MODULE 2B: Preparing for and Beginning Services Facilitation

SLIDE 1

Welcome to Part B of Module 2 in the series of four training modules for Services Facilitators in Virginia. Completion of all four Modules and successful completion of the corresponding learning assessments will satisfy DMAS training requirements to provide Consumer-Directed Services Facilitation in Virginia.

SLIDE 2

In Module 2, Part B we will look at:

What happens when you meet with the individual at the initial comprehensive visit? Here, we will also review plan development and documentation requirements; and

What do you do to follow-up from the initial comprehensive visit, including service authorization and enrollment of attendants?

SLIDE 3

Once you have accepted and processed the referral and set up a record, it’s time to conduct the initial (also called “comprehensive”) visit!

SLIDE 4

The initial comprehensive visit must occur on or before the delivery of services. It encompasses many requirements that we will review in a minute.

The initial comprehensive visit is conducted only once upon the individual's entry into CD services. If an individual changes Services Facilitators or the individual subsequently adds another CD service, the new Services Facilitator generally performs a reassessment visit. If the individual is enrolled in CCC Plus managed care program, the service facilitator should work with the care coordinator to determine if a comprehensive or reassessment is appropriate.

EOR Training may be a part of the initial comprehensive visit.

If possible, it is advisable to send copies of the EOR Manual and other pertinent information to the EOR prior to the initial comprehensive visit so that the EOR has time to review the materials.

SLIDE 5

There are many things you will need to do at the time of the initial visit.

First, use this visit as an opportunity to meet and get to know the individual (and the EOR, if you already know that another person will serve as the EOR).

Assess whether CD services are appropriate for the individual.

Confirm who will be serving as the EOR.

Discuss EOR duties and responsibilities.

Ensure the individual understands his or her rights and responsibilities in the program.

Review and sign the Service Agreement between the Individual and the CD Services Facilitation Provider.

Develop the plan for CD services. It is very important that the assessment occurs after the individual is determined to be eligible, but before the attendant begins services.

Provide a copy of the EOR Manual if one was not provided previously.

Lastly, review the contents of the Employer Information Packet make sure the EOR signs all of the necessary forms.

We'll look at each of these in more detail now.

SLIDE 6

When you first meet the individual and others present at the visit, introduce yourself and be sure to explain your role.

Take a moment to review what will happen during the visit and how long it should take.

You can also use the introduction to briefly explain the role of the EOR as the employer of CD attendants and mention other responsibilities such as who can and cannot be hired; meetings, visits, and trainings; when supports can be initiated, and when attendants can be hired. You can let them know that you will go over these in greater detail later in the visit and during the EOR Training.

Encourage (and answer) any questions that the individual or anyone else present during the visit may have.

Assure your availability for any questions that arise after the visit, and be sure to leave your contact information!

SLIDE 7

During the initial visit, you will also need to determine that CD services are appropriate for the individual and that the conditions for using CD services are understood. The following conditions must be met:

The individual must be present for services;

Services must be provided according to the CD service plan;

Services must be authorized by the appropriate authorization contractor--there is no payment for services that are not authorized;

Services must be provided by qualified providers; and

A viable back-up plan must be in place. If an individual does not have a plan for back-up supports, he or she cannot participate in CD services. The individual is required to have a back-up support plan so that he or she is not left without someone to do the things the attendant would usually do in the event of a temporary absence of the attendant. For example, if the regular attendant is ill or does not show up as scheduled, the back-up plan must be used to avoid a prolonged interruption in services.

Prior to enrollment in the waiver or the EPSDT Program, the individual should have had a back-up plan already established. You will need to check to make sure that the current back-up plan on file is still viable. The back-up plan must be included in the individual's service plan.

Remember that the Services Facilitator or case manager may NOT be the back-up support, but family members, neighbors, and friends can serve as back-up support.

It is very important that a list of names, telephone numbers, and hours that people are able to work as back-up supports be maintained. It is strongly recommended that individuals have two back up supports for each CD service they are using. A sample form that can be used for this purpose is included with the Module 2 training materials.

Additionally, if the individual has medication or skilled nursing needs that cannot be met through CD services—for example, needs that cannot be addressed through nurse delegation or supervision— consumer direction is not appropriate for the individual.

SLIDE 8

You will also want to take time to review the qualifications for the EOR, explaining that this is either the individual using the services or someone who acts on behalf of the individual.

For example, a parent of a child under 18 years of age or a family member or a caregiver of an adult with a cognitive disability who is unable to act as an EOR, can serve as the EOR on behalf of the individual using CD services. The EOR is the person who will sign tax paperwork, oversee attendants, and sign timesheets. The EOR can never be the paid attendant or the Services Facilitator.

