

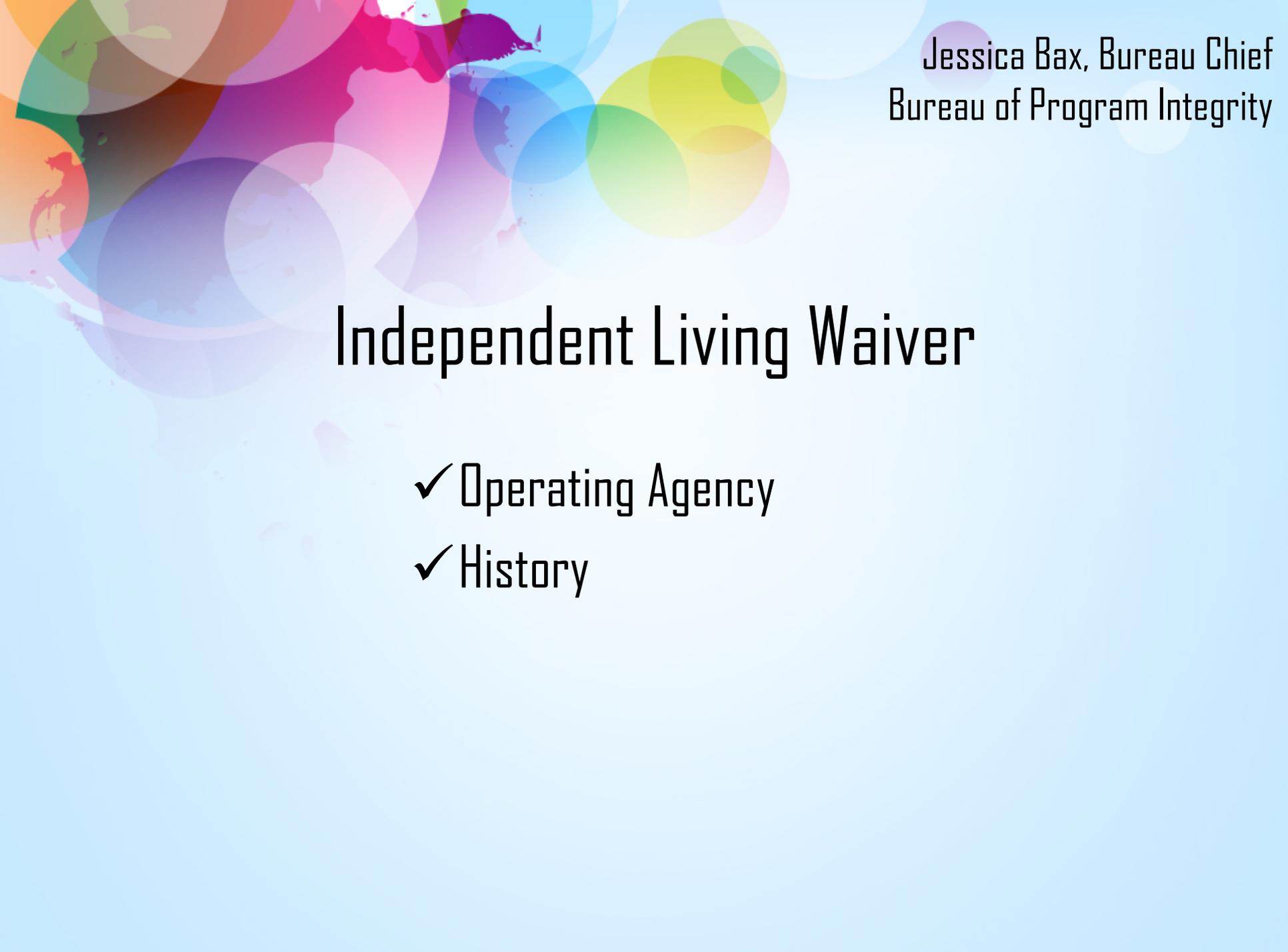


Annual Provider Spring Update Meeting

April 19-21, 2016
Bureau of Program Integrity

Division Updates

- EVV memorandum (*PM/VM-16-17*)
- EVV Regulation published (*19 CSR 15-9*)
- FCSR memorandum (*PM/VM-16-16*)
- General Health Evaluations memorandum
- Reimbursement Rate memorandum (*PM/VM-16-13*)
- Same Sex Spouse as a Paid Attendant memorandum (*PM/VM-16-09*)
- Missouri State Waivers
 - ✓ Independent Living Waiver ([ILW](#))
 - ✓ Aged and Disabled Waiver ([ADW](#))
 - ✓ Adult Day Care Waiver ([ADCW](#))

