

MODULE 1 – Introduction to Medicaid Services Facilitation in Virginia

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Welcome to Module 1, the introductory module in the four-part series of required training modules for Services Facilitators. This series of training Modules focuses on Services Facilitation under three Home and Community-Based Medicaid Waivers and also contains some information about services facilitation in the Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program as well.

This introduction covers basic background information that forms the foundation for, and will assist your understanding of the material contained in Modules 2, 3, and 4.

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In Module 1, we will explore:

- Why this training is being offered and required;
- Various terms, acronyms, and definitions you will need to know;
- Consumer-directed services in Virginia, including the Home and Community-Based Services Waivers in which consumer direction is allowed; services that can be consumer-directed; and eligibility for consumer direction;
- Agency roles in Services Facilitation;
- Qualifications of Services Facilitators; and
- How to get referrals for Services Facilitation.

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First, let's look at the reasons this training is being offered.

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The Department of Medical Assistance Services, “DMAS,” has refined and standardized the training of Services Facilitators and has made it a requirement in order to provide Services Facilitation. Under new regulations, all Services Facilitators, and staff employed by Services Facilitators to function as a Services Facilitator, must complete this DMAS-approved Consumer-Directed Services Facilitator training.

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Services Facilitators must complete all four (4) online training modules and document that they have reviewed all training materials. The modules and materials will remain online for future reference and for new Services Facilitators to take to fulfill the training requirement.

Following this initial training, additional training is required every five years.

These provider requirements are incorporated into the DMAS Consumer Directed Services Facilitation Participation Agreement.

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Successful completion of the four modules and acceptable assessment scores on all training modules will satisfy the training requirement for Services Facilitators.

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Several of the key terms most that are important for Services Facilitators to know will be defined. You can find a more complete listing of acronyms in the Module 1 Training Materials. These are acronyms that will be used throughout the four modules.

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Let's start by defining the term "Services Facilitator" (SF) and quickly reviewing the responsibilities of a Services Facilitator.

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A Services Facilitator is a Medicaid-enrolled provider who supports eligible participants, and sometimes their families, in properly using consumer-directed services. A Services Facilitator can be enrolled as an independent Medicaid provider or as an employee of a Medicaid-enrolled Services Facilitation agency provider. We will briefly cover the roles and responsibilities of a Services Facilitator on the next 2 slides, however, Modules 2 through 4 will go into much greater detail about these roles and responsibilities. roles and responsibilities of Services Facilitators.

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This flowchart shows the services provided by a Services Facilitator in sequential order. We will revisit this slide and cover each of these steps in much greater detail, beginning in Module 2. This overview sets the stage for your responsibilities as a Services Facilitator.

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Next, let's review what consumer-directed ("CD") services are and the philosophy and importance of CD services.

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CD services, sometimes called “self-directed” or “participant-directed” services, further empower individuals with disabilities and older adults to have greater control over the services they receive. They can assess their own needs, determine how and by whom these needs should be met, and monitor the quality of services they receive.

CD services may be used in differing degrees and may span different types of services. They range from an individual independently making all decisions and managing services

directly, to the individual using a representative to manage needed services. The underlying principle of CD services is that individuals with disabilities and older adults (or someone acting on their behalf) have the primary authority to make choices that work best for them, regardless of the nature or extent of their disability or the source of payment for services.

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Underlying the CD service delivery model are certain premises:

First and foremost, individuals with disabilities and older adults are the experts on their own needs.

Therefore, they have a right to participate in the design, development, operation, and evaluation of their services. They have the right to choose, manage, supervise, and dismiss their employees. Managing employees means the individual decides what, when, and how things are done. Individuals who use CD services decide how much control to have over services. Additionally, an individual with a disability, an older adult, or a designated representative can decide to have a family member (or someone else they choose) make such decisions for them.

Different types of services need different levels of providers. With more complex services, individuals with disabilities and older adults may want professional expertise to get the services they need. Individuals participate in assessing needs and then decide which service is best. They also decide how to get services and if the services are right for them.

