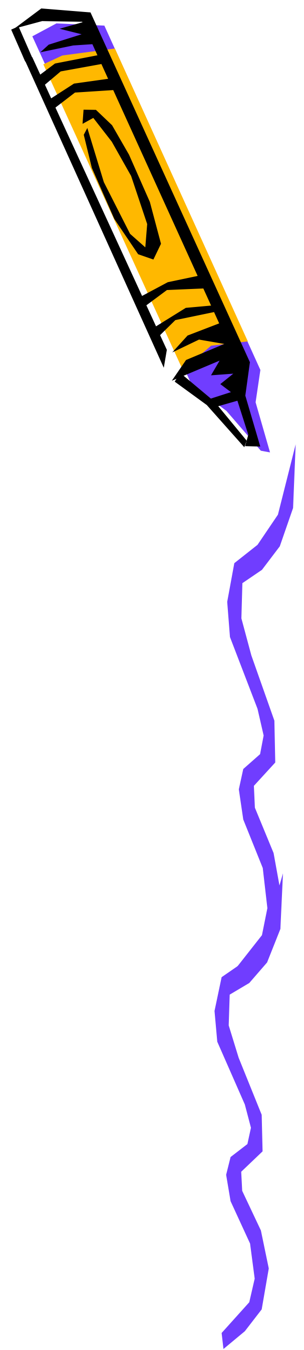
Home and Community Based Services Aged and Disabled Adults Medicaid Waiver Program

(HCBS – ADA – MW Program)

Service Provider Training

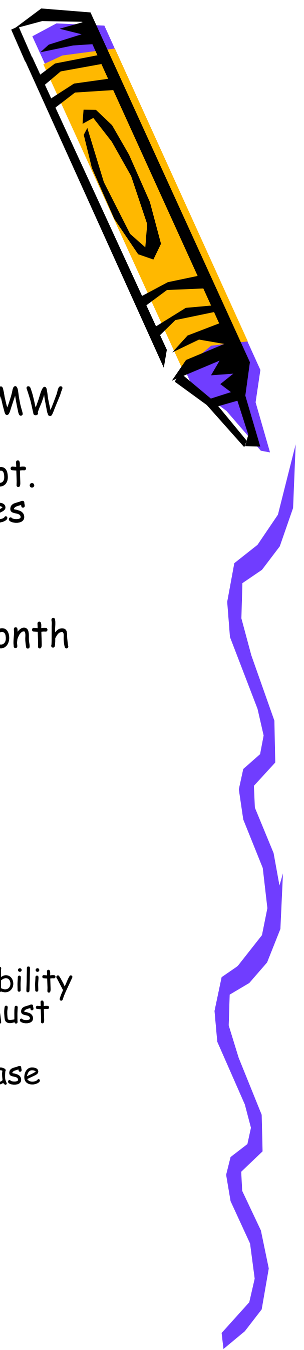
January 2011

What is Medicaid Waiver?



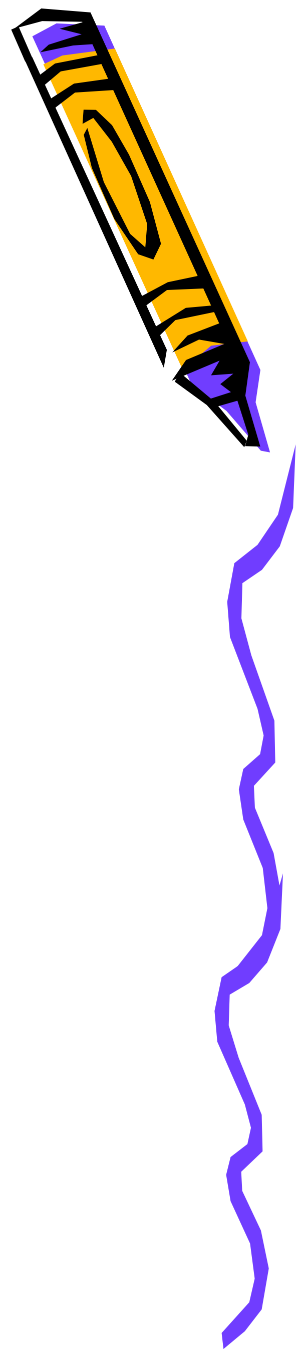
- The MW program is a Medicaid program in which the federal government pays $.6482 of every dollar and the state provides $.3518 of every dollar.
- The objective is to prevent or delay nursing home placement.
- Reduces cost to the Government.

