

SCDHHS Self-Directed Attendant and Companion Care Stakeholder Training

May 22, 2017

Agenda

- **Welcome and Speaker Introductions**
- **Training Introduction & Learning Objectives**
- **Self-Direction Philosophy & Background**
- **Delivery of Self-Direction in South Carolina**
- **Questions & Answers**

Speakers

Teeshla Curtis, Program Manager
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SCDHHS Healthy Connections Prime

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Introduction & Learning Objectives

Learning Objectives

- ✓ Apply self-direction philosophy and person-centeredness
- ✓ Describe the unique role of each stakeholder in South Carolina's attendant and companion care programs
- ✓ Outline South Carolina's screening, enrollment, and ongoing monitoring processes for attendant and companion care



Photo source: www.unsplash.com

Philosophy & Background

What Is Self-Direction?

A service delivery philosophy:

Participant assesses their own needs



Participant determines **how** and by **whom** needs are met



Participant monitors the quality of service received

Self-Directed Care = Participant-Directed Care = Consumer-Directed Care

What Services Qualify for Self-Direction in SC?

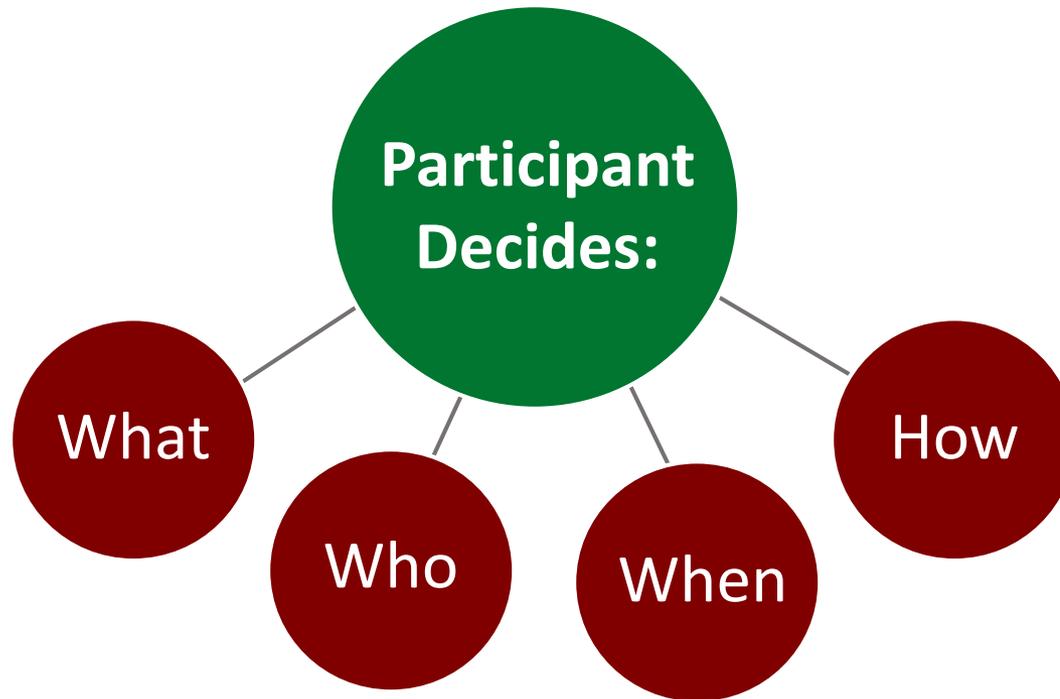
For the South Carolina Department of Health and Human Services' Division of Community Long Term Care (CLTC), self-direction is provided in a home or community setting and is available for:

1. **Attendant Care** - assist with Activities of Daily Living (ADL, such as bathing and dressing) and Instrumental Activities of Daily Living (IADL) such as shopping and using the phone
2. **Companion Care** – provide short-term relief for caregivers with needed supervision of participants. Assists with some IADLs but no ADLs (i.e., no hands-on care). *Note: Self-direction is available for individuals but not for agency-provided companions.*



Photo source: www.pridehhc.com/personal-attendant-services

Defining Self-Direction



- The participant knows his/her needs better than anyone else
- Attendants and companions are accountable to the participant and/or the participant's representative
- Self-direction gives the participant freedom to plan his/her own life
- Key components: Choice, Control, and Empowerment

Federal and State Requirements

- States can provide self-directed care under the State Plan and under home and community based services (HCBS) waivers
- The Centers for Medicare and Medicaid Services (CMS) requires:
 - Person-centered planning
 - Service Plan for each individual
 - Individualized budget
 - Provision of information and assistance in support of self-direction
 - Support broker/consultant/manager to serve as a liaison between the individual and program
 - Financial Management Services (FMS)
 - Quality assurance and improvement strategies
- SCDHHS sets forth its policies and procedures within in these federal guidelines and within the framework of its approved Medicaid waivers. SCDHHS leverages the waiver authority.
- The structure of SCDHHS' program will be detailed in this presentation.

