BlueCross BlueShield of Illinois

2023-2024 Coordination of Community Support and Services for Enrollees in HCBS Waivers and Long-term Care (LTC) Residential Coordination of Services

Applicable Product:

- Medicaid-Medicare Alignment Initiative
- State of Illinois Model Contract

Policy:

Blue Cross and Blue Shield of Illinois (BCBSIL) will promote the use of integration of care coordination with pharmacy, behavior and physical health, social work services, and community resources to ensure Coordination of Community Support and Services for Enrollees in HCBS Waivers and Long-term Care (LTC) Residential members to promote high quality, integration, culturally competent care to ensure a range of services and supports to promote wellbeing and safety of members.

Purpose/Object:

This guideline referenced for Long-term Care (LTC) Residential Coordination of Services and Home and Community Based (HCBS) Waiver services is to assist Providers by directing them to evidenced based guidelines and governmental references that will enable them to ensure the safety and wellbeing of patients receiving services through BCBSIL. Home and community-based services support enrolled members and their caregivers with support to live a life with purpose. These support services aid the members and their caregivers with such things as activities of daily living like bathing and dressing and food preparation. Enrollees in the in the HCBS program may have physical or mental illness, developmental disabilities, cognitive disabilities, and chronic conditions. The services rendered to the enrollees are person centered. The services and supports each enrollee receive are based on their plan of care.

Regulatory Requirements and References

- Medicare Medicaid Alignment Initiative: 1.123; 1.131; 2.9.5.3; 2.9.5.10; 2.13.1.1; 2.13.1.19.2; 2.13.7; 2.13.11; Utilization Review/Peer Review Appendix D 2.c.ii.
- State of Illinois Model Contract: 5.21,3; 5.22.3; Attachment XI (Quality Assurance) 1.1.1.1; 1.1.9.; Utilization Review/Peer Review Attachment XII1.1.2.3.2; Required Minimum Standards ofCare Attachment XXI 3.

Guideline:

This guideline is based on recommendations from the following resources

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/CMS-Quality-Strategy

Blue Cross Blue Shield of Illinois utilizes data from member Health Risk Assessments (HRA) in the development of the Individualized Plan of Care (IPoC). The IPoC becomes the short-and long-term goals mutually developed by the Members and/or caregiver(s), the care coordinator, and the Interdisciplinary Care Team participants. An Interdisciplinary Care Team (ICT), comprised of cross functional

representatives; including registered nurses, medical directors, behavioral health clinicians, licensed clinical social workers, bachelor's level staff, and data analysts, completes an initial evaluation of the diagnoses and procedures that place Enrollees at risk of health- related complications.

By using the ICT and medical management system, BCBSIL can organize an IPoC specific to the unique needs and expectations of the Enrollee and/or family, if appropriate. The selected questions in the questionnaires are based on and supported by the approved clinical practice guidelines (CPGs).

BCBSIL can offer a combination of standard medical and non-medical community services to divert or move individuals from institutional settings into their homes and community. Illinois HCBS waivers may be granted in the following situations:

- Aging Waiver – For individuals 60 years and older that live in the community.
- Individuals with Disabilities Waiver – For individuals who have a physical disability and are between the ages of 19-59.
- HIV/AIDS Waiver – For individuals that have been diagnosed with HIV or AIDS.
- Individuals with Brain Injury Waiver – For individuals with an injury to the brain.
- Supportive Living Facilities – This is for individuals that need assistance with the activities of daily living, but do not need the care of a nursing facility.

Covered services eligible for benefits are in accordance with the terms of the Medicaid program. BCBSIL may offer additional benefits and services. Members may qualify for Home and Community-Based Services waiver (HCBS), Supportive Living Facility (SLF) or Long-Term Care (LTC) benefits. Eligibility for these benefits or waivers is determined solely by the State of Illinois. This is usually done through an assessment tool, the Determination of Need (DON). In this process, the member will be asked a series of questions, and given an overall score. Based on the member's DON score, the state will determine if the member is eligible for a waiver service or benefits to reside in a SLF or LTC facility. The table below is an outline of services available under a HCBS waiver.

Service	**Waiver**			
	Elderly	**Disability**	**HIV/AIDS**	**Brain Injury**
Adult Day Service	√	√	√	√
Adult Day Service Transportation	√	√	√	√
Environmental Modification		√	√	√
Supported Employment				√
Home Health Aide		√	√	√
Nursing, Intermittent		√	√	√
Nursing, Skilled		√	√	√
Occupational Therapy		√	√	√
Personal Assistant		√	√	√
Physical Therapy		√	√	√
Speech Therapy		√	√	√
Prevocational Services				√
Day Habilitation				√
Homemaker	√	√	√	√

Home Delivered Meals		√	√	√
Emergency Home Response System	√	√	√	√
Respite		√	√	√
Adaptive Equipment		√	√	√
Behavioral Services				√

For additional information on HCBS Waiver member services please contact the BCBSIL Care Coordination Department at 855-334-4780.

Additional Resources: The following resources are not clinical guidelines but evidence-based answers that can be utilized improve the safety and quality of Long-Term Care.
https://www.ahrq.gov/topics/long-term-care.html

https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/index.html

Physician Responsibility for Care
Providers are solely responsible for the provision of all health care services to BCCHP members and all decisions regarding member treatment and care are the sole responsibility of the provider. Such decisions are not directed or controlled by BCBSIL. BCBSIL's decision about whether any medical service or supply is a covered benefit under the member's benefit plan are benefit decisions only and are not the provisions of medical care. It is the provider's responsibility to discuss all treatment options with the member, regardless of whether such treatment is a covered benefit under the member's benefit plan. Providers and subcontractors are encouraged to cooperate and communicate with other service providers who serve members. Providers are required to provide services to members in the same manner and quality as those services that are provided to other patients who are not members.