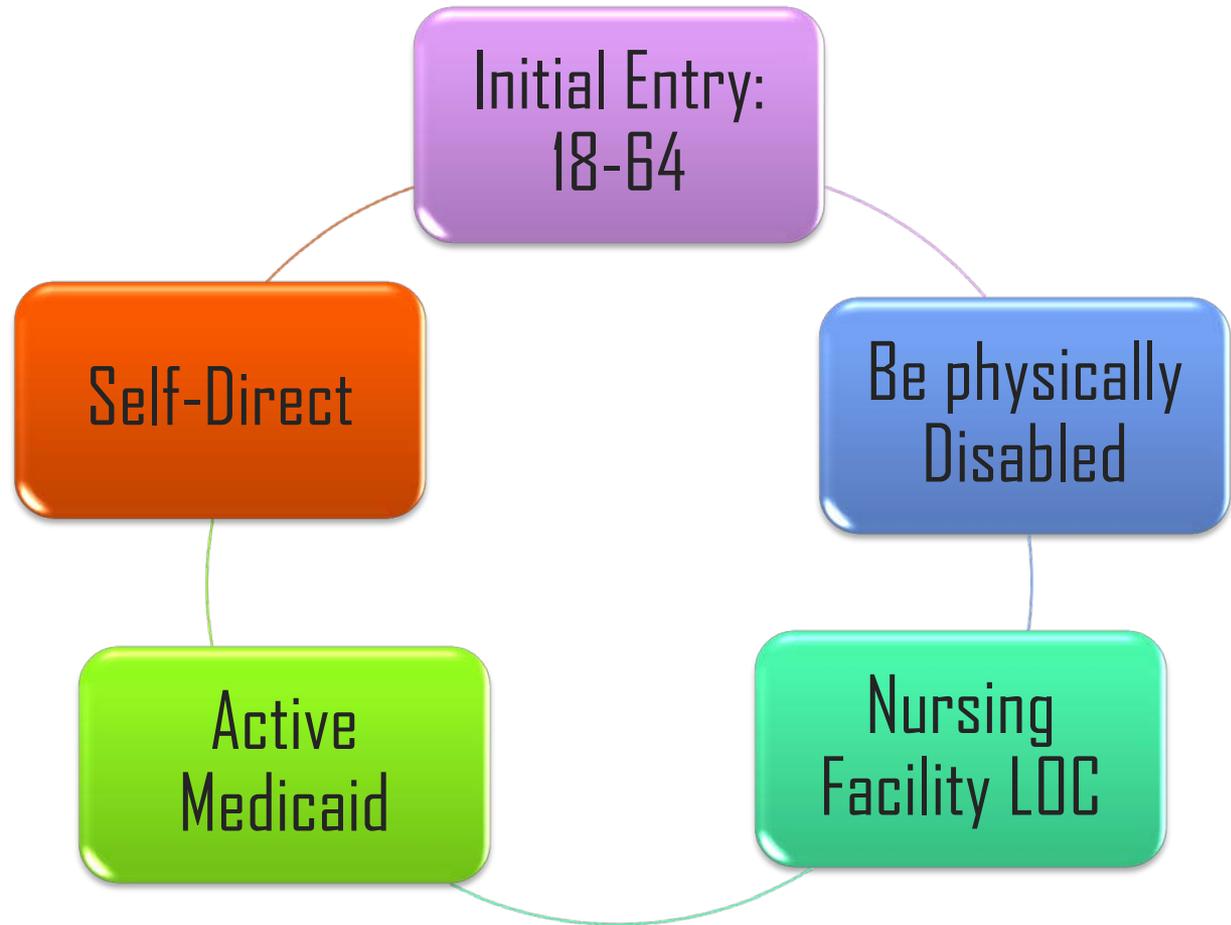


Jessica Bax, Bureau Chief
Bureau of Program Integrity

Independent Living Waiver

- ✓ Operating Agency
- ✓ History

ILW Requirements



ILW Services



Personal Care Assistance (CDS model)

- ✓ Bathing
- ✓ Dressing/Grooming
- ✓ Toileting Assistance
- ✓ Cleaning
- ✓ Meal Preparation
- ✓ Laundry
- ✓ Essential Transportation
- ✓ Essential Correspondence

ILW Services

- ✓ Financial Management Services (FMS)
- ✓ Case Management (CM)
- ✓ Environmental Accessibility Adaptations (EAA)
- ✓ Specialized Medical Equipment (SME)
- ✓ Specialized Medical Supplies (SMS)

ILW Approval



- Assessment

- Bureau of Program Integrity

- Prior Authorization

Restrictions



SMS, SME and EAA

- ✓ Payer of Last Resort
- ✓ Decrease current or future Personal Care need
- ✓ EAA - \$5000 limit for 5 year period



