

AGENDA

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 - Training reminder - Changes to Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules

TOPICS

Releases of information

In accordance with Chapter 45, Section 7(g) of the Department of Health's Medicaid Rules, 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, state the specific information that will 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 provider must still obtain written consent prior to disclosing any protected information.

Backup case managers

In accordance with Chapter 45, Section 9 of the Department of Health's Medicaid Rules, all case managers are required to have a backup case manager, and are required to meet with them quarterly to keep them up-to-date on their shared participant cases. The backup case manager is a vital piece of the continuity of care for waiver participants, as case management is a required service for all participants. The Division of Healthcare Financing (Division) would like to remind all case managers and backup case managers that it is their responsibility to ensure that participants have continued case management service if the case manager is unable to fulfill their duties due to emergency or other challenges. The backup case manager should be able to support the individuals on their caseload and properly facilitate transition meetings as required during a case manager change. The Division requests that all case managers evaluate their caseloads, and ensure that they are able to serve as the full time case manager for all participants for whom they currently serve as backup case manager, should that need arise.

Provider Documentation of Non-Compliance form

Chapter 45, Section 8 of the Department of Health's Medicaid Rules establishes documentation standards for providers and case managers of developmental disability waiver services. Section 8(n) specifically states *"The provider shall make service documentation for services rendered available to the case manager each month by the tenth (10th) business day of the month following the date that the services were rendered."* Section 8(n)(ii) states *"The case manager shall provide written notification of noncompliance to the provider, with a copy submitted to the Division."* Finally, Section 8(n)(i) states *"Failure to make documentation available by the tenth (10th) business day of the month may result in a corrective action plan or sanctioning."*

The Division has updated the Provider Documentation Non-Compliance Report. This form aligns with Chapter 45, Section 8, and provides more specific information to our Provider Support Unit. If a

provider does not make service documentation available to the case manager as outlined in rule, the case manager is required to submit this form to the provider and Provider Support Specialist no later than the end of the month in which the documentation was to be submitted.

Please remember to submit documentation to case managers as required in Medicaid Rule.

Remote support

The Home and Community Based Comprehensive and Supports Waivers (DD Waivers) were renewed and became effective on April 1, 2019. When these renewals went into effect, remote support was added as a supervision option for participants receiving Basic Daily, Level 3, and Level 4 tiers of Community Living Services (CLS). Remote support is not available to participants receiving Level 5 or Level 6 tiers of CLS. Remote support is defined as the use of technology to help participants of the DD Waivers attain or maintain independence in their homes, and minimize the need for paid staff interventions.

The Division is excited to offer this option for participants who can benefit from this service. However, before this supervision option can be added to a participant's individualized plan of care (IPC) as part of CLS, there are some specific and important steps that must be taken. These steps are clearly outlined on the Remote Support Requirements document, which is located on the Forms and References Library page of the Division website, under the References/Tools tab. Additionally, a Frequently Asked Questions (FAQ) document is available on the Service Definitions and Rates page of the Division website.

Before remote support can be added as a supervision option, the participant must be assessed by the plan of care team, and all health and safety concerns must be addressed, using Remote Support Risk Assessment form provided by the Division, which can be found on the Forms and References Library page of the Division website, under the Forms tab. This assessment must be comprehensive, and all plan of care team members must participate. The plan of care team must develop an individualized Remote Support Protocol for the participant, including response, contact and emergency information. Additionally, the plan of care team must identify other participants in the setting who may be affected by the remote support, obtain informed consent from each of these individuals, and address restrictions to privacy rights in each individual's IPC.

The case manager must indicate that the participant intends to use remote support by answering Yes to the question "Does this plan include remote support?" The question is found on the Needs and Risks screen in the Electronic Medicaid Waiver System (EMWS), above the list of support areas. The assessment and protocol must be then be uploaded as part of the individualized plan of care (IPC).

Before a provider can offer remote support as a supervision option, they must meet specific system and operating guidelines, as well as established standards. Evidence of required policies, procedures, and practices must be submitted to the Division, and the Division must approve remote support as an enhanced service delivery option, before the provider can offer the service.

For complete information on remote support, please review the guidance documents provided by the Division. If you have questions regarding remote support, please contact your Provider or Participant Support Specialist.

Training reminder - Changes to Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules

The Division will be conducting training on the changes to Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules on Tuesday, January 28, 2020. This training will be conducted using the Zoom conferencing platform, so training participants will need to log into Zoom to view the live presentation. The Division only has space for 300 participants, so if you have more than one person attending from your organization, we ask that you call in as a group, rather than separately, to use the spaces in an efficient manner.

If you are unable to attend the live training, the Division will have recorded modules, as well as the slidedeck and notes, available on the *Training* page of the Division's website.

WRAP UP

Next call scheduled for February 24, 2020