Aged and Disabled Waiver (ADW) and Personal Care Services (PCS)

Quarterly Provider Meeting

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March 14, 2018
Flatwoods, West Virginia






WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

Agenda

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- PCS Closures
- ADW Notice of Determination (NOD) vs. Pre-Admission Screening (PAS) Summary
- Public Forums
- ADW Application Process and Hierarchy
- Quarterly Questions, Answers and Announcements

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PCS Closures

PCS Closure Reasons

- Unsafe environment
- Persistent non-compliance with Plan of Care
- Member no longer desires services
- Member has not accessed services in 30 days and is not in a hospital or nursing facility
- Member is no longer medically eligible

Unsafe Environment/Noncompliance

- For both unsafe environment and persistent non-compliance with Plan of Care, it is expected that the provider will read and follow the PCS Procedural Guidelines.
- These types of closures will be reviewed with the Bureau of Senior Services (BoSS). BoSS will review the closure request with the West Virginia Department of Health and Human Resources' Bureau for Medical Services (BMS).
- BMS decides if closure is advisable.
- If yes, BoSS closes the case and issues a closure letter with hearing rights to member.
- If no, BoSS rejects closure request and sends guidance from BMS to provider to complete follow-up.

Member No Longer Desires Services

- When the member no longer desires services, please obtain a statement in writing from the member or their legal representative (if applicable).
- In cases where you cannot obtain a written statement, but the person or their legal representative is willing to give you a verbal closure request, ask one of your co-workers to listen to and witness the verbal request and then document that on the PCS Discontinuation of Services Request with the names of both witnesses and their signatures.

No PCS Services for 30 days

- When a member has not accessed services for 30 days and is not in a hospital or nursing facility, services may be closed after steps are taken to ensure safety of the member.
- Documentation of the last time the agency had contact with the member should be submitted along with the PCS Discontinuation of Services Request.
- If the agency had access to the member, did the agency offer a transfer to another PCS provider? Documentation of that offer should be submitted with the request.
- In cases where the member has informal support or a legal representative, documentation where the PCS provider contacted or attempted to contact that person should be submitted with request.
- In all cases, the member's medical professional should be notified that the member will no longer be receiving the services because the provider has been unable to serve the person for at least 30 days.
- These steps help to ensure that the member's health and welfare were considered and also enables the provider to show that they did not deprive a member of a service to which that member is entitled without good cause.
- PCS members should not be left without services for more than 30 days due to staffing issues, etc., without offering a transfer to the member.

No Longer Medically Eligible

- If you suspect that the member no longer needs the program, you have the ability to do another PAS (or have one completed by their medical professional) and submit that PAS to KEPRO.
- KEPRO will submit the PAS and render a determination of medical eligibility.
- If the person is no longer medically eligible, KEPRO will send a termination letter with hearing rights to the member.

Member User Guide

- The Member User Guide has been integrated into the PCS policy as a required document (517.15).
- The PCS RN reviews this document with the member at the initial meeting and obtains the signature(s) of the member and/or legal representative (if applicable).
- If the member changes PCS providers, it is expected that the new provider will once again cover the material in this document and obtain the proper signatures.

ADW
NOD vs. PAS Summary

NOD vs. PAS Summary

- Economic Services Workers (Income Maintenance Workers and Long-term Care Workers) received training in October and November 2017 about the Home and Community- Based Programs.
- When BMS, KEPRO and BoSS were preparing to participate in these sessions, the West Virginia Medicaid Eligibility Unit provided a document that outlines process steps for these workers.
- When reviewing these documents, it was concluded that in order for the Economic Services Worker (ESW) to have proper documentation of continued medical eligibility in the ADW program, they are expected to obtain the NOD, not the PAS summary.

NOD Sample

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KEPRO
INTELLIGENT VALUE

NOTICE OF DECISION RE-EVALUATION ASSESSMENT – APPROVED

Record ID: 0000000
304-555-5555

Date: September 25, 2017

MEMBER NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

Dear MEMBER NAME,

KEPRO recently conducted your annual re-evaluation of medical eligibility for the Aged and Disabled Waiver Program. You have been determined medically eligible to continue to receive Waiver services.

