

Addendum SPC 711: Residential Care Apartment Complex

Lakeland Care District (LCD) members receiving Residential Care Apartment Complex (RCAC) services shall have an identified outcome that necessitates the provision of RCAC services to support this outcome.

The provision of contracted, authorized, and provided RCAC services shall be in compliance with the provision of this agreement and the service descriptions and requirements of this section and state certification criteria.

The provision of Supportive Home Care, Personal Care and Daily Living Skill Training services within a RCAC shall be provided under the provision and certification of the RCAC and shall not be billable under any other service addendum.

Definitions

Residential care apartment complexes (RCAC) are services provided in a homelike, community-based setting where 5 or more adults reside in their own living units that are separate and distinct from each other. Persons who reside in the facility also receive the following services: supportive services (e.g., laundry, house cleaning), personal assistance (e.g. personal care), nursing services (e.g., wound care, medication management), and assistance in the event of an emergency (e.g., PERS and response) *(as defined in Wisconsin's s. 1915 (c) home and community-based waiver services waivers #0367.90 and #0368.90 required under s. 46.281(1)(c), Wis. Stats.)*.

Standards, Training, and Competency

Standard

Provider agrees to uphold all regulatory requirements within HFS 89.

Provider agrees to retain applicable certification in good standing during contract period.

Evidence of certification in good standing will be monitored by LCD based on compliance with the following requirements:

1. Provider reports to LCD within 3 business days of visit by Department of Quality Assurance (DQA) whether citations are issued or no citations are issued.
2. Provider supplies LCD with copy of applicable plan of improvement submitted to the DQA.
 - a. Plan of improvement must demonstrate a systematic change in practices that is reasonably expected to result in an ongoing correction of identified violations.
 - b. LCD reserves the right to require additional plan(s) of improvement from providers as it adheres to this agreement and/or applicable certification standards. Providers must update the Quality Specialist and Provider Network Specialist when provider appeals the Statement of Deficiency (SOD) from DQA.

Training

Providers shall train all staff in accordance with HFS 89 and any other applicable laws, rules and statutes.

1. Provider agency's recording and reporting requirements for documentation of services, critical incident and emergency protocol, handling of complaints, and other procedures and information from the Provider deemed necessary to ensure the safe and appropriate provision of service.

2. Training on the population being served.
3. Training on the provision of the services being provided.
4. Training on the needs, strengths, and preferences of the individual(s) being served.
5. Training of rights and confidentiality of individuals supported.
6. Information and Provider procedure for adherence to the following LCD policies:
 - a. Critical Incident Reporting
 - b. Restraint and Seclusion Policy and Procedure
 - c. Communication Expectations

Competency

Provider shall ensure competency of RCAC staff. Competency shall include assurance of the general skills and abilities necessary to perform assigned tasks.

Staff to Member Ratio

The RCAC staff to member ratio shall be in accordance with HFS 89 and any certification requirements to ensure residents' health and safety needs are met. Facility shall be adequately staffed to meet the needs (both identified and unscheduled) of residents as defined in their assessments and individual service plans.

Collaboration and Coordination of Care

Through the use of the Resource Allocation Decision method (RAD), the LCD interdisciplinary team (IDT) staff shall assess the member's needs and outcomes to determine the necessity of RCAC placement. Prior to admitting a member into a Facility:

1. The IDT staff will make a referral to the Facility for an assessment. At this time the IDT staff will share any information, assessment data and/or historical data to assist the Facility with their assessment and development of their care plan; the IDT staff will inform the Facility of specific health and safety needs to be addressed.
2. Prior to authorization of services and the member moving, the IDT staff and the Facility will review the Facility's assessment and care plan.
3. Within 30 days of admission into the Facility, the IDT staff will meet with the Facility manager to review the final assessment and care plan.

