Traumatic Brain Injury Waiver (TBIW)

Policy Manual Updates




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WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

Agenda

- **Welcome**
- **Chapter 512, TBIW Policy Manual Update**
- **Glossary Update**
- **Questions**
- **Contacts**

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

TBIW Policy Manual Update

TBIW Policy Manual

- The Take Me Home Program has been renamed Take Me Home (TMH) Transition Program (page six).

TBIW Policy Manual (Cont.)

Section 512.2, Provider Agency Certification:

- Conflict-Free Case Management (CFCM) services must be separate from personal attendant services. A provider agency may offer other services (case management and personal attendant) but not to the same member. Exceptions will be determined by the utilization management contractor (UMC) when necessary if there is only one willing and qualified provider in a county.
- Case management agencies cannot also serve the same member who is receiving direct-care worker services through the Medicaid State Plan Personal Care Services program. However, it may be necessary for an exceptions determination to be made for the case management agency if they are the only willing and qualified provider in a county.

TBIW Policy Manual (Cont.)

Section512.2, Provider Agency Certification (Cont.):

- Case management agencies must have a policy to ensure there will not be a conflict of interest if an exception has been made. A conflict of interest is when the case manager who represents the TBIW member, also provides personal attendant agency services through the same provider agency. Failure to abide by conflict of interest policy will result in the loss of provider certification for a period of one year and all current members being served will be transferred to other case management agency.
- Any case manager working for a case management agency that will also be providing personal attendant agency services will need to sign the case management Conflict of Interest Assurance Form for home and community-based waiver services. The completed form must be placed in the member's file at the case management agency. Failure to have the form in the file when reviewed will result in sanctions. If it is determined that a case manager has violated conflict of interest assurances, they may be subject to sanctions including being prohibited from billing for services.

TBIW Policy Manual (Cont.)

Section 512.2,Provider Agency Certification (Cont.):

- For providers granted an exception to the conflict-free requirements, the provider has ensured conflict of interest protections, certifying that case managers employed by that provider remain neutral during the development of the person-centered service plan and including the requirement that the provider separate direct care services and case management into distinct functions, with separate oversight.

TBIW Policy Manual (Cont.)

Section 512.2, Provider Agency Certification (Cont.):

If an exception has been granted by BMS the following must be ensured by the case management agency. Case management agencies must have a policy to ensure there will not be a conflict of interest if an exception has been made:

- Include a basic description of the duties of the home and community-based services supervisor(s) and the case management supervisor(s).
- Explain how members are given choice of case manager.
- Explain how members are given choice of home and community-based services and other natural supports or services offered in the community.
- Explain how the agency ensures that the case manager is free from influence of direct service providers regarding member care plans.

TBIW Policy Manual (Cont.)

Section 512.2 Provider Agency Certification (Cont.):

- Any case manager working for a case management agency that will also be providing personal attendant services will need to sign a case management Conflict of Interest Assurance form.
- The completed and signed form must be placed in the member file at the case management agency. Failure to have the form in the file when reviewed will result in sanctions.
- Evidence of administrative separation on organizational chart that includes position titles and names of staff.

TBIW Policy Manual (Cont.)

Section 512.2 Provider Agency Certification (Cont.):

Attestation/Conflict of Interest Exception application for home and community-based waiver services by agency owner/administrator of the following:

- The agency has administrative separation of supervision of case management and home and community-based services.
- The attached organization chart shows two separate supervisors, one for case management and one for home and community-based services.
- Case management members are offered choice for home and community-based services between and among available service providers.
- Case management members are not limited to home and community-based services provided only by this agency.

TBIW Policy Manual (Cont.)

