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

Quarterly Provider Meeting

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Flatwoods, West Virginia

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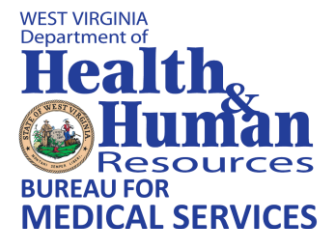
Agenda

- **Provider monitoring clarifications**
- **New IMS**
- **Medicaid Fair Hearings**
- **EVV Update**
- **Independent Case Management Update**
- **Quarterly Questions, Answers and Announcements**

Provider Monitoring Clarifications

- Max hours in service level
- Writing a PAL/POC that indicates that environmental services will be performed in person's area only
- Justification in assessment for why informal supports are unable to assist
- Number of hours of service per day varies but duties written on PAL/POC are exactly the same
- Travel outside of area to access stores/restaurants that are not close to person's home community in ADW

- It is possible and permissible for the maximum hours to be used monthly for the service level assigned to the person as long as the time is justified (use of nursing judgment for PAL/ use of Standards of Care for PC).
- If something occurs that necessitates extra hours to be worked by the ADW PA to stay over, then that time will not be billable to the ADW program (but provider will still have to pay the PA). In PC, if some time during the year, you overshoot and bill more hours than are possible for the month, you would need to adjust later months to ensure billing for the rest of the person's service year.

- When writing a PAL/POC, if informal supports live in the home and are unable to assist with environmental duties, it must be indicated on the PAL/POC that the member's area only will be dusted, straightened, mopped, etc.
- When the RN does not include this qualifier on the PAL/POC, it appears as if the PA/DCW is doing these duties for the entire home. By including this indication, it serves as a reminder to the PA/DCW that those are the only areas to be addressed and also can keep the entire household clear on exactly what the PA/DCW will be cleaning.

- If the assertion is that the informal supports present in the home are unable to assist with some or all of the environmental duties, you must indicate this on the assessment and service plan in ADW or on the RN assessment in PC.
- Please keep in mind that this should be an inability to assist, not an unwillingness to assist because Medicaid is supposed to be the payer of last resort.
- BoSS does not require any type of doctor's excuse or other proof of the informal supports' inability to assist.

- If you serve a person in either ADW or PC and the PAL/POC states varying hours for different days but the exact same duties are listed for all of the days, it does not make sense.
- If you can bathe, dress, and groom Mr. Smith and do his laundry and clean his apartment in 4 hours on Monday, why would it take 6 hours on Wednesday and then 5 hours on Friday?
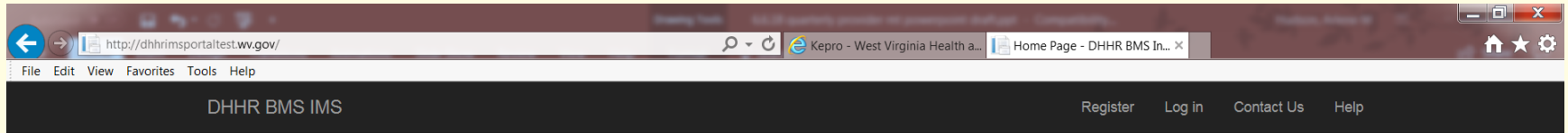
How far is too far?

- The point of Home and Community Based Services (HCBS) is to allow a person to live in the community and also allow them the opportunity to participate in their home community (especially in ADW).
- So the question then becomes, what defines a person's home community? Is it anywhere the person wants to go? Is it only within so many miles of that person's house?
- You, the providers, are part of these communities so if you live in Clendenin, WV, what do you and other people who live in Clendenin consider your home community? Does it only encompass Clendenin? Does it sometimes include Elkview if you want to go to Kroger because Smith's is too expensive? Does it sometimes include the city of Clay if you want to go to the Golden Delicious festival? Does it include Morgantown if you want to go to Oliverio's? Would other people in Clendenin consider Morgantown part of their home community?

NEW WV IMS FOR ADW AND PC

- The "Go Live" date of the new WV Incident Management System (IMS) for both ADW and PC is expected to occur on July 2, 2018.
- In preparation for this implementation, directors of ADW and PC agencies will be receiving emails that prompt them to register in the IMS portal. The subject line of the email will be Agency Director Registration.
- Directors will click on the link in the email which will take them to the IMS portal. Once in the portal, directors will follow the prompts to register.

IMS Home Page

IMS Registration Page

IMS User Roles

The new IMS is set up using different roles for the users. Your user role determines how much information you see in IMS.

- Agency Director is the role in IMS that can see the most information. This information includes all programs for which the provider agency operations (ADW, PC, IDDW, TBIW) and all reports entered about any of those programs for that provider agency.

- Program Administrator is the role in IMS that approves and monitors system access for one or more office locations.

- Program Supervisor is the role that reports and monitors incidents entered by one or more of their employees.

- Agency User is the role that manages cases and enters incidents – can only see what he/she entered into IMS.

IMS User Roles

All of the roles have the ability to enter an incident into IMS.

