# *Request for Information*

# Assisted Living Facilities interested in piloting specialized services for complex populations diverting or transitioning from state psychiatric hospitals

Or

# Entities interested in developing Enhanced Services Facilities for complex populations diverting or transitioning from state psychiatric hospitals

Or

# Nursing Facilities with Expanded Community Services Plus and Respite or interested in piloting specialized services for complex populations diverting or transitioning from state psychiatric hospitals

# November 2017

STATE OF WASHINGTON

## DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## AGING AND LONG TERM SUPPORT ADMINISTRATION (ALTSA)

## DIVISION OF HOME AND COMMUNITY SERVICES (HCS)

### Blake Office Park West, 4450 10th Avenue SE • PO Box 45405 • Lacey WA 98503

# **PURPOSE**

The purpose of this Request for Information (RFI) is to solicit details regarding interest, capacity, and geographic locations from skilled nursing, assisted living, or other providers interested in developing specialized programs to serve people moving or diverting from state hospitals who fit into one of the populations described below:

### Younger adults, up to age 55 years old, who have unmet/partially met needs for personal care assistance and behavioral challenges related to chronic behavioral health issues, such as substance abuse or chronic mental illness, that compromise their ability to return to or remain in community-based settings;

### Adults of any age with neurological or cognitive issues such as Huntington’s Disease, Traumatic Brain Injury, or signs of Developmental Disabilities, and because of the cognitive issues, the individuals require a structured program design and consistent frequent reminders to maintain safety and/or complete activities of daily living;

### Older adults diagnosed with dementia or dementia and mental health conditions who have complex personal care and/or medical needs and whose behaviors related to dementia compromise their ability to respond to caregiving support.

The programs developed for serving the identified population will fit into one of the three following options:

## Adding a pilot contract to a facility licensed as or converting to an Assisted Living Facility (ALF) that provides supports to an identified population(s); or

## Development of a licensed Enhanced Services Facility (ESF); or

## Adding an Expanded Community Services (ECS) Plus and Respite addendum or another specialty contract to a current Nursing Facility (NF) contract.

Specifically, this RFI seeks to gain the following information from the NF, licensed assisted living, residential and/or behavioral health provider community:

## Which Assisted Living Facility or other larger residential setting providers have capacity and interest in specializing in services and supports for one or more of the identified populations;

## Which providers in communities that do not have an Enhanced Services Facility (ESF) have interest and capacity to develop an ESF;

## Which interested NF providers that have a current ECS contract have the capacity to include specialized contracts such as an addendum for the NF ECS Plus and Respite to their Medicaid nursing services ECS contract.

# **BACKGROUND**

Washington State has a continued need to develop an array of supports and services that provide options for people with complicated personal care and behavioral challenges. The particular populations ALTSA is seeking to address in this RFI are those who are moving or diverting from state hospitals and have challenges to community placement because of a constellation of factors. ALTSA is currently focusing on developing larger residential resources for the following populations:

### Younger adults, up to age 55 years old, who have unmet/partially met needs for personal care assistance and behavioral challenges related to chronic behavioral health issues, such as substance abuse or chronic mental illness, that compromise their ability to return to or remain in community-based settings;

### Adults of any age with neurological or cognitive issues such as Huntington’s Disease, Traumatic Brain Injury, or signs of Developmental Disabilities, and because of the cognitive issues, the individuals require a structured program design and consistent frequent reminders to maintain safety and/or complete activities of daily living;

### Older adults diagnosed with dementia or dementia and mental health conditions who have complex personal care and/or medical needs and whose behaviors related to dementia compromise their ability to respond to caregiving support.

ESFs and ECS Plus/ECS Respite in NFs are two of the resource options that ALTSA hopes to expand in its support of successful and sustainable transitions or diversions from state hospitals into the community.