CMS - One Waiver



Blind Pension

Status of Waiver Agreement



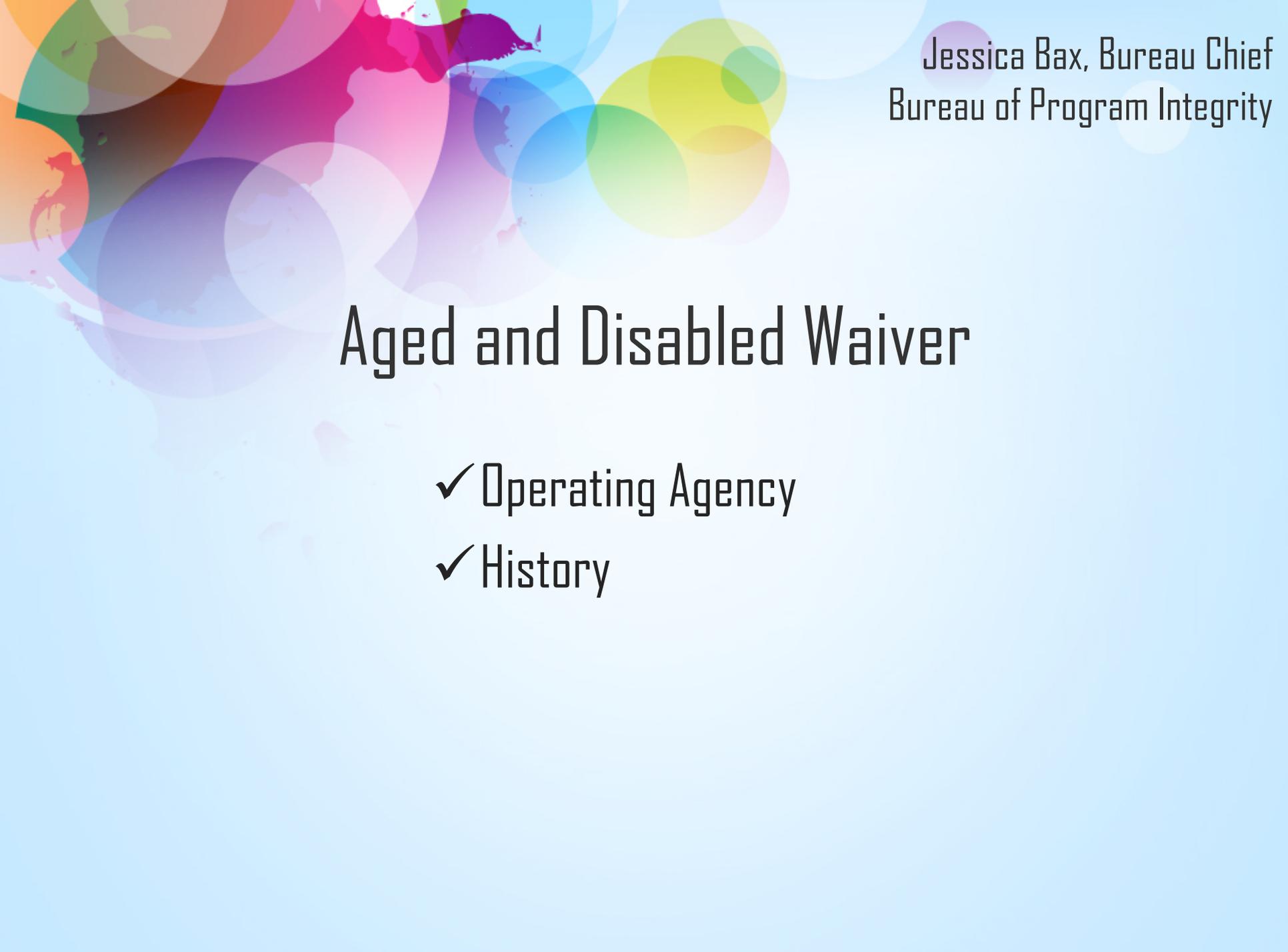
- 2014-2019



- 174 participants



- 600 Slots

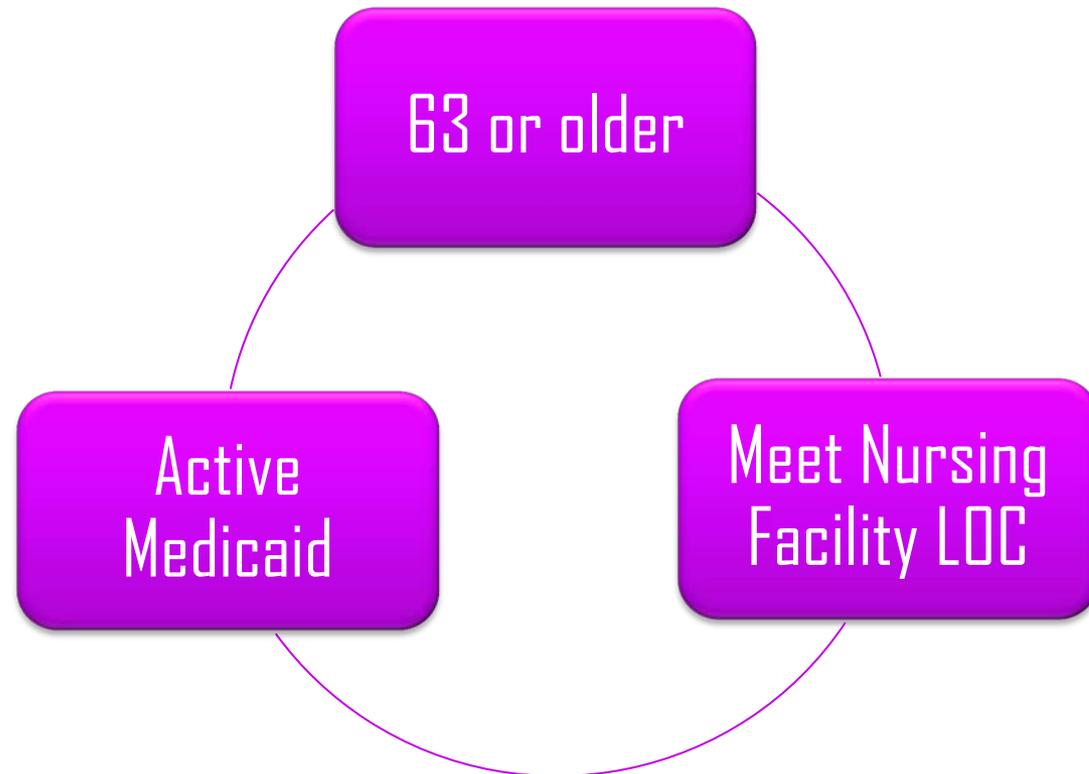


Jessica Bax, Bureau Chief
Bureau of Program Integrity

Aged and Disabled Waiver

- ✓ Operating Agency
- ✓ History

ADW Requirements



ADW Services



Homemaker

- ✓ Meals/Dishes
- ✓ Clean
- ✓ Laundry
- ✓ Iron/Mend
- ✓ Shopping/Errands
- ✓ Essential Correspondence
- ✓ Trash

ADW Services



Chore



Short-term/ Intermittent

- ✓ Wash walls and
woodwork
- ✓ Clean closets,
basements and attics
- ✓ Shampoo rugs
- ✓ Air mattresses and

bedding

- ✓ Spray for Insects (over
the counter)
- ✓ Rodent control (over
the counter)

ADW Services



Respite Care

✓ Basic Respite

- Unit (15 min) or Block (9-12 hours)

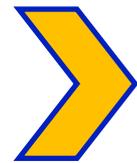
✓ Advanced Respite Care

- Unit (15 min) or Block (9-12 hours) or Daily (17-24 hours)

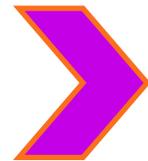
✓ Nurse Respite Care

- Unit (15 min) or Block (9-12 hours)

