Win-Win for Self-Direction: Maximizing Participant Choice and Maintaining Program Integrity

Jointly presented by:
Virginia Department of Medical Assistance Services (DMAS), Oklahoma Department of Human Services (DHS), and Public Partnerships, LLC (PPL)
Objectives

• Explore natural tension points between Participant authority and service integrity.

• Review the design and management of the Virginia and Oklahoma self-directed service options supporting independence, choice and control.

• Examine a variety of financial management service provider supports that reinforce program quality and integrity.
Promoting Participant Independence and Authority

**Employer Authority:**
- Enables participants to hire, schedule, supervise, and dismiss direct care workers/attendants.

**Budget Authority:**
- Provides participants with a flexible budget to purchase a range of goods and services to meet their needs.
Promoting Participant Independence and Authority

• Flexibility in scheduling
  – Participants can decide when services are provided

• Ability to hire
  – Participants decide who will assist them in daily living activities

• Remaining independent
  – Participants remain integrated in their community and in their homes!
Keys to Program Integrity and Quality

- Limit fraud and abuse
  - Ensure financial management services have payroll controls that enforce rules and service delivery compliance.

- Stringent documentation processing

- Payments against approved authorizations

- Medicaid Eligibility verification

- Signed timesheet/e-timesheet

- Monthly assurances/quality reporting
Keys to Program Integrity and Quality

- Ensure person centered outcomes are achievable
- Supporting participants adequately
- Multiple options for timesheet submission
- Timely payments to attendants
- Monthly spending reports
- LEIE database verification
- Criminal history checks
Virginia’s Self-Direction
In the Beginning

• Virginia home-grown
• Embraced by advocates for those with disabilities
• Challenged by advocates for the elderly with many questions outstanding
• Meetings held with Richmond Times Dispatch reporters in the room
• Merging of the Elderly or Disabled Waiver and Consumer-Directed Waiver laid foundation
Program Integrity
“The Early Days”

- DMAS processed the payroll “in house” utilizing several part-time staff
- “Timesheets” were paper
- Faxes were innovative
- Compilation was an excel spreadsheet
- Payments were made by a “bookkeeping firm”
- Calls came to Long-Term Care
Program Integrity
“The Early Days”

• Approximately 1,500 individuals self-directed
• Division staff placed timesheets in alpha order
• Timesheets keyed into an Excel spreadsheet
• Results sent to a bookkeeper to issue a check
• No federal tax withheld, only state
• W-2s issued
• Taxes? Errors? Confidence?
Program Integrity

The Contract

• 2005 RFP – Draft RFP was 15 pages in length
• Staff dedicated to writing the RFP
• Information from IRS, Department of Labor, national resources, consultants
• Initial contract with Public Partnerships, LLC in 2006; Subsequent rebid in 2012
• A partnership for self-direction safety, for program integrity

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DMAS and PPL

“The New Era”

• Start-up initiated 128 business rules
• Ability to pay workers restricted by rules that are necessary to ensure program integrity
  – No time overlaps;
  – No payment while individuals were not in waiver;
  – No payment for more than one attendant for a time period;
  – No payment for unauthorized hours
• Up to 60% of all payroll could not be paid under automated system
• Department reports to Governor’s office daily on statistics for payments and categories of non-payment
### One Payroll Batch Period

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of checks processed</th>
<th>Number of services hours paid</th>
<th>Total payroll amount</th>
</tr>
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<td>557</td>
<td>31,504</td>
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<td>2006</td>
<td>1,954</td>
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### Internal Controls

- **Training Plan** to stay current with Federal and State rules and regulations regarding vendor FEAs and household employers
- **Comprehensive FEA Policies and Procedures Manual**
- **Turnover plan**
- **Fiscal accountability through the effective use of internal controls such as audit trails and reconciliation**

### Technology

- **Audit trails & user accounts in database**
- **Static historical data**
- **Secure website to review recipient reports and download forms**
- **Electronic system for implementing & maintaining a record mgmt process**
- **HIPPA compliant forms and database generated reports**
- **Connectivity with VAMMIS for daily authorizations**
- **Supported by accurate, flexible, up-to-date database that will serve consumers & attendants efficiently, even as program utilization expands**

### Obtain Federal and State Approval to be a Vendor Fiscal/Employer Agent

- **Unique company FEIN to file tax forms**
- **Collect and process IRS Forms: SS-4, 2768, 8821**
DMAS and PPL
“The New Era”