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Consumer-directed” (CD) services differ from “agency-directed” (AD) services.

With AD services, the provider agency hires, trains, schedules, manages, monitors, and dismisses employees. The CD model, however, allows the individual (or their representative) as the “Employer of Record” to assume the responsibility for directly hiring, training, scheduling, managing and dismissing employees, as well as monitoring the services provided.

AD services are provided by a Medicaid-enrolled provider agency. CD services are provided instead by someone the individual or his or her representative chooses. The individual has the right to select their choice of AD or CD services, or a combination of the two.

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To receive CD services, the individual or a designated representative must act as the Employer of Record (EOR). An EOR is the person who performs the functions of the employer in the consumer-directed services model. The EOR may be the individual, or a family member, caregiver or another person, as appropriate, when the individual is unable to perform the employer functions.

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An attendant is the person hired by the EOR to provide services directly to the individual. Sometimes referred to as an “aide” or “assistant,” we will use the term “attendant” throughout this training to represent an employee who provides one or more of the following types of services: personal care, respite care, and companion care.

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There are three waivers that include the option for CD services and Services Facilitation in Virginia:

- CCC Plus: Commonwealth Coordinated Care Plus Waiver (Combined EDCD and Tech Assisted waivers)
- DD Waivers: Community (CL) Waiver & Family and Individual Supports (FIS) Waiver

It is important to note that there is one other Medicaid program that also offers consumer direction, even though it is not a waiver program--the Early and Periodic Screening, Diagnosis and Treatment (or EPSDT) Program. This training will touch on EPSDT at times, but will focus on the three waivers.

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There are three Medicaid services that can be consumer-directed in Virginia: personal care, respite care, and companion care.

Personal care provides assistance with activities of daily living (ADLs), such as dressing, bathing, eating, housekeeping, shopping, and assistance with self-administration of medication. It may also be used to provide assistance with instrumental activities of daily living (IADLs) such as meal preparation, shopping, housekeeping and laundry, in addition to providing support for an individual at work and other places in the community.

CD personal care is available in all three waivers and in the EPSDT program

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Respite care is also available in all three waivers if the individual has an unpaid primary caregiver on an ongoing basis. Respite provides assistance and routine supports that give the unpaid primary caregiver (for example, a family member) some time to do things that they need to do for themselves or other members of the family. Thus, it relieves the caregiver's physical burden and emotional stress of providing continuous support and care.

A respite employee assists the individual at home and in the community with things the family or unpaid primary caregiver normally helps with. Respite is personal care specifically designed to provide temporary, substitute assistance and support and is provided on a short-term basis because of the emergency absence, or need for routine or periodic relief, of the primary caregiver.

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Companion care is available only to adults, 18 or older, and only in the CL and FIS Waivers. This support can provide individuals with opportunities to get to know members of their communities and to participate more fully in community activities that interest them. Additionally, attendants can assist or support the person with IADLs including light housekeeping.

This is also the only CD service that is available to individuals who receive congregate residential services (in other words, live in group homes) under the CL Waiver

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In Virginia, not everyone is eligible to consumer direct services. Services may be furnished only to individuals:

- Who are eligible for Medicaid and enrolled in one of the three waivers or EPSDT;
- Who are able to establish an appropriate CD service plan; and
- Only when the individual's health, safety, and welfare in the home environment would not be jeopardized.

Residents of Nursing Facilities, Institutions for Mental Disease, Intermediate Care Facilities for Individuals with Developmental Disabilities, Psychiatric Residential Treatment Facilities, or hospitals cannot consumer direct.

Services facilitators should use the DMAS-95 Addendum (CD-PAS Addendum), "Questionnaire to Assess an Applicant's Ability to Independently Manage Consumer-Directed Services", located on the Virginia Medicaid Web Portal. Under the "Provider Services" tab, select "Provider Forms Search". Navigate to the Virginia Medicaid Web Portal by clicking on the link at the bottom of this slide.

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Individuals who are eligible to use CD services, must meet the following conditions before the services are provided:

The individual must be present for services.

