



# CRISP

## Use Case: Hospitalization Notification for Developmental Disabilities Administration

### *Overview*

The Developmental Disabilities Administration ("DDA"), partners with people with developmental disabilities to provide support and resources to live fulfilling lives. The DDA is the primary State agency that funds community-based services and supports people with developmental disabilities. DDA serves approximately 25,000 clients in the DDA system. As part of the Maryland Department of Health ("MDH") and delegated authority by Medicaid, DDA provides a coordinated service delivery system, so that people receive appropriate services oriented toward the goal of full integration into their community. Through DDA's delegated Coordination of Community Services ("CCS") licensees, clients receive a person-centered plan, nursing support services, and targeted care management. All CCS providers are required to be HIPAA compliant as part of their Medicaid provider contracts.

DDA case managers are responsible for finding and authorizing funding in community-based placement for clients with significant medical support or behavioral health needs. After a hospital stay, a DDA care manager ensures that the client can return to their previous placement with necessary supports, or if the previous placement is no longer available, will help find client a new community placement. However, case managers cannot start this process until they are aware a client is in the hospital. Currently, hospital discharge planners are responsible for finding out that a patient participates with DDA and contacting DDA to try to find the appropriate contact. DDA estimates that the combination of communication delay and resource search delay can increase length of stays from one day to as long as a few weeks.

DDA would like to be notified when a client on their case management panel is admitted to the hospital, including when and where the clients were admitted. DDA will share the daily lists with the DDA director of nursing, who will contact the appropriate regional director and CCS team. The CCS team is responsible for ensuring that case managers are aware their clients are in the hospital. Case managers will outreach to the patient and hospital care managers to ensure coordination of care. This data would allow DDA to respond more efficiently to hospitalizations, identify changes in community placements, and acquire funding for additional resources and services to ensure efficient discharge when the person is medically ready to discharge. Access to this data will also allow DDA to monitor trends and develop proactive strategies to improve care for clients with multiple hospital visits.

Per guidance from MDH Assistant Attorney General:

There is statutory or regulatory authority for the DDA to have access to the health records:

HIPAA allows a health information exchange to collect and distribute PHI to public health authorities as authorized by law. 45 CFR §164.512(b)(1). "Public health authority" means "an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities



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to whom it has granted authority, that is responsible for public health matters as part of its official mandate.” 45 CFR § 164.501. MDH meets that definition because it is Maryland's public health agency, and the Secretary of Health is responsible for the health interests of Marylanders. Md. Code Ann., Health Gen. §§ 2-101, 2-102 and 2-105(b).

DDA is a part of MDH that provides funding for services targeted towards individuals with developmental disabilities with State funding and Medicaid funding through three Home and Community-Based Services waivers. *See Id.* §§ 7-201, 7-401--7-410; [Community Pathways Waiver](#), [Community Supports Waiver](#); and [Family Supports Waiver](#). DDA does not provide those services directly; rather, it licenses providers to do so. Md. Code Ann., Health Gen. §§ 7-901--7-910. Accordingly, MDH and DDA are public health authorities as are its licensees with whom it has provider agreements, such as its CCS providers. Medicaid delegates authority to DDA to operate the Home and Community-Based Services waivers, and DDA delegates authority to CCS organizations. CSS providers are required to be HIPAA compliant as part of their Medicaid provider contract.

Maryland law also allows the distribution of PHI to MDH and DDA without a written authorization in the circumstances specified above. Specifically, the Maryland Confidentiality of Medical Records Act allows the provision of a medical record:

Subject to the additional limitations for a medical record developed primarily in connection with the provision of mental health services in § 4-307 of this subtitle, to a government agency performing its lawful duties as authorized by an act of the Maryland General Assembly or the United States Congress. Md. Code Ann., Health Gen. § 4-305(b)(3).

As noted above, DDA provides services to individuals with developmental disabilities. An individual who has been found eligible for DDA services creates a Person-Centered Plan (also known as an Individual Plan) and a budget to outline the services that he or she may receive. COMAR 10.22.05.02. This is done with the help of his or her team and a DDA-licensed Coordinator of Community Services. COMAR 10.22.05.03-.04. Upon the plan's completion, DDA reviews it and either approves or denies it. COMAR 10.22.05.05. Typically, these plans are reviewed, and if needed, updated, and approved yearly, but they can be changed during the plan year based on circumstances. *Id.* With the data elements from hospitals that treat DDA participants, DDA will be able to help participants plan their services more effectively. Accordingly, DDA is entitled to receive notifications from CRISP that its participants are in the hospital.

## ***Permitted Purpose Category***

For a Public Purpose, as permitted or required by Applicable Law and consistent with the mission of the HIE to advance the health and wellness of patients in the CRISP service area (Permitted Purpose #2).

## ***Use Case Description***

The Developmental Disabilities Administration will send CRISP a panel of individuals enrolled in case management. CRISP will use the Master Patient Index to match individuals to hospital admit data. CRISP will provide a daily file with any hospitalized clients on the panel, also known as Inpatient Census File. The daily file will contain the minimum necessary information needed to notify DDA that a client has





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been admitted, such as DDA-provided client information, admitting hospital, and date of admission. DDA will share the lists with the DDA director of nursing, who will contact the appropriate regional director and Coordination of Community Services (CCS) team. The CCS team is responsible for ensuring that case managers are aware of hospitalizations. Case managers will outreach to the patient and hospital care managers to ensure care coordination. All CCS teams, case managers, and data storage are required to be HIPAA compliant. Once a client has been discharged from the hospital, the client will be removed from the Inpatient Census File.

The DDA must provide individuals whose information will be shared through CRISP a clear statement of the DDA's arrangement with CRISP. The statement must also state that individuals may opt-out of CRISP via CRISP's website, mail, or by telephone. DDA may only request information for patients who have been informed and given the opportunity to opt-out.

## ***Opt-Out Applicability***

Any individual who opts them out of CRISP will not have their information included in the data provided for this use case.


## ***Eligible Participants***

Any participant included on a panel submitted by DDA is eligible for inclusion.

## ***Patient Impact Statement***

A client and family participating in the DDA case management program agrees to participate with Coordination of Community Services case managers. As part of that process, clients and their families sign a rights and responsibilities document that includes potential DDA-provider services offered during a hospital stay. It is within reasonable expectation that the DDA, as the overseeing organization responsible for ensuring clients' health, would also have access to some of the client's information. It may be beyond a reasonable expectation that DDA would share this information with CRISP, and that DDA would be notified of a hospitalization without explicit client consent for healthcare record release.

## ***Approval***

  
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Chairperson

5/2/2023

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Dated