

Department of Health and Social Services
Office of the Secretary - Administration, and
Division of Substance Abuse and Mental Health

Business Management Improvement Project
Training: Overview of DSAMH Policies

Overview of DSAMH Policies

As part of the Business Process Improvement Project, this training will provide stakeholders with an "Overview of DSAMH Policies". Following this presentation, you will have a more thorough understanding of:

- Common definitions
- Overview of Delaware state code
- Overview of relevant policies and manuals
- Details of specific policies memorandums



About DocuWare

Delaware Department of Health and Social Services - Division of Substance Abuse & Mental Health (DHSS DSAMH) has implemented a document management and workflow solution in DocuWare to gain better control of processes for submitting, approving and storing invoices.



DHSS

Division of Substance Abuse and Mental Health



DocuWare

- CR, Fixed Rate, Fixed Rate SUDS NARR (1-3), FFS-IMD, FFS-SUD, FFS-PROMISE invoices will be uploaded via FTP to DocuWare and then processed for payment.
- Operational and GSS Invoices will continue to be emailed to the Resource Mailbox and manually uploaded into DocuWare by OSEC staff.

Common Definitions

Fee-for-Service (FFS)

Fixed-Rate

Per Diem Rate

Room and

Board Cost Reimbursement

Delivery-based Payment



Service Examples

| <i>Service Examples</i> | <i>Payment Methodologies</i> | <i>Payable by Medicaid</i> | <i>Payable by DSAMH</i> |
|---|---|-----------------------------------|--------------------------------|
| Community Behavioral Health Outpatient Treatment PROMISE SUDS (ASAM 1.0, 2.0-3.7) IMD* Integrated Housing * | Fee for Service *paid on service per diem rate | x | x |
| Consultant Contracts GSS Operational Invoices | Deliverable Based Payment | | x |
| Transportation NARR (Sober Living) | Fixed Rate | | x |
| Peer Recovery Centers | Cost Reimbursement | | x |

Policy Overview

Delaware State Code <https://delcode.delaware.gov/>

DSAMH Policy Memorandums (PMs)

<https://dhss.delaware.gov/dsamh/policies/ProviderPolicies.html>

DHSS Regulations, Policies, and Guidance

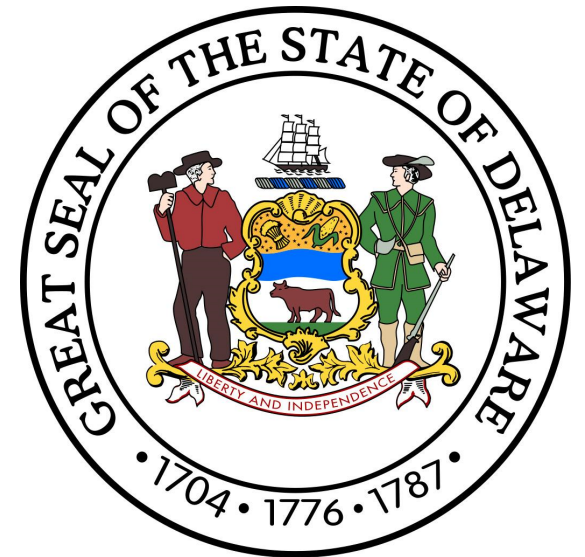
https://dhss.delaware.gov/ddds/ddds_policy_main.html

Procurement Codes (Title 29, Chapter 69)

<http://delcode.delaware.gov/title29/c069/index.shtml>

Budget, Fiscal, Procurement and Contracting Regulations

<https://delcode.delaware.gov/title29/c065/index.html>



Policy Memorandums

PM5 – Client Confidentiality

<http://www.dhss.delaware.gov/dhss/admin/files/pm5.pdf>

- Recognizes client confidentiality and respect of privacy.

PM24 – Safeguarding & Management of Resident/Client funds

<http://www.dhss.delaware.gov/dhss/admin/files/pm24.pdf>

- Establishes guidelines that provide accountability for property and the management, receipt, and disbursement of each resident/client's funds.