ADW Services

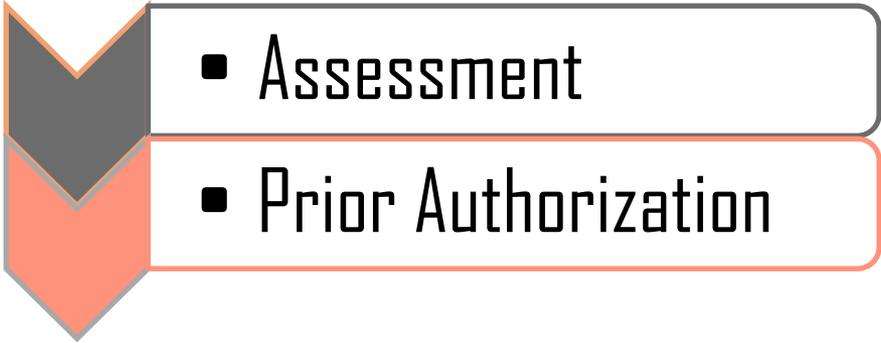


Adult Day Care



Home Delivered Meals

ADW Approval



- Assessment

- Prior Authorization

ADW Restrictions



CMS – One Waiver



Nursing Facility Cost Cap



Blind Pension and Transfer of
Property Penalty

Status of Waiver Agreement



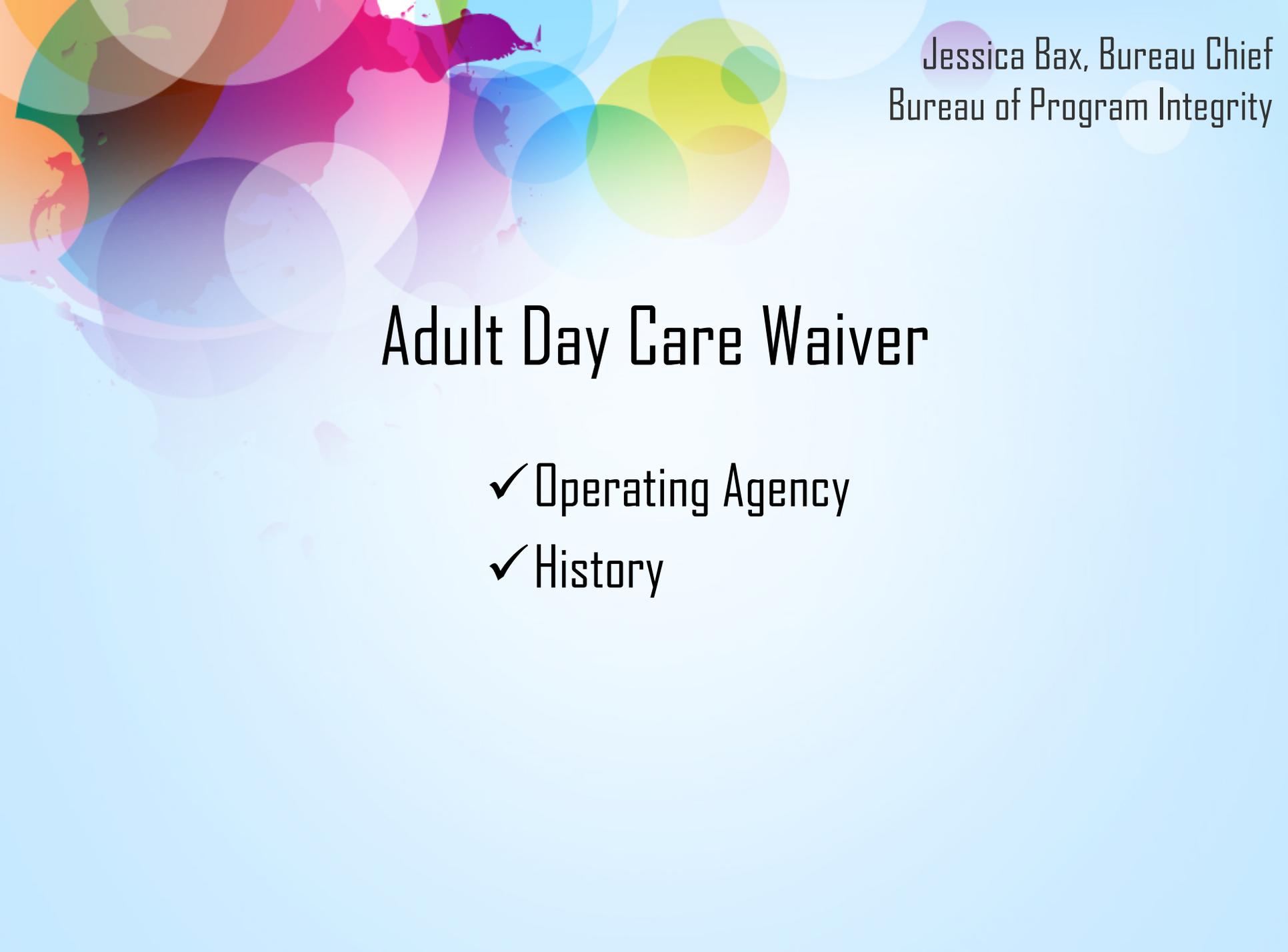
- 2013-2018



- 16,343 Participants



- 26,392 Slots

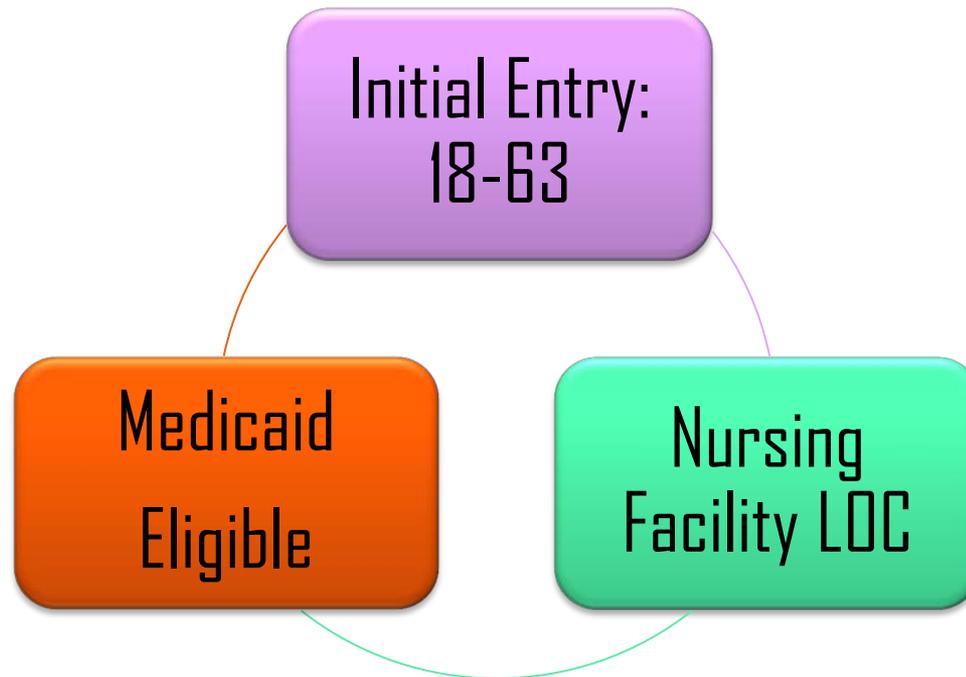


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Adult Day Care Waiver

- ✓ Operating Agency
- ✓ History

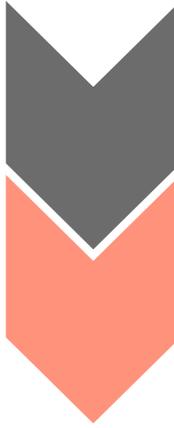
ADCW Requirements



ADCW Services

- ✓ Adult Day Care (15 Minute Units)
- ✓ Limitations
 - 10 hours per day
 - 5 days per week
 - No more than 8 units per day of transportation to and from ADC facility

ADCW Approval



- Assessment

- Prior Authorization

Restrictions

- ✓ Not available to RCF/ ALF/ ISL
- ✓ Blind Pension
- ✓ CMS – One Waiver
- ✓ Nursing Facility Cost Cap