Practicing Person-Centered Planning

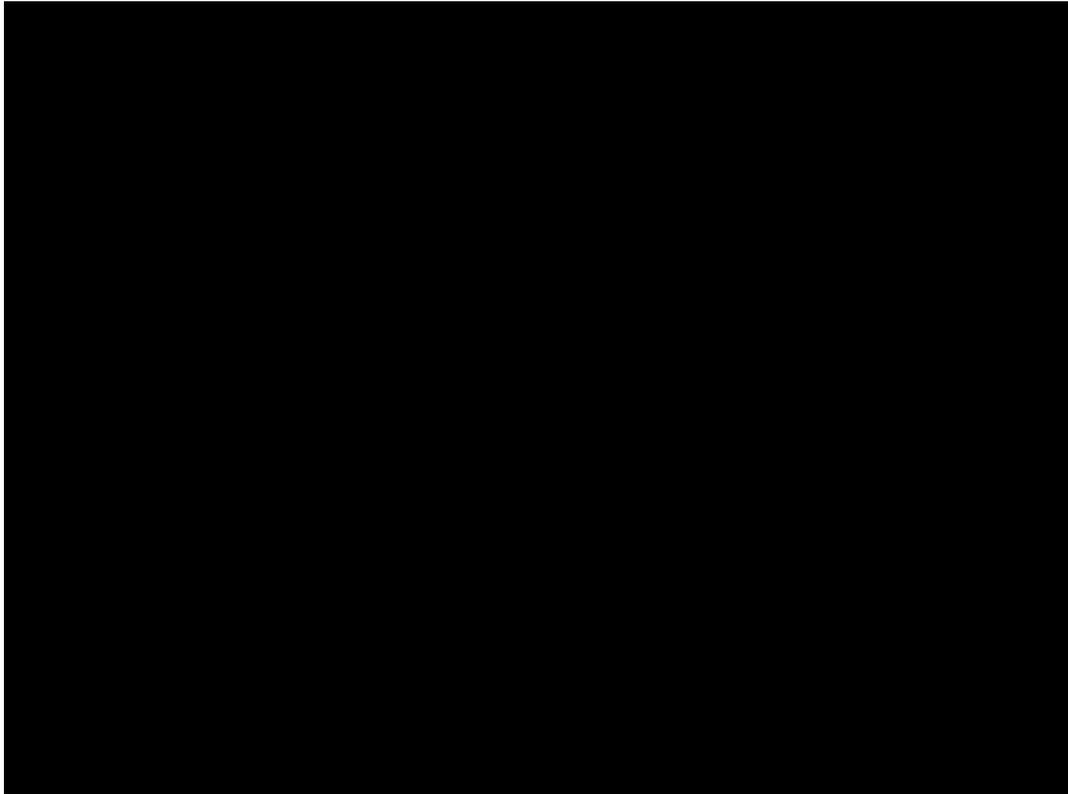
The backbone of self-direction is person-centered planning.

Key considerations for person-center planning:

- What is important to the person?
- On-going listening, learning, and reacting to discussion
- Influence of program staff is very limited
- Creative problem-solving
- Significant reliance on participant input
- Facilitating not managing
- Personalized to each participant
- Conveys to participant the consequences of responsibility and decisions
- Seeks to develop a shared understanding of the person and his/her situation



Example of a Self-Direction Interview



Discussion

- What are some strengths and weaknesses of social worker's approach?
- What was person-centered about the care coordinator interaction?
- What could be improved to make it more person-centered?

Begin video at 4:15. Double click to start.

Also located at: <https://www.youtube.com/watch?v=WIQJRwiH7s8>

Note: **This video is not tailored to South Carolina's program and is for illustrative purposes only.** However, it gives a flavor of how self-direction is generally administered in the United States. Each state has specific regulations and policies that govern their respective programs. We will cover the South Carolina program in the following slides.

Self-Direction in South Carolina

South Carolina Self-Direction Overview

- Established in 1996 to promote participant choice & community-living
- Five Medicaid waivers participating:
 - Community Choices
 - HIV/AIDS
 - Mechanical Ventilator Dependent Program
 - Head and Spinal Cord Injury Waiver
 - Intellectual Disability and Related Disabilities
- Current number of self-directed care participants: 2,000 (approximation as of March 2017)
- Hourly rate for attendants is about \$10.50

Key Stakeholders



Participant/Member

The individual who receives and directs the services; the employer of record (EOR) for the attendant or companion



Attendant/ Companion

The individual who provides the services



Representative

An individual selected by the participant who may assist the participant to direct their services (e.g. a spouse, adult child, etc.) and be the EOR



Waiver Case Manager

Provider responsible for managing a client's services



CDR

Center for Disability Resources (CDR) at the University of South Carolina School of Medicine; agency contracted by SCDHHS to screen and enroll attendants/companions; CDR Nurses assess the care given by a provider, administer diagnosis-specific training, and facilitate enrollment
Note: CDR may also be referred to as the University Affiliated Program (UAP)

Public Partnership Limited (PPL, also FMS)

Third-party fiscal employer agent (via First Data) who manages attendant/companion care payments. "Care Call" is the PPL's attendant/companion time-keeping system



The Participant/Member



Participants are responsible for:

Learning how to manage their attendant/companion

Communicating their needs to the attendant/companion

Communicating about the quality and appropriateness of services received

Dismissing attendant if not meeting needs

Formulating a back-up plan to ensure needs met when attendant/companion is absent

In some cases, participants may delegate these responsibilities to a representative. The representative assumes the role of the employer of record (EOR).

