Aged and Disabled Waiver (ADW)
Take Me Home Update

Quarterly Provider Meeting

Arlene Hudson, Director of Medicaid Operations
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Department of
Health & Human Resources
BUREAU FOR
MEDICAL SERVICES

Overview

Take Me Home, West Virginia (TMH) was a federally funded demonstration grant program that provided many individuals who wanted to transition from long-term care facilities (such as nursing homes) to the community. Many individuals wishing to transition from long-term care facilities to the community often face numerous obstacles including lack of money for rent and utility deposits, lack of basic household items and furniture, limited community supports and no one to assist in the development of an effective transition plan.

Overview Continued

The demonstration grant has been functioning for approximately 6 years now. Systems involving intake processes, assessment processes, paperwork, staffing etc. have been developed during the demonstration grant. Information and data have been gathered regarding what was most helpful and what was not most helpful. How can individuals in this situation be assisted to ensure a successful transition into the community?

Changes

- The demonstration grant period will be ending effective 9/30/20.
- While the Money Follows the Person grant is funded through September 2020, the transition program of MFP will end as of December 31, 2019.
- With this will come changes for how this program will continue to function as its effectiveness has been determined.
- Transition services will be incorporated within both the ADW and TBIW programs (the applicable parts of ADW and TBIW policy are currently posted on the BMS website for 30-day public comment).
- These policy changes will go into effect on January 1, 2019.
- A person will no longer have access to TMH program to transition out of a facility solely with Personal Care. However, if a person is dually eligible for PC and ADW/TBIW, that person could access TMH program.
- We are now going to go over the changes that will be implemented in the TMH program once incorporated into the ADW manual.

Changes

- The official name will be the Take Me Home (TMH) Transition Program.
- The program is a program of the West Virginia Bureau for Medical Service (BMS).
- BoSS will contract day-to-day operational duties to Metro AAA which will employ the Transition Manager, the Transition Coordinators and a part-time clerical position to assist Transition staff.
- Current TMH WV staff will act in a consultation manner to guide and direct the program during implementation until the end of the demonstration project.

Changes

- The purpose of TMH will continue to be to identify qualifying residents of long-term care facilities who wish to return to their own homes and apartments in the community and provide them the supports and services they need to do so.
- Transition navigators will become Transition Coordinators and their duties will basically remain the same.
- There will be five Transition Coordinators and one Transition Manager.

Transition Services Available

There are two services available to assist individual in transitioning back to the community beginning on January 1, 2019. The two new services include:

1. Pre-Transition Case Management – This service is to develop a Service Plan and ensure that the needed community services and supports are in place on the first day of the participant's return to the community; and
2. Community Transition Services – This is a one-time expense that addresses identified barriers to a safe and successful transition from facililty-based living to the community.

Pre-Transition Case Management

Procedure Code : T1016 U1

Service Unit: 15 minutes

Service Limits: 24 units

Prior Authorization Required: Yes

Purpose: To ensure that waiver services are in place the first day of the participant's transition to the community.

Pre-Transition Case Management Cont.

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Limits:

Individuals eligible to receive this service:

1. Live in a nursing facility, hospital, IMD, or a combination of any of the three for at least 90 consecutive days; and

2. Have been determined medically and financially eligible for the ADW program; and

3. Wishes to transition from the facility-based living to their own homes or apartments in the community consistent with the Centers for Medicare and Medicaid Services (CMS Setting Rule (1915(I)); and

Pre-Transition Case Management Cont.

4. Have a home or apartment in the community to return to upon leaving the facility that is consistent with the CMS Settings Rule (1915(i); and

5. Require waiver transition services to safely and successfully transition to community living; and

6. Can reasonably be expected to transition safely to the community within 180 days of initial date of transition services.

Community Transition Services

Procedure Code: T2028 U1

Service Unit: Unit = $1.00

Service Limit: 4000 units

Prior authorization required: Yes

Service Definition: These are the primary waiver services available to support qualifying individuals' safe and successful transition from facility-based living to the community. Community transition services are one-time expenses necessary to support individuals wishing to transition from a nursing facility, hospital or IMD to their own home or apartment in the community. Allowable expenses are those necessary to address identified barriers.

Community Transition Services

- Limits: See listing in manual posted on BMS Website for a detailed list which is not an all inclusive list but one that has some of the most common requests.
- Any service or support that does not address an identified need in the transition plan, or decrease the need for other Medicaid services, or increase the person's safety in the home, or improve and maintain the person's opportunities for full membership in the community is excluded.
- A fiscal Management Services vendor will be responsible for validating vendor qualifications prior to processing invoices and verifies that the item is on an approved transition plan.

Questions

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EVV UPDATE

EVV Systems

On December 13, 2016, the 21st Century Cures Act (Cures Act) was enacted into law.

The Cures Act is designed to improve the quality of care provided to individuals through further research, enhanced quality control, and strengthened mental health parity.

Section 12006 of the Cures Act requires states to implement an EVV system for:

- Personal Care Services (PCS), which are defined as any hands-on direct care services, such as those provided in any of the following programs:
  - Aged and Disabled Waiver (ADW)
  - Traumatic Brain Injury (TBI) Waiver
  - Intellectual/Developmental Disabilities (I/DD) Waiver
  - State Plan Personal Care Program

- Home Health Care Services (HHCS)

EVV applies to services rendered in the home and in the community under Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)

EVV Key Updates

OH.R.6042 — 115th Congress (2017-2018): To amend title XIX of the Social Security Act to delay the reduction in Federal medical assistance percentage for Medicaid Personal Care Services furnished without an electronic visit verification system, passed the Senate on July 17, 2018, and was signed into law July 30, 2018. This amendment extends the PCS deadline to January 1, 2020. The bill also excludes specified services from such verification system requirements, including inpatient hospital services and 24-hour residential group home services. No changes were made to the HHCS deadline of January 1, 2023.

