



*DELAWARE HEALTH
AND SOCIAL SERVICES*

Division of Services for Aging and
Adults with Physical Disabilities

Cognitive Services Service Specification Elderly & Disabled Waiver

Revision Table

Revision Date	Sections Revised	Description



	<p><i>DELAWARE HEALTH AND SOCIAL SERVICES</i></p> <p>Division of Services for Aging and Adults with Physical Disabilities</p>	<p>Cognitive Services Service Specification Elderly & Disabled Waiver</p>
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WAIVER SERVICE SPECIFICATION

1.0 SERVICE DEFINITION

- 1.1 Cognitive Services are necessary for the assessment and treatment of individuals who exhibit cognitive deficits or interpersonal conflict, such as those that are exhibited as a result of a brain injury. Cognitive Services include two key components:

Multidisciplinary Assessment and consultation to determine the participant's level of functioning and service needs. This Cognitive Services component includes neuropsychological consultation and assessments, functional assessment and the development and implementation of a structured behavioral intervention plan.

Behavioral Therapies include remediation, programming, counseling and therapeutic services for participants and their families which have the goal of decreasing or modifying the participant's significant maladaptive behaviors or cognitive disorders that are not covered under the Medicaid State Plan. These services consist of the following elements: Individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law.), services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness, individual activity therapies that are not primarily recreational or diversionary, family counseling (the primary purpose of which treatment of the individual's condition) and diagnostic services.

2.0 SERVICE GOAL

- 2.1 The goal of cognitive services is to improve the participant's condition and functional level and/or to prevent regression or hospitalization.
- 2.2 This service is NOT intended to meet the needs of those participants who present at risk for self harm, life threatening risk, a danger to others or exhibit a severe psychiatric disorder. These individuals should be referred for a higher level of care.


3.0 SERVICE UNIT

- 3.1 There are two (2) units of service for cognitive services.
- 3.1.1 Assessment – this is a one-time reimbursement and includes participant consultation and the development of a structured behavioral plan.
- 3.1.2 Therapy – this is a fifteen (15) minute unit of service

4.0 SERVICE AREA

- 4.1 Providers of cognitive services are permitted to serve sub-areas of the state.



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5.0 SERVICE LOCATION

- 5.1 Cognitive services are generally provided to participants in the professional's office setting. These services may be provided at a participant's residence or in other locations based on the needs of the participant.

6.0 SERVICE DESCRIPTION


- 6.1 Cognitive services must be prior-authorized by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).
- 6.2 Cognitive services can be provided by an individual, an agency or a consortium of providers. An individual provider must be a Physician, Psychologist, Neuropsychologist, Registered Nurse, Licensed Clinical Social Worker, or Family Counselor. An agency or consortium of providers must include one or more of the following: Physician; Psychologist; Neuropsychologist; Registered Nurse; Licensed Clinical Social Worker; or Family Counselor. An agency or consortium must designate a primary therapist for each participant. The primary therapist must be a masters-level (or higher) mental health professional such as master's prepared Registered Nurse (RN) or a Licensed Clinical Social Worker (LCSW).
- 6.3 If services are provided to members of a participant's family, the services must be for the purposes of assisting the family in implementing the plan of care, implementing a behavioral intervention plan, or for the direct benefit of the recipient. For purposes of this service, "family" is defined as the person(s) who live with or provide care to a waiver participant and may include a parent, spouse, children, relative, or in-laws.

7.0 SERVICE STANDARDS

7.1 Service Standards - General:

- 7.1.1 The provider must comply with all applicable Federal, State, and local rules, regulations, and laws applying to the provision of the service.
- 7.1.2 The provider must not enter into any subcontracts for any portion of the coordination of services covered by this contract without obtaining prior written approval from DSAAPD.
- 7.1.3 The provider must have at least one-year of experience in the field of assessment and management of behavioral and cognitive problems, including those that may be exhibited by an individual with brain injury.
- 7.1.4 All staff providing the service must be qualified and the provider must have a written job description for each job category and written personnel policies.
- 7.1.5 The provider must develop and maintain policies and procedures for the delivery of cognitive services. These policies must have a statement of beliefs and guiding principles.