The EOR is the person who will be receiving the EOR training that you will provide and sign all the required forms.

If the individual cannot act as the EOR and has no one else able to assume the CD employer responsibilities, CD services are not appropriate for the individual.

SLIDE 9

While the screening team should already have completed the DMAS-95 Addendum for the EDCD Waiver, it is a good idea for the Services Facilitator to go over the same questions with individuals who wish to use CD services through the waivers or CD personal care through the EPSDT Program. A copy of the DMAS-95 Addendum can be accessed directly from DMAS through the Virginia Medicaid Web Portal.

The questions are designed to determine whether the individual is knowledgeable about his or her own care, can communicate needs to an attendant, and understands the rights, risks, and responsibilities of Medicaid-funded CD services. The individual's responses to issues related to daily decision-making, short- and long-range planning, finding an attendant, health knowledge and supports, and support networks can demonstrate whether the individual is capable of handling the responsibilities associated with CD services. Factors which should not influence this decision include, but are not limited to, the inability to read and/or write due to a print impairment, educational level, the inability to communicate verbally, or the lack of previous experience in managing his or her health services.

If the individual has little or no knowledge of his or her care requirements or CD program responsibilities, and the answers to the questions do not demonstrate that the individual could meet program requirements and successfully manage CD services, the Services Facilitator should explain the two available alternative options--designating an EOR to direct the services on his or her behalf, or using agency directed services-
and offer to assist the individual in obtaining them.

SLIDE 10

Once you have explained an EOR's role, responsibilities and rights, it is a good idea to ask the proposed EOR to complete the DMAS-95B. Although this form is designed for family members who are becoming an EOR, it can also be used for non-family member EORs. A copy of this form can be found by going to the Virginia Medicaid Web Portal.

The questions allow the EOR to think about important topics, such as:

- Whether the EOR and the individual generally agree on how services will be provided;
- How the EOR would describe the concepts of personal care to the individual;
- How the EOR would be able to determine the quality of work the attendant performs;
- How the EOR would address a situation in which the attendant failed to fulfill his or her job duties adequately, and the EOR should give some examples of such situations;
- Whom the EOR would contact if the individual were injured or mistreated by the attendant and what other actions would be taken, even if the attendant is a family member;
- Whether there would be a reason that a family member would be hired as an attendant and if so, what would be the reason; and what efforts the EOR would make to find non-family members to be attendants first;

The EOR's experience providing services, hiring staff, or monitoring personal care services; and If the individual wants to hire other individuals or dismiss an attendant, whether the EOR could and would, even if it were a family member.

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It is important that EORs understand both their responsibilities and rights as an employer. As the employer, they are the point of contact for CD attendants. You, as the Services Facilitator, assist the EOR to resolve issues. EOR responsibilities include:

Writing attendant job descriptions;

Recruiting, hiring, training, supervising, managing, and, if necessary, dismissing attendants as needed;

Establishing performance evaluation criteria for each attendant;

Establishing schedules and tasks to be completed by each attendant;

Keeping track of the services provided by the attendant; and

Establishing a system for signing and submitting timesheets.

SLIDE 12

Each individual has rights that you should carefully explain to the EOR. First, there is a right to appeal any action related to initial or continued eligibility for Medicaid, including delayed processing of an application; actions to deny a request for services; and actions to reduce or terminate coverage after eligibility has been determined. You can find detailed information about appeals on the DMAS website by clicking the link on the slide.

There is also a right to confidentiality or privacy. All providers must protect the confidentiality of individuals who apply for and receive Medicaid services. Personal identifying information cannot be disclosed without the individual's or his or her legally authorized representative's written consent.

Individuals also have a right to consent to services. Written consent must be given before services can begin and before services are changed.

Each individual has a right to receive services that are individually planned and tailored to the individual. Planning and services should always focus on the individual's needs and choices. This is because everyone has unique personalities, needs, perspectives, and supports. For more information on individualized, person-centered plans and practices, click the link on the slide.

Individuals have a right to choice. This includes the right to choose to receive services in the community, the right to choose service providers (including Services Facilitators), and the right to change providers.

Individuals may have other rights as well. For example, the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by DBHDS, often referred to as the "Human Rights" Regulations, address a large range of rights of people receiving services from certain providers, including CL Waiver providers and certain FIS Waiver providers. You can find more information about the Human Rights Regulations in the links document contained in the Module 1 Training Materials.

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After the roles, responsibilities and rights are discussed, a Service Agreement between the Individual and the CD Services Facilitation Provider is signed and dated.