- Dual systems required
- “Good to Go” to PPL for payment
- Outside business rules to bookkeeper for six months
- Extensive education, fact sheets, customer service calls
- Training provided in 58 locations throughout the Commonwealth with staff that “volunteered” to take part
DMAS and PPL
“The New Era” Innovations

• Background checks for workers
  – Criminal Record Checks
  – CPS and APS Checks
  – LEIE

• Direct feedback from participants
  – Annual recipient satisfaction surveys
  – Interviews as part of quality management reviews
  – CD Advisory Council
DMAS and PPL

“The NEW ERA” INNOVATIONS

• Structured processes to identify and report fraud and abuse
  – LTC, Program Integrity, Medicaid Fraud Control Unit, Bi-Weekly Meetings
  – Active prosecution
  – Adult Protective Services (Financial Exploitation)
• MFCU adds specialist for self-direction
DMAS and PPL
“The New Era” Innovations

• Electronic Submission of Timesheets – CMS Approval
• Debit Cards
• Service Facilitator Training
  – Development with Virginia Commonwealth University of training modules
  – Regular PPL training
• Customer Service Call Center Innovations
  – Internal controls to track length of time for return messages
  – E Blasts – Proactive with Information
DMAS and PPL Report Card

Program Data and Trends 2015

Time Capture
- Timesheet Performance: 2,004 Timesheets pending less than 30 Days.
- E-Timesheet Processing: 53% of timesheets processed through E-Timesheet.

Customer Service
- Inbound Calls: 100% of Inbound Calls answered within 3 minutes
- Voicemails: 100% of Voicemails returned within 24 hours
- Abandonment Rate: 2.6% of calls abandoned. This includes the Live Ops transfer line
DMAS and PPL Report Card

Program Data and Trends 2015

Consumer/Employer of Record Processing

• Active Consumers: 16,107 active consumers for June 2015.
• Fiscal Agent Request Forms: Processed 99% within 3 Business Days.
• EOR Packets: Processed 100% of packets within 5 Business Days.

Attendant Processing

• Active Attendants: 20,446 active attendants for May 2015.
• Attendant Packet Processing: Processed 100% of attendant packets within 5 Business Days.

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FEA Specific Supports

- Extensive and ongoing configuration design discussions with DMAS
- Better ability to support program integrity with understanding of FEA system
Key Attributes for Program Integrity

• Documentation-based approvals
  – Documentation management
  – 270-271 checking
  – Signed timesheet/e-timesheet
  – Mobile app
FEA Components

- Regular reporting to participants and clients
- Ongoing formal and informal quality monitoring of PPL by DMAS

We make it easier for consumers to create their own opportunities.
Virginia: Balancing Choice with Program Integrity

Program Integrity

i.e. programmatic controls, training initiatives, structure/design, quality standards, etc.

Service Access

i.e. flexibility in scheduling, managing one’s own needs, not relying upon a provider agency to send direct care workers, retaining control over one’s own home, etc.

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FEA Specific Supports

- System designed to support independence and responsibilities of the employer within program rules
  - Hiring workers
  - Managing services

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Oklahoma DHS
ADvantage Program Waiver

- Serving Oklahomans since 1994
- State-operated 1915(c) waiver for aging (65 and older) and disabled populations (age 21 and older)
- Service delivery provided by contracted private companies
- Serving 18,000 (approx.) Oklahomans each year

Consumer Direction in the ADvantage Program Waiver
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Public Partnerships, LLC

- Began serving as the Fiscal Reporting Agent for CD-PASS in 2009
- CD-PASS served 325 Members
- High Service Levels Agreement standards for Customer Service
- OK DHS sought a vendor that could support state wide expansion
Oklahoma ADvantage Program Consumer Direction

Consumer-Directed Personal Assistance Services and Supports (CD-PASS) service option

- Started in 2006 – piloted in 5 counties
- Currently serving 850 Members in 57 counties
- Focused on the most used services in self-direction:
  - Personal assistance services
Maximizing Choices

• Choice of available providers for every service
• Any Member may choose CD-PASS (if eligible)
• Member also chooses:
  – Who to hire, wage to be paid, schedule of worker, who to fire, etc.
• Member also may end or return to CD-PASS as desired

Consumer Direction in the ADvantage Program Waiver

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Maximizing Choices

- CD-PASS Members received approximately 7% more of their authorized services, compared to agency care.
- Employer Authority to hire
- Budget Authority allows Member to:
  - Ability to pay higher wages
  - Allocate funds for bonuses, mileage, training (i.e. CPR), and other non-durable employer-related expenses
FEA Specific Supports

• Self-direction offers increased choice and control, but inherently means more responsibility for the Member.