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- 7.1.6 The provider must identify a primary therapist for each participant to hold primary responsibility for the case.
- 7.1.7 The cognitive services provider must notify DSAAPD if services are not started within ten (10) calendar days of referral.
- 7.1.8 The provider must notify the participant of any change in schedule, or interruption of service.
- 7.1.9 The provider must keep DSAAPD informed of all service delivery concerns including consistently missed appointments, inability to locate the participant, and escalation of problems that threaten the safe continuation of that participant's service plan.
- 7.1.10 The provider must be willing to attend meetings as requested by DSAAPD.
- 7.1.11 The provider, with the participant's permission, must consult with the participant's other Waiver service providers, when needed.
- 7.1.12 The provider must ensure access to authorized representatives of Delaware Health and Social Services and/or CMS to the participant's case files and medical records.
- 7.1.13 The provider must inform DSAAPD of other potential payers of cognitive services.
- 7.1.14 The provider must maintain the participant's right of privacy and confidentiality.
- 7.1.15 The provider must comply with DSAAPD quality assurance initiatives related to this program.
- 7.1.16 The provider must establish a system through which participants may present grievances/complaints about the operation of the service.
- 7.1.17 The provider must make a reasonable effort to confer with DSAAPD to resolve problems that threaten the continuity of a participant's service. Any decision to terminate service must be discussed first with DSAAPD and then the participant before action is taken. DSAAPD and the participant must be notified in writing not less than fourteen (14) calendar days in advance of the provider's intent to terminate a participant who continues to be eligible for Long Term Care Medicaid services. The letter must include reasons for termination and steps taken by the provider to resolve problems prior to termination.
- 7.1.18 The provider must give DSAAPD thirty (30) days written notice if terminating five (5) or more participants at a given time.


7.2 Service Standards – Multi-Disciplinary Assessments:

- 7.2.1 The provider must establish contact with the participant to begin the assessment within five (5) calendar days of referral.

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- 7.2.2 The provider's assigned primary therapist is responsible for assessing the participant and establishing a structured behavioral intervention (SBI) plan based on the assessment.
- 7.2.3 The provider must utilize a thorough assessment process that identifies: the participant's strengths, needs, problems, and where possible, the cause of the problems.
- 7.2.4 The provider must furnish DSAAPD with a written assessment report within ten (10) working days of assessment completion. The report must identify assessment methodologies (including any tests administered), describe findings, and identify services that would benefit the participant. Assessment findings must also be presented to the participant and/or family in a manner that is understandable to them.
- 7.2.5 The provider must develop the SBI plan addressing the problems and preferences of the participant and family within ten (10) working days of presenting the assessment to DSAAPD, the participant, and/or family.
- 7.2.6 The SBI plan must consider specific participant goals/outcomes and objectives. The objectives must be measurable and contain a projected completion date.
- 7.3 Service Standards – Behavioral Therapy:**
- 7.3.1 Behavioral Therapy counseling must:
- 7.3.1.1 Be provided in accordance with the developed SBI plan.
- 7.3.1.2 Be time limited and focused on specific objectives identified in the SBI plan.
- 7.3.1.3 Be designed to help a participant resolve personal issues or interpersonal problems which require intervention, such as those issues or problems resulting from an acquired brain injury (ABI).
- 7.3.1.4 Assist family member(s) in implementing a participant's plan of care, when appropriate.
- 7.3.1.5 Include building and maintaining healthy relationships, developing social skills and/or developing coping skills
- 7.3.1.6 Increase a participant's knowledge and awareness of the effects of his/her physical and/or cognitive deficits
- 7.3.1.7 Provide regular contacts and meetings with participants and their families as specified in the SBI
- 7.3.1.8 Involve discharge planning to include the development of recommendations for the future, and, if needed, referrals to additional community resources.
- 7.3.2 The provider must document all case-related activity in case notes. Case-related activity includes face-to-face contact with participants and/or family members; telephone contact or other communications with the participant, family members and/or outside agencies; and supervision



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and case review. Case notes must indicate:

- 7.3.2.1 the date that the activity was performed
 - 7.3.2.2 the name and title of the staff person performing the activity
 - 7.3.2.3 the amount of time spent on the activity
 - 7.3.2.4 the type of activity provided
 - 7.3.2.5 a summary of the activity provided.
- 7.3.3 The provider must review a participant's SBI plan at least monthly. The review must be documented in case notes. A copy of the review must be forwarded to DSAAPD if there is a significant change or problem that threatens the participant's safety, welfare and/or continuation of services.
- 7.3.4 The provider must communicate and coordinate with allied health professionals and other community based resource providers on behalf of participants, when needed.
- 7.3.5 The provider must have written policies and procedures related to crisis intervention.
- 7.3.6 The provider must furnish DSAAPD with a summary report following an individual's discharge from behavioral therapy. The report must describe the progress that the individual made toward meeting his/her goals.