ADA – MW Eligibility (general requirements)



- Two components:
  - Aged part for individuals that are 60 years or older.
  - Disabled Adults part for individuals 18 – 59 years old (this part of the MW program will sometimes be referred to as the "CCDA – MW" program). ***The disabled adults part of the MW program is administered by Dept. of Children and Families; however, the AAA helps to monitor these cases and enrolls the providers.***
- Income at or less than the Institutional Care Program (ICP) limit ($2022/month for an individual & $4044/month for a couple)
- Be Medicaid Eligible
- Assets of $2000 or less
- Nursing home eligibility determined by CARES (Level of Care - LOC)
  - VERY IMPORTANT: If the client's LOC is not renewed accordingly (client lost eligibility or the CM was not able to renew it), all MW services must be suspended. The CM must contact you when this occurs. If services have been provided/billed after the LOC expiration date, these claims will be subject to recoupment. You may contact the case management agency for reimbursement.

ADA – MW Case Management Agencies



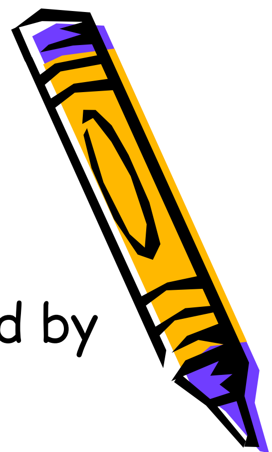
Case Management Agencies handling cases in the "Aged" part of the program:

- United Home Care Services
- Douglas Gardens Community Care
- First Quality Home Care
- Little Havana Activities and Nutrition Centers
- Nursing South, Corp.
- Monroe County In Home Services (**only handles Monroe County – not Dade County**)
- Keys Konnections (**only handles CDC cases in Monroe County – not Dade County**)

Case Management Agencies handling cases in the "Disabled Adults" part of the program:

- Miami Dade County, Elderly Services Division
- United Home Care Services
- First Quality Home Care
- Little Havana Activities and Nutrition Centers
- Monroe County In Home Services (**only handles Monroe County – not Dade County**)

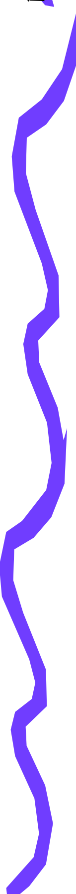
Alliance for Aging (AAA) Monitoring (Overview)



- ADA – MW case management file reviews are conducted by the AAA monthly

- ADA – MW claim monitorings are conducted by the AAA randomly for all active ADA service providers monthly (desk review conducted at the AAA based on the information sent in by the service provider)

- AAA will conduct an on-site monitoring visit to the ADA – MW provider if issues are found during the monthly claim monitoring and are not addressed accordingly.

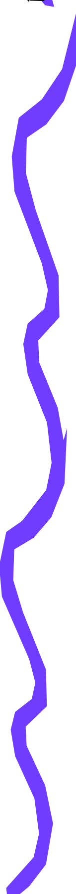


ADA – MW
Referral Agreement & Handbooks

- Referral Agreement – Signed by provider upon enrollment in the ADA – MW program. (**Once signed by the AAA and the MW provider number is issued, provider is considered enrolled.**) – See sample

- The Referral Agreement requires the provider to adhere to the policies and procedures outlined in the following handbooks:
  - The ADA – MW Coverage and Limitations Handbook **(specific to the ADA – MW program)**
  - The Medicaid Provider Reimbursement Handbook (general requirements that applies to all Medicaid and Medicaid Waiver programs)
    - **NOTE:** AAA Recommendation – Providers should also become familiar with the Florida Medicaid Provider General Handbook as it includes important requirements that all Medicaid/Medicaid Waiver providers must comply with.