Facility Communication Responsibilities:

Managing routine care as well as emergencies of members:

1. Facility staff will first follow their own established in-house protocol.
2. Facility staff will then inform the IDT of *any member circumstance that would warrant family or physician notification* including the following:
 - a. Changes in:
 - Condition (medical, behavioral, mental)
 - Medications, treatments, or MD order
 - Falls (with or without injury)
 - Urgent Care, Emergency Room or Hospitalization
 - Death: anticipated or unexpected
 - Any other circumstances warranting the completion of a facility incident or event report
 - b. Communication/Coordination—facility staff will collaborate with IDT staff regarding:
 - Initial and 6-month Care Conferences
 - MD and other appointments, or need for specialist or ancillary service provider

- Medical Equipment or Supplies
- Hospice referrals
- Transition difficulty, discharge planning

Documentation

Providers shall comply with documentation as required by state certification and this agreement. Each member shall have a written plan of care that addresses each area of service need being provided. A copy of this care plan shall be provided to LCD IDT staff upon request.

Billable Units

LCD agrees to reimburse provider for authorized services at daily rates as outlined in the Rates and Service Codes Chart of the contract.

Bed Hold Policy

The LCD/Provider contract with residential providers allows for payment of up to 14 days to hold a member's bed. This payment is to ensure the availability of the member's primary residence during their absence. Bed hold payments are for the explicit purpose of holding the bed for the absent member who is anticipated to return to the facility.

Bed hold payments would not be made in circumstances if the member is not expected to return to the facility. Examples of situations when a bed hold payment would not be warranted include when a member is discharged from the setting at the provider's request, a member elects to move to a different facility, a member goes on vacation, a member attends a camp, a member dis-enrolls from LCD, or the death of member. Supported Apartment programs are not eligible for bed holds.

Community Residential Providers:

Bed hold charges will be paid per the LCD Provider services contract only when there is agreement on the part of LCD and the provider that the member is expected to return to their current room.

The bed hold days will begin on the first day following the day the member last slept in the original facility. For example, the member last slept at the original facility on Sunday night, November 14th. The Bed Hold would begin for that member on Monday, November 15th.

LCD will pay at total of \$50.00 per day for 14 days. The Bed Hold payment is calculated by \$50.00 minus the member's Room and Board costs which will equal the member's Residential Services (Care). For example, the member's Room and Board costs \$21.11. The Residential Services (Care) would be \$28.89.

If a request for bed hold payment is past the 14 days the following criteria will be followed:

1. In unique cases negotiation beyond 14 days is done at the discretion of the Provider Network Specialist, IDT Staff, IDT Staff's Supervisor, and Provider concur the continued bed hold payment is the only practical means to ensure the member's outcome.

LCD reserves the right to change the bed hold policy with the implementation of the State's rate methodology for residential facilities.

Bed Hold Definitions:

Community Residential Providers:

Licensed substitute care setting: Adult Family Home (AFH), Community Based Residential Facility (CBRF), Residential Care Apartment Complex (RCAC), and Certified AFH.

Temporarily Absent:

The time frame wherein a member with an authorized stay in a LCD contracted licensed facility is not at the facility overnight.

Bed-hold:

Payment by LCD to contracted substitute care setting while the member is temporary absent from the facility.

Original Facility:

The residential setting that is the member's initial or primary home.

Secondary Facility:

The setting the member is residing in while bed hold payment is being rendered to original facility.

Bed Hold Rate:

The Bed Hold payment is calculated by \$50.00 minus the member's Room and Board costs which will equal the member's Residential Services (Care).

Lakeland Care District's Contract Expectations for RCAC Providers

- RCAC providers, who do not provide transportation as a provision of their daily rate for medical, social/community, and/or vocational/day programming activities need to identify this gap in service to the LCD Provider Network Team. RCAC daily rates negotiated with the LCD will reflect whether or not transportation is provided as part of the daily rate.
- RCAC providers are responsible to notify the IDT staff when a member is temporarily absent from the facility.
- RCAC providers requesting and receiving payment for a bedhold are expected to coordinate care for the member in collaboration with the IDT staff as part of the contracted bedhold rate.
- RCAC providers are expected to negotiate daily care rates based upon the amount of time the member spends outside the facility (i.e. home all day, gone half day, gone all day).
- RCAC providers are not eligible to receive respite care services for the residents residing in their facilities.
- RCAC providers are prohibited from billing LCD when a member goes on vacation, a member attends a camp, a member dis-enrolls from LCD, or the death of member.
- Visits that a member may make to the residential facility when considering a move, overnight or partial day, are not considered respite and are therefore not billable to the LCD.

