# Aged and Disabled Waiver (ADW)

# Policy Manual Training

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

# Agenda

- Chapter 501, ADW Policy Manual Update
- Electronic Visit Verification, National Provider Identifier
- Personal Emergency Response Service (PERS)
- Transfer Process
- Conflict-Free Case Management
- Case Manager and Resource Consultant
- Self-Direction and Personal Attendant Log (PAL)
- Changes in Forms: Assessments, Plans and Monthly Log

# Chapter 501, ADW Policy Manual Updates

# Chapter 501, ADW Policy Update

New Systems:

- As of March 1, 2021, in coordination with the implementation of Electronic Visit Verification (EVV), direct-care workers are required to have National Provider Identifier (NPI) numbers.
- Direct-care workers who live with the member are NOT required to use EVV.
- Implementation of case managers using EVV is suspended due to COVID19. Providers will be notified prior implementation.
- Through Gainwell Technology, providers must associate the worker and case manager's NPI number with the agency.

# Chapter 501, ADW Policy Update (Cont.)

Direct-care workers and EVV:

- Direct-care workers must utilize Electronic Visit Verification (EVV).
- Exception:
  - Workers who live in the home with the members.
- Implementation began on March 1, 2021.

Case managers and EVV:

- All case managers must utilize EVV (on hold as of April 1, 2021).
- Exception:
  - None
- Implementation date: To be announced (public health emergency). Providers will be notified prior to implementation date.

# New Service Codes and Modifiers

| Aged and Disabled Waiver Service Codes | | | | | |
|---|---|---|---|---|---|
| **Service Model** | Lives | Service Name | Service Code | Modifier | Modifier |
| **Traditional** | N/A | Nonemergency Medical Transportation | A0160 | U5 | |
| **Personal Options** | N/A | Nonemergency Medical Transportation | A0160 | U4 | |
| **Traditional** | Lives in the home | Personal Attendant Services | S5130 | UK | |
| **Traditional** | Does not live in the home | Personal Attendant Services | S5130 | | |
| **Personal Options** | Does not live in the home | Personal Attendant Services | S5130 | U1 | |
| **Personal Options** | Living in the home | Personal Attendant Services | S5130 | U1 | UK |
| **Traditional** | N/A | Personal Emergency Response (PERS) | S5161 | U6 | |
| **Personal Options** | N/A | Personal Emergency Response (PERS) | S5161 | U6 | UK |
| **Traditional** | N/A | Case Management | G9002 | | |
| **Personal Options** | N/A | Case Management | G9002 | U1 | |

# Transfers

Prior authorizations will now be linked to the provider as well as the member. What does that mean?

- Transfers will continue to occur in Care Connections.
- When the member transfers, an updated prior authorization with the new provider agency will be sent to Gainwell Technology to allow for claims processing.
- Services provided prior to the effective date of the transfer, may be billed by the previous agency.
- Services provided on or after the effective date of the transfer may be billed by the receiving agency.

# Case Management Transition

- ADW will implement a gradual transition to Conflict-free Case Management (CFCM).
- All initial members or members who transfer will choose a nonconflicted case management agency.
- At the time of the medical evaluation, non-conflicted provider selection options will be offered to the applicant.
- *Personal* Options members will be required to have case management services. However, this will only be implemented upon initial and transfers.
- Due to COVID19, transition to full CFCM will be suspended for the remaining members.

# ADW Forms Update

- The Person-Centered Assessment has been separated into two documents.
- In the Traditional Service Model there will be two assessments:
  - Case Management Assessment and the Registered Nurse (RN) Assessment.
- In the *Personal* Options Service Model, there will be two assessments-Case Management Assessment and *Personal* Options Assessment.
- The case manager will develop the Service Plan.
- The Personal Attendant Log (PAL) is no longer a part of the Service Plan. However, the plan period should be the same.
- The RN develops the PAL based on the Service Plan.
- Both the case manager and the RN will be required to participate in Service Plan meetings (for *Personal* Options, it will be the case manager and the resource consultant).

# Planning Meetings

- For traditional services, the case manager, RN and the member will participate in the Service Planning meeting.
- For members with dual services, the personal care RN will join the planning team.
- The RN will develop the PAL with the member and provide the PAL to the case manager.
- For self-directed services, the case manager, resource consultant and the member will participate in the Service Planning meeting.
- The resource consultant will assist the member with the PAL.
- The Service Plan, PAL and assessments must be uploaded in Care Connections within two weeks of completion.

# Case Manager Qualifications (Update)

- A case manager may be hired with a bachelor's degree in a human services field.
- The new case manager will be required to be certified.
- Certification is obtained through the ADW Case Manager Training Module on the State Learning Management Center.
- Successful completion and competency will be required for certification.
- The new case manager module on the Learning Management System (LMS) website is located under the West Virginia Department of Health and Human Resources (DHHR) domain which is separate from the Bureau of Senior Services (BoSS) domain, which holds the other training modules. The person will be required to set up a separate account for this training.
- The case management agency will be required to maintain evidence of certification within the case manager's personnel file.
- Monitors will request to see the case manager certification at time of review. ,

# CFCM Exceptions

- Conflicted agency exceptions will be considered when there is not an available agency in the area or for cultural reasons.
- The member may request the exception by submitting the Request for Exception Form to the Bureau for Medical Services (BMS).
- BMS will review the request and provide notification of the decision.
- If the member disagrees with the decision, the member may file a Member Grievance with the Operating Agency (OA).
- Once an agency is available or at the time of the member's anchor date, the member is required to choose among nonconflicted agencies in the area.