- These handbooks may be downloaded at:
  - http://mymedicaid-florida.com/ (click on "public information for providers," then "provider support", then "provider handbooks")



Medicaid Fiscal Agent

EDS – Electronic Data Systems

1-800-289-7799

or

http: //mymedicaid-florida.com

Billing options

- **Option1: Web Direct Data Entry (Web DDE)** will provide online, real time claim submission and processing. A claim can be submitted and within a few seconds the claim will adjudicate in the Florida Medicaid Management Information System (FMMIS). A response is returned to the submitter. If the claim is paid, details regarding the payment amount are provided. If the claim denied, an explanation regarding any errors are provided. For claims that can be corrected, the claim can be immediately modified and resubmitted.

- **Option 2:** EDS will provide **Provider Electronic Solutions (PES)** software for submitters that choose to continue using a Personal Computer based option. PES provides similar functionality to the WINASAP software. Providers do not gain the real time processing benefits of Web DDE. Rather, claims are submitted in batch mode either through a dial-up or internet connection.

Medicaid Fiscal Agent (cont.)

The Provider Electronic Solution (PES) software may be downloaded from:

http://mymedicaid-florida.com/ProviderReadiness/PESSoftware.aspx

TRAINING

A training calendar can be found on line by accessing:

http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/Provider_ProviderSupport_Training/tabId/47/Default.aspx

or

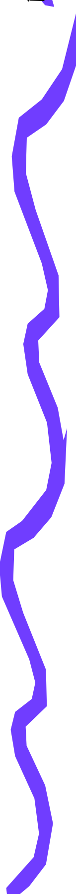
at the local Medicaid Office. For questions regarding this training, please contact AHCA at (305) 499-2000 or e-mail:

Area11MedicaidHelp@ahca.myflorida.com

Waiver Services Provider Qualifications

Page 1-6:

- **Introduction –**
  - Please remember that Medicaid does not reimburse for services provided by parents, stepparents, spouse, siblings, sons, daughters, household members or any person with custodial or legal responsibility for a Medicaid recipient.
    - This means that the client should not receive services from a family member or an aide who lives with him/her.
    - NOTE: This excludes the CDC + Program since it is a 1915J program.

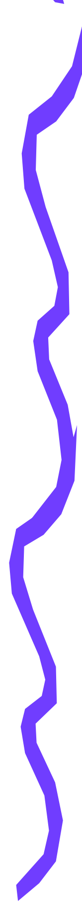


Waiver Service Provider Qualifications (cont.)

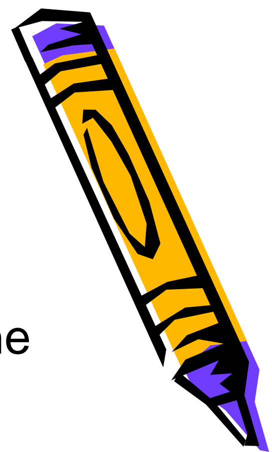
- Please refer to pages 1-6 through 1-11 for the ADA – MW Service Provider Qualifications.

The following services are provided through the ADA – MW Program:

- Adult Companion
- Adult Day Health Care
- Attendant Care
- Caregiver Training (Individual)
- Caregiver Training (Group)
- Case Aide
- Case Management
- Chore
- Chore (Enhanced)
- Consumable Medical Supplies
- Consumable Medical Supplies (Enhanced)
- Counseling
- Emergency Alert Response (Installation)
- Emergency Alert Response (Maintenance)
- Escort
- Financial Risk Reduction (Assessment)
- Financial Risk Reduction (Maintenance)
- Home Delivered Meals
- Home Modifications
- Homemaking
- Nutritional Risk Reduction
- Occupational Therapy
- Personal Care
- Pest Control (Initial Visit)
- Pest Control (Maintenance Visit)
- Physical Risk Reduction
- Physical Therapy
- Rehabilitation Engineering Evaluation
- Respiratory Therapy (Evaluation)
- Respiratory Therapy (Treatment)
- Respite (In-home)
- Respite (Facility-based)
- Skilled Nursing (RN/LPN)
- Skilled Nursing (BSN)
- Specialized Medical Equipment & Supply
- Speech Therapy