Section 512.2 Provider Agency Certification (Cont.):

- Case management members are given choice of case managers within the agency.
- Disputes between case management and home and community-based services units are resolved.
- Members are free to choose or deny home and community-based services without influence from the internal agency case manager and home and community-based service staff.
- Members choose how, when, and where to receive their approved home and community-based services.
- Members are free to communicate grievance(s) regarding case management and/or home and community-based services delivered by the agency.
- The grievance/complaint procedure is clear and understood by members and legal representatives.
- Grievances/complaints are resolved in a timely manner.

TBIW Policy Manual (Cont.)

Section 512.2, Provider Agency Certification (Cont.):

- All TBIW providers must provide any services, when they are needed, that are listed on the member's Service Plan. This includes services on weekdays and weekends.
- Certified TBIW providers cannot subcontract any services they are approved to provide to another agency.
- Provider must comply with the Centers for Medicare and Medicaid Services (CMS) settings rule.
- Have written policy regarding member's right to request their records.
- Written policies and procedures to ensure that guardians are informed of reported incidents as soon as possible after learning of an incident and in all cases within 72 hours of learning of an incident.
- Agencies applying to become a TBIW provider cannot obtain certification for the benefit of serving Veteran Administration (VA) clients. BMS is not responsible for certifying VA agencies or its workers.

TBIW Policy Manual (Cont.)

Section 512.3, Electronic Visit Verification

As required by the Cures Act, the BMS will implement an Electronic Visit Verification (EVV) system to verify in home visits. The EVV system will verify:

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

For services requiring EVV, direct-care staff and case managers will use the system to check-in at the beginning of the visit. After the visit, the member or authorized representative will use the system to verify the correct visit has been provided.

BMS will ensure the EVV solution is secure, minimally burdensome, and does not constrain member selection of a caregiver or the manner of care delivery. BMS will provide training and an EVV guide that will be available when the system goes live. Direct-care workers that live in the members home will not be required to use EVV.

TBIW Policy Manual (Cont.)

Section 512.2.4, WV Clearance for Access: Registry & Employment Screening (WV CARES)

- This information has been removed from the TBIW Policy manual. The policy manual refers providers to the WVCARES (Policy Manual, Chapter 700) website for information regarding criminal background checks.

TBIW Policy Manual (Cont.)

Section 512.3.6.4, Quality Reviews

- The Section name has change from Provider Reviews to Quality Reviews
- Certification (Validation) Review to Certification Reviews
- Retrospective Reviews to Quality Reviews

TBIW Policy Manual (Cont.)

Section 512.4, Legal Representation

- When reference is made to “applicant/member” in this manual, it also includes any person who may, under state law, act on the person’s behalf when the person is unable to act for himself or herself. That person is referred to as the person’s legal representative. There are various types of legal representatives, including but not limited to guardians, conservators, power of attorney representatives, health care surrogates and representative payees. Each type of legal representative has a different scope of decision-making authority. For example, a court-appointed conservator might have the power to make financial decisions, but not healthcare decisions. The case manager must verify that a representative has the necessary authority and obtain copies of supporting documentation, e.g., court orders or power of attorney documents, for the member’s file.

TBIW Policy Manual (Cont.)

Section 512.4, Legal Representation (Cont.)

- Legal representatives must always be consulted for decisions within their scope of authority. However, contact with or input from the legal representative should not replace contact and communication with the member. If the member can understand the situation and express a preference, the member should be kept informed and his/her wishes respected to the degree practicable.
- A court appointed legal guardian authorized by the court to make healthcare decisions for the applicant/member is required to:
  - Attend, in person and sign the initial and Annual Medical Eligibility Assessment;
  - Sign the initial and annual Medical Necessity Evaluation Request (MNER); and

TBIW Policy Manual (Cont.)

Section 512.4, Legal Representation (Cont.):

- Attend, in person the initial and annual Person-Centered Service Plan meetings and sign the initial and annual Person-Centered Service Plan.
  - *Attendance at the six-month Person Centered Service Plan meeting can be in person or by phone. If the guardian attends by phone, the guardian must still sign the service plan. The signature may be obtained electronically.

