

## AGENDA

- Program Updates
  - Electronic Medicaid Waiver System (EMWS) platform updates
  - Partnership Access Line (PAL) consultations
  - Informed consent of rights restrictions
  - Requirements for as needed psychotropic medications
  - Case Manager Demonstration of Understanding form
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  - Releases of Information
- Monthly Training Session - Plan Status and Individual Preference screens in EMWS - [Sliddeck](#)

## TOPICS

### Electronic Medicaid Waiver System (EMWS) platform updates

The Electronic Medicaid Waiver System (EMWS) and Information Management for Providers system (IMPROV) will move to a new web server in the next few weeks. This move will change the authentication process and how users log in. Case managers will receive an email with the new web address and guidance on how to log in for the first time. Users may log in using Google or may opt to use another email address to login. The system will link users to their current profile and send a notification to Division staff for final approval and determination of role. Once the user is logged in, EMWS and IMPROV will look just as they do now and will function the same. The only change will be the login process due to the server change. Instructions and additional information will be sent out when the date of the move to the new server is determined.

### Partnership Access Line (PAL) consultations

The Division has updated the Partnership Access Line (PAL) consultation process in an effort to simplify the process for the prescribing medical professional and the PAL administrator. The updated process flow may be found on the [Forms and Reference Library](#) page of Division website, under the *References/Tools* tab.

When a PAL consultation is requested by the Extraordinary Care Committee (ECC), the PSS will fax the ECC letter to the PAL administration so the administration understands what the request is for. The case manager should share the letter with the prescribing physician so that he or she understands the request as well. The PAL administration will call the prescribing medical professional to schedule the consultation. Once the consultation is complete, the PAL administration will submit a report to the prescriber. The prescribing medical professional should share the report with the case manager and team so that decisions may be discussed.

PAL consultations may be requested by the prescribing physician outside of ECC requests by calling the PAL line as outlined on the PAL website, which is listed in the process flow. Please contact your Participant Support Specialist (PSS) with any questions.

### Informed consent of rights restrictions

In order to obtain informed consent, teams are required to furnish a participant with information sufficient to allow the participant to understand and give approval for the implementation of the plan of care and behavior

support plan. Case managers have a duty to provide an explanation in terms that the participant can understand, and assist the participant with the decision-making process.

Capacity refers to a participant's ability to understand the significant benefits and risks of receiving or not receiving waiver services. It is question- and decision-specific and should be documented relative to each decision. Capacity to consent should be assessed and documented by the team. A participant is presumed to have capacity to make a decision regarding their services. **Having an intellectual disability does not automatically preclude an individual from being able to give informed consent, nor does the lack of a guardian or conservator automatically mean an individual is capable of giving consent.** Consent must be given voluntarily; allow sufficient time for the participant to understand, consider the information, and ask questions. If the participant requests additional information, provide a timely response. Consent must be related to a proposed treatment plan. The person obtaining consent should be knowledgeable and well-informed about the support needs of the participant and proposed services. Consent must not be obtained through fraud, coercion, or misrepresentation.

In the event that the participant has a guardian, the same steps must be followed. If the participant does not consent but the guardian wishes to continue, then the case manager needs to note the steps that were taken to discuss the option with the participant, his or her response, and the guardian's decision to move forward with the restriction.

### Requirements for as needed psychotropic medications

If a participant uses a PRN medication that has been prescribed by a licensed medical professional to help manage stress, anxiety, or behaviors, they should have a PRN protocol, which can be presented as a specific document or included as part of the positive behavior support plan. The protocol should be reviewed at least every six (6) months by the provider(s) and the case manager to assess the effectiveness of the plan, and include specific guidelines for tracking and analyzing: (a) the antecedents related to the occurrence of a targeted behavior, (b) the actual behavior(s) displayed, and (c) the results of positive behavioral interventions. The protocol must be included as a formal component of the individualized plan of care.

The Division issued a provider bulletin regarding PRN psychotropic medication on August 1, 2019, which can be found on the [Providers and Case Managers](#) page of the Division website, under the *Provider Bulletins* toggle. More information on this topic will be presented during the February 2020 Case Manager Support Call.

### Case Manager Demonstration of Understanding form

During the case manager initial certification and certification renewal process (certification process), the Division of Healthcare Financing (Division) requires case managers to demonstrate their understanding of the State's incident reporting process. This is accomplished through the completion and submission of a Case Manager Questionnaire form that requires case managers to respond to several questions and submit an actual incident report.

This questionnaire has been replaced with a Case Manager Demonstration of Understanding form. This form will need to be completed and submitted as part of a case manager's certification process. It can be found on the [Forms and Reference Library](#) page of the Division website, under the *Certification Forms* tab.

Case managers will be presented with three scenarios. They will be required to determine if the scenario is a reportable incident, the incident category, to whom the incident should be reported, and the timeline for filing the incident. If the situation presented does not meet the Division's definition of a reportable incident, case

managers will be required to explain what they need to do to address the situation. Finally, the case manager will be required to submit an incident report based on one of the incidents presented.

This form is required as part of the certification process as of January 1, 2020. If you have questions about the form, or about the certification process, please contact your Provider Support Specialist.

### Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules

The Division is pleased to announce that revised Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules have been promulgated and are in effect as of December 20, 2019. The updated Chapters, as well as the Division's responses to comments received during the public comment period, can be found on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division website, under the *Rules* tab located at the bottom of the page.

The Division will be holding a training to review changes to the rules on January 28, 2020 at 1:00PM. Please mark your calendars and plan to join us for this training. In the meantime, if you have questions, please contact your area Provider or Participant Support Specialist.

### Releases of Information

Please remember that a signed release of information is required when communicating information or discussing a participant and their case with anyone who is not a part of the participant's plan of care team. Releases should be time limited, specifically state the information that can be released, and specifically name the party to whom the information will be released. Even if a person calls and discloses that they have verbal consent from the guardian to discuss a participant or case, the case manager must still obtain written consent prior to disclosing any protected information.

## WRAP UP

*Next call scheduled for February 10, 2020*