



ICWP

New Provider Training



Presenter: Tonja M. Wragg RN BSN, MHSc-Manager
ICWP/Source/CCSP

New Provider Training Agenda

- ▶ I. Independent Care Waiver Program (ICWP) Overview
- ▶ II. Electronic Visit Verification (EVV) – DCH Overview
- ▶ II. III. HP/DXC Presentation
- ▶ IV. Break
- ▶ V. ICWP Case Manager Breakout Session
 - Documentation and ICWP forms
 - Sentinel Event and Quarterly Review Entry
 - Home Modifications
 - Consumer Directed Care
- ▶ VI. Evaluations/Adjournment

Purpose and Goals of the Waiver

- ▶ The purpose of ICWP is to decrease or avoid institutionalization and offer an appropriate service to consumers that are physically disabled or has a traumatic brain injury (TBI).
- ▶ To provide quality services
- ▶ To provide cost effective service
- ▶ To involve member and member's representative
- ▶ To demonstrate compassion for those served

ICWP Program Application Process

- ▶ The ICWP Application can be found on the Department of Community Health website.
- ▶ Applications can be emailed or faxed by contacting Angela.Brooks@gmcf.org or 678-527-3619.
- ▶ Applicants must be between the ages of 21-64. If they are turning 65 the year they apply, they will be referred to Source or CCSP.
- ▶ An ICWP Review nurse will contact the applicant within 10 business days for screening and to schedule time for an assessment.

ICWP Initial Assessment

- ▶ The ICWP Medical Review nurse will complete an initial assessment.
- ▶ CMS has approved some aspects of telemedicine for community health. ICWP assessments can be conducted via video or “in person”.
- ▶ The applicant can indicate on the application if they have the capacity for a video assessment.

Level of Care Determination

- ▶ The ICWP Medical Review nurse will complete the level of care determination at the time of the initial assessment.
- ▶ If the applicant is approved, the review nurse will develop a care plan that will include but not limited too:
 - Case Management
 - Personal Support or ALS(Alternative Living)
 - Medical Supplies or equipment
 - Adult Day Care
 - Environmental Modification
- ▶ The services will be implementation by the ICWP Case Manager once the member is awarded a slot.

ICWP Admission and Slot Approval

- ▶ The applicant will receive a “slot approval” letter and a case manager list to choose case manager.
- ▶ There are two categories of case managers: traditional and enhanced.
- ▶ The ICWP Case Manager will coordinate the admission to the program.
- ▶ ICWP Case Manager will notify all ICWP providers when services can start.

DO NOT START UNTIL OFFICIAL NOTICE IS GIVEN

ICWP Admissions (continued)

- ▶ ICWP Case Managers should work directly with the MFP coordinator, nursing home social worker, and the member's circle of natural support prior to transitioning from the nursing home to the community through the MFP program.
- ▶ The member must have active ICWP Medicaid before ICWP services can start.

ICWP Waiting List

- ▶ The applicant is placed on a waiting list if they are approved after the initial assessment.
- ▶ They will be mailed a “waiting list” approval letter via certified mail.
- ▶ Waiting list approval does not guarantee services. The person be on Medicaid to receive services through the ICWP program.



Medicaid Eligibility

The case manager will submit the following to assist member will applying for Medicaid:

- Member must apply on line.
- Member's PCP much complete a DMA 6.
- The ICWP case manager will send a completed DMA 6 to Alliant Health Solutions for a stamp date.
- The stamp dated DMA 6 and the ICWP communicator form should be completed and submitted to DFCS by the ICWP Case Manager. The ICWP Communicator form is found in the policy manual



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Electronic Visit Verification



ICWP New Provider Training

Barbara Means-Cheeley, LMSW
Georgia Department of Community Health
Independent Care Waiver Program

August 16, 2018

Agenda

- ▶ EVV Overview
- ▶ Expected Benefits for Stakeholders
- ▶ Project Status
- ▶ Outreach to Date
- ▶ How You Can Help
- ▶ Questions

EVV Overview

EVV is federally required under the 21st Century Cures Act

At a minimum, EVV systems must electronically verify:

- Type of service performed
- Location of service delivery
- Individual receiving the service
- Individual providing the service
- Date of the service
- Time the service begins and ends

EVV affects members and providers who receive or provide personal support services through Medicaid-funded waiver programs including ICWP.