A Representative's Role

Representatives are:

Used by choice or need

Ideally nominated by participant or agreed upon by family

Knows participant and what decisions the participant would make

Acknowledges and accepts the responsibilities

Shows strong commitment to the participant

Voluntary – may be changed or removed as necessary

Must reside within a 50-mile radius of the participant's home or have an approved exemption



Service Provider Comparison

Attendant and Companion Care is closely related to Personal Care, but Personal Care Attendants are not available for self-direction.

	Attendant	Companion	Personal Care 1	Personal Care 2
Summary of Role	Assist with ADLs and IADLs	Short-term relief for caregivers with needed supervision of participants. Does not include hands-on care.	Preserve a safe and sanitary home environment with home care duties	Assist with ADLs and IADLs
Individual or Agency?	Medicaid enrolled individual	Medicaid enrolled individual or agency (<i>only individual is available for self-direction</i>)	Agency	Agency
Can be self-directed?	Yes	Yes	No	No

Minimum Qualifications

Attendant	Companion
Must be 18 years of age or older	
Able to read, write, and communicate effectively with the participant and/or the participant's representative	
Capable of following the Service Plan with the participant or their representative	
Have acceptable tuberculosis/PPD skin test results	
Capable of following billing procedures	
Capable of assisting with activities of daily living & fully ambulatory	NO hands on care may be provided

Who May Not Be a Paid Attendant or Companion?

- Has a disqualifying offense identified through a criminal background check
 - Felony
 - Crime against another person
 - Crime of abuse including assault, battery, and domestic violence
 - Abuse of federal funds (e.g. food stamp fraud, Medicaid fraud, or unemployment fraud)
- Has debarment or exclusion from Medicare or Medicaid program
- Legally responsible relative (spouse, parent of minor child, step-parent)
- Legal guardian
- The participant's chosen representative