Status of Waiver Agreement



- 2012-2015



- 1370 Participants



- 2000 Slots



- Renewal Application Submitted

Questions



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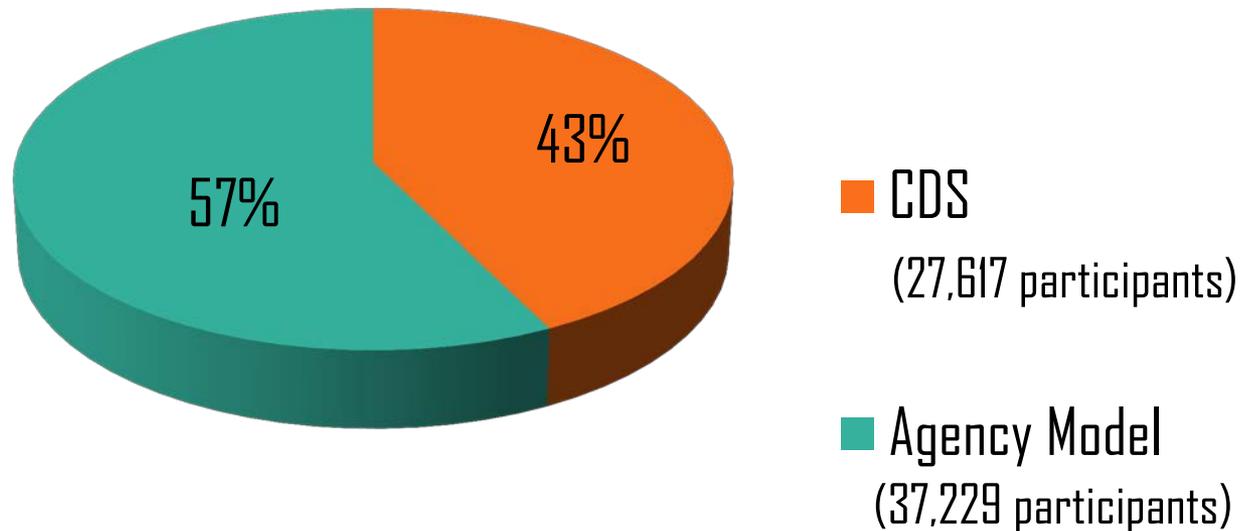
Jessica Bax, Bureau Chief
Bureau of Program Integrity

Statistics

- Participant Statistics
- Reassessment Statistics
- Referral Statistics

Statistics on Participants

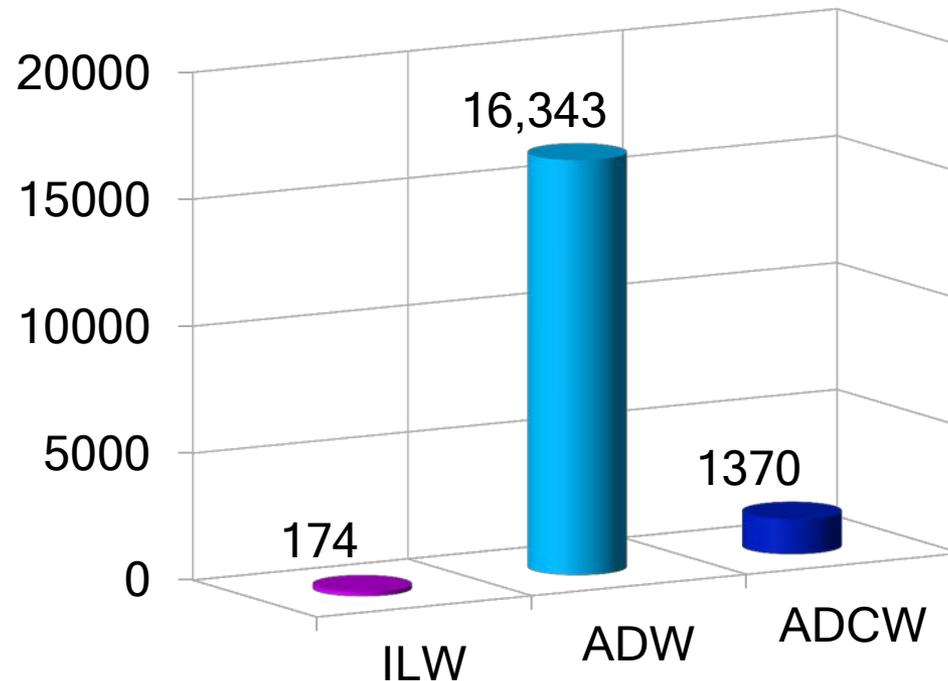
Consumer Directed Services Participants
vs.
Agency Model Participants