*All faxed/emailed signed documents must be obtained by the UMC within three business days for DHHR guardians and within 10 business days for non-DHHR guardians or services will cease until such time that documents are obtained.

TBIW Policy Manual (Cont.)

Section 512.4, Legal Representation (Cont.):

- DHHR Adult Protective Services/Child Protective Services (APS/CPS) as the appointed guardian are responsible for attending Multi-Disciplinary Treatment (MDT) Plans, Interdisciplinary Team Meetings (IDT), Individual Program Plans (IPP), Discharge Plan meetings and Care Plans (Plan of Care meeting) concerning the protected individual.
- As the guardian, they must approve and sign off on all decisions (except financial) relating to the protected person. By attending and participating in the scheduled meetings, fulfilling their fiduciary obligation that all services are in the client's best interest (DHHR APS Policy, Section 5.19.1).

TBIW Policy Manual (Cont.)

Section 512.5, Staff Qualifications and Training Requirements:

- EVV requires personal attendants that do not live in the member's home and case managers to have an National Provider Identifier (NPI) number to link the worker to the member for whom they are providing services. Personal attendants living in the member's home are not required to obtain an NPI for billing for the member they live with. If the personal attendant provides services to another TBIW member they do not live with, then they will be required to obtain an NPI number for billing with those members.

TBIW Policy Manual (Cont.)

Section 512.5.1, Case Manager Qualifications:

- A case manager must be fully licensed in West Virginia as a social worker, counselor, or registered nurse (RN), or have a four-year degree in a human service field with certification from the online case management training developed by the Bureau for Medical Services (BMS) and employed by a TBIW case management agency enrolled with Medicaid. Licensure documentation or a certificate of completion of the online case management training, must be maintained in the employee's file.
- A case manager with a four-year human service field degree cannot begin to provide and bill for services until they receive their certification from the BMS approved online training.

TBIW Policy Manual (Cont.)

Section 512.5.2, Case Manager Initial and Annual Training Requirements.

Initial:

- Conflict-free Case Management (CFCM) training for case managers with a four-year Human Service Degree without license.
- Training on the *Personal* Options Service Delivery Model.
- Recognize and reporting abuse, neglect and exploitation training.
- Health Insurance Portability and Accountability Act (HIPAA) training.
- Person-centered planning and Service Plan development.
- Must maintain professional licensure training requirements.
- TBI training (introduction to Brain Injury).
- EVV training must include a review of the agencies policy and procedures for EVV and a demonstration of the use of the EVV approved technology.

TBIW Policy Manual (Cont.)

Section 512.5.2, Case Manager Initial and Annual Training Requirements (Cont.).

Annual:

- Recognizing and reporting abuse, neglect and exploitation training
- HIPAA training
- Must maintain professional licensure training requirements
- Person-Centered Planning (continued)
- TBI training (continued)

TBIW Policy Manual (Cont.)

Section 512.5.3 Personal Attendant Professional Qualifications:

- A TBIW member cannot be a paid care giver in another waiver program or the Personal Care Services (PCS) program.

TBIW Policy Manual (Cont.)

Section 512.5.4, Personal Attendant Initial Training Requirements:

- Member Rights and Responsibilities Training – Must include a review of the section of the West Virginia TBIW Handbook for Members and other relevant provider specific policies and must be provided by a social worker/counselor/RN.
- Delivering Person-Centered Care Training (can use the training developed by the UMC).
- Personal attendant safety training (how to keep safe in the workplace).
- EVV Training – Must include a review of the agencies policy and procedures for EVV and a demonstration of the use of the EVV approved technology (when applicable).

TBIW Policy Manual (Cont.)

Section 512.5.5, Personal Attendant Annual Training Requirements:

- In addition, **two** hours of training focused on enhancing personal attendant service delivery knowledge and skills must be provided annually. Member specific on-the-job training can be counted toward this requirement. It is recommended that the same trainings not be repeated from year to year. It is suggested that providers evaluate and identify trends at their agencies when identifying potential training topics.