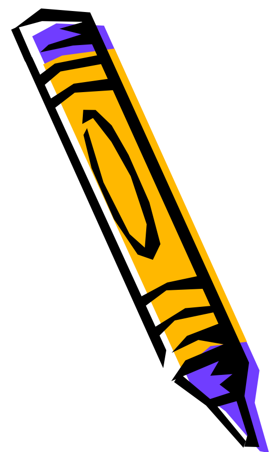
Service Providers
(General Responsibilities to be reported to the Case Managers)



Page 1-12:

•ADA Waiver providers are expected to report the following to the recipient's case manager:

1. Significant changes in the recipient's normal appearance and functioning.
2. Recipient plans to discontinue service.
3. Recipient plans to move.
4. Recipient hospitalization or death.
5. Recipient's change in Medicaid eligibility (**if client loses their Medicaid, the CM must be notified immediately).



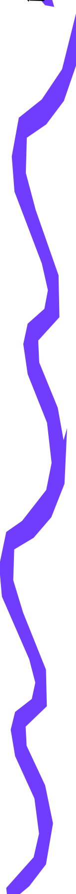
Service Providers (General Requirements)

<u>Covered Services</u> - Introduction – Begins on Page 2-1

Basic Information

- ADA – MW services are authorized based on the client's basic needs that are documented in an approved care plan.
  - The case manager (CM) is responsible for developing a new care plan once a year.
  - The care plan is developed based on the information gathered by the CM during the assessments also conducted once a year.
  - It is the case manager's responsibility to notify the service provider of any change in the client's services (including termination).

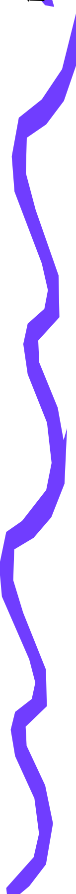
- Verification of service delivery by the provider will be confirmed through the client's or authorized representative's signature (**exceptions to this requirement will be addressed in each section of the Service Descriptions**).



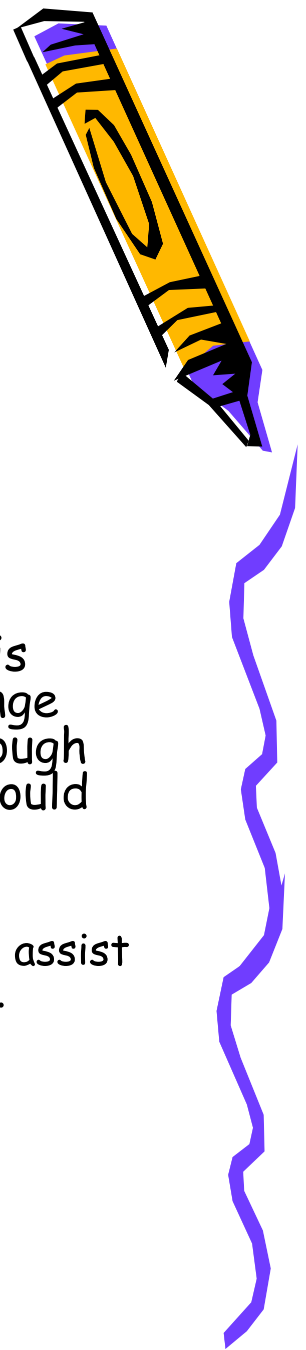
Service Providers (General Requirements (cont.)