# Case Manager Affidavit

- If an exception has been approved by BMS, the case manager must sign a Conflict-Free Affidavit.
- The form must be kept in the member file and in place for each exception approved.
- By signing the form, the case manager is verifying that the case manager does not and will not have areas of possible conflict as outlined on the form.
- The affidavit must be provided to the OA monitors upon agency review.
- The affidavit must be provided upon request by the OA or BMS.

# Director Attestation

- Annually, the case management agency director and owner of the agency must sign an Attestation.
- The attestation verifies that the director does not and will not have a conflict of interest.
- The attestation is included in the case manager agency certification.
- The agency will be required to maintain the copy of the attestation on file at the agency.
- ADW monitors will request the attestation upon review.
- The agency will be required to provide the attestation to the OA upon request.

# Personal Emergency Response Unit

- Members may choose the Personal Emergency Response Service (PERS) as a new service.
- The service is available as of April 1, 2021.
- PERS must be included on the Service Plan prior to receipt of the service or billing for the service.
- Provider agencies may choose a vendor to provide the service.
- Provider agencies will then bill for the PERS unit.
- For *Personal* Options member, the PERS unit will be outside the budget.

# Personal Attendant Log Update

- The Wellness Scale has been removed (page two).
- The personal attendant comments section has increased space for comments (page two).
- The box for “1:1 Services” has been removed. Personal attendant service is a 1:1 service and there are no other options (page one).
- The Transportation section has been clarified (page two).

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# Self-Direction
# and
# Personal Attendant Log (PAL)

# Self-Direction and the PAL

Self-Direction Increase:

- No Longer Indicate the Day of the Week: It is not required to document on the PAL the day of the week that the activity is to be performed.
- Frequency of Activity:  RN must document on the PAL the frequency that the activity is to be performed (example: twice a week, weekly, daily, every other day, etc.).
- Mark an “X”: Worker will mark an “x” in the box beside the activity to indicate the activity was completed. The worker will no longer need to initial in the box. Worker continues to sign page two of the PAL when all services are completed for the time frame on the PAL.
- Member Health and Welfare: This change increases the responsibility of the RN. The RN will need to ensure the health and welfare of the member. Example: If the member has not wanted a bath in a matter of days, the RN must document the health status upon review of the PAL. The Personal Attendant will report issues to the RN.

# *Personal* Options and Case Management

- The Service Plan will be developed by the case manager.
- The resource consultant will assist with the PAL.

# Case Manager and the Resource Consultant

- *Personal* Options members will receive case management.
- The case manager will continue to have case management responsibilities as outlined in the ADW policy manual.
- The resource consultant will continue to have the fiscal/employer agent (F/EA) responsibilities as outlined in the ADW policy manual.
- Any task that is listed as a case manager responsibility that was performed by the resource consultant will shift over to the case manager.
  - Example: The Medical Necessity Evaluation Request (MNER).

# Continuous Quality Improvement

- The ADW Program conducts continuous quality improvement.
- BMS directive is that we can and will conduct continuous quality improvement with systems and forms.
- Any changes will have a date of implementation.

# Service Plan Meetings Time Frame

Initial Service Plan Meeting:

- Initial Contact: The case manager must contact the member within seven days to schedule the Service Plan Meeting.
- Initial Meeting: The meeting must be held no later than 14 days. The assessments must occur before the 14-day time frame. Personal Options members will need the full 14 days. The case manager must work closely with the resource consultant.
- Six-Month Service Plan Meeting: From the date of the last Service Plan, the Service Plan is due within the last month of the six months time-frame. This prevents the plan from being out of compliance. Example: The Service Plan is completed in December, then it is due in June.
- Annual Service Plan Meeting: From the date of the last Service Plan, the Service Plan is due within the last month of the six months time-frame. This prevents the plan from being out of compliance. Example: The Service Plan is completed in December, then it is due in June.
- Transfer: The case manager coordinates services.
- Dual Services: The case manager coordinates the meeting.

# Case Management

- Frequency of home visits have increased to quarterly home visits (this is suspended during the Public Health Emergency and Appendix K).
- Minor changes have been made to the Case Management Monthly Contact Form.
- The limit on case manager caseloads has been removed.

# Transfers

- Case managers will be responsible for coordinating a member transfer.
- Coordination means “contact providers to determine ability to accept the transfer and effective date of the transfer.”
- In CFCM, the case manager determines whether a provider has a worker and when the provider can send a worker into the home.
- The case manager will upload Provider Selection Forms and request the transfer in Care Connections.
- BoSS will approve the transfer in Care Connections.
- The case manager will call agencies to find an available worker.

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