Expected Benefits for Providers

- ▶ Improved accountability
- ▶ Reduced billing errors associated with manual processes, potentially lowering claim denial rates
- ▶ Reduced paper due to automated processes
- ▶ Potential to route claims data to GAMMIS

Expected Benefits for Case Managers

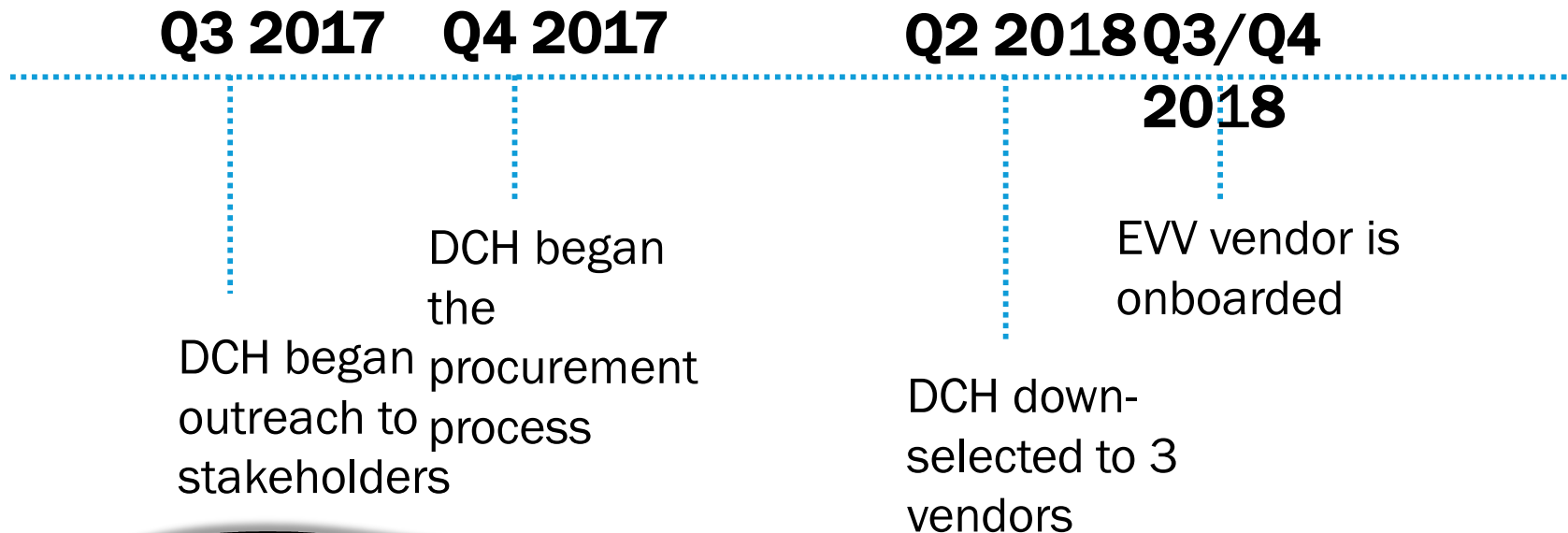
- ▶ Increased transparency - confirm clients receive the services they are authorized to receive
- ▶ Ability to view / submit changes to schedules if there are changes in the client's condition
- ▶ Alerts in the event of care deviations, such as late or missed visits
- ▶ More effective alignment across the care coordination team

Expected Benefits for Members

- ▶ Ensure in-home aides deliver the services for which they are paid
- ▶ Better member outcomes by improving consistency of care delivery
- ▶ Increased communication and alignment across the care coordination team

Project Status

EVV must be implemented by January 1, 2020 for Personal Care Services and by January 1, 2023 for Home Health Care Services.



We've been getting the word out...

DCH has been engaging with stakeholders about EVV through:

- ▶ Attending provider association meetings like GACCP and SPADD
- ▶ Presenting at waiver provider meetings through Area Agencies on Aging (AAAs) and the Department of Behavioral Health and Developmental Disabilities (DD provider meetings)
- ▶ Presenting at ICWP Advisory Committee meetings
- ▶ Holding public forums open to all stakeholders statewide
- ▶ Facilitating an EVV visioning session and conducting one-on-one stakeholder interviews
- ▶ Conducting listening sessions for EVV vendor demonstrations

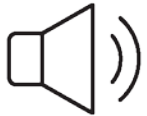
How You Can Help



Start talking to your employees / aides about EVV



Attend DCH-hosted public forums to receive updates on Georgia's EVV implementation.