In addition, ALTSA is interested in working with providers of assisted living services to develop additional capacity for serving specialized populations in larger settings in the community. ALTSA will also consider responses from nursing facilities that are interested in converting all or part of a facility into an ALF that could address the services outlined in this RFI or is interested in devoting a wing or portion of its nursing home to address the services outlined in this RFI. The goal is to develop resources that can support people within a structured setting with a contract that provides enhanced personal care, positive behavior support and nursing within the setting. ALTSA is seeking information from interested providers and may develop pilot contracts with providers who have the capacity to develop programs that support specific specialized populations.

For more information on the three program structures pertinent to this RFI, please review the following:

## ALTSA is seeking information and responses from providers who have the capacity to develop specialized supports and services in a larger residential or nursing home setting. ALTSA may develop one or more pilot contracts within an ALF or nursing home setting that support one or more of the identified populations.

## Information and links about the requirements of an Enhanced Services Facility can be found in the 2017 Enhanced Services Facility Fact Sheet which is included as Attachment B.

## Information about the scope of services in an ECS Plus or Respite NF contract addendum can be found in Attachment C.

# **PROJECT SCOPE**

ALTSA aims to develop an array of resources across the state, in a variety of larger residential settings, with varied levels of support depending on the structure of the settings developed.

# **CONSIDERATIONS RELATED TO DEVELOPMENT OF A NEW PILOT CONTRACT ADDENDUM FOR SERVICES AND SUPPORTS IN AN ASSISTED LIVING FACILITY:**

## Any contract developed through this process must be affiliated with an ALTSA licensed setting capable of serving 12 individuals or more who qualify for the services.

## Contracts may be developed specific to a particular population or a particular provider.

## Rates will depend on the services and supports developed through a contract that will be negotiated with ALTSA and may vary according to the population served and services agreed upon. Contract elements may address but not necessarily be limited to the following considerations:

## Staffing Model

## Providing meaningful activities and community integration (to include transportation)

## Medication monitoring for psychotropic medications

## Training plan for caregiving and professional staff

# **DEFINITION AND PERTINENT PROGRAM ELEMENTS OF ENHANCED SERVICES FACILITIES**

## Definitions

### “Enhanced Services Facility (ESF)” means a facility that is licensed by DSHS Aging and Long-Term Support Administration to provide personal care and behavior support services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the department to be inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues. Note that an enhanced services facility is not an evaluation and treatment facility certified under Chapter 71.05 RCW.

## Pertinent Elements of an Enhanced Services Facility include:

### Facility specifications as found in the Licensing WACs

### Single occupancy rooms

### Not attached to a NF or another facility considered by Centers for Medicare and Medicaid to be an institution

### Staffing Requirements that include:

#### Nursing coverage 24 hours per day

#### Mental Health Professional on duty 8 hours day

#### Staffing ratio of 1 staff to 4 residents, with additional staffing requirements if the ESF serves residents who are deemed to be medically fragile

#### Two staff in facility at all times

##### Services that include both personal care and behavior support provided by ESF staff

##### No more than 16 residents served in the facility

##### Additional hours of training required of ESF staff

##### A rate of $425/day

# **DEFINITION AND PERTINENT PROGRAM ELEMENTS OF EXPANDED COMMUNITY SERVICES PLUS AND RESPITE IN NURSING FACILITIES**

## Definitions

### “ECS Plus” means a level of behavior support services that includes dedicated staffing and availability of daily behavior support, consultation and training in a skilled nursing environment.

### “ECS Respite” means a short-term medically based NF placement as an intervention for ECS or Specialized Behavior Supports (SBS) residential clients experiencing an escalation in behavioral challenges that does not fit the definition for mental health voluntary or involuntary detention but that jeopardizes the ECS/SBS client’s residential placement as determined by HCS.

#### ECS Respite services are intended to be available to ECS/SBS residential clients on a short-term basis. The length of stay in the ECS Respite bed will be 20 days or less for any particular episode of service for any particular ECS/SBS residential client unless an exception is provided by the HCS Field Services Administrator or his/her designee.