TBIW Policy Manual (Cont.)

Section 512.5.6, Training Documentation.

- Cardiopulmonary Resuscitation (CPR)/First Aid Documentation:
  - TBIW Provider Agencies: Personal attendants must have a CPR/First Aid card. While an agency is waiting for the card, if the agency staff (a certified trainer from a UMC approved certifying agency) provided the training, then BMS will accept the training log in each Personal Attendant's personnel file as evidence, if the log has the information listed in policy-documentation of training.
  - The sign in sheet documentation is valid for 30 days from the date of the class, the card must be secured and copied into the staff record after 30 days.
- Self-Direction:
  - Personal attendants must have a CPR/First Aid card. BMS will accept a letter on letterhead from the certifying agency that it meets the policy requirements for documentation of training. The letter is valid, for 30 days from the date of the class, the card must be secured and copied into the staff record after 30 days.

TBIW Policy Manual (Cont.)

Section 512.10.1, Medical Criteria:

- Under #27 of the Pre-Admission Screening (PAS), continuous oxygen has been added.
- The person has skilled needs in one or more of these areas:
  - Physical therapy;
  - Speech therapy;
  - Occupational therapy;
  - Continuous oxygen;
  - Suctioning;
  - Tracheostomy;
  - Ventilator;
  - Parenteral fluids;
  - Sterile dressings; or
  - Irrigations.

TBIW Policy Manual (Cont.)

Section 512.12.2 Self-Directed Service Delivery Model.

Involuntary Transfers:

- If a member continually has difficulties managing their services, the fiscal/employer agent (F/EA) will provide additional training in the areas the member is having difficulty. The F/EA will keep documentation of initial and additional training areas.
- If after 30 days from when the additional training (for each area needed) has taken place the member is still having difficulty managing their services, the F/EA resource consultant will make a request to BMS to require the member to appoint a program representative to assist with employer responsibilities. If the member refuses to choose a program representative, the member will be required to transition to the Traditional Service Model using the Involuntary Transfer Form with supporting documentation. BMS will make the final decision whether a member will be required to make the transition. If the member is required to transfer to the Traditional Service Model, the UMC will contact the member to facilitate the transfer.

TBIW Policy Manual (Cont.)

Section 512.2.2, Self-Direction Service Delivery Model (Cont.)

Reasons for Involuntary Transfer of service delivery model may include:

- Non-compliance with the Self-Direction program requirements.
- Non-compliance with TBIW program requirements.
- Demonstrated inability to supervise their employee(s).
- Demonstrated inability to complete and keep track of employee paperwork.
- Inability to hire an employee (within 90 days of enrollment).
- Program representative left, and member does not have another choice for replacement.

TBIW Policy Manual (Cont.)

Section 512.12.2, Self-Direction Service Delivery Model (Cont.):

- It is possible for a member to transition back from the Traditional Service Model after an Involuntary Transfer has taken place. BMS will consider if the member's circumstances surrounding the reason for the Involuntary Transfer have changed. For example:
  - The member now has someone that can be their program representative, or the member can now hire an employee. In such instances, a transition back to Self-Direction could be granted. The UMC will facilitate the transfer.
- Involuntary Transfers for:
  - Non-compliance with the self-direction program requirements;
  - Non-compliance with TBIW program requirements; and
  - Demonstrated inability to supervise their employee(s) require a one-year wait before the member can request to transition back to the self-direction delivery model.

TBIW Policy Manual (Cont.)

Section 512.11, Enrollment:

- If a personal attendant agency is unable to staff a member within 90 days from enrollment, then the personal attendant agency must inform the UMC and the case management agency. The UMC will assist the member by facilitating a transfer to another personal attendant agency.
- If the member is self-directing their TBIW services and are unable to hire staff within 90 days of enrollment the resource consultant must inform the UMC and the case management agency to begin the process of an Involuntary Transfer to the Traditional Model for services.