A copy must be kept in both the EOR's and the Services Facilitator's records. Be sure to explain the contents of the agreement and answer any questions the individual may have before signing the agreement. The agreement provides that either party can terminate the agreement upon 10 day's notice to the other party. A copy of this Agreement is contained in the EOR Manual and can be accessed directly through the DMAS Web Portal.

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The initial comprehensive home visit is designed for the Services Facilitator to collaborate with the individual and the individual's family or caregiver, as appropriate, to identify the individual's needs and assist in the development of the CD service plan. As such, you will be gathering information from the individual, family and caregiver that enables the development of that plan. The assessment and CD services planning have some common elements across all programs, and some areas that vary from program to program. Common elements include the need to:

- Review existing documents that have been provided;
- Use person-centered planning;
- Identify the individual's needs as they relate to CD services; and
- Develop a plan for each CD service that is coordinated with other service plans.

SLIDE 15

The use of Person-Centered Practices is a way of assuring that individuals have the same rights and responsibilities as other people, including:

- Expressing what they want in their everyday lives;
- Taking and/or maintaining control of their lives;
- Making their own choices;
- Connecting and contributing to the community;
- Having opportunities to improve their lives and have joy, happiness, and purpose;
- Seeing family and friends as often as they like; and
- Managing their own money and other resources.
- You are respecting people and their rights if you:
- Listen carefully to them;
- Work together with them and whomever else they choose (family, friends, neighbors) to support them in
- living the life they want;
- Offer choices about when, where, and how they get their supports—and honor those choices; and
- Help them plan better for the present and the future; work and/or contribute in other ways to their
- community; be involved in groups, organizations, and social activities that interest them; and learn new
- things; and stay healthy and safe.
- Any plan for CD services should always include:
- A positive description of the individual -- what people like and admire about the individual and what his or
- her talents and gifts are;
- Who is important to the individual, including family, friends, and paid professionals;
- What is important to the individual - likes, preferences and routines;
- What is important for the individual to remain healthy and safe;
- What others need to know or do to support them;
- How the individual prefers to communicate;
- Characteristics of the people who best support the individual;
- An action plan that says who will do what by when; and
- Evidence that the plan is updated as the individual’s needs and preferences change.

SLIDE 16

In the CCC Plus Waiver and the EPSDT Program, prior to the initial visit the Services Facilitator reviews the screening instrument and any existing Plans of Care. Additional documentation is required for those enrolled in the EPSDT program; including the DMAS-7, filled out and signed by the individual's medical professional (MD/DO, PA or NP), and a DMAS-7A that is completed by the services facilitator. During the visit, the Services Facilitator will identify, with the individual and/or family member or caregiver, all individual needs to be addressed in the Plan of Care.

During the visit, the Services Facilitator--with the individual--will develop a safe, appropriate Plan of Care that will meet the identified needs of the individual and record it on the DMAS-97A/B.

The DMAS-99 and the DMAS-97A/B will be discussed in detail below.

A copy of the Plan of Care must be shared with other providers of services to the individual.

Service authorization requests can be submitted 30 days prior to the current plan end date.

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In the CL and FIS Waivers, the Services Facilitator reviews the individual's existing VIDES and Parts I, II, and III of the Person-Centered Individual Support Plan (and, if the CD plan starts at the same time as the other Waiver services, Part IV) completed by the Support Coordinator.
Part III includes a list of outcomes shared by those supporting the individual currently. If the existing Part III does not contain outcomes that would relate to supports provided by a particular CD service, the Support Coordinator will be able to work with you and the individual or family to arrive at outcomes that are meaningful and measurable for the CD plan for supports.

The individual's needs must be assessed using the information covered on the DMAS-99. Using the results of the assessment and the existing Person-Centered Individual Supports Plan, the Services Facilitator completes a CD Plan for Supports (one per service). The recommended format for the CD plans is the Part V Plan for Supports available on the DBHDS website by clicking Developmental Services, then clicking Person-Centered Practices.

The Personal Preferences Tool should be used to meet person-centered waiver requirements.

This is also available online on the DBHDS website. Include the date of the initial Services

Facilitator visit on the CD Plan for Supports.

A copy of the Plans for Supports, along with a summary of the information gathered from the comprehensive visit, must be sent to the individual's Support Coordinator. An ISAR should be submitted to DBHDS as soon as possible.

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An individual's needs are assessed in all programs by using the DMAS-99 Community-Based Care Recipient

Assessment Report. Let's look more closely at what the DMAS-99 includes:
Functional status, or the individual's dependence or independence in each ADL category. If there is any doubt in the individual's ability to perform a task, the Services Facilitator should ask the individual to demonstrate the completion of that task.

