

Consumer Directed Care

Case Manager Training



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Goal of the Program

- ▶ To offer eligible ICWP member and/or the member's representative, an opportunity to direct/manage their personal support hours.

Objective of the Program

- ▶ To offer an option for payment for PSS Medicaid wavier service.
- ▶ To provide fiscal guidance to assist the member to maintain his/her independence by honoring the principles of self-determination

Traditional care VS Consumer Directed

Traditional Care is an option provided to your members that allows them to continue to receive personal support services managed by an agency who will accept full responsibility for this function.

Consumer Directed Care gives the member the opportunity to direct their own personal support service in the home by hiring, training and terminating their care givers.

CONSUMER DIRECTED CARE

- In order to participate in this option the member must be able and willing to be the employer of record for the personal support aide. If the member is not able to be the employer, a member's representative may act on the member's behalf.
- Member's applying for services under the Consumer Directed Option, must receive services thru the Traditional Option for at least six months.

CDC Program Limitations

- ▶ A waiver participant's legal guardian (appointed by a probate court) may not be paid to provide services under the Consumer Directed Care Option.
- ▶ Persons with a history of abuse, neglect, or exploitation may not be paid to provide any services under the Medicaid Waiver Program.
- ▶ Spouse or parent may not be paid to provide services under the Consumer Directed Care Option.
- ▶ A family member that is a paid caregiver thru the ICWP may only be reimbursed for forty (40) hours a week.
- ▶ CDC paid caregivers cannot be paid to provide services while the member is admitted to a hospital or nursing facility.
- ▶ An Employer may not pay an employee (caregiver) for vacation time or any other services not rendered according to ICWP policies.
- ▶ An Employer may not pay one employee for 24 hours of personal support services in a day.

Note: Georgia Medicaid will not reimburse for

- ▶ personal care services provided to recipients by legally responsible relatives, already obligated to provide the service. i.e., spouses or parents of minor children, grandparents, siblings, or domestic partner.
- ▶ **Exceptions** – approvals determined on a case-by-case basis by the ICWP Program Specialist.

PROS OF THE PROGRAM

- Control over who is hired. Trains employee to meet their needs.
- More flexibility in scheduling staff. Increases the continuity of care provided.
- Able to determine employee salaries.
Note: can't go over allotted budget salary.
- Fiscal intermediary (FI) agency to assist with budget preparation and employee paycheck distribution.
- May return to traditional option where an agency hires, trains, and supervises staff.

CONS OF THE PROGRAM

- \$900 is deducted from the total personal support budget to cover the FI agency fees
- Member(employer) is responsible for hiring, training, supervision and discipline of all employees.

Note: Disciplining, firing or establishing boundaries with family or friends hired as employees can be difficult.

- Recruiting employees may be challenging.
- If/when employees don't show up for work, member must contact case manager to implement the back up plan through established agency.
- Overspending, not meet goals, or use of the back up plan, warrants the return to traditional care.

Conditions for Member Participation

- ▶ Meets general ICWP criteria
- ▶ Demonstrates the ability to direct own care, unless member is a TBI.
 - ▶ 1. Cognition: the ability to understand and perform the tasks required to employ a caregiver (including recruitment, hiring, scheduling, training, supervision, and termination). An individual who has cognitive impairments or dementia, which prevent understanding and performance of these tasks, is not competent.
 - ▶ 2. Communication: the ability to communicate effectively with the case manager and with the caregiver(s) in performing the tasks required to employ a caregiver. A member who cannot communicate effectively, whether through verbal communication or alternate methods, is only eligible for this service delivery option if they have a representative willing to assume this function.

Conditions cont..

- ▶ Able to maintain maximum control over decision making and daily schedule
- ▶ Able to assume responsibility for cost effective use of personal support services
- ▶ Must not exhibit symptoms of behavior which places the member or others at risk of social isolation, neglect, or physical injury to themselves or others
- ▶ Must stay within the allocated budget to remain in the CDC option.

Case Manager Responsibilities:

- ▶ Completion of Members Skill Inventory Check List.
- ▶ Sign along with the (member) employer - Memorandum of Understanding and Plan of Care.
- ▶ Monitor employer activities during monthly contact, annual reassessments, and as needed.

Case Manager Responsibilities cont.