PM40 – Criminal Background Check Policy

<http://www.dhss.delaware.gov/dhss/admin/files/pm40.pdf>

- Recognizes that Delaware State Code requires criminal background checks of all individuals seeking work in long term care facilities.

Policy Memorandums

PM46 – Responding to Reportable Incidents/Allegations

http://www.dhss.delaware.gov/dhss/admin/files/DHSSPM/pm_046-8-22-16.pdf

- Recognizes that individuals receiving residential services at the Delaware Psychiatric Center, and/or attend a DHSS funded day program shall be free of abuse, neglect, mistreatment, significant injury and financial exploitation.

PM70 – Inclusion Policy

http://dhss.delaware.gov/dhss/admin/files/PM_70.pdf

- Provides standards for the incorporation of inclusive practices in all State Plans, Federal grants, sub-grants, DHSS services specifications and contracts with vendors originating within DHSS.

Policy Memorandums

Policy Memorandum #7 – Client Service Waiting Lists

<http://www.dhss.delaware.gov/dhss/admin/pm7.html>

Policy Memorandum #13 - DSAMH Discharge from Services

<https://dhss.delaware.gov/dhss/dsamh/files/DSAMH013.pdf>

Policy Memorandum #36 – Standardized Requirements During the Development Phase of Community Based Residential Homes for the DHSS/Division

<http://www.dhss.delaware.gov/dhss/admin/files/pm36.pdf>

Policy Memorandum #55 – Human Subjects Review Board

<http://www.dhss.delaware.gov/dhss/admin/pm55.html>

Policy Memorandum #66 – Reporting Suspected Financial Exploitation of an Elderly Person to DHSS http://dhss.delaware.gov/dhss/admin/files/PM_66.pdf

Budget and Accounting Policies

DE Office of Management and Budget – Budget and Accounting Policy (Procurement) <https://budget.delaware.gov/accounting-manual/documents/chapter05.pdf?ver=0316>

Chapter 5 of the Delaware OMB Budget and Accounting Policy related to procurement creates uniform purchasing policies.



Policy Memorandum 37

PM37 clarifies specific state and federal codes. PM37 is defined by the Department of Health and Social Services (DHSS) and applicable to IMD providers.

<http://www.dhss.delaware.gov/dhss/admin/policy/files/pm37.pdf>



PM37 in Action - Inpatient

Client A is admitted into the IMD

Prior to discharge, the facility administration/business office will provide Client A with a written agreement regarding the full cost of care (Appendix A).

Client A indicates on the agreement that they are unable to pay the full amount and will therefore be asked to submit available documents which show their current income.

APPENDIX A
LETTERHEAD

Patient Name _____ Date: _____

Dear _____,

This is to advise you that the charge for services rendered at (facility) is \$ _____ per day. The patient and/or any persons legally liable under Title 29, Section 7940 of the Delaware Code will be billed for these services.

Please complete and return this form to _____ by _____
Financial Services Rep. (Date)

Check if Applicable:

1. I have the following insurance coverage, which should be billed:

- Blue Cross
- Medicare
- Other Insurance
- Medicaid

Group # _____ Policy # _____
Name of Person Insured _____

2. I will make full payment as billed.

3. I am unable to pay the full amount.

Date _____ Signature _____

If #3 is checked, please submit the following information for our review to determine an appropriate payment based on your ability to pay.

- 1. A copy of your most recent Federal and State Income Tax returns.
- 2. A copy of all W-2 Forms submitted with your tax returns.
- 3. Other documents which show your current income.

You will be notified in writing of our determination. We will be unable to make any adjustments to the amount, which you are required to pay if the information is not submitted.

Thank you for your cooperation.

Sincerely,

PM37 in Action - Inpatient

Complete Ability to Pay Worksheet

Upon receiving the income documentation, the facility administrator will fill out the DHSS Ability to Pay Worksheet (Appendix B).