- If you are the agency director, you can see all of the information entered for your entire agency.

  - As the director, you are in control of who accesses the IMS for your agency and assigns the roles to agency that are approved to use the IMS.

- If you are the program administrator, you can see of the information for your program for all of your office locations.

- If you are the program supervisor, you can see the information about your program and all information that the people you supervise enter into the IMS.

- As an agency user, you only see what you entered and nothing else.

All incidents must be entered into IMS within one business day of learning of the incident.

Incidents that happened off-hours (when no ADW or PC service was scheduled) still HAVE to be entered into IMS. For example, if Mr. Smith fell last night on his way to the bathroom and your PA learns about the fall this morning when she arrives to do PA services with him, then she must report this information to the RN and the RN must ensure that the incident is entered into IMS within one business day.

Incident follow-up or investigation must be conducted within 14 days of learning of the incident.

Any incident that is marked "abuse, neglect exploitation" must have a corresponding date reported to APS.

Types of incidents

- There are two types of incident:
  - Simple – meaning that no follow-up is required. Examples of simple incidents are falls and accidents that can occur in the home or out in the community that do not require treatment beyond first aid, if that. In the new system, once you save a simple incident, it is locked and will not be available for editing.
  - Critical – meaning that follow-up is required within 14 days and the provider agency RN or CM is expected to complete an investigation about the incident. Examples of critical incidents are falls that require EMS response, trip to Emergency Department, or to Primary Care Physician (PCP); unsafe physical environment in which the safety of provider staff is an issue; disruption of planned services for any reason that compromises the health and safety of the person; etc.
- Critical incidents can include events that resulted from abuse, neglect or financial exploitation. Those incidents require follow-up within 14 days and also are required to be reported to APS/CPS by calling 1-800-352-6513, and may need to be reported to the police as well.

Other incidents and entries of note

- Deaths:
    - Unanticipated/Unexplained deaths must be reported in IMS for PC cases.
    - All deaths must be reported in IMS for ADW cases.
- The agency director or their designee is required to report monthly if there are no incidents for the month so that means there should be some activity from your agency every month whether it is in the form of an incident report or in the form of an entry to let BMS know your agency had no incidents for the month.
- Hospitalizations are not to be reported in the new IMS. That data has not been required in IMS for quite some time. When a person is unable to receive ADW services because they are in a facility, the provider will do a member hold in ADW CareConnection®. There is no commensurate function in the PC CareConnection®.
- If something occurs in an ADW or PC case that is severe enough to lead to the provider requesting closure of the case, then a report must be entered into IMS.
- It is the agency's responsibility to help ensure the safety of the person/member. Within the scope of your operation as a provider, you must plan with the person/member, community resources, the Operating Agency and BMS to consider options that will ensure safety.
- If at any time, the Operating Agency, BMS or APS/CPS requests additional information on a case, you must cooperate fully.

New Features in the IMS

- When you enter follow-up in the new IMS, you will also have the ability to mark a box to indicate that you have resolved the situation to the best of your ability and completed actions that you need to do (example included: reported it to APS/CPS, reported it to police, requested closure of case, educated person about fall prevention, etc.).

- You will have the ability to request an incident modification in the new IMS. This feature can be used to correct typos or incorrect information entered into the system.

- The new system has reporting functions. Directors can run these reports and use the data in their agency's Quality Management Plan. Supervisors can use these reports to ensure that their employees are completing follow-up in a timely fashion. Users can use the reporting functions to create their own ticklers.

Medicaid Fair Hearings

Medicaid Fair Hearings

- Testimony in Medicaid Fair Hearings has become increasingly more important.

- After much discussion with the Board of Review (that is the body for which the hearing officers work) and BMS, the preference is that witness testimony be first-person testimony.

- Much of the documentation submitted to support closure is hand-written and difficult to decipher.

  - The presence of the person who originated the documentation allows cross-examination and also the ability to clarify unclear or ambiguous information.

Electronic Visit and Verification Update

Electronic Visit and Verification (EVV)

- Stakeholder group is being formed, first meeting tentatively set for 6/27/18 in Charleston with phone capabilities

- Website has been developed:

    https://dhhr.wv.gov/bms/Programs/WaiverPrograms/Pages/

    Electronic-Visit-and-Verification-(EVV).aspx

- Email box set up for questions:

    DHHRBMSEVV@wv.gov

Electronic Visit and Verification (EVV)

- The State will move forward with requesting the "good faith effort" deadline extension for EVV deployment. If an extension is granted, up to an additional year will be allowed for the implementation of phase one of the Act, ending 12/31/2019.

Independent Case Management Update

Independent Case Management (ICM)

- As of 2020 in conformity with CMS requirement, agencies may not provide Case Management and Personal Attendant services to the same ADW recipient.

- Additional information will be provided later by BMS.

Quarterly Questions, Answers and Announcements

- The Continuing Certification Review is fast approaching. You must have all of your staff entered into the CCR system and the affidavit completed by 7/31/18. Jennifer Fazzolari is the point person in our office to assist with any questions you have about the process of the computer system. Her phone number is 304-558-3317, ext. 143.

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