The number of homemaker service hours approved is based on your medical needs and cannot exceed 124 hours per month.

This decision is based on policy in the Medicaid Program Regulations, Aged and Disabled Waiver Policy Manual, Chapter 501.9.1 and the Pre-Admission Screening Form (attached).

FAIR HEARING: If you do not agree with the decision, you may ask for a Fair Hearing and/or a Pre-Hearing Conference. A form to ask for a Fair Hearing and/or Pre-Hearing Conference is enclosed. If this action is a reduction of your benefit, your services may continue at the current level until your hearing is held, if the hearing is requested within thirteen (13) days of the date of this notice. Otherwise, you must ask for a Hearing/Pre-Hearing Conference within ninety (90) days. To do this, complete the form and submit it to the address on the bottom of the form.

The following organizations provide free legal services to eligible persons:
(1) Legal Aid of WV, 922 Quarrier Street, Charleston, WV, 25301, 1-866-255-4370; with offices in Beckley, Princeton, Huntington, Wheeling, Parkersburg, Clarksburg, Martinsburg, Logan; or
(2) Disability Rights of WV, 1207 Quarrier Street, Charleston, WV, 25301, 1-800-950-5250; or
(3) Mountain State Justice, 1031 Quarrier Street, Charleston, WV, 25301, 1-800-319-7132.

You have the right of access to your file and to obtain copies free of charge. To request a copy of your file please complete the attached Request for Release of Medical Information Form and mail it to KEPRO at the address listed on the form (100 Capitol Street, Suite 600, Charleston, WV, 25301). The department will assist in arranging transportation to the hearing, if needed.

If you have any questions, you may contact the Bureau of Senior Services at (304) 558-3317 or 1-866-767-1575.

Enclosures: Policy 501.9.1
Pre-Admission Screening Assessment
Release of Information Form
Fair Hearing Request Form

The Foundation of a Waiver

- **Stakeholder Input:** Begins with Stakeholder, the provider.

- **Waiver Application:** The waiver is designed to meet the state's and population needs. The application is designed to address: Who do we serve? How are they eligible? What services do we offer? How do we ensure providers are qualified? How do we ensure financial accountability for the state? How do we offer services based on a Person-Centered Service Plan?

- **Policy and Process:** Develop processes and policy that support Centers for Medicare and Medicaid Services (CMS) requirements and meet the unique needs of the aging and disability populations served by the ADW.

Public Forums

Waiver Forums

What is a waiver forum?

- Your opportunity to share your perspective on any changes.
- Your opportunity to suggest improvements in the program.
- Your opportunity for stakeholder feedback on the program and the services.

How does it work?

- Forums will be held at various locations around the state.
- You and recipients or their families will be invited to attend.
- Public input will be allowed at the forums, one at a time, so we can hear what each person has to say.

Why is there a forum?

- It is critical to hear your perspective.
- As a provider, you are "where the rubber meets the road." Every day, you do the job. You have experience and expertise to share.
- As a recipient, you are the one experiencing the service on a daily basis. You know what it is like for you.

ADW Application Process and Hierarchy

Waiver Application Process

- Population to be served in the state - Aged and Disabled population.
- Eligibility criteria and process (medical and financial).
- Projection of the number to be served.
- Process to ensure qualified providers, financial accountability, health and welfare of the recipient.
- Person-Centered Service Planning and services based on the assessment and plan, including recipient preferences/goals.
- Service codes and service descriptions.
- Ensure cost is below institutional setting cost and projected cost of the program.
- Performance Measures to quantify compliance with CMS Assurances.
- Process for data analysis and quality improvement.

Waiver Policy and Process

Policy is the "What." Process is the "How."

- The foundation of policy and process is the Waiver application- what did we tell CMS we would do? Waiver policy and the Waiver application must match.
- Policy further clarifies the Waiver application, guides the program and directs the services.
- Policy offers boundaries and limits.
- Policy establishes criteria for provider compliance and quality services.
- Process tells us how to implement the policy.