Page 2-6: Availability of Other Coverage Sources and Services

- Medicaid must be utilized first before authorizing services through the ADA – MW program. **(VERY IMPORTANT)**
  - Please refer to the Medicaid Coverage and Limitations Handbook to determine what services are covered through Medicaid. This may be downloaded at the following website: mymedicaid-florida.com (select "Public Information for Providers", then click on "Provider Support", then click on "Provider Handbooks".
  - In addition, please refer to the current Medicaid fee schedule. This may also be downloaded at mymedicaid-florida.com (select "Public Information for Providers", then click on "Provider Support", then click on "Fee Schedules".)
- If the provider receives a service authorization from a CM to provide a service that is covered through Medicaid, please contact the CM and obtain a copy of the Medicaid denial. This will justify why the service is being authorized through the MW program.
- Please remember that duplication between the MW program and the Medicaid program is not allowed.



Service Providers (General Requirements (cont.)



Service Delivery Timelines

- ADA – MW services should begin within 90 days of the AAA's referral date.

**Please remember that if the client needs a service which is covered through Medicaid, the case manager should arrange this within this time. Additional services not covered through Medicaid, but provided under the ADA – MW program, should be authorized through the Waiver, at this time, as well.

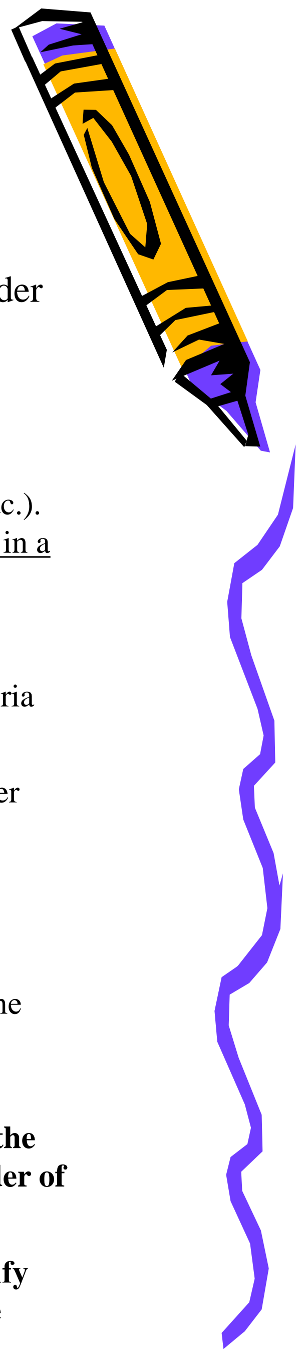
- NOTE: The service provider must coordinate with the CM to assist the client in obtaining the covered service through Medicaid.

Service Providers (General Requirements) – cont.

<u>Service Providers' Authorization for Services</u> – Pages 2-12 & 2-13

- The CM must send the recipient's service authorization to the service provider in advance of service provision.
- Without this service authorization, the provider cannot be assured reimbursement.
- Services must be provided timely and within the specified dates.
- If a provider exceeds the limits specified on the service authorization (which is based on the care plan), Medicaid is not responsible for reimbursing the excess.
- A new service authorization must be completed when there is a change in provider or service frequency.
- Prior to providing services, the ADA – MW provider must verify the recipient is Medicaid Waiver eligible. (Verification of the client's Medicaid eligibility is required prior to providing services).
  - If the client loses Medicaid eligibility, the service authorization is null and void.
  - The provider must contact the CM immediately.

Termination of Services



Pages 2-14 & 2-15

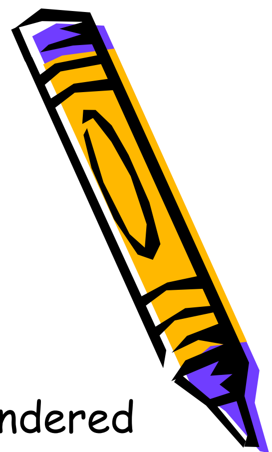
Termination of Services

ADA Waiver services must be terminated or suspended for the following reasons. The service provider should notify the CM of this:

- The client temporarily moves out of the area/state; or
- The client is temporarily institutionalized (hospitalization, temporary ALF placement, etc.). **NOTE: ADA Waiver services cannot be reimbursed while the client is hospitalized or in a nursing facility.**
- The client chooses not to receive a specific Waiver service.
- Becomes ineligible for Medicaid and/or no longer meets the ADA – MW eligibility criteria (Level of Care).
- Chooses to move to a nursing facility or ALF; or chooses to receive services from another MW program.
- Is unable to be safely maintained at home.
- Passes away.
- Temporary suspension of Waiver services does not terminate the client's enrollment in the Waiver program.