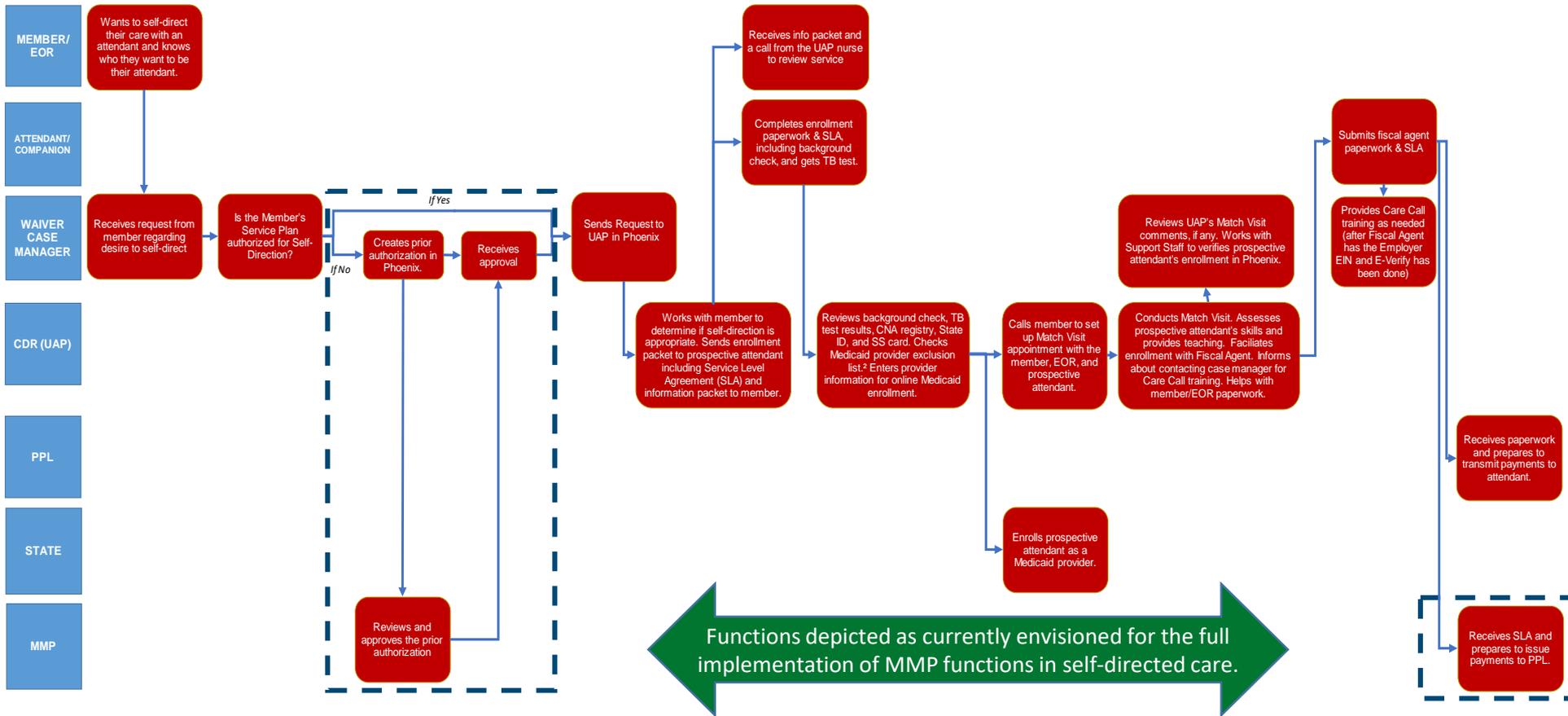
Duties of the Attendant or Companion

Role	Attendant	Companion
Preparing and serving meals, assisting with prescribed diet	✓	✓
General housekeeping	✓	✓
Shopping and errands	✓	✓
Attending medical appointments with participant	✓	✓
Assistance with communication	✓	✓
Assist with ADLs	✓	No
Monitor vital signs, skin condition, and appetite	✓	No
Monitor medication (but cannot administer or prepare)	✓	No
Skilled services with MD approval (e.g. complex dressing changes, vent care)	✓	No
Limited assistance with financial matters	✓	No
Strength and balance training	✓	No
Socialization (e.g. conversation, reading, assisting with mail)	No	✓
Sitting services focused on participant supervision	No	✓

Attendant/Companion Care Referrals

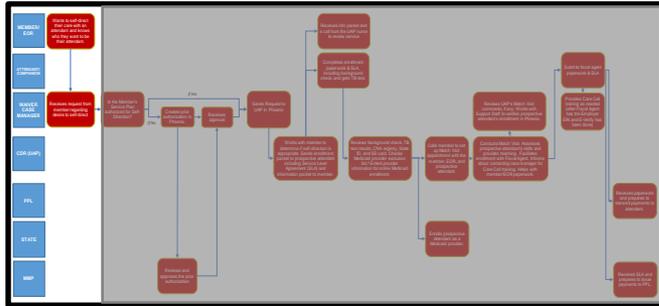
- **When:** During initial enrollment, assessments, and reassessments
- **Who:** Waiver Case Manager
- **How:**
 - Describe the option to the participant/representative
 - Assess if option may be appropriate
 - Initiates in the Phoenix system if the client is interested and the situation appears to be appropriate. Request is sent to UAP

Attendant/Companion Care Enrollment Process



We will review this process in the following slides.

Enrollment Process



Step One: Member notifies waiver case manager they want to self-direct their care

**MEMBER/
EOR**

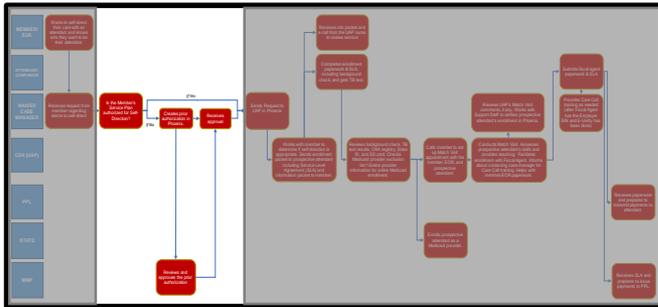
Wants to self-direct their care with an attendant and knows who they want to be their attendant.