Engage with us! Respond to stakeholder surveys you receive and let us know if you have any questions along the way.

Upcoming Public Forums

8/20: Blairsville

Union General Hospital

35 Hospital Road

9/17: Macon

Macon Navicent Health Medical Center

777 Hemlock Street

The image contains three informational graphics. The first, titled 'Electronic Visit Verification (EVV)', explains the technology and lists implementation dates for various Georgia locations. The second, titled 'Public Forum', lists dates and locations for upcoming forums and provides a list of topics to be discussed. The third, titled 'Non-Emergency Medical Transportation (NEMT)', describes the program's purpose and eligibility requirements.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) is a technology that automates the gathering of service information by capturing time, attendance, and care plan information entered by a home care worker at the point of care. EVV gives providers, care coordinators, and DCH access to service delivery information in real time to ensure there are no gaps in care throughout the entire course of the service plan.

In accordance with the 21st Century Cures Act, states are required to implement EVV for Medicaid-financed Personal Care Services by January 1, 2019 and Home Health Care Services by January 1, 2023. EVV electronically verifies the:

- Type of service performed;
- Individual receiving the service;
- Individual providing the service;
- Date the service was provided;
- Location of service delivery; and
- Time the service begins and ends.

Public Forum

JOIN US!

Please RSVP Below:

Augusta	7/13	RSVP	HERE
Columbus	7/16	RSVP	HERE
Savannah	8/03	RSVP	HERE
Atlanta	8/13	RSVP	HERE
Albany	8/17	RSVP	HERE
Blairsville	8/20	RSVP	HERE
Macon	9/17	RSVP	HERE

More Public Forums will be scheduled throughout 2018. Locations will vary.

Participants will receive details about:

- Eligibility & Program Requirements
- Program Benefits & Incentives
- New Service/Program Initiatives
- Upcoming Events

Program representatives will be available.
<https://dch.georgia.gov/georgia-medicaid-electronic-visit-verification>
<https://dch.georgia.gov/www.nemtmg.medical.transportation>

Non-Emergency Medical Transportation (NEMT)

The Non-Emergency Medical Transportation (NEMT) program provides eligible members transportation needed to get to their medical appointments. To be eligible for these services, members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program.

DCH utilizes two (2) brokers, Logisticare and Southeastrans, to coordinate and provide NEMT services for the state's five regions (North, Atlanta, Central, East and Southwest).

In accordance with the Code of Federal Regulation (CFR) (42CFR431.53), the NEMT program provides transportation for the purpose of:

- Medical treatment
- Medical evaluations
- Obtaining prescription drugs
- Obtaining medical equipment

RSVP via the DCH EVV webpage!

Questions?



If you have additional questions or suggestions regarding Georgia's EVV Program, email:

evv.medicaid@dch.ga.gov



You can also visit the EVV webpage for more information:

<https://dch.georgia.gov/georgia-medicaid-electronic-visit-verification>

New Provider Billing

HP/DXC

ICWP Case Manager – Breakout Session



ICWP Policy Manual and ALS (Alternative Living Services) Manual

- ▶ Please read the ICWP Policy Manual and ALS Manual to obtain a clear understanding of this Medicaid Waiver.
- ▶ Try not to admit members until you have an understanding of ICWP
- ▶ The ICWP Policy is updated quarterly.
- ▶ Both manuals can be found in the Medicaid web portal under Policy Manuals.
- ▶ The Program Specialist may occasionally send Banner messages through web portal for important notifications.

ICWP Policy Manual and ALS (Alternative Living Services Manual

POLICIES AND PROCEDURES for INDEPENDENT CARE WAIVER SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH
DIVISION OF MEDICAID

July 1, 2015

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PART II – CHAPTER 1200
POLICIES
AND
PROCEDURES
FOR
ALTERNATIVE LIVING
SERVICES
(Independent Care Waiver Services)



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

Published: July 1, 2015

Independent Care Waiver Services

Case Management

- ▶ Must conduct a face to face monthly assessment of each member
- ▶ Develop a Plan of Care for each member
- ▶ Maintain progress notes for each member
- ▶ Coordinate care with the physician when needed
- ▶ Required to go over the Memorandum of Understanding
- ▶ Report any abuse or neglect
- ▶ Submit all documentation to Alliant timely
- ▶ Coordinate care of all service providers; and ensure those providers have the required information to use the electronic system.