APPENDIX B

| | |
|---------------------|--------------------|
| PATIENT NAME: | DATE: |
| ADDRESS: | GUARANTOR NAME: |
| ADMISSION DATE: | ADDRESS: |
| INSURANCE COVERAGE: | |
| | PREPARED BY: _____ |
| | APPROVED BY: _____ |

| | | |
|--|-------|----------|
| 1. GROSS INCOME | _____ | |
| LESS: | | |
| 2. STANDARD DEDUCTION | _____ | |
| 3. TAXES WITHHELD | | |
| FICA | _____ | |
| FEDERAL INCOME | _____ | |
| STATE INCOME | _____ | |
| CITY WAGE | _____ | |
| 4. TAX (REFUNDS)/PAYMENTS | _____ | |
| 5. TOTAL DEDUCTIONS (SUM OF LINES 2-4) | | \$ _____ |
| 6. DISPOSABLE INCOME (LINE 1 LESS LINE 5) | | \$ _____ |
| 7. MAXIMUM ANNUAL FEE DUE BASED ON ABILITY TO PAY. (10% OF LINE 6) | | \$ _____ |
| 8. MONTHLY PAYMENT. (LINE 7 DIVIDED BY 12) | | \$ _____ |

PM37 in Action - Inpatient

| | | |
|--|------------------|-------|
| 1. GROSS INCOME | 75,000 | _____ |
| LESS: | | |
| 2. STANDARD DEDUCTION | 32,470 | _____ |
| 3. TAXES WITHHELD | 10,000 | |
| FICA | | _____ |
| FEDERAL INCOME | | _____ |
| STATE INCOME | | _____ |
| CITY WAGE | | _____ |
| 4. TAX (REFUNDS)/PAYMENTS | | _____ |
| 5. TOTAL DEDUCTIONS (SUM OF LINES 2-4) | \$ 42,470 | _____ |
| 6. DISPOSABLE INCOME (LINE 1 LESS LINE 5) | \$32,530 | _____ |
| 7. MAXIMUM ANNUAL FEE DUE BASED ON ABILITY TO PAY. (10% OF LINE 6) | \$3,253 | _____ |
| 8. MONTHLY PAYMENT. (LINE 7 DIVIDED BY 12) | \$271.08 | |

LINE 2. Standard Deduction is shown below, (for families with more than 8 persons, add \$4,720 for each additional person).

| Family/Household Size | Amount | Family/Household Size | Amount |
|-----------------------|----------|-----------------------|--------|
| 1 | \$13,590 | 6 | 37,190 |
| 2 | 18,310 | 7 | 41,910 |
| 3 | 23,030 | 8 | 46,630 |
| 4 | 27,750 | | |
| 5 | 32,470 | | |

PM37 in Action - Inpatient

Notify client of responsibility to pay

Notify client using Appendix C.

APPENDIX C
LETTERHEAD

NAME: _____ DATE: _____

ADDRESS: _____

PATIENT NAME: _____

DEAR _____:

We have reviewed the information which you supplied and have calculated your minimum monthly payment according to Delaware Law 29 Del. C. 7940 and Department of Health and Social Services Policy Memorandum Number 37. You are responsible for a monthly payment of \$ _____ for the services rendered to the above named patient. A copy of our calculation has been enclosed for your benefit. Payments are due by the 20th of the month for the previous month's care.

You have the right to appeal the determination, in writing, to the Appeals Committee stating the substance of the decision being appealed, the facts in support of the appeal, and the relief sought.

Appeals should be submitted to:

Appeals Committee Administrator

(Facility Name)

(Facility Address)

Thank you for your cooperation in this matter.

Sincerely,

Thank you

Thank you for attending!

For any questions, please contact a member of our team:

| | |
|----------------------------|---|
| Michelle Campbell | Deputy Director - OSEC-Admin |
| Michelle Singletary-Twyman | Deputy Director - DSAMH |
| Mequoria Bowden | Chief of Administration - OSEC |
| Kris McCusker | Social Service Chief Administrator - OSEC |
| Jena Carter | Administrator Financial Determination Sec |

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