TBIW Policy Manual (Cont.)

Section 512.14, Person-Centered Service Plan Development.

Risk Analysis and Mitigation Plan:

- A critical step in the assessment process is the comprehensive analysis of risk. A risk analysis is not a one-time exercise but rather a process by which the analysis of risk and the development of risk mitigation strategies are continually revisited. BMS approved Risk Analysis and Mitigation Plan must be used and be a part of the Person-Centered Service Plan.
- If a member has a doctor prescribed EpiPen for allergic reactions, this must be documented on the member's Risk Analysis and Mitigation Plan, and the personal attendant must have documented training on how and when to use.

TBIW Policy Manual (Cont.)

Section 512.14, Person-Centered Service Plan Development (Cont.):

- 24-Hour Emergency Backup Plan
- The purpose of the 24-Hour Emergency Backup Plan is to ensure that critical services and supports are provided to safeguard members health and safety whenever there is a breakdown in the delivery of planned services. The BMS approved 24-Hour Emergency Backup Plan must be used and be part of the Person-Centered Service Plan.

TBIW Policy Manual (Cont.)

Section 512.14 Person-Centered Service Plan Development (Cont.).

Responsibility Agreement:

- A Responsibility Agreement is between the TBIW program member and the provider agency. The agreement must address the specific actions/outcomes that are expected by the member in order for their services to continue. Some examples of when a responsibility agreement should be developed can include the following: noted pattern of member's noncompliance with program policies such as nonattendance for required Service Planning Meetings; refusal to allow case manager to conduct required home visits in member's residence; not permitting personal attendant staff to perform services; or asking personal attendant staff to perform services not outlined in member's Service Plan. Safety concerns in the member's home should be addressed promptly when first displayed or noticed and addressed in a Responsibility Agreement. The agreement must be written on the BMS approved TBIW Responsibility Agreement template.

Covered Services

Covered Services

Section 512.17, Case Management Services

- Case managers are required to make at least a monthly home visit with the member:
  - Procedure Code: G9002 U2
  - Service Unit: Monthly
  - Service Limit: Once per month
  - Prior Authorization: This service must be prior authorized before being provided.
- New Monthly Case Manager Form
- Notify the Take Me Home Transition program's transition coordinators when members are re-institutionalized, die, or have additional pre-transition service needs and the member continues to have available funds.

Covered Services (Cont.)

Section 512.18, Personal Attendant Agencies Responsibilities:

- The personal attendant agencies are responsible to act on an Agency Assignment by either accepting or rejecting the assignment within two business days of notice by the UMC or web portal once available.
- Qualified personal attendant staff must be working with the member within five business days from the completion of the Person-Centered Service Plan (Section 512.15, Activation of Personal Attendant Services).
- If the personal attendant agency is unable to provide qualified staff within 90 days of member's enrollment date, the personal attendant supervisor must contact the UMC and the case management agency. UMC will assist in transferring the member to another personal attendant agency, if available, in the member's county of residence. If the current personal attendant agency is the only willing and qualified provider in the member's county, the agency is required to develop a recruitment plan to locate/hire and trained qualified staff.

Covered Services (Cont.)

Section 512.18, Personal Attendant Agencies Responsibilities (Cont.):

- The personal attendant agency will send a designated staff person to the member's six month and Annual Person-Centered Service Plan meetings. This must be someone who is responsible to fulfil the personal attendant hiring and training. If the member wishes for their personal attendant to attend Service Plan meetings the personal attendant can bill up to two hours under the personal attendant Service Code S5125 UB.
- Prior to submitting claims for billing to the State's fiscal agent, the TBIW Personal Attendant Worksheets must be reviewed, signed and approved by the agency's designated personal attendant supervisor. The personal attendant supervisor's signature on the Personal Attendant Worksheet is validation that the activities provided to the member is on his/her Person-Centered Service Plan.