DMA 6 Completion

- DMA 6 completion requires the following signatures:
 - -- Member Signature and date
 - -- MD Signature and date
 - -- Case Manager Signature and date.
- ▶ **DMA 6 for New Admissions**
- Send a copy of the completed DMA 6 to AHS and have it date stamped by a review nurse. The date state that is stamped on the DMA 6 will be care plan start date for new admissions.
- **Renewals**
- All Signatures required. Ok for MD to sign 30 days before or 30 days after care plan due date.

- ▶ **Here are the guidelines approved for DMA 6 signatures when the member is unable to sign:**
- ▶ Print the member's name on the signature line of the DMA 6
- ▶ Date and Initial followed by CM to reflect the case manager and member were present at the time of printed name.
- ▶ On a separate sheet of paper to be attached to the DMA 6, the case manager will write the name of the member and that the member is unable to sign and a proxy is not available. The case manager will sign, date, and attach the additional sheet of paper to the member's DMA 6.
- (show example)

ICWP Community Care Path Changes

- ▶ Now that ICWP Quarterlies are being entered electronically; the 1st page of the community care path can be used as the signature page for the quarterlies you have completed during the course of the year.
- ▶ Take this page with you during each quarterly visit to obtain the member signature.
- ▶ When you submit your renewal care plan for Alliant approval, the 1st of the community care path should be this document.

Case Management Billing

- ▶ Max of 10hours per month
- ▶ Each 15 minutes equals 1 unit
- ▶ 480 units max for the care plan year.
- ▶ $10h \times 4u = 40units$ each month
- ▶ $40 \times 12months = 480units$
- ▶ $480units \times \$6.25ea = \$3000/yr$

Case manager: CDC Certification

- ▶ CDC: the member agrees to be the employer
- ▶ CM's will need to contact Tonja Wragg RN, BSN – Manager of Waiver Program (ICWP/CCSP/SOURCE) to schedule CDC test to get certified to manage clients on CDC. Her contact info: Tonja.Wragg@AlliantHealth.org
- ▶ A CDC training is posted on MMIS, however Tonja will provide the CDC material you will need for testing purposes.

Personal Support Services and Billing:

- ▶ Hours are based on need and budget level
- ▶ Levels may be split according to members needs and budget levels
- ▶ When entering procedure codes ensure use of correct modifiers
- ▶ NOTE: 1 hour of service equals 1 unit.

8hours x 365 days= 2920units

2920u X \$17.96(level I)= \$52,443.20/yr

Personal support services

- ▶ Level 1: services are provided to members requiring significant to total assistance with ADL's.
rate: \$17.96
- ▶ Level 2: services are provided to members requiring total assistance with all ADL's and technology dependent (ventilator, trach, g-tube).
Rate: \$20.20

PERSONAL SUPPORT PAY RATE

- ▶ Effective July 1, 2016, the Department of Community Health approved a pay rate increase for all levels of personal support as follows:
- ▶ PSS Level I -- \$17.96
- ▶ PSS Level II -- \$20.20

Personal Support Levels for Billing

- ▶ Personal Support Service Level I will be collapsed into Personal Support Service Level II. This level will be referred to as Personal Support Service Level I @ \$17.96/unit.
- ▶ Personal Support Service Level III will be deleted and will be referred to as Personal Support Level II for a rate of \$20.20/unit.

Addendums

- ▶ Submitted by the Case Manager
- ▶ Requests for additional supplies, personal support, respite hours, and home modifications
- ▶ Include DMA 80
- ▶ CM's complete addendum form (change of condition) when requesting additional PSS hours or extra services. (see attachment) Appendix D-4 in ICWP Policy Manual.
- ▶ Indicate in a narrative what has changed in the client's life to justify the request.
- ▶ New addendum needed for each request
- ▶ Cm to submit to Alliant for approval before notifying the provider to render services unless it is an emergency situation
- ▶ Explain to client that increases are not always guaranteed
- ▶ CM should attempt to find other resources before submitting an addendum.