#### Preadmission Screening and Resident Review (PASRR) means: a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

### “Specialized Behavior Support (SBS) client” means an individual who is enrolled in the Residential Supports Waiver and who is residing in an SBS contracted Adult Family Home (AFH) or transitioning into an SBS contracted AFH.

## Pertinent Elements of the ECS Plus and Respite contract include:

### Behavior support provided to ECS Plus or ECS Respite clients through the contract

### Caregiving staff dedicated to ECS Plus clients

### Training specific to behavior support needs required of ECS Plus dedicated staff

### An add-on rate to bring total Medicaid rate to $425/day per NF Plus or Respite client

### Limit of 4 slots for ECS Plus or Respite available to any contracted NF unless otherwise approved by DSHS

### The intended recipients of this service are people moving from or diverting from state hospitals or individuals currently served in residential settings who need short term NF and behavior support services in order to maintain their community living situation

# **ABOUT ALTSA**

The Aging and Long-Term Support Administration (ALTSA) provides supports to people with functional impairments due to age, physical or cognitive limitations and their families to obtain quality services and maximize independence, choice and quality of life.  ALTSA is responsible for protecting the rights, security and well-being of individuals living in licensed or certified care settings and the protection of vulnerable adults from abuse, neglect, abandonment and exploitation.

# **ADMINISTRATIVE REQUIREMENTS**

This RFI serves as a notice of potential provider opportunity and is the first step in a multi-step process in the development of any particular service. Participation in this RFI is voluntary and will not result in the award of a contract. ALTSA also reserves the right not to issue a formal solicitation for services as the result of this RFI.

# **PROVIDER RESPONSE**

Interested parties should respond by sending a completed Provider Response form as an attachment in an email to the RFI Coordinator at the email address indicated in the RFI Coordinator section below.

Questions related to this RFI should be submitted by email to the RFI Coordinator using the contact information indicated in the RFI Coordinator section below by **December 22, 2017**. Answers to the questions will be emailed to all RFI responders no later than **January 5, 2018**.

Providing a response to this RFI does not guarantee that a contract will be issued.

ALTSA will review responses or inquiries as they are received and reserves the right to begin discussions with interested providers at any time. All response received before **January 19, 2018** will be guaranteed of review and a reply from ALTSA. Responses received after that date will be reviewed as needed.

Please see ***Attachment A: Provider Response***.

# **RFI COORDINATOR**

RFI questions and submittal of the Provider Response are to be emailed to:

Traci Adair, Resource Support and Development Unit Manager

Aging and Long Term Support Administration

Home and Community Services Email: [adairt@dshs.wa.gov](mailto:adairt@dshs.wa.gov) Phone: 206-341-7653

# **COST OF RESPONSE PREPARATION**

ALTSA will not reimburse providers for any costs associated with preparing a response to this RFI.

# **AMENDMENTS**

ALTSA reserves the right to change the RFI timeline or other portions of this RFI at any time.

**PROVIDER RESPONSE**

Attachment A

**Please indicate which of the three options your response will address:**

1. **Interest in a pilot service in an ALF or NF**
2. **Development of an Enhanced Services Facility (ESF) in accordance with the current ESF Contract and WAC 388-107**
3. **An Expanded Community Services Plus and Respite Contract in an Skilled Nursing Facility**

**Provide a brief answer to each of the questions within that category of service. If you are interested in more than one option, please provide a separate set of answers for each option within your interest.**

**Send your response(s) in a Word or PDF document as an attachment to an email to:** [**adairt@dshs.wa.gov**](mailto:adairt@dshs.wa.gov)**. Responses will be reviewed on an ongoing basis. Responses received before the close of business on January 19, 2018 are guaranteed a response from ALTSA.**