Assuring a Quality Waiver

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- CMS has established quality assurances to ensure quality programs.
- CMS requires the state to design a quality management system that supports the implementation of these assurances, data analysis, remediation and quality improvement.
- What are the assurances?
  - Level of Care
  - Qualified Provider
  - Service Plan
  - Health and Welfare
  - Financial Accountability

West Virginia Medicaid's Waiver Role

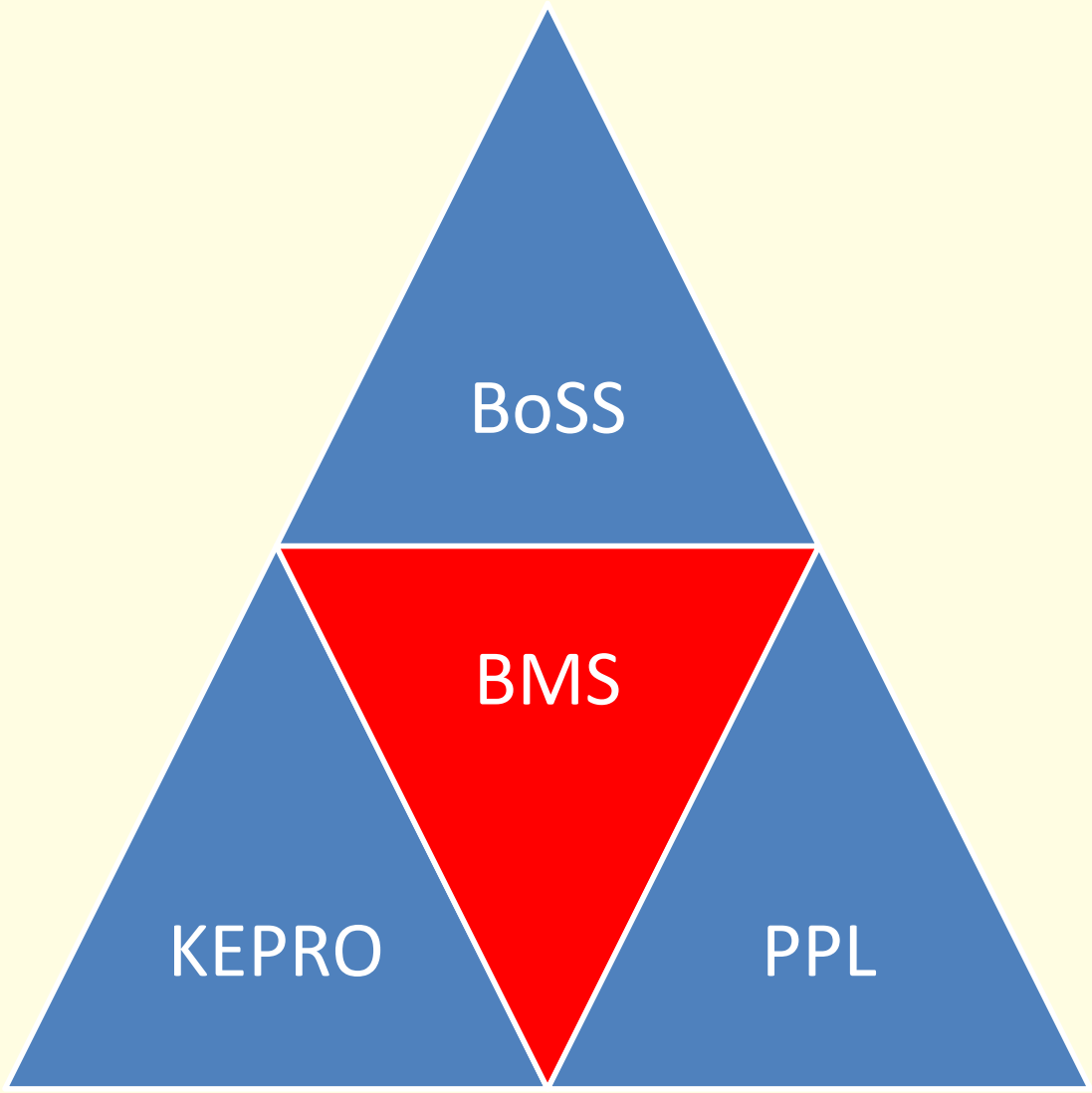
- **State Medicaid Agency:** Bureau for Medical Services - retains ultimate authority and responsibility for the Waiver.

