STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

CCO 101

December 5, 2023

Christy Casey
LTSS Policy Program Manager
Division of Iowa Medicaid

Objectives

- Understanding HCBS Waiver
- Understanding everyone's roles
- How Budgets are built
- Documentation Standards
- Fraud, waste and abuse

Introduction to HCBS Waivers

Available to Medicaid members who need services and supports to stay in their homes

- Older Iowans
- Iowans with disabilities

Usual Medicaid rules "waived" to give more choice regarding

- How services are delivered
- Where services are delivered

Iowa's Waiver Programs

AIDS/HIV	• Requires a diagnosis of AIDS or HIV
Brain Injury	• Requires a diagnosis of brain injury
Childrens Mental Health	• For members under the age of 18 with a diagnosis of a Severe Emotional Disturbance
Elderly	• For members ages 65 and over
Health & Disability	• Members must be blind or disabled, under the age of 64
Intellectual Disability	• Requires a diagnosis of an intellectual disability
Physical Disability	• Members must have a physical disability and over the age of 18 and under the age of 65

HCBS Habilitation Services

- A program to provide Home and Community Based Services (HCBS) for Iowans with the functional impairments typically associated with chronic mental illness

- Must be Medicaid eligible and meet the program requirements

HCBS Concepts

- Waiver services are:
  - Supports provided to keep a member in their own home
  - Designed for the individual needs of the specific member
  - Supported by an interdisciplinary team process with the member as the focus
  - Least costly service to meet a member's needs
- Waivers consist of services that meet the support needs of the population served
- Each waiver provides a specific array of services

HCBS is NOT intended to:

- Pay housing costs
- Replace responsibility of parents
- Replace natural supports
- Replace educational services
- Provide services that are not medically necessary
- Provide emergency placement services
- Be for the convenience of the caregiver or member

Level of Care (LOC) Assessments

The Case Manager will coordinate the completion of the LOC with the member and/or family.

The LOC Assessment will be reviewed by the Medical Services Unit.

Medical Services will determine the LOC and the Case Manager will be notified of the determination.

Developing a Service Plan

- If a member meets all eligibility requirements, the interdisciplinary team (member, case manager, providers, family and other stakeholders as determined by the member) puts together a service plan.

- The service plan contains the following:
  - Types of services the member will receive
  - Goals and supports
  - Number of units and costs of each service
  - Start and end dates of services
  - Any rights and restrictions
  - Safety information

The Consumer Choices Option recognizes that Iowans with disabilities and older Iowans can plan and decide how they spend their days and how they live their lives, with caring assistance available when needed. It is offered through Iowa's Home- and Community-Based (HCBS) Waiver programs, allowing individuals and their families to make decisions about the services they need and to manage those services. It:

- Offers flexibility so individuals can get assistance for the support needed in the lifestyles they choose
- Gives individuals the say-so to determine their own needs, create support plans, make choices, select and employ staff, and monitor the quality of support services
- Offers support to organize resources in ways that are life enhancing and meaningful to the individual
- Gives Iowans with disabilities and older Iowans authority over a targeted amount of dollars
- Promotes responsibility for the wise use of public dollars and recognition of the contribution that individuals with disabilities and older adults make in their communities

Using Medicaid funds carefully helps people gain control of their future. The Consumer Choices Option offers three tools to help members make important decisions about their life and to support them with follow-up actions:

1. Independent Support Broker services
2. An Individual Budget
3. Financial Management Services

Along with the Case Manager, these tools are meant to make it easier for the member to gain control of where they live and with who, become a thriving member of their community, engage in long-term relationships as well as choose, get and keep a job.

Member Responsibility

- A Member participating in CCO shall jointly and severally liable with any of the member's employees for any overpayment of the medical assistance funds used through a CCO budget.
- A member may not employ any person who has been sanctioned, or who is affiliated with a person or an entity that has been sanctioned.
- A member may not employ any person who has been excluded by the Office of Inspector General of the DHHS.
- For personal care services, employees shall use a 21st Century Cures Act compliant EVV system that captures all documentation requirements of the CCO Semi-Monthly time sheet.
- Members shall sign, and certify under penalty of perjury, each employees timecard prior to the timecards submission to the FMS provider for payment in order to verify that all information on the submitted timecard accurately describes the amount, duration, and scope of services provided.

Delegation of Budget and Employer Authority

- The member may delegate responsibilities for the individual budget or employer authority functions to a representative.
- If the member is a child, the parent or legal representative shall be delegated all budget and employer authority tasks.
- Members aged 18 and older who do not have the ability to complete all budget or employer authority tasks shall have a representative delegated to complete the applicable budget authority tasks identified and employer tasks identified.

Independent Support Broker Responsibilities

- Assist the member with developing initial and subsequent individual budgets and with making any changes to the individual budget.
- Have a monthly contact with the member for the first four months of implementation of the initial individual budget and have, at a minimum, quarterly contact thereafter.
- Complete the required employment packet with the Financial Management Service.
- Assist with interviewing potential employees and entities providing services and supports if requested by the member.
- Assist the member with determining whether a potential employee meets the qualifications necessary to perform the job.
- Assist the member with negotiating with entities providing services and supports if requested by the member.

Independent Support Broker Responsibilities (cont.)

- Assist the member with contracts and payment methods for services and supports if requested by the member.
- Assist the member with developing an emergency back up plan. The emergency back up plan shall address any health and safety concerns.
- Review expenditure reports from the Financial Management Service to ensure that services and supports in the individual budget are being provided.
- Document every contact the broker has with the member on the Independent Support Broker timecard.
- Contact documentation shall include information on the extent to which the member's individual budget has addressed the member's needs and the satisfaction of the member.