**ATTENDANT/
COMPANION**

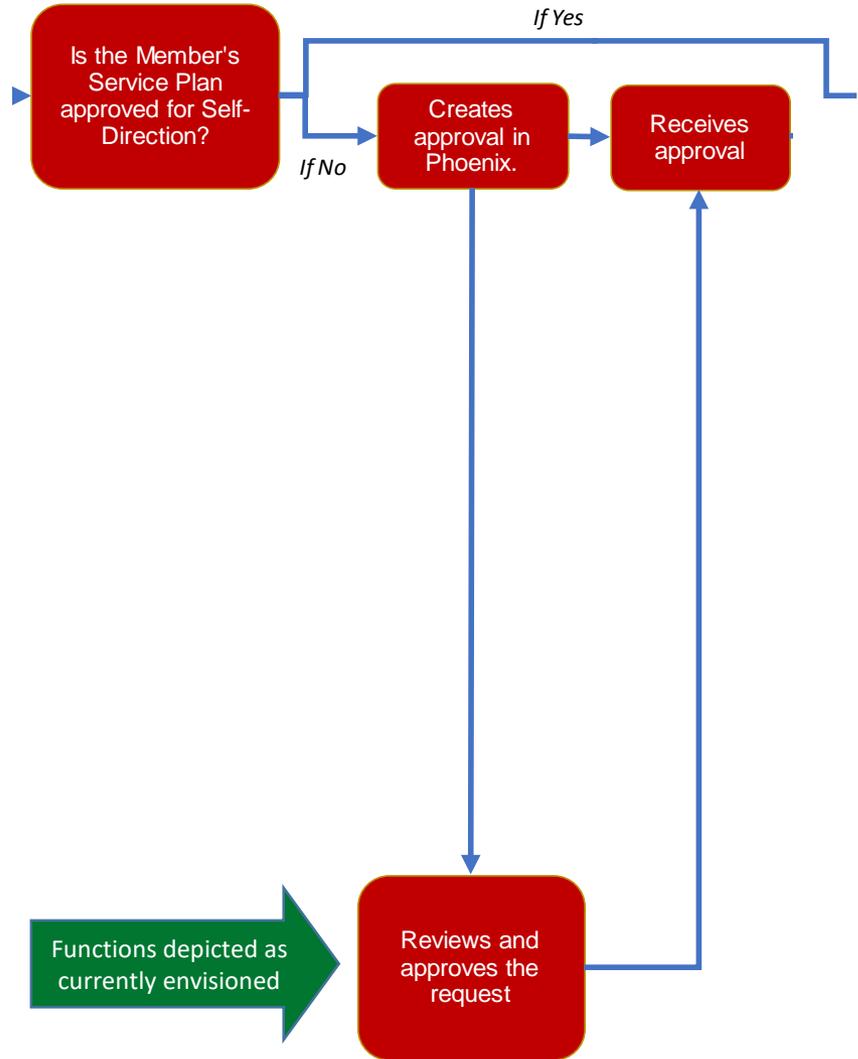
**WAIVER
CASE
MANAGER**

Receives request from member regarding desire to self-direct

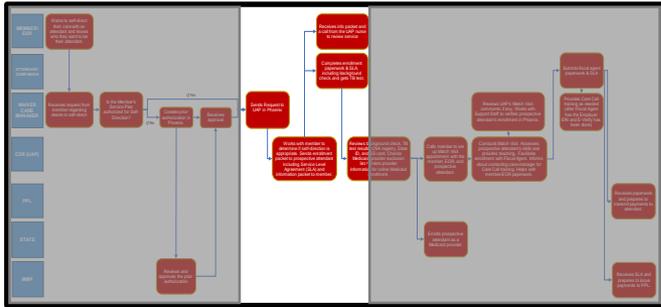
Enrollment Process



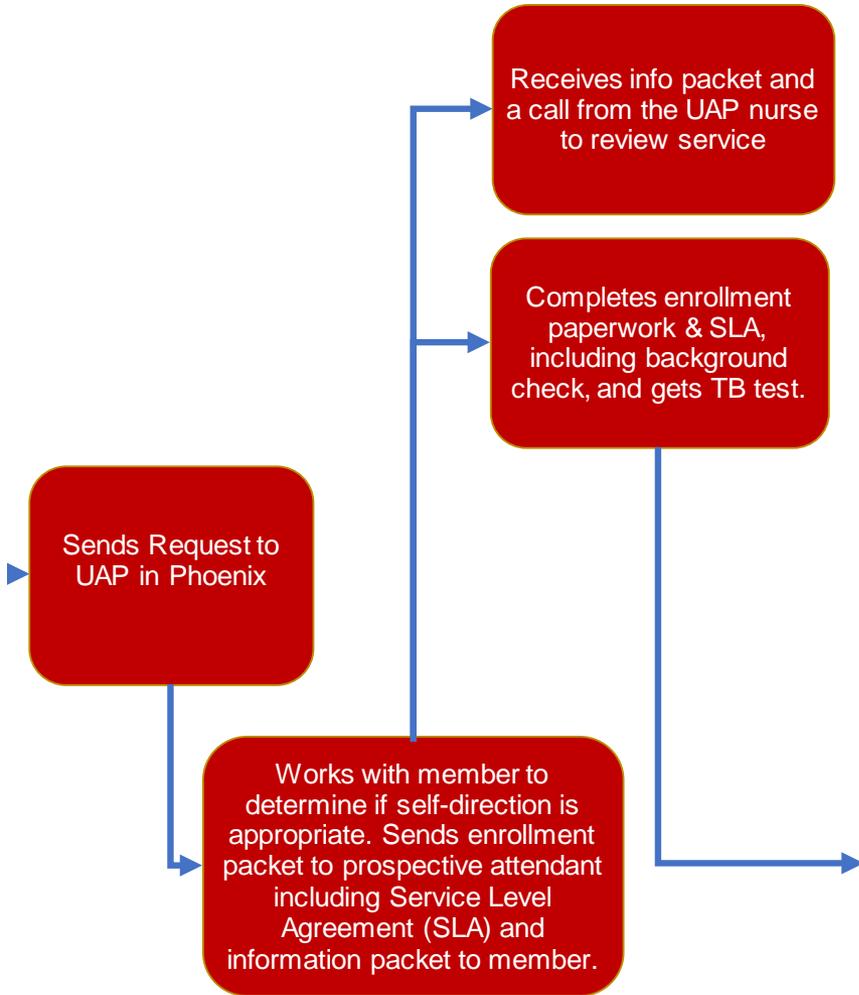
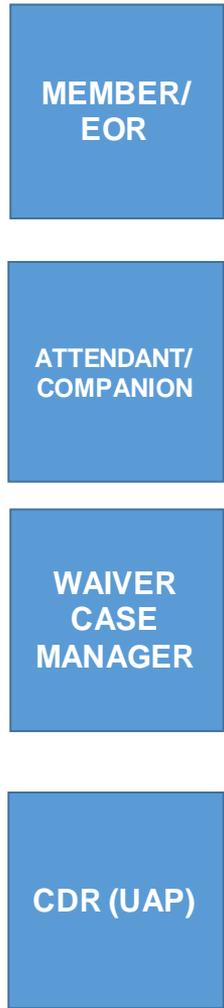
Step Two: Service Plan checked for approval of self-directed care; prior approval created if self-directed care not previously approved.



