AD Waiver - Assisted Living Administrator Training

Nebraska Department of Health and Human Services (DHHS)
Home and Community-Based Waiver for Aged Individuals, Adults, and Children with Disabilities.

Governor Pete Ricketts

Vision:
Grow Nebraska

Mission:
Create opportunity through more effective, more efficient, and customer focused state government

Priorities:
• Efficiency and Effectiveness
• Customer Service
• Growth
• Public Safety
• Reduced Regulatory Burden

We Value:
• The Taxpayer
• Our Team
• Simplicity
• Transparency
• Accountability
• Integrity
• Respect
DHHS 2017-2018 Priorities

- Increase availability of community-based services through the Behavioral Health System of Care for children and youth, reducing reliance on inpatient and residential services.
- Keep families together by stabilizing and strengthening families, helping prevent intergenerational poverty and achieving self-sufficiency.
- Establish the Beatrice State Developmental Center as a statewide resource providing short-term intervention and respite services for individuals with developmental disabilities.
- Develop a standardized assessment and transition plan as part of the Medicaid managed care Long-Term Services and Supports Redesign Initiative.
- Reduce the amount of time that elapses between when an individual accepts a funding offer for developmental disability services and when services begin.
- Increase the participation of pharmacies and enrollment of eligible users in the Prescription Drug Monitoring Program, and develop and implement statewide education resources.
- Safely reduce and phase out the percent of state work in out-of-home placements by implementing best-practice interventions and services.
- Implement Alternative Response statewide, resulting in families engaged with Alternative Response more likely to have their children remain in their home six months after case closure than families in Traditional Response.
- Reduce single state audit findings and questioned costs.
- Develop a web-based portal for caseworkers to use when completing a caregiver survey with foster parents in their home, saving 15 minutes per survey.
- Launch an electronic benefits transfer pilot for the WIC program, known as eWIC, that will offer flexibility and individualized nutrition education to families as well as providing additional data for program management.
- Improve the integration of community-based behavioral health treatment and primary care services, reducing the number of pages from 14 to 3, and slashing the wait time to determine eligibility from 69 days to 14.
- Developed a Medicaid Long Term Services and Supports redesign plan realizing opportunities for improvement and integration of services.
- Decrease the average days waiting for admission to the Lincoln Regional Center for both court-ordered individuals and mental health board-certified individuals.
- Develop and implement a web-based portal for caseworkers to use when completing a caregiver survey with foster parents in their home, saving 15 minutes per survey.
- Launch an electronic benefits transfer pilot for the WIC program, known as eWIC, that will offer flexibility and individualized nutrition education to families as well as providing additional data for program management.
- Reduce the number of pages from 14 to 3, and slashing the wait time to determine eligibility from 69 days to 14.
- Streamline operations to reduce new hire turnover and the average length of time from job posting to job offer, and to consolidate document imaging and interactive voice technologies.
- Decrease time for issuing provisional center-based childcare provider licenses and initial certification for community-based developmental disability provider agencies.
- Review childcare and preschool regulations to determine modifications to reduce regulatory burden and make them clearer.

DHHS Accomplishments

- Completed 19 of 25 initiatives in last year’s Business Plan and made substantial progress on the others. Over 93% of the 211 deliverables were completed.
- Implemented Heritage Health, Medicaid’s managed care program integrating physical, behavioral and pharmacy health services.
- Launched the Behavioral Health System of Care for children and youth, integrating services and supports for those with a serious emotional disturbance through collaboration with public and private partners. Youth Mobile Crisis Response was the first service available statewide.
- Improved Economic assistance ACCESSNebraska average call wait times from nearly 24 minutes in August 2014 to under the goal of five minutes.
- Since April 2016, ACCESSNebraska has exceeded the federal standard to process 95% of SNAP applications on time, consistently processing 98%-99% on time.
- Developed Medicaid services for at risk youth, gaining federal approval for multi-systemic therapy and functional family therapy.
- Established a Family Focused Case Management pilot in North Platte and Omaha, coordinating economic assistance and child welfare services to identify barriers and help clients reach self-sufficiency.
- Developed, gained federal approval for, and implemented Medicaid Developmental Disabilities Home and Community-Based Services waivers focused on person-centered, customer-focused planning.
- Reviewed all individuals on the Developmental Disability Registry of Unmet Needs to better determine service needs, funding source, and utilization data.
- Expanded the use of Alternative Response, which identifies the needs of families with less severe reports of child abuse and neglect so they avoid further involvement in the child welfare system, to 57 Nebraska counties.
- Developed a Medicaid Long Term Services and Supports redesign plan realizing opportunities for improvement and integration of services.
- Expanded access to, and enhanced use of, the Prescription Drug Overdose Prevention and Prescription Drug Monitoring program by providers.
- Created a more user-friendly application process for Developmental Disability services, reducing the number of pages from 14 to 3, and slashing the wait time to determine eligibility from 69 days to 14.
- Developed a Centralized Data System across behavioral health system partners, allowing for improved data analysis and service planning for children and adults.
- Achieved national accreditation for the Division of Public Health, meeting national standards and increasing accountability and continuous improvement.
- Simplified licensing applications, streamlined screening, and shortened turnaround times for nurse, medication aide, and other licenses. The medication aide process decreased from 39 to nine days.
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Aged & Disabled Medicaid Waiver