As of March 1, 2016

Statistics on Participants

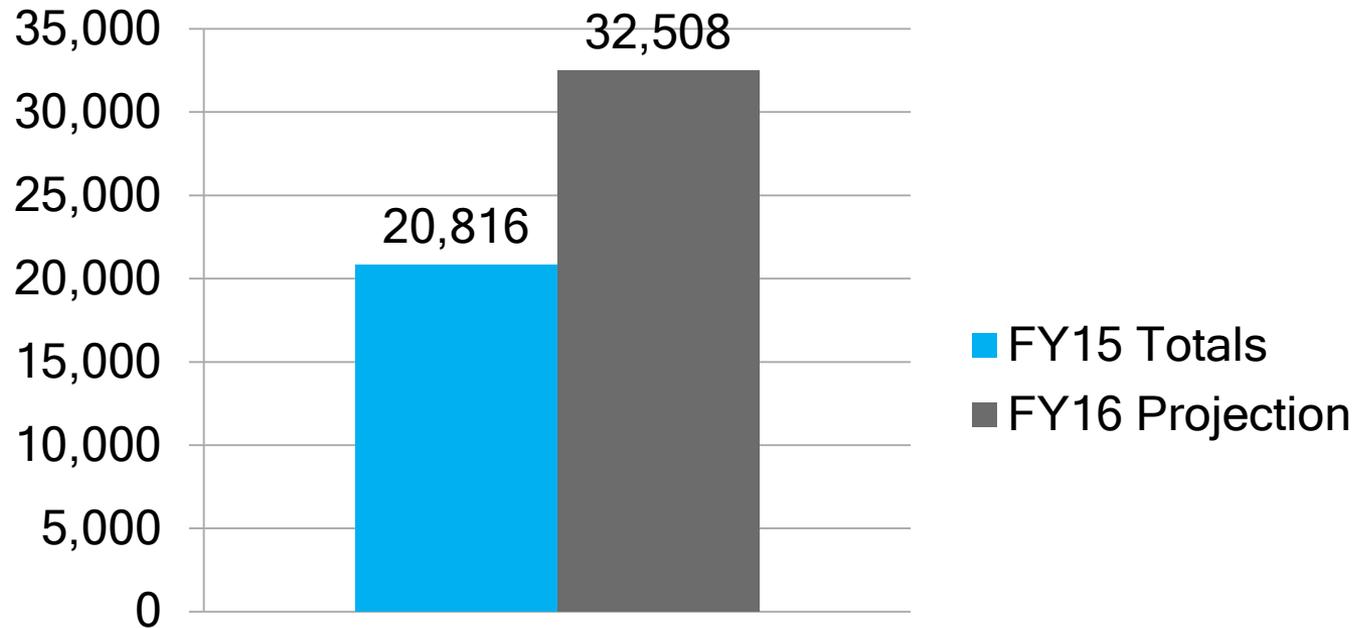
Number of Participants Per Waiver Type



*Data from most recent CMS 372 Reports

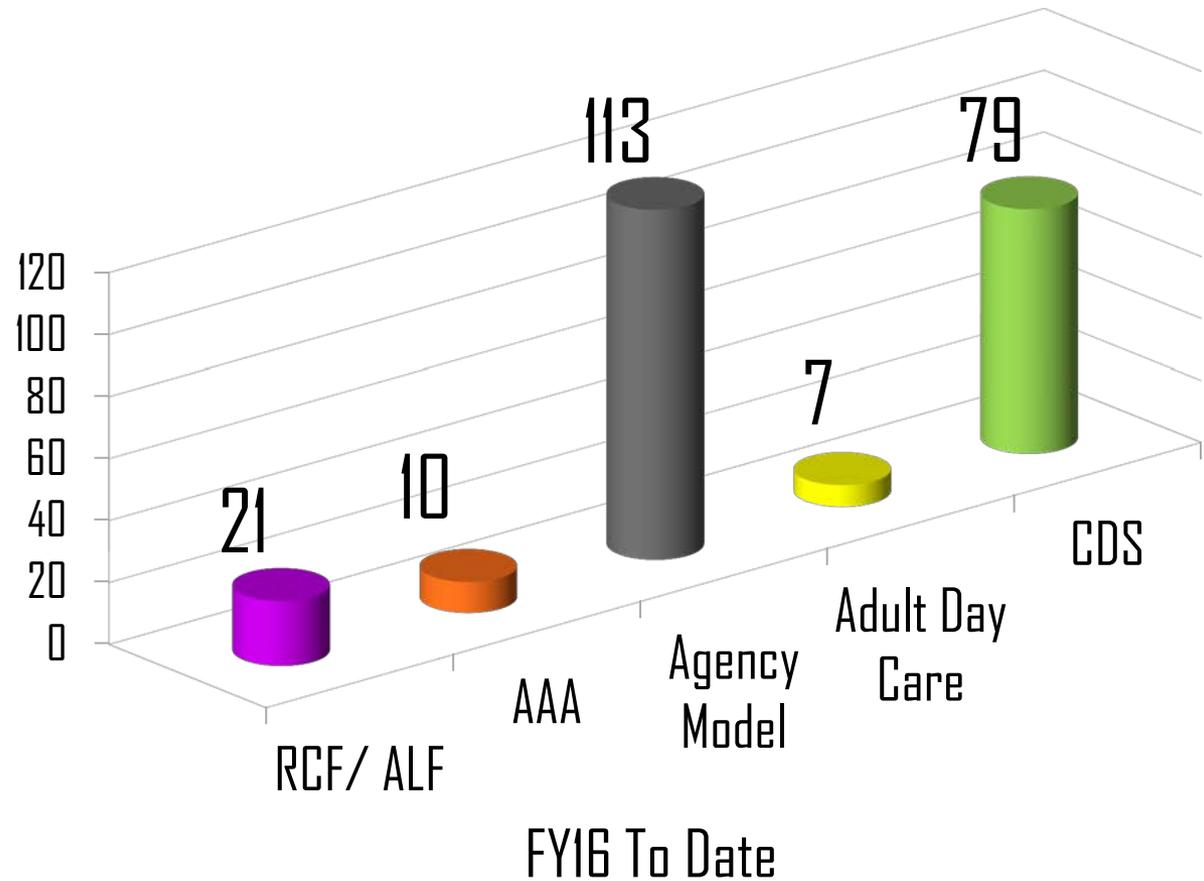
Statistics on Reassessments

Number of Participants Reassessed by Type 27 Providers



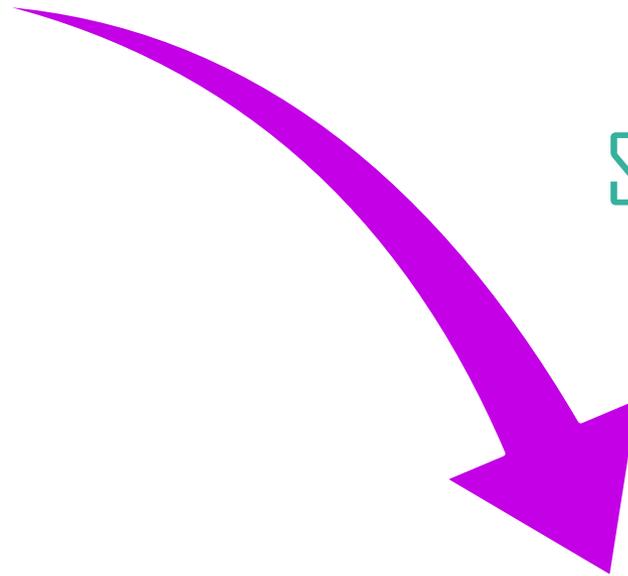
Statistics

Number of Type 27 Providers by Provider Type



Statistics/ Referrals

HCBS Pending Initial Referrals



Statewide
Average

9 Days

As of March 7, 2016

Statistics/ Referrals

Pending REV Team Assignments (as of March 2016)

Region	Average Days Pending
1	35
2	14
3	37
4	12
5	13
Statewide	27

Excludes Active MFP Case, Monthly MFP Contact, Hearings,
and Provider Reassessments