• As the Fiscal Reporting Agent for CD-PASS, PPL views ourselves as a key component of the Member’s support system.
Quality Customer Service

• PPL has consistently made enhancements to our customer service capabilities to ensure Members get the information they need timely.
  – BLAZE auto-calls
  – Integrated voice recognition for timesheet verification
  – Configurable Messages of the Day

We make it easier for consumers to create their own opportunities.
Quality Customer Service

• Extensive Customer Service Metrics are reported weekly and on the monthly assurance report.
• Metrics include the following:
  – Inbound calls
  – IVRA calls taken
  – Hold time
  – Voice Mail rate
  – Abandon rate
Balancing

• Recognizes increased control and authority of Members and their appointed Authorized Representatives
• Empowers Members to realize full advantage of community-based services
• Prompt and direct in communicating program expectations
• Reliant upon strong partnership with contracted case management agencies throughout the state
Service Option Structure

• State manages Applications and Eligibility
• Three service codes
  – Personal services assistance
  – Advanced personal services assistance
  – Optional expense account (i.e. overhead acct)
• Member is the Employer of Record
• FEA/FRA handles enrollment, payroll, billing, and monthly reporting

Consumer Direction in the ADvantage Program Waiver

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Program Integrity

• Cost neutrality and cost savings
  – Unit rate discount factor, Per Member Per Month FEA costs, Budgeting tool

• Appropriate service use and outcomes
  – Monthly FEA contract reporting, FEA “Good to Serve”, Member statements, CDA/CM monitoring, training investments, FEA programmatic limits
Cost Neutrality/Cost Savings

- CD-PASS rates are lower than agency care rates, resulting in lower cost for the equivalent amount services.
- Cost cap on individual Service Plans
- Service authorizations based on unmet needs
- Unused / unclaimed services return to the state
Service Usage and Outcomes

• FEA implements programmatic limits according to authorizations (dollars and units)

• Additional Program Limits (hpw/hpd)
  – Exceptions available for medical necessity
  – Prevents excessive fraud/misuse and is immediately detoured

• Overutilization notifications
Self-Reported Outcomes

• CD-PASS has a 97% recommendation rate among those enrolled (as in, they would recommend this to others)
  – 71% enrolled also reported improvements in overall quality of life since starting CD-PASS, along with nearly 60% also reporting improved health outcomes, independence, and access to the community.
  – Survey completed in Dec 2014, polled the current CD-PASS Members.
Optional Expense Account

- Ability to budget “Overhead” expenses
- Used for bonuses, training, mileage, office supplies (non-durable), employee health insurance, employee vaccinations
- Structured claiming system:
  - Optional Expense Guidelines
  - State audits on claims at agreed upon level
  - Time limits, authorized payees, Member approval required

Consumer Direction in the ADvantage Program Waiver

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Training Investments

• Consumer-Directed Agent training for Case Managers (6.5 hrs)
• Comprehensive Member (Employer) and Employee Handbooks
• Member Training (Face-to-Face – 3 hrs)
  – “The opportunity to ask direct questions”
  – “One-on-one explanation of service”
Monthly Spending Reports

• PPL and OK DHS have made several revisions to the monthly spending report distributed to all Members.

• The current report includes detailed information on utilization rates.

• CD-PASS service plans are completed annually and therefore it is imperative they utilize services according to their plan.
Assurances Through Reporting

• PPL worked with OK DHS staff to develop a monthly Medicaid Assurances report
• The comprehensive report provides full transparency on program operations across a number of categories:
  • Utilization of services
  • Member enrollment
  • Service expenditures by type
Assurances Through Reporting

Over time, the report has evolved to include:

- Random sample enrollment audits
- Employee’s first date of service
- Documentation processing

We make it easier for consumers to create their own opportunities.
Closing/Summary

• Oklahoma
  – Review of key program structures presented

• Virginia
  – Review of key program structures presented

• PPL
  – Review of structures to support service delivery

QUESTIONS?
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