



Division of Developmental Disabilities

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TECHNICAL BULLETIN

Technical Bulletin Number:	25-01
Date:	October 11, 2024
Subject:	Reimbursement Policy for DSP Services While in Hospital
Applies to:	All participants

Purpose:

This bulletin provides information on how Direct Support Professional (DSP) services provided while an individual is in the hospital can be reimbursed.

Background:

Under recently approved federal authority, Rhode Island is permitted to reimburse HCBS Personal Care services, including DSP services, provided to a participant during a stay in an acute care hospital. In order to be reimbursable, the following requirements must be met:

1. The participant's Individual Support Plan (ISP)/Person-Centered Plan (PCP) must include information about the participant's need for DSP services in the hospital.
2. The services provided by the DSP must already be included in the participant's ISP/PCP. In other words, new services cannot be added specifically for a hospital stay, but rather would be services the participant is already supposed to receive in the home and community setting.
3. The services must be provided to meet needs that are not met by the hospital and that do need to be met in the hospital setting and cannot be a substitute for services that the hospital is obligated to provide as part of the hospital stay. For example:
 - a. Assistance to remember to take medication would not be appropriate in the hospital because the hospital should ensure that the participant takes all medications.

- b. Assistance with meal preparation would not be appropriate in the hospital because the hospital provides meals.
- c. By contrast, assistance for a non-verbal participant to communicate with hospital staff would be appropriate, assuming the hospital does not already have staff able to facilitate that communication.

Information:

Steps to Access In-Hospital DSP Services:

1. Include the Information the in ISP/PCP:
 - a. When preparing the PCP, the case manager should work with the participant (and any other individual the participant wishes to include in the discussion) to identify any Personal Care/DSP services that would be necessary for the individual to: receive during a potential hospital stay in order to safely engage and communicate with hospital staff, maintain their functional abilities, and ensure a smooth return home after the hospital stay. The case manager should explain that help with IADLs is not appropriate for the hospital setting, and that help with ADLs must be limited to services that go beyond what a hospital would provide during the person's stay. The total authorized hours/budget for personal care/DSP services will not change during the hospital stay; this option simply allows a participant to receive certain authorized services while in the hospital.
 - b. If the case manager and participant identify that there are certain personal care/DSP services that the participant should receive during a potential hospital stay, the case manager should document the following information as applicable in the ISP: "If I need to stay overnight in an acute care hospital, my personal care attendant/DSP will accompany me to provide assistance with [list applicable ADLs, such as eating, repositioning in bed, etc.] This assistance is required to ensure a smooth transition from the hospital back to my home/community setting and to preserve my functional abilities. I (or my representative) will notify my case manager if I go to the hospital, either in advance of a scheduled hospital stay or as soon as practicable after admission for an unplanned hospital stay."
 - c. Upon full availability of the PCP template in the state's LTSS case management system, case managers should insert the language above in Section 8 of the PCP under the "My Crisis and Safety Plan," in the section for "Other unexpected event."

2. Providers should review participants' ISP/PCP to be aware of what services, if any, the participant expects to need in the event of a hospital stay.
3. If hospitalized or planning for a hospital stay, the participant or their representative notifies the participant's case manager, who documents this information in the participant's file. The participant or their representative notifies the provider to arrange for services to be delivered at the hospital, in alignment with the services described in the ISP/PCP.
4. Claims for personal care/DSP services may be submitted using CPT codes T2017 and T2017-UN-U2. Include "hospital" as the place of service on the claim.

Version Control and Change History:

Version	Effective Date	Rescinded Date	Amendment/Update	Replaces Previous Technical Bulletin
1.0	10/11/24	current	Original Version	No