Respite Care

- ▶ Purpose is to provide temporary relief for the individual(s) normally providing care
- ▶ This service will pay for up to 240 units per month (60 hours). It is limited to 1440 units per year (360 hours per year).
- ▶ NOTE: unit of service in 15 minutes.
- ▶ Entry is done on a separate PA from PSS.

2 hours x 4 = 8 units x \$2.60 ea = \$20.80



Alternative Living Services (ALS)

- ▶ Alternative Living Services were introduced to the ICWP program in 2013. ICWP members can be determined eligible for an ALS facility during the initial assessment. However clients that are already on the program can be screened as well.
- ▶ ALS is a home for members with some mobility, who are in need of minimal assistance and oversight. They may choose to pursue ALS instead of PSS if they move out of the nursing home.
- ▶ .See attached ALS Screening form,

Budget Overview for ICWP

- ▶ The current budget for nursing facility level of care is \$59,130
- ▶ The current budget for hospital(skilled) level of care is \$203,050.
- ▶ Overall supply budget of \$12,312 that can be incorporated within the overall budget if deemed medical necessary.
- ▶ This was determined by CMS and the GA State Department of Community Health.

ALL Providers are Required to document care provided to a member!

- ▶ Providers are required to document care rendered to a member
- ▶ Services rendered to a member should be related to the hours billed
- ▶ Be prepared to submit all documentation to support any claims that member has acted inappropriately, in an abusive manner, or in a dangerous manner.
- ▶ **ALL ICWP CASE MANAGERS MUST PROVIDE A COPY OF THE MEMBER'S COMPLETE CARE PLAN FOR ALL PROVIDERS FOR THE CLIENT.**

Discharge of services

- ▶ When a client has been discharged from your company please complete an appendix K-1 and send it to the CM. The CM should then forward it to Alliant.
- ▶ The date of discharge is the last date of service.
- ▶ You must provide a 30 day notice unless there are extenuating circumstances.
- ▶ In the event of the client's death the CM should complete an Appendix K-1 and Appendix K-2. These forms are found in the ICWP Policy and Procedure manual. Please notify Alliant within 24 hours of client's death (or their awareness of the death).
- ▶ Any member without PSS services for 60days may be discharged from ICWP.

Newly Revised Initial Participant Assessment form

- ▶ The Initial Participant Assessment form has been revised to capture pertinent information needed for initial assessments. This form will be completed by the ICWP Medical Review Team during initial assessments. It will be given to the case managers when they have accepted a slot approved member that is ready to start ICWP services. Appendix D-4 in the ICWP policy manual. (see attachment)

Renewal Participant Assessment Form

- ▶ ICWP Case Managers will no longer complete the same PAF as the ICWP Medical Review Nurses.
- ▶ A Renewal Participant Assessment form has been designed for case managers only to be completed during the care plan renewal. (see attachment)
- ▶ All ICWP Case Managers have been trained on the use of this form and given an editable copy.



DOCUMENTATION REQUIRED FOR UCR REVIEW

- ▶ The UCR team will perform annual to biannual audits on all ICWP providers.
- ▶ There are certain documents that will be required during the audit.
- ▶ The UCR Team has been updated on the new forms that have been approved for the ICWP program.
- ▶ (see attached UCR Required Documentation List)

See Copy of UCR Documentation List

- ▶ All Provider should keep this list as a part of each member file.

Sentinel Events

- ▶ Defined: http://www.jointcommission.org/sentinel_event.aspx
- ▶ A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.
- ▶ A copy of this form is located in the ICWP policy manual (Appendix K-3). When completed, the document should be submitted to Alliant and DCH for review.

Sentinel Events (continued)

- ▶ All case managers are now required to enter Sentinel Events via the web portal. After entering they should print a copy for their records and send a copy to Barbara Means-Cheeley – ICWP Program Specialist.

The Sentinel Event training was recorded and added to provider workspace on the web portal for future reference.