****Agreement of Expectations (page 2-15): If the client refuses to comply with the approved care plan and/or services or is abusive towards service providers, the services can be terminated/suspended. The CM will notify the service provider of this.**

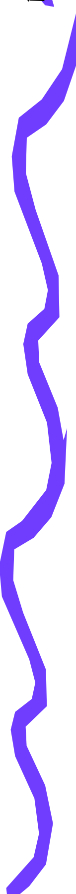
****When a client's enrollment in the MW program is terminated, the CM will notify all service providers to cancel Waiver services that are being provided to the client**



Service Providers (General Documentation Requirements)

Service Documentation - Page 2-16

- Providers must document the following for all ADA – MW services rendered to the client:
  - Name of provider and specific individual rendering each service as well as individual's signature.
  - Type of service/tasks being provided.
  - Amount of service provided (**For all in-home services like personal care, homemaking, companionship, escort, respite, etc., the specific frequency must be indicated: the frequency is the number of visits per week and the amount of time per visit**).
  - Date of service.
  - Place of service.
  - Client's or authorized representative's signature confirming receipt of service on the same day of service provision (**EXCEPTION FOR CONSUMABLE MEDICAL SUPPLY PROVIDERS: When the postal service or a commercial delivery service delivers consumable medical supplies, an alternate service delivery verification system may be used**).



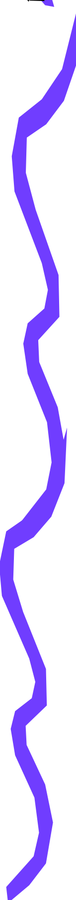
NOTE: Refer to Ch. 2 of the Florida Medicaid Provider General Handbook for additional information about documentation requirements.

Service Providers (General Documentation Requirements) Cont.

<u>Service Documentation</u> - Page 2-16

- Documentation of a client's inability to sign must be noted in the case record/file.
- For the purpose of monitorings and reviewing service claims, the provider must retain documentation on file for a minimum of 5 yrs.
- All written documentation must be in permanent ink and legible.
- If any errors are made, the mistake should be crossed out with one single line and initialed.

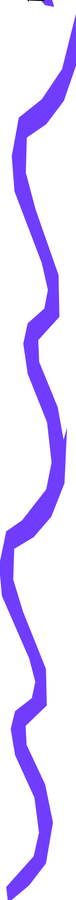
<u>NOTE: Service Authorizations must be completed and sent once a year by the case manager to renew the services the client is currently receiving.</u>



Service Providers (General Documentation Requirements) cont.

Service Log/Time Sheets (Page 2-16)

- Time sheets must include the following documentation:
  - Client's name
  - Client's Medicaid ID number
  - Description of the service
  - Activities provided
  - Supplies or Equipment provided
  - Corresponding procedure code
  - Time and date service was rendered
  - Amount (in units, 15 minutes = 1 unit) billed for each service
  - Provider's name
  - MW Provider number

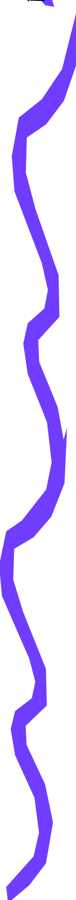


Hospice Services

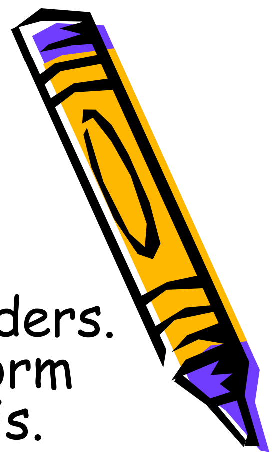
Page 2-46

Hospice services are provided for the recipient and family needs related to the terminal illness for which the recipient elected hospice.