- Medicaid-Coverable Services through the Nebraska Medical Assistance Program (NMAP):
  - Funds cost of Nursing Facility services
  - Funds AD waiver services provided in one’s home
  - Funds assisted living waiver services
    - The average cost of waiver services funded by Medicaid must not exceed the average cost of Medicaid for NF services.
  - Must not exceed the average cost to Medicaid for NF services.
  - Centers for Medicare and Medicaid Service (CMS) approves the maximum number of AD Waiver Program participants for each fiscal year

Aged & Disabled Medicaid Waiver

- Purpose of AD Waiver Program:
  - Provide supportive services in a client’s home or community setting
  - Safely reside in an independent living situation rather than in a nursing facility
  - Cost-effective alternative to nursing facility care

- Waiver services promote:
  - Client’s right and responsibility to self-direct services
  - To participate in the development and implementation of his/her plan of services
AD waiver services offer eligible individuals a choice to:
- Enter a Nursing Facility (NF)
- Receive supportive services in one’s home
- Receive supportive services in assisted living

Aged & Disabled Medicaid Waiver

Available Services
- Adult Day Health Care
- Assisted Living
- Assistive Technology & Supports
- Child Care for Children with Disabilities
- Home Again Service
- Home Care/Chore
- Home-Delivered Meals
- Home Modifications
- Independence Skills Management
- Nutrition Services
- Personal Emergency Response System
- Respite Care
- Transportation
Aged & Disabled Medicaid Waiver

- Eligibility criteria:
  - Be eligible for Medicaid;
  - Have care needs equal to those of Medicaid-funded residents in NF; and
  - Work with a Services Coordinator (SC) to develop an outcome-based, cost effective service plan called the Plan of Services and Supports (POSS).

Aged & Disabled Medicaid Waiver

- Waiver Services Coordination is provided by one of the following:
  - Early Development staff for children birth to age 3
  - DHHS waiver staff for children age 3 through age 17
  - League of Human Dignity for adult clients age 18 through age 64
  - Area Agencies on Aging for clients aged 65 and over
Aged & Disabled Medicaid Waiver

- The Services Coordinator (SC) will start the Waiver Eligibility Process:
- SC use a comprehensive assessment process for eligibility determination.
- At each visit the SC will be evaluating the client to determine continued eligibility.
- The following require contact with the Services Coordinator to determine continued waiver eligibility:
  - Change in care needs,
  - Admission to a Hospital or Nursing Facility,
  - Need for Home Health, and/or
  - Hospice Services

AD Waiver Eligibility Assessments
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- Sources utilized in the evaluation process:
  - the individual
  - family
  - care providers
  - physicians
  - facility staff
  - case files
  - medical charts

AD Waiver Eligibility Assessments

- Assessment Tools
  - Level of Care (LOC)
  - AD Medicaid Waiver Adult Assessment

- LOC Categories:
  - Activities of Daily Living (ADLs)
  - Risk Factors
  - Medical Treatment or Observation
  - Cognition Factors
AD Waiver Eligibility Assessments

- To meet Nursing Facility Level of Care a client must meet the following
  - Limitations in three or more ADL's AND
    - Medical Treatment or Observation OR
    - One or more Risk factors OR
    - One or more Cognition factors
  - Limitations in one or more ADL's AND
    - One or more Cognition AND
    - One or more Risk factors.

AD Waiver Eligibility Assessments

- AD Medicaid Waiver Adult Assessment
- Categories
  - Social Support
  - Health Status
  - Medications and Medical Equipment
  - Nutrition
  - Instrumental Activities of Daily Living (IADL)
  - Housing
Plan of Services and Supports

**Plan of Services and Supports:**

- Is a person centered plan
- Focusing on the client’s strengths, needs, priorities, and resources
- Keeping the client in charge of defining the direction of their lives
- Identifying the needs identified in the assessments, and assuring those needs are being met.
Plan of Services and Supports

- Revised when care needs change for more than a temporary time period
- Development/revision of plan involves client and family, provider representative and services coordinator
- Includes individualized discharge criteria documenting facility limitations to care due to waiver requirement for the maintenance of a safe plan

Provider Duties and Responsibilities
Provider Duties and Responsibilities

- Develop individual Resident Service Agreement
  - Each assisted living is required to have admission and discharge criteria.
  - The administrator has the right to deny admission or retention of any applicant based on client needs, staffing and current acuity levels of the other residents.
- Must assure that the health and welfare of the client is maintained
- Adhere to medical absence policy