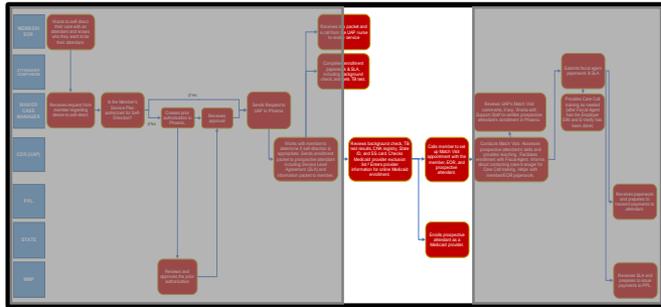
Enrollment Process



Step Three:
CDR/UAP does an initial screen and sends enrollment packets to participant and prospective attendant or companion



Enrollment Process



Step Four:
UAP schedules a Match Visit, and the prospective attendant or companion is enrolled in the Medicaid program

CDR (UAP)

PPL

STATE

Reviews background check, TB test results, CNA registry, State ID, and SS card. Checks Medicaid provider exclusion list. Enters provider information for online Medicaid enrollment

Calls member to set up Match Visit appointment with the member, EOR, and prospective attendant.

Enrolls prospective attendant as a Medicaid provider.

The Match Visit

During the Match Visit, the CDR/UAP Nurse:



Observes the personal care services demonstrated by the attendant or companion

Provides individualized directions or training specific to the participant's diagnosis and home

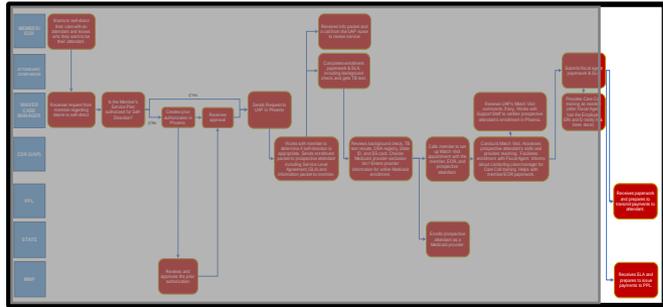
Provides assistance with fiscal agent (PPL) enrollment paperwork to establish the relationship between the participant (employer) and attendant/companion (employee)

Reviews participant's Service Plan and attendant responsibilities

Explains health care rights, liability, and employer responsibilities

Instructs how to complete the daily log of activities performed

Enrollment Process



Step Six:
Participant and attendant/companion enrolled. Services begin and payments are issued

Functions depicted as currently envisioned for the full implementation of MMP claims processing.

PPL

STATE

MMP

Receives paperwork and prepares to transmit payments to attendant.

Receives SLA and prepares to issue payments to PPL.

Ongoing Activities

Party	Activities
Member/EOR (or Representative)	Begins receiving services. Supervises attendants.
Attendant/ Companion	Provides services; documents services via Care Call. EOR signs logs. Attendant sends logs to CLTC.
Waiver Case Manager	Provides ongoing oversight of attendant services and member.
CDR (UAP)	Provides problem resolution visits by the UAP Nurse, if requested.
PPL	Transmits biweekly payments to attendant and withholds taxes from paychecks.
State	Date stamps and forwards logs to Waiver Case Manager.
Plan	Provides ongoing oversight of Waiver Case Manager & issues payments for attendant to PPL.

Functions depicted as currently envisioned for the full implementation of MMP claims processing.

Payment Delivery

- Services are rendered in **one hour increments** up to a threshold in the participant's service plan
- Attendant **records time using Care Call system** (via phone or mobile app) every time he/she provides care to the participant
- Payments are transmitted **biweekly**
 - MMIS or MMP releases payment to PPL
 - PPL releases payment to attendant and withholds taxes
- Impact of the Fair Labor Standards Act (FLSA)
 - Required to track and pay overtime and travel time
 - If attendant provides care to several participants and the attendant's total hours are greater than 40 hours in a week, SCDHHS is responsible for the overtime

MMP relationships with CDR & PPL

- **SCDHHS maintains** the relationship with both CDR (UAP) & PPL
- **SCDHHS pays** for the administrative services of both CDR & PPL
- **NO additional contract** is required between CDR and the MMPs. MMPs, along with waiver case managers, may refer members to CDR
- A **“Service Level Agreement”** between PPL and each MMP will be required, if MMPs fully implement HCBS claim processing, in order to exchange the provider reimbursement payments.