Regional Co-Management Staff

☐ Kathryn Sapp, Bureau Chief

✓ Regions 1, 4 and 5

912 Wildwood Drive

Jefferson City, MO 65109

573.526.8537

☐ Terry Black, Bureau Chief

✓ Regions 2 and 3

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Person Centered Care Plan

"Breaking it Down"

- ❑ Principles of Person Centered Care Planning
 - ✓ Understanding the authorization
 - ✓ Creating a schedule for the Aide/ Attendant
 - ✓ Where does transportation fit in?
 - ✓ Care Plan deviations



Principles of Person Centered Care Planning

- ✓ Individualized
- ✓ Reflection of participant's unmet needs and preferences
- ✓ Flexible

Understanding the Authorization

Stages							
Type				Start Date	End Date		
Prior Authorization - Care Plan				02/16/2016	06/30/2016		
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider		Total Units/Month
1	Case Management - Independent Living Waiver 1 unit	MD	03/01/2016	03/31/2016	Disabled Citizens Alliance for Independence, Inc.		1
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month		
1	(no task)		1				
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month		
2	Personal Care - Consumer Directed Model (15-min.unit)	MD	02/17/2016	06/30/2016	Disabled Citizens Alliance for Independence, Inc.		764
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month		
1	Dressing/Grooming	15		7			
2	Bathing	45		7			
3	Catheter Hygiene	15		7			
4	Bowel/Bladder Routine	30		7			
5	Asst. with Toileting	60		7			
6	Medications	10		7			
7	Turning/Positioning	15		7			
8	Mobility/Transfer	15		7			
9	Clean/Maintain Equipment	15		1			
10	Change Linens	10		7			
11	Clean Floors	15		1			
12	Tidy and Dust	10		1			
13	Trash	5		1			
14	Essential Correspond	15		1			
15	Meal Prep/Eating	90		7			
16	Essential Transportation				20		
17	Asst. Transfer Device	30		7			
18	Laundry (Home)	60		2			

Breaking it Down

- ✓ Tasks that are 7 days per week = 335 minutes = 5 hours and 35 minutes daily
- ✓ Tasks that are 1 day per week = 60 minutes
- ✓ Tasks that are 2 days per week = 60 minutes

Aide / Attendant Schedule

Day	Time In	Time Out
Monday	8:00 AM	2:35 PM
Dressing/ Grooming, Bathing, Catheter Hygiene, Bowel Routine, Toileting, Medications, Positioning, Mobility, Linens, Meal Prep Eating, Transfer Device, Laundry		
Tuesday	8:00 AM	1:35 PM
Dressing/ Grooming, Bathing, Catheter Hygiene, Bowel Routine, Toileting, Medications, Positioning, Mobility, Linens, Meal Prep Eating, Transfer Device		
Wednesday	8:00 AM	2:35 PM
Dressing/ Grooming, Bathing, Catheter Hygiene, Bowel Routine, Toileting, Medications, Positioning, Mobility, Linens, Meal Prep Eating, Transfer Device, Clean Equipment, Floors, Tidy, Trash, Correspondence		
Thursday	8:00 AM	2:35 PM
Dressing/ Grooming, Bathing, Catheter Hygiene, Bowel Routine, Toileting, Medications, Positioning, Mobility, Linens, Meal Prep Eating, Transfer Device, Laundry		
Friday	8:00 AM	1:35 PM
Dressing/ Grooming, Bathing, Catheter Hygiene, Bowel Routine, Toileting, Medications, Positioning, Mobility, Linens, Meal Prep Eating, Transfer Device		
Saturday	8:00 AM	1:35 PM
Dressing/ Grooming, Bathing, Catheter Hygiene, Bowel Routine, Toileting, Medications, Positioning, Mobility, Linens, Meal Prep Eating, Transfer Device		
Sunday	8:00 AM	1:35 PM
Dressing/ Grooming, Bathing, Catheter Hygiene, Bowel Routine, Toileting, Medications, Positioning, Mobility, Linens, Meal Prep Eating, Transfer Device		

Where does Transportation fit in?

- ❑ 20 units = 300 minutes = 5 hours
- ❑ Back to Person Centered Care Planning Basics
 - ✓ Flexibility – any time throughout the month
 - ✓ Unmet needs – types of trips may vary

Agency Model

		Type	Start Date	End Date		
		Prior Authorization - Care Plan	12/21/2015	11/30/2016		
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month
1	Authorized Nurse Visit (per visit)	MD	12/21/2015	11/30/2016	Alliance Personal Care, Inc	5
2	Personal Care - Agency Model (15-min. unit)	MD	12/21/2015	11/30/2016	Alliance Personal Care, Inc	372
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month	
1	Med Rel HC Tasks: Clean Kitchen	30		1		
2	Med Rel HC Tasks: Clean Living Area	30		1		
3	Med Rel HC Tasks: Laundry (Home/Off Site)	30		3		
4	Med Rel HC Tasks: Make Bed/Change Linens	10		7		
5	Med Rel HC Tasks: Meals/Dishes	60		7		
6	Med Rel HC Tasks: Shop/Errands/Correspond	120		1		
7	Med Rel HC Tasks: Trash	5		1		
8	Dressing/Grooming	15		7		
9	Mobility/Transfer/Position	15		7		
10	Bathing	30		7		
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month	
3	Homemaker (15-min. unit)	MD	12/21/2015	11/30/2016	Alliance Personal Care, Inc	10
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month	
1	Clean Bath	30		1		

Breaking it Down

- ✓ Tasks that are 7 days per week = 130 minutes = 2 hours and 10 minutes daily
- ✓ Tasks that are 3 days per week = 30 minutes
- ✓ Tasks that are 1 day per week = 3 hours and 35 minutes

Aide / Attendant Schedule

Day	Time In	Time Out
Monday	8:00 AM	10:40 AM
Linens, Meal Prep Eating, Mobility, Bathing, Dressing/ Grooming, Laundry		
Tuesday	8:00 AM	10:10 AM
Linens, Meal Prep Eating, Mobility, Bathing, Dressing/ Grooming		
Wednesday	8:00 AM	10:40 AM
Linens, Meal Prep Eating, Mobility, Bathing, Dressing/ Grooming, Laundry		
Thursday	8:00 AM	1:15 PM
Linens, Meal Prep Eating, Mobility, Bathing, Dressing/ Grooming, Cleaning Kitchen and Living Room, Shopping, Errands, Correspondence and Trash		
Friday	8:00 AM	10:40 AM
Linens, Meal Prep Eating, Mobility, Bathing, Dressing/ Grooming, Laundry		
Saturday	8:00 AM	10:40 AM
Linens, Meal Prep Eating, Mobility, Bathing, Dressing/ Grooming, Clean Bathroom		
Sunday	8:00 AM	10:10 AM
Linens, Meal Prep Eating, Mobility, Bathing, Dressing/ Grooming		

Care Plan Deviations

Question: If a participant does not utilize all authorized weekly units, can the provider and vendor schedule the time missed in that week or any time prior to the months end?