Services must be provided according to the service plan. Although different terms, such as Individual Support Plan (ISP), Consumer Service Plan (CSP), Individualized Care Plan (ICP) or Plan of Care (POC), are used depending upon the Medicaid service in which the individual is using consumer direction, we will refer to all of these plans collectively as “service plans” in this training.

Services must be authorized by the appropriate service authorization contractor. The service authorization contractor will vary depending on the waiver type and managed care enrollment. There is no payment for services that are not authorized. Services must be provided by qualified providers as determined by DMAS.

- A viable back-up plan must be in place. A back-up plan is a requirement for using waiver services, and the Services Facilitator reviews the plan and augments the plan as needed for CD services. Services facilitators should document the full name and contact information for the identified back-up person. Examples of who may be designated as the back-up include:
 - Caregiver
 - Relative
 - Neighbor
 - Friend
 - Member of the Individual’s Religious Organization

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As a Services Facilitator, you will be interacting with many different agencies. Links to the websites of the agencies we will discuss are contained in the Module 1 training materials. Remember that all Module 1 Training Materials, including a listing of websites, will be used throughout all four modules.

Let's take a look at these agencies and how they are involved in Services Facilitation.

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First, DMAS is the state Medicaid agency that regulates the practice of Services Facilitation. DMAS also enrolls you as a provider of Services Facilitation and pays you either directly or through a contracted provider for the services you provide. Lastly, DMAS, either directly or through a contracted provider, performs Utilization Reviews, Quality Management Reviews (QMRs) and Program Integrity Reviews of the services you provide.

Beginning in August of 2017, DMAS contracted providers included Managed Care Organizations(MCOs) introduced to providers with the rollout of the CCC Plus managed care program. Services facilitators are accountable for understanding the CCC Plus managed care program and requirements to contract and work with the MCOs. For information about CCC Plus managed care program, navigate to the Virginia Medicaid Web Portal by clicking on the link at the bottom of this slide.

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Three different entities perform screening functions for the three waivers:

Teams from the local Departments of Social Services and Health screen for the CCC Plus Waiver and in some cases, hospitals may also conduct CCC Plus Waiver screening.

Community Services Boards and Behavioral Health Authorities throughout the

Commonwealth screen for the CL and FIS Waivers.

For personal care in the EPSDT program, screening is performed by the child's primary care physician's office and can be the physician(MD/DO), nurse practitioner(NP), or physician's assistant(PA).

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In addition to oversight provided by DMAS for Medicaid waivers and programs, the Division of Developmental Services (DDS) (formerly the Office of Developmental Services) at the state Department of Behavioral Health and Developmental Services (DBHDS) manages the day-to-day operations of and authorizes services for the CL and FIS Waivers.

For services under the CCC Plus Waiver and the EPSDT program, DMAS service authorization contractors review all long-term care service requests in advance of the delivery of the service to assure that the individual meets the criteria and does not exceed the authorization limits.

DMAS also contracts with a Fiscal/Employer Agent (F/EA) to provide F/EA services for individuals choosing consumer-directed services. Activities include conducting criminal background checks on potential attendants; processing hiring paperwork for attendants; receiving, verifying and processing attendant time sheets; maintaining attendant payroll records; and processing all tax forms and payments for the employer and the attendant that are required by the Internal Revenue Service.

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There are five (5) basic requirements you must meet in order to enroll as a Services Facilitator in Virginia:

1. You must be 18 years old or older;
2. You must have documented criminal history records checks for barrier crimes obtained through Virginia State Police; and, if you work with minors, a DSS Child Protective Services Central Registry search must both be completed in accordance with Section 32.1-162.9:1 of the Code of Virginia regarding criminal record checks, sex offender crimes and crimes against minors, and received prior to providing direct services or being in direct contact with a waiver participant. If the criminal record clearance has not yet been received by the time the services facilitator begins delivering services to the individual, that services facilitator must be working under the direct supervision of another employee who has a completed background check in accordance with Section 32.1-162.9:1 of the Code of Virginia;
3. You must not have been debarred, suspended, or otherwise excluded from participating in Federal healthcare programs, as listed on the federal List of Excluded Individuals/Entities (LEIE) database. This list is located at the link on the slide. Evidence of this check must be in the file.
4. You must have a satisfactory work record as evidenced by two references from prior job experiences, including no evidence of abuse, neglect, or exploitation of older adults or individuals with disabilities; and
5. You must possess a combination of work experience and relevant education that indicates that you possess certain knowledge, skills, and abilities. This must be documented in one of three (3) ways:
 1. on your application form;
 2. in supporting documentation; or
 3. observed during the interview and documented.