Electronic Visit Verification (EVV)

- 21st Century Cures Act requires all states to use EVV for verification of personal care service by January 1, 2019 or forfeit a portion of the federal match rate
- In South Carolina, the EVV is Care Call (tracks attendant/companion hours worked and locations). South Carolina was the first state to roll out EVV in 2003



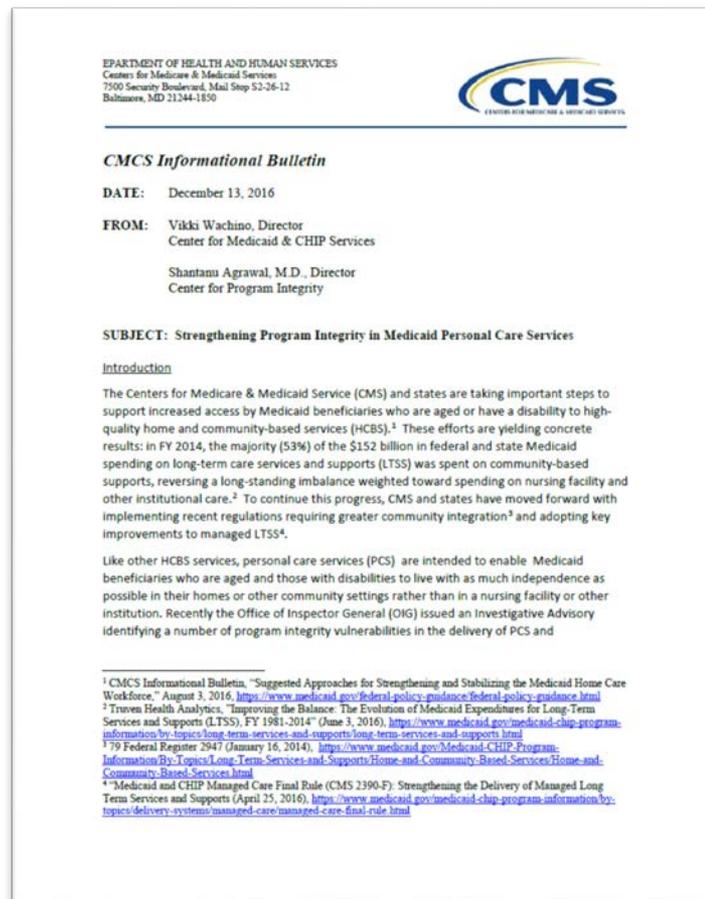
Main Menu
Instructions: Select a menu item below. EXIT →

<p>Administrative Functions</p> <p>Data Reconciliation</p> <ul style="list-style-type: none">-- Add/Edit/Delete Users-- Worker Registration/Termination-- Enter Missed Visit Codes-- Submit Resolutions and Old Claims	<p>Create Report Template</p> <table><tr><td><p>Activity Reports</p><ul style="list-style-type: none">-- Client Activity-- Provider Activity-- Authorized Services - Exceptions</td><td><p>Worker Reports</p><ul style="list-style-type: none">-- Workers by Provider-- Infractions by Worker-- Worker SSN Check</td></tr><tr><td><p>Provider Information Select Edit to change</p><p>Name: <input type="text"/></p><p>eMail1: <input type="text"/></p><p>eMail2: <input type="text"/></p><p>Phone1: <input type="text"/></p><p>Phone2: <input type="text"/></p><p>Fax: <input type="text"/></p><p style="color: red; font-size: small;">You need to ensure that this information is accurate, complete and updated.</p><p>Edit</p></td><td><p>Provider Reports</p><ul style="list-style-type: none">-- Billing Invoice-- Remittance Advice-- Provider Schedule-- Time & Attendance-- Preliminary Invoice-- Resolutions<p>Service Quality Reports</p><ul style="list-style-type: none">-- Open Authorizations-- Unauthorized Phone Number-- Overlapped Claims<p>Select the button below to view previously run reports or execute previously created report templates.</p><p>View Reports</p></td></tr></table>	<p>Activity Reports</p> <ul style="list-style-type: none">-- Client Activity-- Provider Activity-- Authorized Services - Exceptions	<p>Worker Reports</p> <ul style="list-style-type: none">-- Workers by Provider-- Infractions by Worker-- Worker SSN Check	<p>Provider Information Select Edit to change</p> <p>Name: <input type="text"/></p> <p>eMail1: <input type="text"/></p> <p>eMail2: <input type="text"/></p> <p>Phone1: <input type="text"/></p> <p>Phone2: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p style="color: red; font-size: small;">You need to ensure that this information is accurate, complete and updated.</p> <p>Edit</p>	<p>Provider Reports</p> <ul style="list-style-type: none">-- Billing Invoice-- Remittance Advice-- Provider Schedule-- Time & Attendance-- Preliminary Invoice-- Resolutions <p>Service Quality Reports</p> <ul style="list-style-type: none">-- Open Authorizations-- Unauthorized Phone Number-- Overlapped Claims <p>Select the button below to view previously run reports or execute previously created report templates.</p> <p>View Reports</p>
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Fraud, Waste, and Abuse