Covered Services (Cont.)

Section 512.18, Personal Attendant Agencies Responsibilities (Cont.):

- The personal attendant agencies will complete and submit required administrative and program data documentation as requested by BMS or the UMC. Required program reports are due by the sixth business day of every month. The monthly "No Incident Report" is to be entered into the West Virginia Incident Management System (WV IMS) for each office location the provider has, provided there were no incidents for the reporting month.
- The personal attendant agency will report to the case management agency when the member is not available to receive personal attendant scheduled services.

Covered Services

Section 512.18.1 Personal Attendant Services:

- Traditional Model Procedure Code: S5125 UB (S5125 UB UK for personal attendants living in the home)
- *Personal Options* Model Procedure Code: S5125 UC (S5125 UC UK for personal attendants living in the home)
- Service Unit: 15 minutes
- Ratio: 1:1
- Site of Service: This service may be provided in the home of the member who receives services and/or the local public community. This service may not be provided in a personal attendant's home. This would exclude members who live with a family member/friend that is the paid personal attendant.
- Service Limits: Personal attendant services are limited by the member's budget.
- Prior Authorization: All units of service to the traditional provider must be prior authorized before being provided.

Covered Services (Cont.)

Section 512.18.2 Personal Attendant Responsibilities:

- The personal attendant's primary function is to provide hands-on personal care assistance outlined in the Service Plan. Such assistance also may include the supervision of members as provided in the service plan. As time permits, personal attendants may also provide other incidental services to personal care assistance such as changing linens, meal preparation, and light housekeeping (sweeping, mopping, dishes, and dusting).

Covered Services (Cont.)

Section 512.18.2, Personal Attendant Responsibilities (Cont.):

- Family paid personal attendants will not be able to take the member to family events as a formal support, i.e., a billable service. This would be considered informal support provided by the family.
- A family paid personal attendant cannot bill to take the member to visit their parent in their own residence/nursing home/hospital. However, a non-family member paid personal attendant may bill to take the member on such visits.
- The personal attendant may bill for the following:
  - Accompanying the member to a medical appointment and the member is using Non-Emergency Medical Transportation (NEMT).
  - Providing assistance to the member with activities of daily living (ADLs) while at an outpatient medical appointment.

Covered Services (Cont.)

Section 512.18.2, Personal Attendant Responsibilities (Cont.):

- Waiting with the member while at a medical appointment (excludes services such as chemotherapy, dialysis and other services where nursing services are included in the services).
- If the personal attendant will be paid as the friend/family under the NEMT program, they can also bill the TBIW for their time riding with a member to/from a medical appointment.
- Administer the use of an EpiPen(Personal Attendant Training in Section 512.12.4.4).

Covered Services (Cont.)

Section 512.20, Personal Emergency Response System (PERS):

- The PERS provider must provide an emergency response center with fully trained operators who are capable of receiving signals for help from a member's PERS equipment 24-hours a day, 365 (or 366) days per year as appropriate, of determining whether an emergency exists, and of notifying an emergency response organization or an emergency responder that the PERS service member needs emergency help.
  - Traditional Model Procedure Code: S5161 U5
  - Personal Options Model Procedure Code: S5161 U5 UK
  - Service Unit: One unit per month
  - Service Limit: 12 months per calendar year
  - Prior Authorization: All units of service must be prior authorized before being provided.
- Documentation Requirements:
  - The TBIW personal attendant provider will choose a PERS vendor(s) to provide the service for the member that they are servicing or are in need of the service.

Covered Services (Cont.)

Section 512.19, Non-Medical Transportation:

- If the personal attendant will be paid as the friend/family under Non-Medical Transportation program, they can also bill the TBIW for their time riding with a member to/from a medical appointment.

Covered Services (Cont.)

Section 512.21.1, Community Transition:

- Specialized medical supplies (removed).
- Members, ages 22-64, transitioning from an IMD will not receive community transition services (added).