1. **For interest in specialized ALF or other large residential or nursing facility development:**
2. In what county is the facility that you propose to use for this pilot located?
3. The types of services and supports needed to support people discharging or diverting from a state or local psychiatric hospital will vary depending on the population a particular provider chooses to serve. What population(s) do you propose to serve through this pilot?
4. What is your history and experience of serving the population you propose to serve?
5. Please describe the services and supports you are proposing for the population of interest. The response must address the following:
   1. Description of proposed staffing model and how it addresses the needs of the population;
   2. How the program will provide opportunities for individuals to experience meaningful activities and community integration; include description of how transportation will be addressed in the program model;
   3. Description of how the program will address medication monitoring for psychotropic medications;
   4. Description of training plan for caregiving and professional staff in order to support the provider’s capacity for serving a particular population;
   5. How your facility model or program design support the services you expect to provide.
6. Based on the information you have provided about the services and supports you are proposing for the population of interest, please estimate a rate you feel would adequately cover the costs of your program. In addition, provide all calculations showing how you arrived at this rate, specifying the cost components of the services and supports you are proposing.
7. **For interest in Enhanced Services Facility (ESF) development:**
   1. Name of Agency or Entity interested in developing an Enhanced Services Facility, including name, email and phone number of the most appropriate person to contact.
   2. In what county are you interested in developing an Enhanced Services Facility?
   3. Do you currently own or lease a building you are considering using to house the Enhanced Services Facility? If not, do you have a building identified to house the Enhanced Services Facility?
   4. Briefly describe how you plan to support the capital costs associated with developing an Enhanced Services Facility. For example, does your interest in an Enhanced Services Facility depend upon availability of grant funding, loans, or other sources of support?
   5. If you currently have a facility licensed by Department of Social and Health Services or the Department of Health that you intend to convert to an Enhanced Services Facility, please address the following:
   6. What license does the facility currently operate under?
   7. Please briefly explain how the facility meets the specifications outlined in the Licensing WACs.
   8. If the facility does not meet the licensing WAC considerations, please provide a brief explanation of what prohibits the facility from meeting the requirements.
   9. Briefly describe the experience the entity that will operate the proposed Enhanced Services Facility has in providing personal care to individuals with highly complex personal care and behavioral challenges.
   10. Please share anything else you want us to consider in terms of your interest and/or capacity for developing an Enhanced Services Facility.
8. **For SNFs with a current ECS Contract interested in the ECS Plus and ECS Respite addendum to the NF ECS Contract:**
   1. Name of NF interested in adding the Expanded Community Service Plus and Expanded Community Service Respite addendum to their Medicaid contract, including name, title, email and phone number for the most appropriate person to contact.
   2. Is your NF owned by a parent company? If so, please provide the name. Also, please provide the names and locations of your partner NFs in Washington.
   3. In what county is the facility that you propose to use for this ECS Plus and ECS Respite addendum located?
   4. Please briefly describe your capacity to meet the ECS Plus and ECS Respite service elements as outlined in Addendum C of this RFI.
   5. Please share anything else you want us to consider in terms of your interest and/or capacity for adding ECS Plus and ECS Respite services in your NF.

**For Questions, please contact:**

Traci Adair, Resource Support and Development Unit Manager, Aging and Long Term Support Administration/Home and Community Service, Email: [adairt@dshs.wa.gov](mailto:adairt@dshs.wa.gov), Phone: 206-341-7653