- **Operating Agency:** Bureau of Senior Services - contracted to perform the day-to-day operations, monitoring, continuing certification (qualified provider, per CMS) and quality assurance.

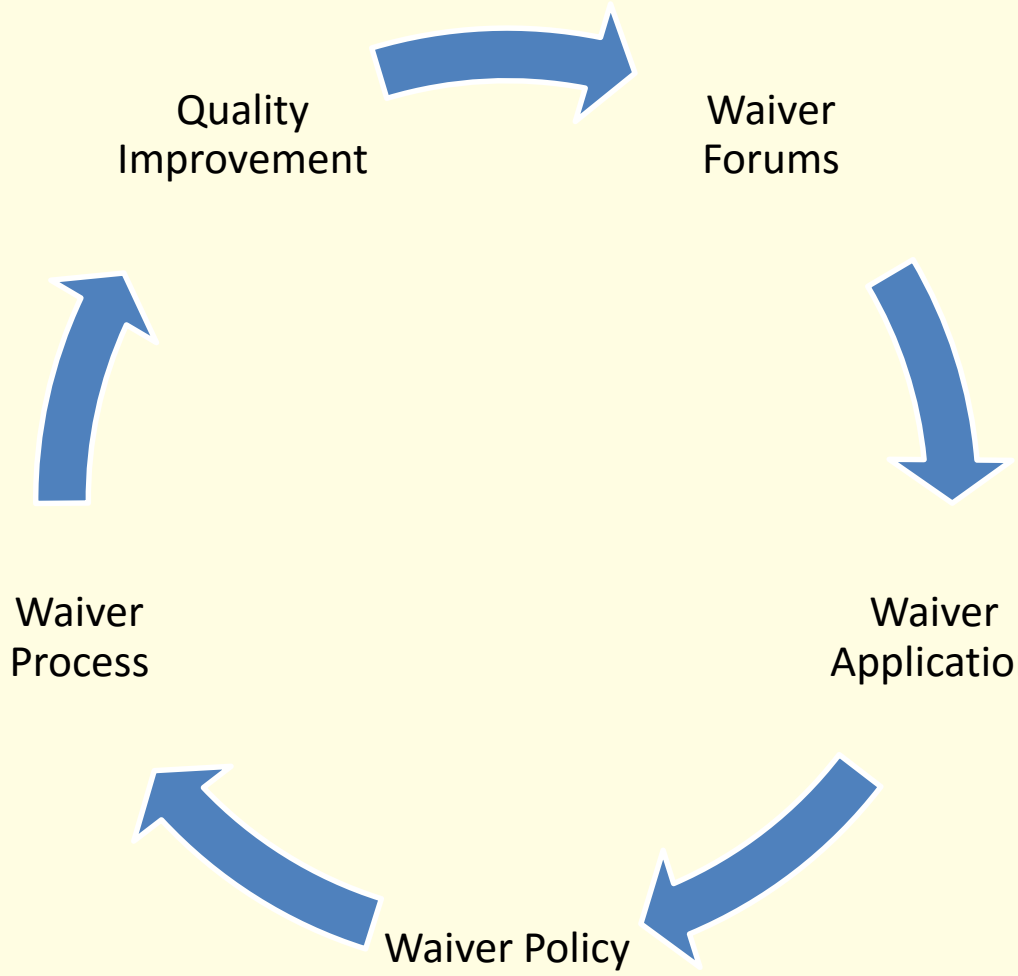
- **Utilization Management (UM):** KEPRO - contracted to perform recipient evaluations (CMS' Level of Care) and authorization of service.

- **Fiscal Agent:** PPL - contracted to perform fiscal management and resource consultation for the self-directed option in the Waiver.

BMS Relationships



How a Waiver Improves



Quarterly Questions, Answers and Announcements

Contacts

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West Virginia Bureau of Senior Services

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Fax: 304-558-6647

Website: www.wvseniorservices.gov