Medical and nursing information. This includes all diagnoses contributing to the health needs of the individual. Current health status and condition are recorded and include such information as weight loss or gain, medication changes, physician visits and the reason, and whether the individual's condition has improved, declined, or remained stable. Here, the Services Facilitator should ask pointed questions, (for example, have you seen the doctor in the past month? Did the doctor change your medication? Have you been having any dizzy spells? Have you been able to eat all of your meals without vomiting afterward? Are you still having headaches? Are you checking your sugar four times a day?). Also include current medical and nursing needs, in other words any information that should be monitored, such as blood sugar levels, wounds, weight loss, malnutrition, dehydration, respiratory distress, immobility issues, circulatory problems, and blood-work for medication adjustments. Therapies such as PT, ST, and OT must be addressed as do special medical procedures which include range of motion, bowel and bladder programs, and wound care. If the individual is receiving Home Health skilled services, note the frequency of visits, the agency providing services, and the reason(s) and disciplines for visits. If the individual has been hospitalized, document the dates of admission and discharge, and the reason(s) for the admission.

Lastly, document in detail the individual's support system and note any changes in the hours on the service plan or the support system. Total weekly hours and days per week should reflect the hours and days on the current plan of care. Other information includes any other Medicaid or non-funded services the individual is using, the full name of the attendant providing the support, and the EOR's full name.

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The DMAS-97A/B is a very important document. It assesses the Level of Care an individual needs, which governs the attendant hours that are permitted for a particular service. As we know now, it is required in the CCC Plus Waiver and the EPSDT Program. The CL and FIS Waivers use Part V of the ISP as the individualized and person-centered plan of care. However, it is preferred and sometimes required to include the DMAS-97A/B. As with all other DMAS forms, the DMAS-97A/B should be accessed for use directly from the Virginia Medicaid Web Portal.

Now, let's take a closer look at the DMAS-97A/B, which is divided into several sections:

Category/Tasks records all ADLs, special maintenance needs, supervision time if applicable, and IADLs and the times each day of the week that the individual needs the task performed. For the DD Waiver, the amount of time for each task to be done is entered to the nearest 15 minutes, then totaled for each category for each day. In the other waivers and the EPSDT Program, a check mark is entered for each task, and the total time for each category for each day is entered. Writing the amount of time for each task to the nearest 15 minutes is not required, but it greatly assists in review of authorization requests.

Composite ADL Score requires the Services Facilitator to enter a score for each ADL based on the individual's current functioning. The sum of the ADL rating is entered as the composite score under the appropriate category: A, B, C, D, or E. The amount of time allocated under total daily time to complete all tasks must not exceed the maximum weekly hours for the specified Level of Care of A, B, or C. Check Level of Care D if the amount of hours per week exceeds 35. Category D can be used only with prior approval from DMAS or the DMAS service authorization contractor. Category E indicates an exception granted by DMAS. (The form also includes Provider Notification and service authorization contractor notification sections that are completed when any changes are made to the original plan of care.)

The individual's or EOR's signature is necessary on the original plan of care and future decreases to the hours of care. It is not needed if the hours increase in a new plan of care. The provider may substitute the signature with documentation in the individual's record that shows acceptance of the plan of care.

SLIDE 20

Module 3 will cover EOR Training that is required of Services Facilitators. Again, this training can be provided at the initial visit, or within 7 calendar days following the initial visit in the CCC Plus Waiver and the EPSDT Program or within 7 calendar days following service authorization in the CL and FIS Waivers.

At the training, the Services Facilitator is required to review the DMAS EOR Manual. If you are planning to provide EOR Training at the initial comprehensive visit, you should have mailed a copy ahead of your visit. If you are not providing EOR training at the time of the initial visit, you can bring a copy and leave it for the EOR to review between the visit and the training.

It may be helpful to provide the individual with applicable portions of “Your Guide to Directing Your Own Supports in Virginia,” a user-friendly guide compiled by individuals who use CD services.

You can find the link to “Your Guide to Directing Your Own Supports in Virginia” in the Module 1 Training Materials, “Websites Referenced”. For the most up-to-date version of the EOR Manual, be sure to go to the Virginia Medicaid Web Portal.

SLIDE 21

After the Fiscal/Employer Agent (F/EA) receives a “Fiscal Agent Services Request Form” (FARF) that you have sent to them, the EOR receives an Information Packet that contains various information and forms to be signed. This packet of materials and the forms should now be reviewed and completed (if they were not previously completed).