Attachment B

Fact Sheet: Programs and Initiatives

Enhanced Services Facilities

|  |  |
| --- | --- |
| **Overview** | The Washington State Legislature developed Enhanced Services Facilities (ESF) in order to provide a community placement option for individuals whose complicated personal care and behavioral challenges do not rise to a level that requires an institutional setting. Rather than extended and unnecessary stays in State Hospitals for residents who are not eligible for inpatient psychiatric treatment, residents who have been assessed as discharge-ready can be placed in an ESF.  The Legislature authorized the Aging and Long-Term Support Administration to develop this new category of licensed residential facilities under Chapter 70.97 RCW. ESFs will support moves from state hospitals for people who are ready for discharge but would not otherwise have a community placement without this level of service.  Enhanced Services Facilities use staffing ratios and behavioral and environmental interventions to serve individuals who are no longer receiving active treatment at a state psychiatric hospital. These facilities offer behavioral health, personal care services and nursing, a combination that is not generally provided in other licensed long-term care settings. |
| **Eligibility Requirements** | The general eligibility requirements for ESF residents are individuals who are at least eighteen years old and require daily care by, or under the supervision of, a mental health professional, chemical dependency professional, or nurse; or assistance with three or more activities of daily living.  In addition to the requirements above, the individual must have a mental disorder and/or chemical dependency disorder, organic or traumatic brain injury, or cognitive impairment that results in symptoms or behaviors requiring supervision and facility services.  Eligible individuals are those who do not meet the requirements for active treatment at a state hospital, but have not found appropriate placement in other community settings due to: self-endangering behaviors that are frequent or difficult to manage; intrusive behaviors that put residents or staff at risk; complex medication needs which include psychotropic medications; a history of, or likelihood of, unsuccessful placements in other licensed facilities; a history of frequent or protracted mental health hospitalizations; and/or a history of offenses against a person or felony offenses that created substantial damage to property. |
| **Authority** | Facilities are regulated by Residential Care Services under [RCW 70.97](http://apps.leg.wa.gov/rcw/default.aspx?cite=70.97), [Chapter 388-107](http://apps.leg.wa.gov/wac/default.aspx?cite=388-107) and [Chapter 388-113 WAC](http://apps.leg.wa.gov/wac/default.aspx?cite=388-113). Parts of Chapters [70.96A](http://apps.leg.wa.gov/rcw/default.aspx?cite=70.96A), [71.05](http://apps.leg.wa.gov/rcw/default.aspx?cite=71.05), [10.77](http://apps.leg.wa.gov/rcw/default.aspx?cite=10.77), [11.88](http://apps.leg.wa.gov/rcw/default.aspx?cite=11.88) RCW and [Chapter 388-112 WAC](http://apps.leg.wa.gov/wac/default.aspx?cite=388-112) also apply to ESFs. |
| **Budget** | Regulation of this program is supported by state funds as well as facility licensing fees. ESF residents can be either Medicaid-supported or private pay.  FY17 Allotment: $3.76 million |
| **Rates** | The Department is authorized to establish license fees sufficient to cover the cost of licensing and enforcement of ESFs. |
| **Partners** | Western State Hospital  Eastern State Hospital  Department of Health Construction Review Services  State Fire Marshal’s Office  Long-Term Care Ombuds Program |
| **Oversight** | Residential Care Services is authorized to license and regulate ESFs in accordance with Chapter 70.97 WAC and other applicable WAC.  Department of Health Construction Review Services reviews facilities for compliance with rules as they relate to structural safety prior to licensing and when providers make changes to the building.  The State Fire Marshal’s Office inspects each facility on an annual basis in accordance with the fire life safety code. |

Attachment B

Attachment C

**AMENDMENT ADDING EXPANDED COMMUNITY SERVICES (ECS) PLUS AND ECS RESPITE**

The following ECS Plus and ECS Respite Terms and Conditions are added to this Nursing Facility Services Contract:

# **Definitions**:

## ECS Plus means: A level of behavior support services that includes dedicated staffing and availability of daily behavior support, consultation and training in a skilled nursing environment.

## ECS Program Staff means: A staff position or contracted provider available to give behavior support to residents designated as ECS, ECS Plus or ECS Respite who provides training and consultation to Contractor’s staff and develops and implements individualized behavior support plans for residents designated as ECS, ECS Plus, or ECS Respite

## ECS Respite means: A short-term medically based NF placement as an intervention for ECS or SBS residential clients experiencing an escalation in behavioral challenges that does not fit the definition for mental health voluntary or involuntary detention but that jeopardizes the ECS client’s residential placement as determined by HCS.