Provider Duties and Responsibilities

- Assure the medical needs of the client are addressed
- Facility must provide special diet when agreed upon and identified in the Plan of Services & Supports
- Facility must provide an escort at no additional cost to waiver clients when the need is identified in the assessment and addressed on the Plan of Services and Supports
  - Escort must remain with the client at all times until safely returned to the facility
Provider Duties and Responsibilities

- Facility must provide up to five medical trips per month when needed
  - Facility assumes financial responsibility for fares or related costs for alternative public transportation
  - Must assure all standards are met when the facility elects to use an employee’s private vehicle
  - Round trips in excess of 50 miles and/or five per month may be approved for additional reimbursement if prior authorized

Circumstances justifying discharge from waiver-authorized assisted living services:
- Imminent danger to self or others,
- Needs change for more than a temporary time period to a level beyond the service capability of the facility,
- The client is unable to recognize danger, seek assistance, and/or
- The Services Coordinator cannot assure a safe, cost-effective Plan of Service and Supports
Provider Requirements

- Provider Enrollment
  - Is a multi-step process
  - Takes approximately 3 months to complete
  - The Resource Developer from the local Area Agency on Aging is available to assist in the process
  - Enrollment can be completed on-line or paper
- Maximus is the provider enrollment broker
  - 1-844-374-5022
  - http://www.nebraskamedicaidproviderenrollment.com/
Provider Requirements

- The Provider Release of Information/Felony Misdemeanor Statement, MC-199
  - Used as a method to safeguard the well-being of waiver residents
  - Completed annually by all AL employees who have assigned duties with an AL unit, either on a full or part-time basis
  - A copy is maintained in the assisted living facility file for review by waiver staff.
  - A parent/guardian signature is required if employee is under the age of 19 and not married or if an adult and has a legal guardian.

Provider Requirements - Billings

- All facilities are required to obtain NPI and Taxonomy Numbers
- Facilities are required to bill electronically or through UB-04 paper claims for each waiver resident
- Refer to Provider Bulletin 11-56 for information and links to the electronic and standard paper claims billing choices
- Questions regarding billings should be directed to the Medicaid Inquiry Line 1-877-255-3092 or locally 402-471-9128
Payment for Medicaid Waiver Assisted Living consists of two main components:
- Room & Board
- Share of Cost (SOC) if applicable

Facility will collect Room and Board from the client through funds received from any of several sources:
- Social Security benefits,
- Supplemental Security Income (SSI),
- Retirement/pension, or
- DHHS grant (Aid to the Aged, Blind or Disabled/AABD or State Supplemental)
Provider Requirements - Billings

- The Prior Authorization for Assisted Living Waiver Service (MC-9AD) indicates:
  - Waiver Payment Effective Date
    - Date of admission
    - Level for payment
      - Rural/Urban
      - Single/Multiple
  - Documentation which supports request for payment under the Aged and Disabled Medicaid Waiver
    - Show evidence that identified needs and outcomes are being met
    - Services coordinator through regular contacts with client, monitors that services continue to meet client needs

Provider Requirements - Billings

- Room & Board must be prorated for clients whose MC-9AD is for a partial month
- The SOC must be obligated before DHHS will assume financial responsibility for the service component
- The Share of Cost (SOC) amount needs to be indicated on the monthly billing claim form
- The Share of Cost is NOT pro-rated
- The SOC is always taken out at the location the client is at the beginning of the month
Provider Requirements - Billings

- The client or POA and waiver facility receive a “Notice of Action” from ACCESS Nebraska, which communicates the share of cost.
- Any change in amount as identified in the Notice goes into effect the following month.
- Waiver clients retain a personal needs allowance of $64 per month.
- In some cases this amount may vary; refer to ACCESS Nebraska for questions.

Provider Requirements - Billings

- The waiver program does not allow facilities to charge deposits (except for pets).
  - For individuals transitioning from private pay, refunded deposits are normally counted as resources.
    - Refer to ACCESS Nebraska for questions.
- It is not permissible to allow families to supplement the cost of a larger apartment beyond what is required by the service provider agreement.
  - Federal law requires that Medicaid providers accept the Medicaid rate as payment in full (480 NAC 5.006.2).
Additional Resources

- Medicaid eligibility questions by the individual, family, and/or provider must be referred to ACCESS/NE @ 1-855-632-7633 or Lincoln: 402-473-7000 or Omaha: 402-595-1178 or through the dhhs.ne.gov website
- Examples are
  - Pending Medicaid application,
  - Questions related to a Share of Cost,
  - Change in financial status,
  - Client not receiving the $64 personal need allowance, and
  - Other Medicaid eligibility matters
Additional Resources

For Information about AD Waiver:
Doshie Rodgers, Program Specialist
(402) 471-8091
Doshie.Rodgers@nebraska.gov
dhhs.ne.gov/Pages/reg_regs.aspx

Additional Resources

Policy for individuals eligibility criteria:
- Waiver eligibility criteria - 480 NAC 5-002
- Assisted living waiver services - 480 NAC 5-005.B
- Medicaid criteria for NF admission - 471 NAC Chapter 12
- Licensing regulations - 175 NAC Chapter 4