If you are already enrolled as a Services Facilitator at the time of this training and you do not meet all of the new education and work experience qualifications, you may continue to provide Services Facilitation as long as you complete the four training Modules and successfully complete each assessment.

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The education and experience qualifications required for Services Facilitators include:

A minimum of an associate's degree or higher from an accredited college in a health or human services field or be a registered nurse currently licensed to practice in the Commonwealth, and possess a minimum of two years of satisfactory direct care experience supporting individuals with disabilities or older adults; or

A bachelor's degree or higher in a non-health or human services field with a minimum of three years of satisfactory direct care experience supporting individuals with disabilities or older adults.

Documentation of a degree and previous satisfactory experience must be maintained in the personnel file for review by DMAS staff.

If you are already enrolled as a Services Facilitator at the time of this training and you do not possess these education and experience qualifications, you may continue to provide Services Facilitation as long as you complete the four training Modules and have documentation of successful completion of each of the corresponding learning assessments.

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Additional requirements for each program apply when the Services Facilitator is not an RN.

For the Waivers and EPSDT program, when the Services Facilitator is not an RN, then the Services Facilitator must contact the primary health care provider to inform him or her that services are being provided and to request consultation with the primary health care provider as needed regarding the health needs of the individual. However, this must be done with the written consent of the individual receiving services or an authorized representative. The services facilitator is required to maintain documentation of the initial notice of services to the primary health care provider as well as any subsequent requests for consultation regarding the health needs of the individual.

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The following are requirements related to knowledge:

- Types of functional limitations and health problems that may occur or are common to different disability types and the aging process, as well as strategies to reduce limitations and health problems;
- Physical assistance that may be required by individuals with disabilities or older adults, such as transferring, bathing techniques, bowel and bladder care, and the approximate time those activities normally take;
- Equipment and environmental modifications that are commonly used and required by individuals with disabilities or older adults, which reduce the need for human help and improve safety;
- Various long-term care program requirements, including nursing home and assisted living facility placement criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal assistance and respite services;
- Consumer-directed personal care, companion care, and respite care services program requirements, as well as the administrative duties for which the individual will be responsible;
- Waiver and EPSDT program requirements, as well as the administrative duties for which the services facilitator will be responsible;
- Conducting assessments (including environmental, psychosocial, health and functional factors) and their uses in services planning;
- Interviewing techniques;
- The individual's right to make decisions about, direct the provisions of, and control his or her services, including hiring, training, managing, approving time sheets, and dismissing attendants;
- The principles of human behavior and interpersonal relationships; and
- General principles of record documentation.

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These are considered to be the skills requirements:

- Negotiating with individuals, their family or caregivers, and service providers;
- Assessing, supporting, observing, recording, and reporting behaviors that are challenging;
- Identifying, developing, and providing services to individuals with disabilities or adults who are aging; and
- Identifying services within the established service system to meet the individual's needs

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And finally, you must have the ability to:

- Report findings of an assessment or onsite visit, either in writing or an alternative format for individuals who have print impairments;
- Demonstrate a positive regard for individuals and their families;
- Be persistent and remain objective;
- Work independently, performing position duties under general supervision;
- Communicate effectively both orally and in writing; and
- Develop a rapport and communicate with different types of people from diverse cultural backgrounds.

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You have now completed Module 1 of the four-part online 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 assessment for Module 1 and print or save your certificate of completion before proceeding to Module 2, Part A.

Thank you for your participation