Case Manager Responsibilities

- Meet with member their team to develop a Person-Centered Service Plan based on the LOC/Needs of the member.
- Provide information for budget(Unit, codes and dollar amount)
- Monitor services through monthly contacts with members/employees and quarterly review of documentation.
- Discuss CCO with member, explain rules and responsibilities of member.
- Refer member to CCO(follow your policy)
- Assist member in completing paperwork, if member requests
- Assist member in finding a ISB

Financial Management Services responsibilities

- Receive Medicaid funds in a electronic transfer.
- Process and pay invoices for approved goods and services included in the individual budget.
- Monitor and track the approved individual budget amount authorized each month and document all expenditures as they are paid.
- Provide real time individual budget account balances for the member, the ISB, and the department, available during normal business hours.
- Conduct criminal background checks on potential employees.
- Verify for the member an employees citizenship or alien status.
- Assist the member with fiscal and payroll-related responsibilities.
- Assist the member in completing required federal, state, and local tax and insurance forms.
- Establish and manage documents and files for the member and the member's employees.

Financial Management Services responsibilities continued

- Monitor timecards, receipts, and invoices to ensure they are consistent with the individual budget. Keep records of all timecards and invoices for each member for 5 years.
- Provide to the department, the ISB, and the member monthly and quarterly status reports that include a summary of expenditures pad and amount of budget used.
- Establish a customer services complain reporting system
- Develop a policy and procedures manual that is current with state and federal regulations and update as necessary.
- Provide to the department an annual independent audit of the financial management services.
- Assist in implementing the state's quality management strategy related to the financial management services.
- The department may request that the financial management service provider withhold payment to any member or member's employee to offset any overpayment or enforce any sanction placed on the service provider.

Budget Amount

- Statewide utilization formula is used to ensure:
  - Members starting waiver services will be able to access CCO services immediately
  - Historical costs would not reflect changing member needs, nor would they reflect the unavailability of services that can now be purchased under CCO

Example

A member has a need for 10 hours of respite.

Respite has a average state wide cost of $10 a hour

The amount authorized would be $100

Historically members only use 60% of their Respite; therefore they would get $60 to use in their individual budget

Allowable Services

- Services in the members home or integrated community setting
- Members may receive the following service types, based on need:
  - Self-directed personal care services
  - Self-directed community supports and employment
  - Individual-directed good and services
- Going back to the service plan
  - What was the intended use of the service?
- **Just because a service is "allowed" doesn't mean that it is guaranteed**

Employee vs Contractor/Vendor

Employees:

Earn either an hourly rate or salary

Receive wages and benefits in exchange for following the organization's guidelines.

Is generally considered anyone who performs services, if the business can control what will be done and how it will be done.

Employee vs Contractor/Vendor (cont.)

Contractor/Vendor

- A contract may be for a total amount. It could be an hourly, daily, or weekly amount that ends on a specific date or a total amount to be paid when the job is complete.

- Contractors are independent workers who have autonomy and flexibility

- Vendors are a broader term that can be used for contract employees, outside consultants, subcontractors, suppliers, or any outsourced persons who provide services (or products) for which you owe them money.

Examples of services provided
Employee vs. Vendor/Contractor

Employee

1. CDAC
   *Requires EVV which is a federal mandate and should NEVER be provided by a vendor.
2. SCL
3. Respite

Vendor/contractor

1. Chore
   *Examples: Mowing/Snow Removal
2. Home/Vehicle Modifications

IOWA HHS

CCO Employee Documentation Components

What needs to be included?

- Supports and services provided
- Goals documented
- Interventions
- Individualized (should not be copied and pasted from day to day or member to member)
- Frequency monitored (how often, how many)

What does documentation look like?

- Narrative is no longer required but still allowed.
- Can use a "check list"

Maintaining Service Documentation

- Guidelines for members on maintaining documentation as the employer of record:
  - Members should keep copies of all documentation completed in their homes in the event it is needed for review.
  - Documentation must be kept for 5 years from the paid date of service
  - There are no requirements on how documentation is kept (e.g. electronic, files, paper)
  - All documentation must stand alone and a safe storage procedure must be developed and followed in the event of a natural disaster.

Preventing Fraud, Waste, and Abuse

TO REPORT MEMBER FRAUD

- Report suspected Medicaid member fraud by calling:
  - 877-347-5678

TO REPORT PROVIDER FRAUD

- Medicaid fraud occurs when a Medicaid provider knowingly makes, or causes to be made, a false or misleading statement or representation for use in obtaining reimbursement from the medical assistance program.
- This would include, but is not limited to, billing for services not provided, charging Medicaid more than the reasonable value of the services and providing services that were medically unnecessary.
- You may report provider fraud, waste or abuse by calling Iowa Medicaid, Program Integrity Unit at:
  - 877-446-3787
  - Or emailing your concern to: Report Abuse and Fraud | Iowa Department of Health and Human Services

Resources and Tools

- Iowa Medicaid-CCO funding source, provides program rules, training, technical assistance and oversight.
  - CCO webpage http://www.ime.state.ia.us/HCBS/HCBSConsumerOptions.html
  - Training Webpage http://www.ime.state.ia.us/Providers/ATRegistration.html
  - Contact Information HCBSwaivers@dhs.state.ia.us
  - Veridian Credit Union https://ccoweb.veridiancu.org/default.aspx
  - Contact Information ccoiowa@veridiancu.org
  - Case Managers
    - Questions regarding type and amount of services a member is approved for and scope of services.

CCO Policy Contacts

Christy Casey

- ccasey@dhs.state.ia.us
- 515-630-9649

Latisha McGuire

- lmcguir@dhs.state.ia.us
- 515-829-5627

Questions