- When Hospice is elected, the hospice case manager must notify the MW case manager using a Notice of Hospice Election Waiver, AHCA Form 5000-29 (refer to Appendix E of handbook).
    - **NOTE: In most cases, since the MW case manager is not aware that the client is receiving Hospice services, the service provider should notify the case manager if Hospice services are being provided.

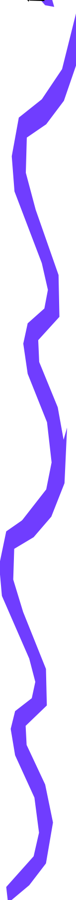


Service Providers
(Choice of Enrolled Providers)



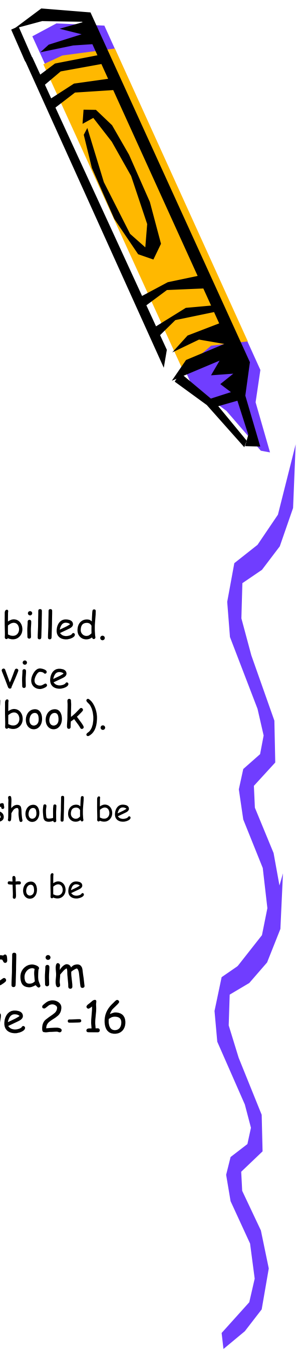
- Clients must be given a choice of enrolled service providers. This is verified by client signing a choice of provider form once a year confirming that they have been offered this.

- Whenever there is a change in service (frequency, add new service, change provider, etc.), the case manager is to give a choice of provider to the client.



****Case Management Agencies receive the most updated ADA - MW choice of provider form from the AAA (once every other month based on the new providers enrolled).****

Service Providers
ADA – MW Claim Monitorings

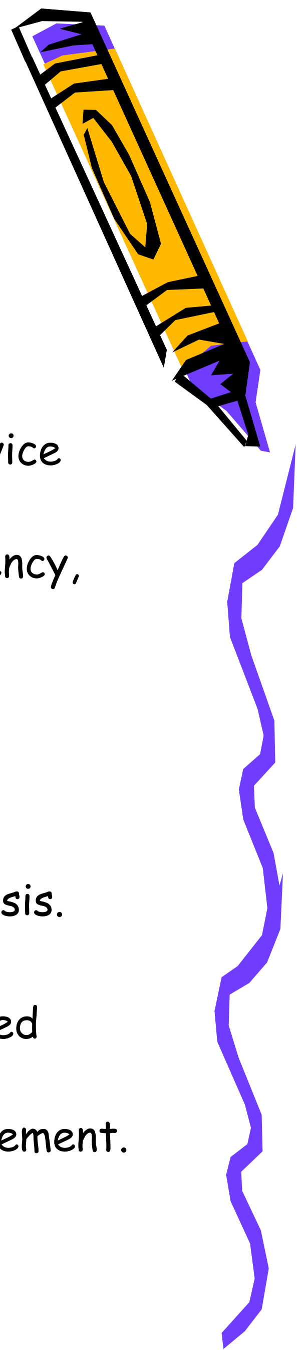


- ADA – MW Claim Monitorings are conducted on a monthly basis.

- The following information is requested by the AAA:
  - Copy of the service authorization covering the service and the claim/time billed.
  - Copies of the documentation from the service provider confirming the service was provided/delivered (as indicated on page 2-16 of the ADA – MW Handbook).
  - The information can be mailed or it can faxed to the following number:
    - MW fax number – 305-222-4111 (all information pertaining to the MW program should be faxed to this number)

    NOTE: If proof of service delivery is not submitted or is inaccurate, claim will have to be voided.