### ECS Respite services are intended to be available to ECS/SBS residential clients on a short-term basis. The length of stay in the ECS Respite bed will be 20 days or less for any particular episode of service for any particular ECS residential client unless an exception is provided by the HCS Field Services Administrator or his/her designee.

## Preadmission Screening and Resident Review (PASRR) means: a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

# **ECS Respite**:

## The purpose of this level of care is to provide a short-term medically based intervention for individuals experiencing escalation in behavioral challenges. These behavioral challenges do not fit the definition for mental health voluntary or involuntary detention but the intensity of which may jeopardize the safety of the individual or the other residents as determined by HCS.

## Unless otherwise approved by Home and Community Services, in order to be authorized by Aging and Long-Term Support Administration (ALTSA), Home and Community Services (HCS) to receive services in a short-term ECS Respite bed, an individual must meet the following criteria:

### living in an ALTSA contracted residential setting, and that placement is in imminent jeopardy due to an escalation of behaviors;

### has been authorized for and received at least one episode of behavior support services under the DSHS Contract for waiver ECS Behavior Support/Client Support Training contract and the ECS Behavior Support Team has explored all

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### options and made good faith attempts to support the provider and the individual in maintaining the community placement;

### the current residential provider has stated a good-faith willingness to the HCS Field Services Administrator or designee to accept the individual back into the facility after the stay at the ECS Respite bed;

### approved for ECS Respite by Home and Community Services prior to placement in the ECS Respite bed.

## During the Respite stay, the Contractor will provide the following services to the individual designated as an ECS Respite client:

### Facilitate the Pre-Admission Screening and Resident Review (PASRR) process as needed based on the following information:

#### In accordance with WAC 388-97-1910-2000 and 42 CFR 483.100-138, if the Level 1 PASRR indicates the individual will be completing a respite stay and meets criteria for a categorical determination, the Division of Developmental Disabilities Administration or Behavioral Health Administration PASRR assessor/contractor will be notified by the entity completing the PASRR Level l. The assessor/contractor will approve the categorical determination and monitor the individuals stay. If it is later determined the individual will be remaining in the nursing facility beyond the respite period, the assessor/contractor will complete a full Level II assessment.

### Review and reconcile all medications by or in coordination with the ECS appointed prescriber within the first days after admitting an individual as an ECS Respite client and continue management of psychiatric medications through the ECS respite stay;

### Provide a medical exam within the first three days after admitting an individual as an ECS Respite client to determine whether there are physiological contributors to the behavioral issues;

### Coordinate psychiatric services with a local community mental health agency and schedule an intake as needed;

### Daily behavior support provided to the individual during the respite stay following the client’s ECS Behavior Support Plan;

### Development of Community Integration Plan to support the individual’s return to the community placement to include:

#### Coordination of the Comprehensive Assessment Reporting Evaluation (CARE) assessment and discharge planning with the local HCS office;

#### Collaboration with other local resources to support the individual’s return to the community placement; and

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#### Behavior consultation, training, and technical assistance related to the behaviors that precipitated the need for the ECS Respite services provided to the residential staff prior to the individual returning to the community placement.

### If the current residential or community provider is not able to accept the client back to the community placement, the Contractor must work with HCS to establish an alternate discharge option in order to support the client returning to a less restrictive alternative as soon as possible, unless HCS determines that nursing facility level of care is the most appropriate option for the client at the time that the ECS Respite period has ended.

# **ECS Plus**:

## The purpose of the ECS Plus component of this Contract is to provide capacity for serving individuals who need a level of behavior support that exceeds that available through the ECS services funded in the original contract.