Definition of Variance

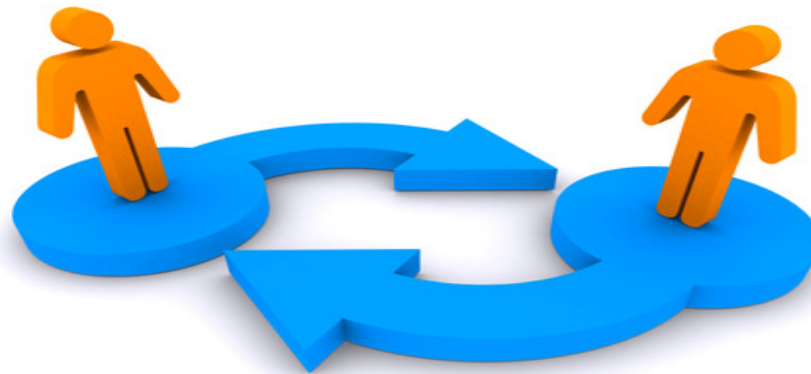
- ▶ A variance in the ICWP Waiver Program is defined as any change in the member's condition that has altered the plan of care.
- ▶ Here is an example of a variance that will need to be entered as a Care Path Indicator Entry:
 - Hospitalization – This should be documented under Goal 4 from the care path goals. If it was due to a wound or UTI, you can also document information under Goal 6 and Goal 9.

Out of compliance/Adverse Action

- ▶ Please submit care plans within 30 days before the due date. Do not wait till the last minute. Once we have received a complete packet we have 30 days to complete.
- ▶ Quarterly reviews are due by the end of month of the due date. Ex: QR-Jan 2 submit to Alliant on or before Jan 31.
- ▶ Non-Compliance letters will be sent to CM for late care plans, not providing quarterly reviews, and failure to provide other providers with needed information to submit their electronic PA.
- ▶ Receiving 5 or more non-compliance letters within a year may result in a DCH compliance review for disciplinary action.

Waiver to waiver transfers

- ▶ At the time of the initial assessment the Alliant nurse will ask if the applicant is receiving services with another waiver. However, there may be times where the client will start with another waiver after an initial assessment has been completed.
- ▶ The client and the ICWP case manager should contact the other waiver's case manager to coordinate proper transition of services.
- ▶ All services need to be notified of the transition, i.e. meals on wheels, personal support services, ERS, etc.
- ▶ ICWP will begin services on the 1st of the following month to reduce risk of billing conflicts.
- ▶ Problems (Edits) will occur if the original waiver continues to bill even after ICWP is set to start.
- ▶ **ICWP Case Managers should ask for a Waiver transfer form from the Source or CCSP case manager. (see attached form)**



Money Follows the Person

- ▶ Designed to assist persons who want to transition out of the nursing home.
- ▶ Case managers will need to actively assist in the transition. Verify the member will qualify for community Medicaid, and work with NH to coordinate that services are in place when member goes home.
- ▶ MFP only follows member for 1 year.



Home Modifications

- ▶ Providers must have a business license and ICWP Medicaid provider number
- ▶ All adaptations and improvements must receive prior approval before work is initiated.
- ▶ Home must be owned by member or member's family.
- ▶ Estimates from at least 2 contracted providers. Currently there is only one approved ICWP Home Modification contractor.
- ▶ Take pictures of the job before, and after to submit to Alliant
- ▶ Create a contract of the work to be completed- signed by contractor, client, and home owner if it is not the client, and case manager
- ▶ Notify Alliant when the job will begin; send DMA 80
- ▶ Once work is complete: have a signed contract of satisfaction of work.
- ▶ Notify Alliant of completed work

Home Modification (cont.)



ICWP Home Modification Contractor

- ▶ Potential providers must complete the provider enrollment process through the Department of Community Health.
- ▶ There are currently no ICWP Home Modification Providers.
- ▶ All home modification requests have been placed on hold temporarily.

Electronic PA entry

- ▶ DMA 6 PA number is required to enter any DMA 80's.
- ▶ A new member may require a stamped and signed DMA6. Otherwise their care of plan start date will be the date Alliant has the electronic entry along with all the documents attached.
- ▶ The member's case manager should have access to the DMA 6 number and they are required to provide the information to the member's other providers.
- ▶ Communication between the providers is required.
- ▶ The DMA 6 can be entered by the CM but can only be approved by Alliant
- ▶ Once the 6 is approved all providers can enter their 80s. The CM must provide the DMA 6 PA# to the other providers so that they can enter their DMA 80.

ICWP Resource Documents

The following documents have been attached as

ICWP resources:

- Frequently used ICD 10 codes
 - ICWP Supply List
 - Provider User Manual
- Provider PA attachment instructions

Alliant Health Solutions Contacts

Tonja Wragg RN BSN – Manager of Waiver Programs- ICWP/CCSP/SOURCE

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Angela Brooks – Administrative Assistant

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