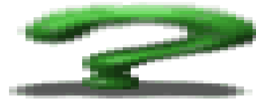
NOTE: Please make sure the information submitted for the ADA – MW Claim Monitorings are in compliance with the requirements indicated on page 2-16 of the ADA – MW Handbook.

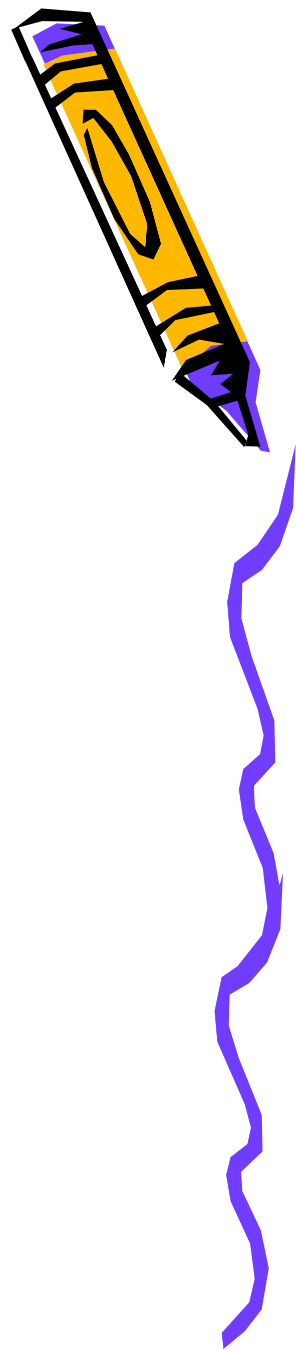


Service Providers
ADA – MW Claim Monitorings
Important Issues Identified

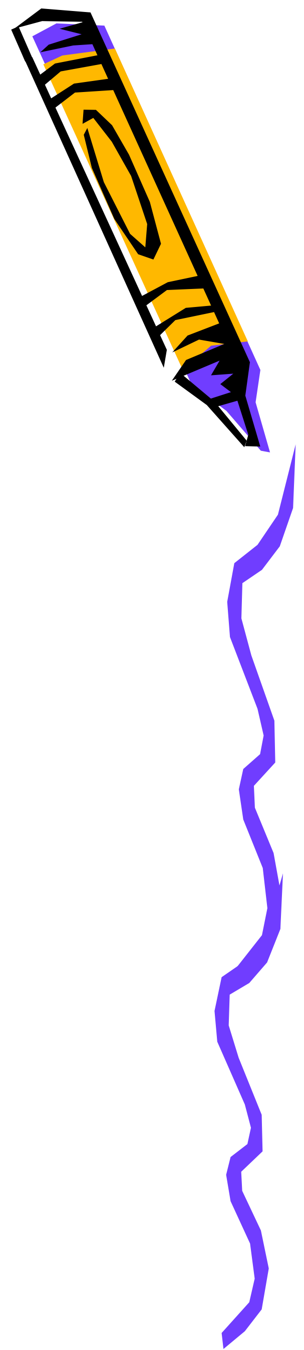
- Time sheets do not correspond with the date of the claim selected.
- Service Authorizations do not correspond with the date of the claim selected.
- Tasks (laundry, shopping, etc.) are not provided according to the service authorization.
- Services are not delivered as indicated on the authorizations (frequency, duration).
- Provider is billing at a different rate than the one authorized on the referral agreement.
- Time sheets do not differentiate between each service provided (Homemaking, Personal Care, Respite, etc.).
- Time sheets are not signed by the client and the worker on a daily basis.
- Time sheets do not indicate a complete date (MM/DD/YYYY).
- Procedure code used to bill do not coincide with the service authorized (see procedure code table).
- Accepting referrals for services not authorized on the referral agreement.

Questions?





The End!



Thank You !!!