## In addition to the services provided through the ECS NF Contract to which this amendment is attached, the Contractor will provide ECS Plus level of care to residents who are identified by ALTSA as ECS Plus.

## ECS Plus Staff Requirements: The individual or individuals designated as fulfilling this requirement must meet the following professional qualifications:

### Be certified as Geriatric Mental Health Specialists, psychiatric nurses, or mental health professionals or board certified behavior analysts with at least two (2) years’ experience in working with adults who have exceptional long-term care needs due to a combination of medical and behavioral issues.

#### Program staff with at least a bachelor’s degree in a related field who are working toward becoming mental health professionals may provide services under supervision of a mental health professional.

#### An exception to the qualifications may be approved by the HCS program staff after review.

## Through this ECS Plus contract amendment, the Contractor will provide the following:

### The services and supports provided through the ECS Contract; and

### Upon the admission of the first resident authorized by HCS as ECS Plus:

#### a position on staff or by contract that provides access on a daily basis to on-site consultation, behavior intervention and supports at times appropriate to ECS Plus and ECS clients’ needs, with access seven days per week to on-call support as needed. The position will be a part of the ECS Team and can serve as the ECS program staff indicated in the body of this Contract;

#### One Certified Nurse Assistant (CNA) or more per shift based on client need,

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#### seven days per week dedicated to the ECS and ECS Plus group of residents;

### A crisis prevention and intervention protocol established by the ECS Team or as coordinated through local agreements with crisis responders that ensures the capacity for 24/7 on-site response and support with the intention of de-escalating any ECS or ECS Plus resident who is experiencing a behavioral crisis so that his/her placement is maintained.

## The CNA staff dedicated to the ECS Plus program must participate in focused training related to the behavioral support issues. A minimum of 10 of the 12 hours of continuing education that are required in Chapter 388-112 WAC must be relevant to the needs of the ECS and ECS Plus clients. The training can be provided through in-service or other methods. Training content, calendar, and staff participation must be documented.

## The facility’s designated ECS Team must meet to review each ECS Plus resident’s individualized behavior support plans and facility care plans at least twice a month and make adjustments to these plans as needed to ensure the stability and to review the individual’s need for the level of services expected through this Contract.

### HCS reserves the right to change the authorization of any client from ECS Respite to ECS or ECS Plus and any ECS Plus resident to the ECS level of care.

# **Payment**:

## The number of beds available for ECS Plus and ECS Respite will be limited to four (4) at any given time unless otherwise approved by a Home and Community Services headquarters program staff.

## When an individual who is referred to the Contractor moves into the bed designated as ECS Respite, the Contractor will receive the ECS Plus daily add-on rate for the days the bed is filled by the ECS Respite client for up to 20 days.

## ECS Plus and ECS Respite clients receive a rate add-on to the daily nursing home Medicaid direct care component rate. Payment of the add-on is made through the Medicaid Management Information System (MMIS) under Class Code designations that will be provided to the facility.

### ECS Respite services can be authorized for up to 20 days;

### If an individual on ECS Respite does not leave the facility by the 15th day and there is not a clear plan of discharge, the Contractor must notify the HCS Field Services Administrator or designee. The HCS office has authority to approve up to 20 additional days. There will be no additional days of authorization after the second round of approval.

### If the individual does not discharge after the allowed number of days on ECS Respite, the HCS Field Services Administrator or designee will indicate into which Class Code the facility should transfer the client.

### Payment for those clients designated ECS Plus will be authorized for each ECS Plus client until the HCS Field Services Administrator or designee closes the authorization.

## Contractor shall receive a separate payment for each eligible ECS Plus or ECS Respite client. The Contractor shall expend the additional funds for ECS Plus or ECS Respite clients solely on staff or programs that enhance the provision of care to ECS clients as outlined in this Contract. All services and supports provided through this Contract amendment will be supported by the ECS Plus or ECS Respite add-on.

# All other terms and conditions of this Contract remain in full force and effect.