

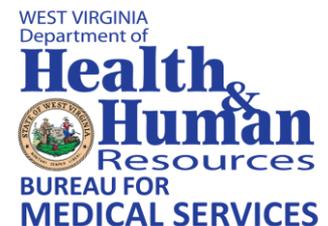


Traumatic Brain Injury Waiver (TBIW) Chapter 512

2020 Renewal Proposed Policy Changes

Public Forums:

- Sept. 17, 2018 - Huntington
- Sept. 18, 2018 - Beckley
- Oct. 22, 2018 - Weston
- Oct. 23, 2018 - Keyser
- Oct. 24, 2018 - Morgantown
- Oct. 29, 2018 - Conference Call



Agenda

- Welcome and Introductions
- Process and Definition of Stakeholder Input
- Overview of Center for Medicare/Medicaid Services (CMS) Re-Application Requirements:
 - Independent Case Management
 - Electronic Visit Verification (EVV)
 - Individual National Provider Identifier (NPI) Number

Agenda (Cont.)

- Proposed Re-Application Changes as recommended by the TBIW Quality Improvement Advisory (QIA) Council:
 - Program Eligibility
 - Medical Eligibility Criteria
 - Covered Service Additions
 - RN Assessment for Service Plan Development
 - Personal Attendant Agency at Service Planning Meetings
- Bureau for Medical Services (BMS) Recommendations:
 - Self-Direction Readiness Assessment

Stakeholder Input Process

Stakeholder Input Process

- Proposed changes will be reviewed.
- Some of the changes are mandatory by federal requirements.
- Some changes are suggestions from stakeholders.
- Following the review of the proposed changes, we will ask for comments on the proposed suggestions. We will accept any additional suggestions and you will be asked to fill out the Stakeholder Input Survey.

Stakeholder Input Survey Example

Please circle the rating option that best represents your opinion as it pertains to the WV TBI Waiver Program and its members.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
1. I think changing the TBI Waiver Program Eligibility to include near strangulation, smoke inhalation, and/or carbon monoxide inhalation is a good idea.	1	2	3	4	5	6
Comments:						

New CMS Requirements Overview

- All Home and Community-Based Services (HCBS) are subject to requirements set forth by the Centers for Medicare and Medicaid Services (CMS), the federal entity that regulates such programs, which includes the TBIW program.

- Conflict-Free Case Management Requirements per 42 CFR (Code of Federal Regulations) 441.301:
 - “Providers of Home and Community Based Services (HCBS) for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual, must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.”

New CMS Requirements Overview (Cont.)

- States are now required to separate case management functions from service delivery functions.
- Having interest in, or being employed by, a provider are considered conflicts of interest.
- Additional information on these, and other HCBS requirements can be found at www.cms.gov, or by accessing the source cited below.

<https://www.Medicaid.gov/Medicaid/hcbs/downloads/conflict-of-interest-in-Medicaid-authorities-January-2016.pdf>

Stakeholder Input

- If you would like to provide any comments regarding the Conflict-Free mandate, please write them at the bottom or on the back of your survey.

- **Electronic Visit Verification (EVV)**

- The 21st Century Cures Act requires states to implement an EVV system by January 1, 2019, (now changed to January 1, 2020, after additional federal legislation) for Personal Care Services and January 1, 2023, for Home Healthcare Services.
- Provider staff will use an EVV system to track and report their work time.
- EVV identifies financial accountability, increases efficiency through electronic billing, reduces unauthorized services, improves quality and accuracy of service, and reduces fraud, waste and abuse.

- **Individual NPI numbers**
 - An NPI number is a unique, ten-digit identifier that is issued to all healthcare providers.
 - It allows for accurate, efficient electronic submission and tracking of standard transactions.
 - Currently, each TBIW provider agency has its own NPI number via which all services provided by the employee of that agency are billed.
 - This potentially allows for errors resulting from intentional or unintentional duplication of service.
 - The State is considering assignment of NPI numbers to individual agency employees that will be associated with the provider's EVV system.

Time for Stakeholder Input

- **Feedback:** Please raise your hand if you want to provide feedback. You have been provided the Stakeholder Input Survey to provide written feedback.
- **Recording:** We will keep a written record of the suggestions so we can review the feedback in its entirety.
- **Recommendations:** We appreciate all of your recommendations and will take them into consideration.

