

Chapter 501 Aged and Disabled Waiver (ADW) 2020 Renewal Proposed Policy Changes

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

Agenda

- Introductions
- Process and Definition of Stakeholder Input
- ADW Provider Manual: An Overview of Suggested Changes
- Overview: Centers for Medicare and Medicaid Services (CMS) Requirement of Manual Changes
- Feedback and Recommendations
- Questions

Introductions

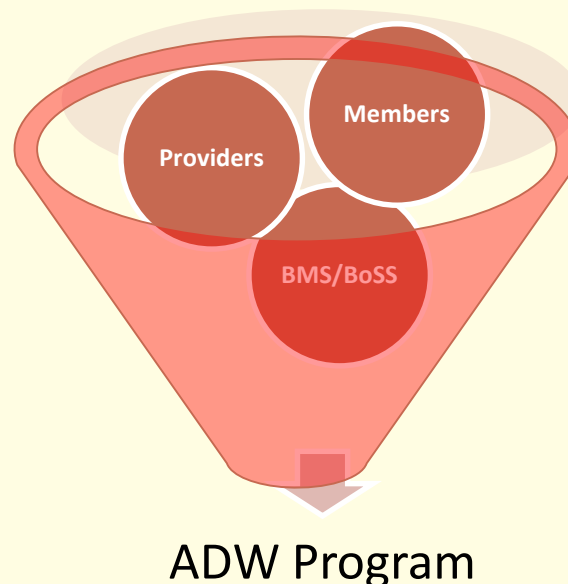
Stakeholder Input Process

Stakeholder Input Process

- The stakeholder input process will be explained by the Bureau of Senior Services' (BoSS) staff.
- Proposed changes will be reviewed.
- Some of the changes are mandatory either by law or by federal requirement.
- Some changes are suggestions from many individuals and entities who have a stake in the program.
- Following the review of the proposed changes, we will ask individuals to provide your suggestions. Each person will be allotted two minutes to speak. A microphone will be provided.
- For those who do not feel comfortable speaking in front of a group, comment forms will be made available for your suggestions. Written comments will be collected at the door.

What is Stakeholder Input?

- A stakeholder is a person or entity that is affected. That is you.
- Input is a place where ideas enter a system. That is the Waiver forum. We all have ideas that may lead us to a better program. What are your ideas?



Ideas on Member Stakeholder Input

- Please listen to the proposed changes and think about how it might affect you.
- What changes do you suggest to the ADW program?
- What do you think will improve ADW services to you or a family member?
- How could the program be changed to positively impact you or a family member?
- What is important to you to ensure your workers are qualified and the services meet your needs?

Members and families, please note that anything in “red” on the slide means that it is more likely to affect you directly. Please pay close attention to those areas.

Ideas on Provider Stakeholder Input

- Please listen to the proposed changes to consider how it will impact the program and your provider agency. Please let us know your feedback.
- What other changes do you suggest to the overall ADW program?
- As a provider, what do you think would improve ADW services?
- What should be changed or added to the policy or services?
- How can we improve member health and welfare, ensure qualified providers and financial accountability?

ADW Provider Manual: An Overview of Suggested Changes

ADW Suggested Manual Changes

- Limit the number of participant transfers to three per quarter.
- Add verbiage to the ADW manual better defining member hold and require that a member hold be done each time a participant goes without services for an extended time.
- Add transport for non-Medicaid medical appointments.
- Change case management caseload size.
- Adjust amount of time for a temporary caseload size.
- Add Personal Attendant (PA) service requirement (monthly) to PA section in manual.
- Add no services for 30 days for a case closure reason.
- Establish specified time for cases for “emergency environment activities.”

ADW Suggested Manual Changes (Cont.)

- Clarification regarding legal representatives.
- Remove wellness scale.
- Add no new PA businesses located in a residence.
- Clarify safety reasons for discontinuation of services.
- Increase self-direction in planning and service process.
- Increase self-direction language in the manual.
- Change random 10% sample under validation reviews.

ADW Suggested Manual Changes (Cont.)

- Add safety training to address entering unsafe environments.
- Add training on relationship boundaries between ADW participants and PAs.
- Provide clarification of duplication of services.
- Add a Public Partnerships, LLC (PPL) assessment to determine the following:
 - Is the individual able to self direct?
 - Does the individual need a program representative?
 - Should the individual transfer to traditional?

ADW Suggested Manual Changes (Cont.)

- Additional requirements for initial provider certification
 - Provisional Provider for one year period
 - Business plan
 - Six months operating costs

ADW Suggested Manual Changes (Cont.)

- Continuing Certification:
 - Provisional certification based on result of score of 84% or less.
 - Plan of Correction (POC) to address and improve score.
 - We will not gather information regarding PA staff training and CIB's during this process.
 - Is the CPR instructor certified? What qualifications does the professional have that make them a documented specialist?
 - Review process will concentrate on agency process with Incident Management and reporting focusing more on health and safety of individual and mortality of ADW participants.
 - Mortality reporting will be the responsibility of the agency that discovered the death.

ADW Suggested Manual Changes (Cont.)

- No span billing will be allowed across calendar months.
- Once individual National Provider Identifier (NPI) numbers (see slide 18) assigned to PAs, daily billing will be mandatory.

Overview: CMS Requirement of Manual Changes

CMS Required Manual Changes

- Conflict-free Case Management Requirements per 42 CFR (Code of Federal Regulations) 441.301:
 - “Providers of Home and Community Based Services (HCBS) for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual, must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.”

- **Electronic Visit Verification (EVV)**
 - The 21st Century Cures Act requires states to implement an EVV system by January 1, 2020 for Personal Care Services and January 1, 2023 for Home Healthcare Services.
 - Provider staff will use an EVV system to track and report their work time.
 - EVV identifies financial accountability, increases efficiency through electronic billing, reduces unauthorized services, improves quality and accuracy of service, and reduces fraud, waste and abuse.
 - For members, verifying when the person comes to your home will help make sure you receive your services that are on your plan and they are billed the right way.

Federally Required Manual Changes

- **Individual NPI numbers**
 - NPI number is a unique, ten-digit identifier that is issued to all healthcare providers.
 - It allows for accurate, efficient electronic submission and tracking of standard transactions.
 - Currently, each ADW provider agency has its own NPI number via which all services provided by the employee of that agency are billed.
 - This potentially allows for errors resulting from intentional or unintentional duplication of service.
 - The State is considering assignment of NPI numbers to individual agency employees that will be associated with the provider's EVV system.
 - For members, this could ensure that services are provided/billed according to your plan.

Stakeholder Input Session

- **Feedback:** Please raise your hand if you want to provide feedback. We will bring you the microphone for you to speak for up to two minutes. Cards are being handed out for those who wish to provide written feedback.
- **Recording:** We will keep a record of the suggestions so we can review the feedback in its entirety.
- **Recommendations:** We appreciate all of your recommendations and will take them into consideration.

Questions?

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