- ▶ Monthly monitoring of the timesheets and budget statements
- ▶ Inform member when budget exceeds 10% of the monthly budgeted amount, established by the member (employer)
- ▶ Train member on documentation requirements
- ▶ Review number of paid hours approved monthly
- ▶ Notify GMCF if the member is no longer able to demonstrate ability to manage under CDC.

Case Manager Responsibilities cont.

- ▶ Assist in development of a Plan of Care,
- ▶ Submit DMA 6 and budget information to the FI company so that they can enter the electronic DMA 80 (all members starting services in the CDC option must submit required documents to GMCF by the 1st day of the month prior to starting the CDC option.
- ▶ Monitor utilization of services in established Plan of Care (POC)
- ▶ Assess adequacy of care being provided
- ▶ Evaluate ability of member (employer) to manage services
- ▶ Report suspected Medicaid fraud, abuse, neglect, and exploitation to Adult Protective Services (APS)

Case Managers are **not** responsible for:

- ▶ Completing or processing payroll forms
- ▶ Hiring, firing and training employees

Case managers may provide advisory assistance with these activities, but the EMPLOYER is ultimately responsible for all employment issues concerning the EMPLOYEES.

Being an employer is an important responsibility.

- ▶ Sign: CDC MOU
- ▶ Complete FI communication form and notify CM
- ▶ 30 day written notice to PSS agency. Cannot move to CDC until the 1st of the month.
- ▶ Submit all required documents to the selected FI by the 15th of the month prior to start date of services.
- ▶ Stay with chosen FI for 1 year.

Employer Responsibilities cont.

- ▶ Recruit and select employees
- ▶ Arrange for substitute or back-up employees as needed
- ▶ Ensure employee meets eligibility requirements.
- ▶ Notify employee of their responsibilities
- ▶ Assure employment forms are completed and submitted to FI
- ▶ Develop a work schedule based on care plan

employer

- ▶ Train employee to perform specific tasks as needed
- ▶ Maintain updated copies of approved care path
- ▶ Develop and maintain list of tasks employee performs daily and keep a record of this in a file for Program Integrity Review
- ▶ Authorize employee timesheets
- ▶ Maintain copies of all employee's timesheets

Employer responsibilities cont.

- ▶ Complete an evaluation on employee at least every 30days to assure that tasks are performed correctly and completely. Keep a record.
- ▶ Evaluate employee performance in written documentation
- ▶ Provide ongoing performance feedback to employee by verbal or writing
- ▶ Terminate employee employment when necessary.

Employer responsibilities cont.

- ▶ Notify the FI of any necessary changes
- ▶ Participate in the assessment and reassessment of ICWP eligibility
- ▶ Communicate with ICWP CM on regular basis
- ▶ Track use of PSS hours, so as not to exceed the approved amount. Meet with CM monthly to review budget and or concerns.

Employer must maintain a file of all the required documents of the employee

These documents must be made
available upon the request of DCH or
GMCF

ENROLLING IN CDC

- ▶ The member must contact an FI to obtain the necessary forms to become enrolled in the Consumer Directed Option.
- ▶ Forms must be completed by the EMPLOYER and returned to the FI in order to enroll in the Consumer Directed Option.

Employer Forms

- ▶ Form 2678 Employer Appointment of Agent Form (IRS # 2678)
- ▶ Consumer/Representative Directed Employer Agreement Form
- ▶ Authorization Form
- ▶ Durable Power of Attorney Form (if applicable)
- ▶ Consumer Information Form
- ▶ Consumer Directed Care Memorandum of Understanding
- ▶ Employer Agreement
- ▶ FI Communication Form

ENROLLING EMPLOYEES

- ▶ Form W-4 Employee's Withholding Allowance Certificate
- ▶ Form I-9 Employment Eligibility Verification Form
- ▶ Record Check Release Form
- ▶ Consent for Release of Information Adult Protective Services
- ▶ Background Check Release Form
- ▶ Optional: Direct Deposit Form
- ▶ Employee information form

Important:

Timesheets cannot be processed, nor can payments to workers be made, until all of these forms (not including optional forms) have been received and processed by the FI.