Scope of Services in Community Residential Settings—RCAC

A contract for community residential services with the Lakeland Care District (LCD) incorporates the services and supports listed below. This list is not all encompassing, but a listing of general categories and examples of costs typically incurred in each category. Community substitute care settings include the following items and supports:

Physical Environment (Room and Board)

1. Physical Space- sleeping accommodations in compliance with facility regulations including, access to all areas of facility and grounds.

2. Equipment- all equipment that becomes a permanent part of the facility, such as grab bars, ramps and other accessibility modifications, door alarms, pull-stations and/or call lights.
3. Housekeeping services- including laundry services, household cleaning supplies, and bathroom toilet paper and paper towels.
4. Building Maintenance - including interior and exterior structure integrity and upkeep, pest control, and garbage and refuse disposal
5. Grounds Maintenance – including lawn, shrub, and plant maintenance, snow and ice removal.
6. Building Protective Equipment- carpet pads, wall protectors, baseboard protectors, etc.
7. Building Support Systems- including heating, cooling, air purifier, water and electrical systems installation, maintenance and utilization costs.
8. Fire and Safety Systems- including installation, inspection and maintenance costs.
9. Food- 2 meals, including any special dietary accommodations, supplements, thickeners and consideration for individual preferences, cultural or religious customs of the individual resident.
 - a. Enteral feedings (tube feedings) are excluded from this requirement, and are the responsibility of LCD. Providers cannot accept payment for board when members are receiving all nutrition via enteral feedings (tube feedings).
10. Telephone and Media Access- access to make and receive calls and acquisition of information and news (e.g. television, newspaper, internet)

Program Services *Program (Care and Supervision)*

1. Supervision- adequate qualified staff to meet the scheduled and unscheduled needs of members.
2. Personal Care, Assistance with Activities of Daily Living and Daily Living Skills Training.
3. Activities, Socialization and Access to Community Activities- including facility Leisure Activities, Community Activities Information and assistance with accessing, and assistance with socialization with family and other social contacts. Members' preferences are taken into consideration.
4. Health Monitoring- including coordination of medical appointments and accompanying members to medical service when necessary.
5. Medication Management- including managing or administering medications and the cost associated with delivery, storage, packaging, documenting and regimen review. (The costs of bubble packaging, pre drawn syringes, etc. are part of MA and/or Medicare Part D benefit and not billable to members or cost that can be incurred by other funding sources).
6. Behavior Management, including participation with the MCO in the development and implementation of Behavioral Treatment Plans and Behavioral Intervention Plans.
7. Facility Supplies and Equipment- first aid supplies, gauze pads, blood pressure cuffs, stethoscopes, thermometers, cotton balls, medication and specimen cups, gait belts, etc.
8. Personal Protective Equipment for staff use including gloves, gowns, masks, etc.

9. OSHA and Infection Control Systems- including hazardous material bags, Sharps disposal containers, disposable and/or reusable wash cloths, wipes, bed pads, air quality - free of unpleasant odors and second hand smoke etc.
10. Transportation-whether coordinated or provided directly transportation is typically included in the scope of residential services.
11. Resident Funds Management – assistance with personal spending funds, not including representative payee services.

The following costs are *not typically provided* by a facility and are costs incurred by the individual member:

- Medication and Medical Care Co-payments.
- Personal Hygiene Supplies- including toothpaste, shampoo, soap, feminine care products.
- Member Clothing- shirts, pants, underclothes, socks, shoes, coats.
- Costs associated with community recreational activities- event fees, movie tickets, other recreational activities of the member's individual choosing.

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