Answer: If authorized units are missed in a week, providers should document appropriately (e.g., the aide did not have time, participant refused or was ill etc.). It is not appropriate to schedule these units for the purpose of being able to bill for the entire monthly authorization.

However, if the participant needs additional services throughout the remainder of the month, the provider can document and serve accordingly with any units not previously used. If the provider determines the additional service is a long-term need, this information should be communicated to the local Regional Evaluation Team for a care plan change.

Care Plan Changes

- ❑ When to call in a care plan change request?
 - ✓ A long-term need
 - ✓ Stable condition

Reassessment Process

- ✓ Interpreter Services
- ✓ SharePoint email address registration for HCBS Policy updates
- ✓ Documentation policy

Reassessment Process

- Interpreter Services Memorandum (PM/VM-16-14)
 - ✓ Face to Face interpreter services map by county
 - ✓ Hearing Impaired interpreter services map by county
 - ✓ LEP Consumer Report Usage Data Sheet
 - ✓ Regional Contacts for Language Services map
- DSDS will pay for interpreter services utilized by HCBS providers for reassessments conducted on behalf of DSDS
- Telephone interpreter providers changed and the memo was sent to update providers conducting reassessments
- Only interpreters which are contracted with the State of Missouri and identified in the memo must be utilized

Reassessment Process

□ SharePoint Registration and Important Updates

- ✓ PM-16-12/ VM-16-12 Important Updates for HCBS Providers Assisting with Participant Reassessments.
- ✓ In an effort to keep Home and Community Based Services (HCBS) providers conducting reassessments updated on HCBS policy maintained in the HCBS Manual, the Division of Senior and Disability Services (DSDS) will begin notifying HCBS providers of policy changes via the email provided for SharePoint access.
- ✓ This PM/VM has good information / reminders about conducting reassessments
- ✓ As noted in PM-12-13/ VM-12-13 Providers who have applied for a type 27 number will need to register for access to the HCBS Reassessment SharePoint site:
<https://webapp03.dhss.mo.gov/snapwebhost/surveylogin.asp?k=133642580427>. Upon registration, the provider will receive their login information and password.

Reassessment Process

□ Helpful PM/VM's for Provider Reassessments

- ✓ PM-16-10 / VM-16-10 Reassessment Training Dates and Registration Site
- ✓ PM-15-05 / VM-15-06 Announcement of the Provider Reassessment Information Internet Page

Reassessment Process

□ Documentation Policy

- ✓ Provides guidance to DSDS staff and reassessment providers regarding documentation in Case Notes for HCBS case actions, including annual reassessments
- ✓ Will be located in the HCBS manual
- ✓ Estimated implementation date early May

Policy Clarification Questions

Home and Community Based Services Policy Clarification Questions (PCQ) and Answers

This purpose of this document is to clarify policy and apply it situationally and not for the purpose of creating new policy. The contents are subject to change based on revisions to statutes or regulations of the program agreements with CMS. These questions and answers are based on how they were presented to the DSOS Policy unit and may also be applicable to other sections as well.

Index

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- B. [Advanced Personal Care](#)
- C. [Assessment/Reassessment](#)
- D. [Authorized Nurse Visits](#)
- E. [Consumer Directed Services](#)
- F. [Consumer Directed Services Transportation](#)
- G. [CyberAccess WebTool](#)
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- I. [Agency model Personal Care \(In-Home Services\)](#)
- J. [Respite Care](#)
- K. [Shared Living Spaces](#)
- L. [Telephony / Electronic Visit Verification](#)
- M. [Task Chart](#)

HCBS PCQ's

CDS Transportation (essential transportation)

- Q. Transporting to reading classes for reading comprehension?
A. Yes, considered "continuing education" and it is covered
- Q. Transporting for events such as: another individual's home for social visits, to visit someone in the hospital or a church function?
A. In general social activities are not considered to be appropriate essential transportation tasks. This does not mean that the attendant cannot take them to the destination and deliver appropriate and authorized personal care tasks while the participant is in that location. The transportation may not be reimbursable, but the personal care is.
- Q. Transporting to a funeral home to make funeral arrangements for someone else?
A. If it is necessary to go to the funeral home to make arrangements for a relative whom you are responsible for and no other transportation options, yes.
- Q. Transporting to an appointment to have blood drawn for lab work (when Medicaid does not pay for the service and it is performed separately from a doctor visit)?
A. Trips for medical appointments or health oriented appointments (lab draws, chiropractor, etc.) are always considered to be appropriate tasks for essentials transportation as long as it is not an NEMT covered trip.
- Q. Transporting to aquatic classes instructed by a licensed PT as ordered by a physician?
A. NEMT must be utilized prior to CDS transportation, so if it does not fit under NEMT program, then it can be covered under the CDS Essential Transportation.

Reassessment Process

□ Case Management in ILW

- ✓ A service that assists participants in gaining access to needed Waiver and other State Plan services, as well as, medical, social, educational, and other services, regardless of the funding source for the services to which access is gained.
- ✓ ALL participants enrolled in the ILW are authorized the CM service.
- ✓ CM Shall only be authorized for a one month time period within an annual authorization.
- ✓ Case managers employed by the HCBS provider provide a minimum of 12 hours of CM per year which includes at a minimum, monthly contact with the participant.
- ✓ One unit of CM equals up to one year of CM, the month of authorization shall be the month following the participant's enrollment in the ILW.
- ✓ CM only participants.

Reassessment Process

□ Case Management in ILW (continued)

- ✓ Case Management includes:
 - ✓ Identification of abuse, neglect, and/ or exploitation;
 - ✓ Monitoring of the provision of services in the participant's care plan;
 - ✓ Review of the care plan and the participant's status, which shall include monthly contacts, and face-to-face visits with the participant as deemed necessary; and
 - ✓ Assist the participant with full access to a variety of services and service providers to meet their specific needs, regardless of funding source.

Questions



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