EMPLOYEES must

- ▶ Be 18 years or over
- ▶ Must possess basic reading, writing and math skills
- ▶ Must be a U.S. Citizen or legally authorized to work in the United states
- ▶ Must have completed and passed the CPR and Basic First Aid training and keep it current.
- ▶ Must have a valid social security number
- ▶ Agree to a criminal background check prior to employment
- ▶ Must have no history of a felony conviction

EMPLOYEES Must

- ▶ Understand and agree to comply with the Consumer Directed Option requirements as outlined in the ICWP manual
- ▶ Must have basic skills necessary to provide the member's care
- ▶ Must not discuss the member's personal health or care with any other person
- ▶ Must receive training in environmental and fire safety.

CDC Family Restrictions

- ▶ The family member or friend must meet the provider qualifications and training standards specified in the waiver for that service;
- ▶ An agreement must be in place between the member, and employee before services is rendered;
- ▶ The member must pay the caregiver at a rate that does not exceed that which would otherwise be paid to a provider of a similar service
- ▶ The service must not be an activity that the family would ordinarily perform or is responsible to perform;
- ▶ A family member providing care may not provide more than 40 hours of paid personal support services in a seven day period. 40 hours is the total amount that can be paid to the caregiver
- ▶ The caregiver must maintain and submit time sheets and other required documentation for hours paid.

ROLE OF THE FISCAL INTERMEDIARY

- ▶ All CDC members select a Fiscal Intermediary (FI) to manage financial personal support funds. There are no exceptions.
- ▶ FI assures CDC funds are managed and distributed as intended
- ▶ The time sheet submitted by the EMPLOYER or EMPLOYER Representative will be available to be reviewed by DCH.

Fiscal Intermediary (FI)

- ▶ Process timesheets, paychecks, and taxes
- ▶ Maintain individual employment tax records for employees
- ▶ Conduct up to five background checks for no additional charge to the consumer.
- ▶ Any background checks beyond five, the Member or Member Representative will be personally required to pay the cost.

Fiscal Intermediary (FI)

- ▶ Collect and track First Aid and CPR certification of employees
- ▶ Provide a monthly report to case management regarding upcoming expirations of First Aid and CPR.
- ▶ Case Manager will communicate with the employer regarding the need to have the employee certifications updated timely.

Time sheets

- ▶ The timesheet must be completed correctly, including the dates and times of service.
- ▶ The employer must sign the timesheet to verify that services were received and the hours submitted are correct
- ▶ Must be legible
- ▶ Must have signatures of both the employee, employer and the date
- ▶ Must be submitted to the FI agent timely according to the payroll schedule.

Important:

- ▶ Neither DCH nor the FI are responsible for :
 - delays in payment caused by late submissions, incomplete or illegible forms, or failure to inform the FI of changes in address, etc.
 - CM submitting CDC annual care plan documents late or on the date the annual is due.
- ▶ ICWP policy dictates a 30 days turn-around time for all annuals submitted

Approved Plan of Care

- ▶ The total number of dollars and hours for all employees combined must not exceed the authorized number of hours for personal support services as established on the annual POC
- ▶ **CHANGES:** The EMPLOYER should contact the case manager directly to review the need for changes in approved services. A written plan of care change must be submitted and approved by GMCF before any increased service hours will

Mailing/faxing Timesheets

- ▶ Each member will be provided a fax machine to submit timesheets. Members are strongly encouraged to use the fax machine to submit time sheets. However, if a member chooses to mail in the time sheets, they must mail the information to the address provided by the FI and make sure that the instructions are followed.
- ▶ If more than one EMPLOYEE works for a waiver participant during the same pay period, the EMPLOYER must submit all employee timesheets for this pay period to the FI agent at the same time

Pay Schedule/Rate

- ▶ The payroll agent will generate paychecks twice monthly. The FI will pay a claim within 5 business days after the 15th and the last day of the month.
- ▶ CDC employees will be paid an hourly rate as set by the employer. The total amount billed to Medicaid may not exceed the hourly rate in the ICWP manual. Hourly rate may not exceed the approved dollar amount per Plan of Care.
- ▶ All Employers who have one or more employees must provide Workman Compensation. The FI will process the deduction from the member budget.
- ▶ Every employee is eligible for unemployment benefits. If you have questions about unemployment compensation coverage, or about submitting a claim, contact the FI.