The FARF is completed by the F/EA, and the EOR needs to review it for accuracy.

There are 3 tax forms that must be completed. Additional training information regarding tax forms is available through the F/EA’s website, included in the Module 1 Training Materials, “Websites Referenced” document.

The Signature Authority and Release of Information form must be completed and signed. This form tells the F/EA with whom it can discuss the individual’s services and who can sign timesheets.

The Attendant Employment Application Request form, which is completed by the EOR using information from the attendant, does not require a signature.

All required forms in the packet must be completed correctly, and many must be signed and dated before the EOR can begin employing an attendant. Additionally, services must be authorized before an attendant can be paid for working. We will cover service authorizations in a moment.

Other forms are provided for use only if and when applicable: Address Change forms for the individual and the EOR; Notice of Discontinued Employment Form, used only when an attendant leaves employment; Acceptance of Responsibility for Employment Form, used only when the attendant has been convicted of a non-barrier crime; and forms the individual can use to develop an attendant job description, conduct attendant evaluations, document, and communicate likes and dislikes. Other information in the packet includes a pay schedule, timesheet information, and Frequently Asked Questions (FAQs).

SLIDE 22

Following the initial visit, the Services Facilitator has several things to do in follow up. We will go over each one of the responsibilities in the next few slides.

SLIDE 23

The EOR is responsible for sending the F/EA the originals of the following forms from the Employment Packet:

SS4 Application for Employer Identification Number;

Form 2678: Employer/Payer Appointment of Agent;

Form 8821: Tax Information Authorization;

Signature Authority/Release of Information;

Acceptance of Responsibility for Employment Form (if applicable); and

Attendant Application Request form, if an attendant has been chosen. (This form may be completed over the phone with a PPL representative, on-line or in hard copy.)

As with other forms, the EOR should keep copies prior to sending signed originals to the F/EA. Also, remember to keep a copy for the individual's file.

SLIDE 24

The Services Facilitator must be sure to maintain copies of all forms and other documentation of the Initial Comprehensive Home Visit (including date, time, and location) in the individual’s record.

SLIDE 25

In all waivers and the EPSDT Program, a Services Facilitator who is not a registered nurse must inform the individual's primary health care provider within 30 days that services are being provided, and request consultation as needed with the written consent of the individual receiving services.

SLIDE 26

In order for CD services to begin, the Services Facilitator must assure that CD service authorizations are submitted correctly and immediately. You may recall from Module 1:

Under the CCC Plus Waiver and the EPSDT Program, service authorization is requested by completing and submitting the DMAS-98 to the DMAS service authorization. The DMAS-98 should always be accessed through the Medicaid portal.

The Division of Developmental Services (at DBHDS) authorizes services under the CL and FIS Waivers. Service authorization is requested through completing and submitting an ISAR electronically for each CD service being requested to the individual's Support Coordinator, along with a summary of the initial visit and the CD Plan for supports. Be sure to include a start date of Services Facilitation (in other words, the date of the initial visit), along with a start date for CD services. This requires process registration with the Virginia Waiver Management System (WaMS). ISARs may not be forwarded by paper.

The Services Facilitator cannot be paid until the CD ISAR is authorized by DBHDS through WaMS and entered into the DMAS computer system. Services Facilitators will receive a notice of this computer entry. Upon receipt, you should review the computerized DMAS Service Authorization Notice for accuracy of all information and forward any needed corrections to the Support Coordinator.

If the individual has a patient pay obligation, also obtain from the Support Coordinator the written notification that identifies the collector of the patient pay (as explained in the ID Community Services Manual, Chapter IV) which you can find on the Medicaid web portal.

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Billing procedures are covered in more detail in Module 4. As for now, just remember that you can bill for the initial visit at this point. It is extremely important to confirm DMAS rates, prior to billing, on the DMAS website by clicking on the link on the slide.

The Initial Comprehensive Visit is Code # H2000, using the CMS-1500 form.

is important to understand that the Initial Comprehensive Home Visit can be billed only once per individual receiving CD services unless otherwise authorized by DMAS or one of its MCO contractors. If the Services Facilitator changes and a new assessment is required, the new Services Facilitator will submit a revised CD service authorization request and bill for a Reassessment Visit – not an initial visit.

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You have now completed Part B of Module 2 in the online training series for meeting the requirements for training as a Services Facilitator.

Please note that all of the web links provided in this Module are contained in the accompanying training materials.

Please complete the learning assessment for Module 2, Part B before proceeding to Module 3, Part A.

Thank you for your participation!