- Program Eligibility Definition - Have a traumatic brain injury defined as a non-degenerative, non-congenital insult to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment or an injury caused by anoxia due to near drowning.
 - **near strangulation**
 - **smoke inhalation**
 - **carbon monoxide inhalation**

Stakeholder Input: Item #1

- Take a moment to rate item #1. ***“I think changing the TBI Waiver program eligibility to include near strangulation, smoke inhalation, and/or carbon monoxide inhalation is a good idea.”***
- Circle one of the following options on your survey:
 - 1-Strongly Disagree
 - 2-Disagree
 - 3-Neutral/No Opinion
 - 4-Agree
 - 5-Strongly Agree
 - 6-N/A
- If you would like to provide any comments, please write them directly under item # 1.
- Would anyone like to offer their thoughts?

Medical eligibility criteria

- The QIA Council is not recommending a change to the Pre-Admission Screening (PAS) tool that is used to determine a nursing home level of care itself. QIA Council recommends adding # 27 (e): *The need for continuous oxygen, as a deficit, when assessing a person for medical eligibility.*

Stakeholder Input: Item #2

- Take a moment to rate item #2. ***“I think counting #27 on the PAS, which is the need for continuous oxygen, as a deficit, is a good idea.”***
- Circle one of the following options on your survey:
 - 1-Strongly Disagree
 - 2-Disagree
 - 3-Neutral/No Opinion
 - 4-Agree
 - 5-Strongly Agree
 - 6-N/A
- If you would like to provide any comments, please write them directly under item #2.
- Would anyone like to offer their thoughts?

Additional Covered Service

- Add a service code allowing someone from the Personal Attendant agency to attend the initial, six-month and annual Service Plan development meetings.

Stakeholder Input: Item #3

- Take a moment to rate item #3. ***“I think that having a service code for the attendance of the Personal Attendant provider at the initial, six-month and annual Service Plan meetings is a good idea.”***
- Circle one of the following options on your survey:
 - 1-Strongly Disagree
 - 2-Disagree
 - 3-Neutral/No Opinion
 - 4-Agree
 - 5-Strongly Agree
 - 6-N/A
- If you would like to provide any comments, please write them directly under item #3.
- Would anyone like to offer their thoughts?

Proposed Re-Application Changes (Cont.)

- Adding a service code allowing for an RN to complete an RN assessment at initial, six-month and annual Service Plan development meetings.

Stakeholder Input: Item #4

- Take a moment to rate item #4. ***“I think that adding a service code allowing an RN to complete an RN Assessment at an initial six-month and annual Service Plan development meetings is a good idea.”***
- Circle one of the following options on your survey:
 - 1-Strongly Disagree
 - 2-Disagree
 - 3-Neutral/No Opinion
 - 4-Agree
 - 5-Strongly Agree
 - 6-N/A
- If you would like to provide any comments, please write them directly under item #4.
- Would anyone like to offer their thoughts?

Self-Direction Readiness Assessment:

- BMS and Public Partnership, LLC (PPL) have identified that some individuals who elect to participate in the Personal Options Service Delivery Model are not fully aware of what it involves. Therefore, additional education will be provided to the participant and a Readiness Assessment given to check for understanding, and then the participant will be asked if they still want to self-direct their services.
- The assessment may help the participant determine if they need assistance from a program representative. BMS also recommends educating the participant on the role/responsibility of the program representative.

Stakeholder Input (Cont.)

- Would anyone like to offer their thoughts or suggestions on implementation of a Self-Direction Readiness Assessment tool?
- Would anyone like to offer their thoughts or suggestions on implementation of educating the participant on the role/responsibility of the program representative?
- If you would like to provide any additional comments, please write them at the bottom or on the back of your survey.

BMS recommends clarifying the policy regarding involuntary transfers from Personal Options to the Traditional Service Delivery Model.

Types of reasons for this requirement are:

- Participants not complying with the program requirements.
- Inability to supervise their employee(s).
- Inability to complete and keep track of employee paperwork.
- Inability to hire an employee.

Questions

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