The Federal Office of the Inspector General cited the following vulnerabilities in a recent report:

- Services not provided in compliance with state requirements
- Services not supported by documentation
- Services provided during periods when the participant was in a Medicaid-reimbursed institution and ongoing payments to the attendant were not authorized
- Services provided by attendants who do not meet state qualification requirements
- Billing for services not rendered
- Services furnished to ineligible beneficiaries or by unauthorized caregivers



Fraud, Waste, and Abuse (continued)

Program Integrity Safeguards	CLTC Policy Pertaining to Self-Directed Services
Provider Qualifications and Basic Training	<ul style="list-style-type: none"> UAP Nurse verifies during Match Visit that attendant/companion is capable of providing services and may also provide diagnosis-specific teaching
Registry of Personal Care Service Attendants	<ul style="list-style-type: none"> All attendants are registered in Phoenix once they meet all qualifications. No payments will be made unless a claim contains the unique registration information for the authorized attendant
Screening of Providers	<ul style="list-style-type: none"> Background check and check of Medicaid excluded provider list
Verification of Need for Services	<ul style="list-style-type: none"> Waiver Case Manager and UAP Nurse verify the individual's need for attendant care
Documentation of Claims	<ul style="list-style-type: none"> Utilization of Care Call system required by all attendants/companions Daily Attendant Log
Prepayment Edits	<ul style="list-style-type: none"> Each attendant's claim is compared against the member's authorization for services. If the units of service are not authorized, no claim is submitted for payment. If the claim is for more units than authorized, the claim is reduced to only include authorized time
Post Payment Review	<ul style="list-style-type: none"> CLTC case managers review claims on a monthly basis: is the claim documented from the authorized land-line phone number or geo-coded location? Are there any anomalies in the patterns of behavior or time distribution of work? Are member-specific needs addressed on the task sheet completed by the attendant?

Challenges of Self-Direction

- Family members want greater authorized hours with increased compensation
- Case Managers view their self-direction responsibilities as more labor intensive
- Implications for the State related to Workman's Compensation or unemployment claims
- Personal Care Aides may decide to leave agency employment and become an attendant, potentially resulting in issues
- The State does not have a formal licensure or regulation process for attendants

Questions & Answers

Additional Self-Direction Resources: ICRC



TECHNICAL ASSISTANCE | RESOURCE LIBRARY | OPTIONS FOR MEDICARE-MEDICAID INTEGRATION | STATE INTEGRATION

Home > Resource Library > Self-Direction of Home- and Community-Based Services: A Training Curriculum for Case Managers

Self-Direction of Home- and Community-Based Services: A Training Curriculum for Case Managers

The ability to direct and manage their own services and supports is important to many individuals who need the home- and community-based services (HCBS) provided through state Medicaid programs. These self-directed models may also be known as "consumer direction" and "participant direction" when referring to specific states' programs. In these models, individuals direct many or all of their own HCBS, including selecting and managing direct service workers and/or managing a budget (known in some states as a service cost maximum) for needed services. Self-direction allows individuals to determine what mix of personal care services and supports works best for them within the parameters of their person-centered service plan.

As a service delivery model, self-direction has long been part of states' Medicaid fee-for-service programs and has resulted in improved quality and satisfaction with care. Now many states implementing Medicaid managed long-term services and supports (MLTSS) or other managed integrated care programs that provide HCBS are incorporating self-direction into these arrangements.

Integrated Care Resource Center

- Module 1: [Introduction to Self-Direction](#)
- Module 2: [Implementing Self-Direction](#)
- Module 3: [Implementing Self-Direction in a Managed Care Context: Special Considerations](#)
- Module 4: [Operating and Managing Self-Direction in a Managed Care Context](#)
- All Modules 1-4 slides and recordings, as well as supporting documents, are located at:
<http://www.integratedcareresourcecenter.com/integrationResourceLib/SDTraining.aspx>

Thank You!



Sources

- Centers for Medicare and Medicaid Services. “Self Directed Services.” <https://www.medicaid.gov/medicaid/ltss/self-directed/index.html>
- Department of Health and Human Services. CMCS Informational Bulletin. “Strengthening Program Integrity in Medicaid Personal Care Services.” December 13, 2016.
- Division of Community Long Term Care. “Community Long-Term Care Provider Manual: Section 6 CLTC Standards for Waiver Services.” October 10, 2016.
- Division of Community Long Term Care. “Community Choices Policy and Procedure Manual: Chapter 7 Service Authorization.” July 28, 2014.
- Crisp, Suzanne. National Resource Center for Participant-Directed Services. “Increasing Opportunities for Choice and Control through Self Direction.” April 25, 2016.
- Healthy Connections Prime. “Consumer Direction in Home and Community Base Services.” December 18, 2015.
- Motley, Linda. Center for Disability Resources. “Attendant Care Project.” <http://uscm.med.sc.edu/cdrhome/attendant.asp>