy supersedes any previous policy related to days of service that exclude days of hospitalization from days of service.

Currently, the ability to make claims for services in a hospital is limited to the duration of the COVID-19 public health emergency. The Department intends to amend the 1915(k) Community First Choice state plan amendment (the “K-plan”) to make it permanent, however there may be a gap between the end of the emergency and CMS’ approval of the amended K plan. Additional information will be provided as it becomes available.

Training/communication plan: A webinar on the topic of Attendant Care in a Hospital is scheduled for Monday, September 21, 2020. It will be recorded and made available for viewing later on the [Provider and Partner Training Resources](#) page. Please register [here](#), or:

<https://register.gotowebinar.com/register/3331317231849387024>

Field/stakeholder review: Yes No

If yes, reviewed by: Posted to the Engagement and Innovations web page.

If you have any questions about this policy, contact:

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Topic:	Attendant Care during an inpatient hospital stay during the COVID-19 pandemic
	Date Issued/Updated:

Overview

Description: Circumstances and procedures for concurrent attendant care and hospital admission *during the time of the pandemic*.

Purpose/Rationale: Certain people who experience intellectual and developmental disabilities can benefit from having a familiar caregiver support them in a hospital setting. CMS granted temporary permission to pay developmental disabilities service providers for services delivered while an individual is hospitalized, under certain circumstances. Hospitals are obligated to provide services that are similar to attendant care. To avoid double payments, attendant care cannot duplicate a service that a hospital must deliver, this guide will help with that.

Procedure(s) that apply:

Authorization:

As part of back-up planning leading up to a new or annual Individual Support Plan (ISP), members of an individual’s team should discuss whether support, beyond what a hospital is obligated to provide, may be required for the individual in the event of a hospital admission. When such support is indicated, it must be documented in the backup plan. It must describe what services would be delivered by an attendant care provider. Allowable attendant care services during hospitalization may include cuing and assistance with communication, or implementation of a positive behavior support plan (PBSP) and other supports that are not duplicative of hospital services (such as medication administration). The backup plan should also describe how the attendant care services will assist the individual in returning to their home.

If this support is needed prior to an annual renewal of an ISP, include these backup plan changes on an ISP change form. The authorization may be retroactive to the date of admission or to later date when a need for supports in

the hospital develops. Service agreements should identify if attendant care in the hospital is authorized. No exception or ODDS approval is required.

This only applies to attendant care services and only to service in an acute care hospital. It is available for anyone who has a qualifying condition. Mental health, nursing, and other facilities remain settings where attendant care is not allowed. Professional Behavior Services, Day Support Activities and other services are not allowed.

Eligibility:

An individual will be eligible for attendant care while admitted to a hospital if they have one or more of the following **qualifying conditions**:

- Challenging behavior that interferes with getting hospital care.
 - This means behaviors that a person with special knowledge of preventing or reacting to an individual's behavior needs to be present. It will usually mean there is a behavior support plan in place, but not necessarily. If there is history of challenging behavior in a hospital or similar settings, but it not apparent in a person's typical settings so no BSP is needed, then attendant care is appropriate.
- Communication needs that interfere with hospital care.
 - For example, a person who uses a communication board that a hospital staff wouldn't know how to use, or who has their own way of signing that a typical sign language interpreter wouldn't understand, or who has such slurred or impaired speech that only someone familiar with it can understand.
- Unique ADL support needs requiring familiar or specially-trained support people.
 - This might be a person with elaborate rituals surrounding activities like eating or hygiene that hospital staff wouldn't know to maintain.

Hospital personnel should complete routine ADLs. Attendant care is not a way to make up for staffing shortages at the hospital. Hospitals are required to provide language access services, including interpretation and translation. No delegated nursing tasks should be performed as attendant care, hospital staff should complete all these tasks.

Documentation requirements:

The individual's qualifying condition(s) must be documented. Acceptable documentation may include:

- A PBSP indicating attendant care in a hospital may be needed.
- An ONA that indicates support needed in any of the following assessed areas:
 - Expression of ideas and wants with people the individual is unfamiliar with. (2c)
Is the individual able to ask for something to drink or indicate he or she is thirsty? (2d)
 - Understanding verbal content (excluding language barriers). (2e)
 - Individual displays, or would without intervention, disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors. (18a)
 - Individual displays physical behavior symptoms, or would without intervention, directed toward others. (19a)
 - Individual expresses him/herself, or would without intervention, in an inappropriate or unacceptable manner. Includes disruptive or socially inappropriate behavior. (22a)
 - Individual displays, or would without intervention, behaviors that are sexually aggressive or assaultive towards others. (23a)
 - Individual leaves, or would without intervention, an area or group without telling others or departs from the support person unexpectedly resulting in increased vulnerability. (25a)
 - Individual ingests, or would without an intervention, non-food items or the individual places non-edible objects in his/her mouth that may cause poisoning, aspiration, choking and/or severe injury. (26a)
 - Individual has instances, or would without an intervention, of emotional behavior that are atypical of others in similar situations. (27a)
 - Individual resists required assistance or would without intervention. (28a)
 - Rapidly ingests food or liquids, or would without intervention, that presents a health or safety risk to the individual. (29a)
 - Is the PBSP currently being implemented by support persons? (39b)
- A history of problems receiving medical care in a hospital that may be mitigated by the type of supports an attendant could provide, but a hospital cannot.
- ONA notes or an ISP that describe unique needs related to completing ADLs, such as special feeding techniques or elaborate routines associated with their completion.

Individual choice is not, by itself, a reason to authorize attendant care in a hospital. An individual can refuse attendant care in the hospital.

No additional work in eXPRS is necessarily required.

Residential Programs:

Residential program providers get the normal daily rate and these days do not count as bed hold days. The amount of daily support a residential program should provide will be based on the particular needs of the individual and documented in the ISP (and service agreement, if applicable). Rate exceptions will be considered when appropriate.

In-Home:

In-home hour limits still apply, as do PSW overtime limits. A person in an in-home program who asked for, but does not qualify for, attendant care in a hospital must be given a Notice of Planned Action citing OAR 411-450-0050(o).

If an adult in an in home program needs IADL supports in order to be able to return home, for example restocking food or prepping the environment for recovery, the IADL support is appropriate even if the above criteria are not met. Specific documentation is not required, but services must be consistent with the ISP or service agreement.

Contact(s):

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