Chapter 512, TBIW Policy Manual Update

TBIW Policy Manual (Cont.)

Section 512.25 Service Limitations, Service Extension and Restrictions:

- No duplication of services assisting the member with ADLs or ancillary tasks that are being provided by another program such as but not limited to Medicare, Medicaid, Veterans Administration or private pay. An exclusion to this would be for someone that was incontinent and might require an additional bath and laundry. This would need to be documented in the assessment.
- TBIW members cannot be a paid caregiver in another waiver program or the PCS program.
- Any setting where the provider of home and community-based services also owns and operates an individual's residential service is considered provider controlled and therefore not in alliance with the CMS home and community-based services settings rule. TBIW services cannot be provided in this type of setting, An adult family care (AFC) setting would not be an approved setting.

TBIW Chapter 512 Policy Manual changes

Section 512.25, Service Limitations, Service Extension and Restrictions (Cont.).

Restrictive Intervention:

- The TBIW prohibits intentional restrictive interventions of a member's movement or behavior. Restrictive interventions that are prohibited include but are not limited to physical restraints such as ropes, handcuffs, bungee cords, phone cords, electrical cords, zip ties, tape of any kinds, gags, locking in a room, blocking an emergency fire exit, physical four-point restraint and other extreme forms of restraint. Evasive maneuvers may be utilized when a member is physically aggressive in an unsafe environment.

TBIW Policy Manual (Cont.)

Section 512.25 Service Limitations, Service Extension and Restrictions (Cont.).

- Emergency Safety Intervention:
  - BMS allows limited interventions of emergency safety in predictable environments only where the member may be confused or agitated and has one or more of the following diagnosis:
    - Dementia
    - Alzheimer's disease
    - Stroke
    - Parkinson's disease
    - TBI
    - Other brain disease or injury, cognitive impairment and/or behaviors that create memory loss with difficulties in thinking, problem-solving or language, agitation, anxiety, irritability and motor restlessness that often lead to such behaviors as wandering, pacing and night-time disturbances

TBIW Policy Manual (Cont.)

Section 512.25, Service Limitations, Service Extension and Restrictions (Cont.):

- When a member experiences confusion, agitation, wandering or behavior that may create an emergency risk to the member's safety emergency safety interventions may include alarms for doors, Global Positioning System (GPS) identification or monitoring devices, personal emergency response systems and other methods of locating or warning of emergency safety incidents and bed rails.
- The case manager must document in the Assessment and the Risk Mitigation Plan the rationale for the use of an emergency safety intervention. The UMC monitoring staff will review the use of emergency safety interventions during the provider on-site review.

TBIW Policy Manual (Cont.)

Section 512.28, Voluntary Agency Closure:

- In the event a provider sells their business, the members do not automatically transfer with the sale. Members must be provided freedom to choose from available TBIW providers in their catchment area. Any effort to coerce a member to transfer to the purchasing TBIW provider will be considered a conflict of interest and will result in the purchasing TBIW provider being removed from the TBIW provider selection list for one calendar year (Section 512.2 Provider Agency Certification “Conflicts of Interest”).

TBIW Policy Manual (Cont.)

Section 512.30, Additional Sanctions.

Progressive Remediation:

- Over the next 30 days, targeted technical assistance will be provided to the provider and they must submit a Corrective Action Plan to BMS for approval before the end of the 30-day time frame:
- Technical Assistance and Provisional Corrective Action Plan: The first step in remediation is technical assistance which will be provided to the provider by the UMC, requiring the development of a provisional Corrective Action Plan and implementation.
- 30-Pay Hold: If the provider continues to be noncompliant, a 30-day pay hold will be placed on the provider.
- Census Hold: The next step in the remediation process is a census hold in addition to the thirty day pay hold.
- Census Reduction: If the provider continues to be noncompliant, a census reduction up to 10% will be placed on the provider in addition to the 30-day pay hold and the census hold. Provider must submit an amended Plan of Correction to BMS.
- Termination of TBIW Provider Status: BMS may either accept the amended Corrective Action Plan or issue a final noncompliance notification and termination of TBIW provider status.