Medicaid Fraud

- ▶ Fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided to Medicaid Waiver participants in order to obtain improper payment
- ▶ Medicaid fraud is a felony and conviction can lead to substantial penalties (including but are not limited to, imprisonment up to ten years, or a fine up to \$1,000 or an amount equal up to twice the amount of the assistance or benefits wrongfully obtained, or both)

Examples of Medicaid fraud include but are not limited to

- ▶ Billing for services not actually provided (e.g. signing or submitting a timesheet for services which were not actually provided)
- ▶ Billing for services provided by a different person (e.g. signing or submitting a timesheet for services provided by a different person)
- ▶ Billing twice for the same service (e.g. signing or submitting a timesheet for services which were reimbursed by another source, or signing or submitting a duplicate timesheet for reimbursement from the same source)

Termination of Employment

- ▶ The Member or representative is responsible for termination of employment, and notifying the case manager and FI of all changes in the employment status of EMPLOYEES. The EMPLOYER must submit an FI Communication Form to the FI each time an EMPLOYEE is terminated. Please see Fiscal Intermediary Communication Form

HOW IS THE BUDGET CALCULATED?

- ▶ It costs more to employ someone than just their wages. As an employer, your member is required by law to pay $\frac{1}{2}$ of the employee's Social Security and Medicare payment, as well as, Federal and State Unemployment taxes for all employees.

Paying Wages

- ▶ What this means is that for every \$1.00 your member pays in wages, they have to additionally pay 16cents in taxes and Worker's Compensation. Your member does not need to worry about the calculations or actually paying these amounts. That is done by the Fiscal Intermediary (FI). They do it all on your member's behalf

“Cost to You”

Example

Employee Wage	Cost to Your Member
\$ 7.25	\$ 8.42
\$ 7.50	\$ 8.71
\$ 7.75	\$ 9.00
\$ 8.00	\$ 9.29
\$ 8.25	\$ 9.58
\$ 8.50	\$ 9.87
\$ 8.75	\$ 10.16
\$ 9.00	\$ 10.45
\$ 9.25	\$ 10.74
\$ 9.50	\$ 11.03

Example

Employee Wage	Cost to Your Member
\$ 9.75	\$ 11.32
\$ 10.00	\$ 11.61
\$ 10.25	\$ 11.90
\$ 10.50	\$ 12.19
\$ 10.75	\$ 12.48
\$ 11.00	\$ 12.77
\$ 11.25	\$ 13.06
\$ 11.50	\$ 13.35
\$ 11.75	\$ 13.64
\$ 12.00	\$ 13.93
\$ 12.12	\$ 14.07*

Acumen CDC Contact:

- ▶ email: budgeting@acumen2.net
- ▶ phone: 480-371-2169
- ▶ fax: 877-277-3050

Acumen DMA 80 Entry

- ▶ Effective July 1, 2015 – All ICWP case managers will be required to complete an Acumen DMA 80 entry form for all CDC clients that are being serviced by Acumen. This form is required in order for Acumen to enter their pending DMA 80 into the web portal prior to it being approved by the ICWP review nurse.

Acumen DMA 80 Entry (continued)

- ▶ Once the DMA 80 is entered by Acumen; the ICWP review nurse will approve it and then send the CDC budget for the current care plan year to Acumen and the ICWP case manager.

Acumen DMA80 entry form

GA ICWP / Acumen DMA80 information

Member _____ Name _____
Medicaid _____ ID _____
DMA6 PA# _____
Diagnosis Code _____
Diagnosis Date _____
PSS Service Code T2025 Fee Service Code T2040
Care plan codes _____ to _____
PSS Units 0500 Fee Units 12
PSS Units/Day 0 Fee Units/Day 0
PSS Units/Month 0500 Fee Units/Month 1
PSS Budget _____ FI Budget _____
Cost Sharing 50
PSS Modifier(s) US UC Fee Modifier(s) UC
Program _____ admit date _____
Check one: New _____ Renewal _____
Date last _____ certified _____
Letter of Medical Necessity date _____
Letter of Understanding date _____
Client Rights and Responsibilities date _____
Freedom of Choice date _____

Continuum Fiscal Services

- ▶ Info@continuumfs.com- standard place to send renewal documents or new CDC member documents for processing.
- ▶ Monica Douglas- mdouglas@continuumfs.com – case managers only- for questions or issues.
- ▶ Kgregory@continuumfs.com – ph: 678-974-7942 fax: 404-880-3317
- ▶ Address: 235 Peachtree St. NE.
Suite 400
Atlanta, Ga. 30303

MAKING HEALTH CARE BETTER