EVV Key Updates

DHHR has started the process to procure an EVV solution through the request for proposal process (RFP). The RFP process will allow DHHR to select a solution and vendor with a focus on similar experience, strategic innovation, and best of breed commercial off the shelf (COTS) solution, while also taking costs into consideration. The request has been submitted, but permission to pursue an RFP has not been finalized.

The next meeting will occur in January. An announcement with date and location will be sent out.

For more information see the EVV website:

https://dhhr.wv.gov/bms/Programs/WaiverPrograms/EVV/Pages/default.aspx

EVV Open/Hybrid Model

The State of West Virginia has chosen the Open/Hybrid Model

State Procured Solution

- Burden of procurement is the responsibility of the State
- Cost of procurement is the responsibility of the State
- State is responsible for maintenance and updates to the system
- Upgrade options available for providers to implement, at cost to them

Provider Owned Solution

- Burden of procurement is the responsibility of the provider
- Cost of procurement is the responsibility of the provider
- Providers are responsible for providing evidence that their system complies with the requirements of the Cures Act, DHHR, and the data aggregator, as well as any associated costs

EVV Update

- On October 16, 2018, we had the last EVV Stakeholder meeting.
- At that meeting, we completed a gallery walk where participants had the opportunity to learn about different methods of EVV such as GPS solution, mobile cellphone solution, Caller-ID with web clock verification, QR Code, landline, etc.
- Once the providers completed the walk to the four different stations, they composed a list of still unanswered questions about the different technologies and completed a presentation about their assigned technologies.

IMS

Incident Management Reporting

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- If you learn about it, you report it!
- This can mean one of two things:
  - You are an IMS user and you physically sit down and enter the report into IMS within 1 business day of learning of the incident.
  - You are not a user, but you immediately contact the IMS user for your agency and ensure that person enters the report into IMS within 1 business day of learning of the incident.

How to Avoid Incident Noncompliance

- Enter the incident or cause entry of the incident into IMS within 1 business day of learning of incident.
- If the report is for a critical and/or abuse, neglect, exploitation incident (including death of person on program), follow-up must be entered within 14 days of learning of the incident.
- The agency should complete whatever follow-up is necessary on these incidents within 14 calendar days of learning of the incident. The agency must reflect this completion of duties by marking the Incident Complete box in the Incident follow-up section of the IMS.
- By reporting incidents as appropriate to APS, law enforcement, etc. you have completed the agency's part. You do not have to wait until these investigations by other bodies are completed.

How to Avoid Incident Noncompliance

- Unless you have located the section of the report entitled Incident Follow-ups and clicked on the Create New hyperlink, you have not entered follow-up appropriately for the incident.
  - Many users with experience in the old IMS are using the extra text box in the main screen of the incident to enter follow-up and this is resulting in noncompliance of many incidents.
- If the report is of the simple type, the report will lock automatically upon saving and there is no way to enter follow-up. Follow-up is not required on simple incidents and therefore should not be completed anyway. The old IMS allowed for it even though it was not required. The new IMS does not.

How to Avoid Incident Noncompliance

- If a critical incident goes past timelines for follow-up to be entered, you must request an Incident Modification to have it unlocked. To do this, scroll down to section of report entitled Incident Modification Request and click on Create New hyperlink (this will only appear if the incident is actually past timelines). You will be given a box into which you type the reason you need the incident unlocked.
- Once you have requested the modification, Cece and I will get a notification to unlock the incident. We have been sending emails to the reporters to let them know the incident is currently unlocked and that they only have 1 business day to enter the follow-up and mark the Incident Completed box.
- The incident will automatically relock after 1 business day.
- We will not unlock simple incidents because they do not require follow-up.

How to Avoid Incident Noncompliance

- Recently Cece and I have been sending emails to users to inform them that they are nearly noncompliant on an incident to enter follow-up. The email lets the user know which day of 14 they are on. We get this information from the yellow button of the IMS homepage entitled Near Noncompliant Incidents. You, too, have access to this same yellow button.
- We are completing this presentation in an effort to reduce user reliance on emails from us.
- We look forward to the day when we no longer have to send these emails and when our IMS reporting compliance rate raises above the minimum that CMS requires. They require at least 85%.
  - We are currently at 81% compliance with these two performance measures for ADW.
  - We are currently at 75% compliance with these two performance measures for PC.

QUESTIONS

Contacts

West Virginia Department of Health and Human Resources
Bureau for Medical Services
Home and Community-Based Services
Phone: 304-558-1700
Website: www.dhhr.wv.gov/bms

LuAnn Summers, ADW Program Manager
Phone: 304-356-4913
Fax: 304-558-4398
Email: Luann.S.Summers@wv.gov

Teresa McDonough, Personal Care Program Manager
Phone: 304-356-4924
Fax: 304-558-4398
Email: Teresa.M.McDonough@wv.gov

Contacts (Cont.)

West Virginia Bureau of Senior Services

Phone: 304-558-3317 or 877-987-3646

Fax: 304-558-6647

Website: www.wvseniorservices.gov