TBIW Policy Manual (Cont.)

Section 512.31, Member Rights and Responsibilities:

- Provide a safe environment for personal attendants, the UMC and agency staff.
- If a member is being investigated for or is in the process of being closed by an agency for non-compliance or unsafe environment, they cannot transfer to another agency. If a member has had a closure due to an unsafe environment and reapplies for the TBIW or other Home and Community-Based Services (HCBS) programs, the unsafe environment closure information will be shared with selected providers.

TBIW Policy Manual (Cont.)

Section 512.36, Discontinuation of Services:

- If an applicant that has received a TBIW slot does not accept the required case management services and/or will not allow a Service Plan to be developed, the UMC will make a Request for Discontinuation of Services and submit it to BMS for approval.

Glossary Update

Glossary Update

- Competency-Based Curriculum: A training program which is designed to give participants the skills they need to perform certain tasks and/or activities. The curriculum should have goals, objectives and an evaluation system to demonstrate competency in training areas. **Competency is defined as passing a graded post-test at no less than 70%.** If a staff fails to meet competency requirements, the PC agency must conduct additional training and retest the staff (must score at least 70%) before the staff is allowed to work with members.
- Conflict-Free Case Management (CFCM): CFCM requires that assessment and coordination of services are separate from the delivery of services, with the goal to limit any conscious or unconscious bias a case manager or agency may have, and ultimately promote the member's individual choice and independence.

Glossary Update (Cont.)

- Conservator: A person appointed by the court who is responsible for the estate and financial affairs of a protected person. W. Va. Code § 44A-1-4.
- Cueing: Giving a signal or reminder to do something.
- Cultural Competence: Services, supports or other assistance that are conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language and behaviors of individuals who are receiving services, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program.
- Duplication of Services: TBIW services are 1:1 staff to member ratio services. No single Personal Attendant can bill for more than one member during a single 15-minute period. A personal attendant and direct care workers from another program cannot bill for the same tasks for the same member (i.e., environmental tasks shared across multiple Medicaid recipients or funding sources).

Glossary Update (Cont.)

- Duration: As it relates to service planning, the durations is the length of time a service will be provided.
- Electronic Visit Verification (EVV): An electronic monitoring system used to verify a personal attendant worker and case manager for the following:
  - Type of service performed
  - Individual receiving the service
  - The date of service
  - The location of service delivery
  - The individual providing the service
  - The time the services begin and end.

Glossary Update (Cont.)

- HCBS Settings Rule: In January 2014, CMS issued a new federal rule (CMS-2249-F/CMS-2296-F) impacting sections of Medicaid law under which states may use federal funds to pay for HCBS. The rule supports enhanced quality in HCBS programs and adds protections for individuals receiving services. In addition, this rule reflects CMS intent to ensure that individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting. An AFC setting would not be an approved setting.

Glossary Update (Cont.)

- National Provider Identifier (NPI): An NPI number assigned to each personal attendant and each TBIW provider agency for tracking Medicaid billing.
- Responsibility Agreement: A Responsibility Agreement is between the TBIW program member and the provider agency. The agreement must address the specific actions/outcomes that are expected by the member in order for their services to continue. Some examples of when a responsibility agreement should be developed can include the following: noted pattern of member's noncompliance with program policies such as nonattendance for required Service Planning Meetings; refusal to allow case manager to conduct required home visits in member's residence; not permitting personal attendant staff to perform services; or asking personal attendant staff to perform services not outlined in member's Service Plan. Safety concerns in the member's home should be addressed promptly when first displayed or notice and address in a Responsibility Agreement. The agreement must be written on the BMS approved TBIW Responsibility Agreement template.

Questions?

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