Medicaid Training and Oversight of Home and Community Based Service Providers

Brandi Nicholson,
Bureau of Long Term Services and Supports, Home Care Operations

Sara Sherman, Kevin Hutchinson
Public Consulting Group

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Agenda

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2. Background and History
3. Incident Investigations
4. Provider Enrollment
5. Provider Reviews
6. Provider Training
7. Key Findings
8. Benefits of this Approach
9. Looking Forward
1. Overview

• **The Challenge:** Manage and support HCBS providers and oversee of waiver services in a manner that fits the unique attributes HCBS providers:
  – Ensure health, safety, and welfare of individuals
  – Maintain compliance with federal and state Medicaid rule and policies
  – Contains costs by identifying overpayments and cost avoiding future overspend

• **The Solution:** An integrated proactive and reactive model that supports and monitor providers through the enrollment process, service delivery, and payment process.
## 2. Background and History

Ohio Department of Medicaid contracts with PCG to cover four HCBS Programs:

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<th>Program</th>
<th>Attributes</th>
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| Ohio Home Care Waiver                            | • 59 and Younger  
• Nursing facility-based level of care  
• 5,500 participants                                 |
| Transitions Carve-Out Waiver                     | • 60 and Older  
• Nursing facility-based level of care  
• 1,300 participants                                 |
| HOME Choice (Money Follows the Person)            | • Transition to community-based care  
• 5,000 participants                                 |
| Duals Demonstration (MyCare Ohio Waiver)          | • Enrollment began May 1, 2014  
• Managed Care – Partner with 5 plans  
• 100,000+ participants in the Demonstration,  
24,000 participants on waivers                      |
| **Total:**                                        | • 35,800 total individuals  
• 10,000 total providers                             |
2. Background and History

– Case Management and Provider Oversight historically under one contract

– In 2013, ODM separated the two roles into two contracts
  • Decreased conflict of interest
  • Increased reporting
  • Improved oversight
New ODM-Operated Waiver Model

CASE MANAGEMENT CONTRACTORS

- Cleveland (2)
- Columbus (1)
- Marietta (2)
- Cincinnati (2)

PROVIDER OVERSIGHT CONTRACTOR

- Provider Enrollment
- Provider Oversight
- Incident Management

9/23/2014
New Contract for Provider Oversight

PCG started July 1, 2013. Services include:

1. Incident Investigations
2. Provider Enrollment
3. Provider Compliance Reviews (post-enrollment)
4. Provider On-Site Screening Visits
5. Provider Training
Provider Oversight

Incidents

Provider Performance

Provider Removal

PCG

ODM

9/23/2014
3. Incident Investigations

- PCG investigates incidents as specified in the waiver program
- Incidents must be determined substantiated / unsubstantiated
- Ensure Health and Welfare
- Review, approve Prevention Plans to assure contributing factors are addressed
3. Incident Investigations (continued)

• Refer potential fraud to Attorney General’s Office
• Refer overpayments to ODM
• ODM reviews all deaths, investigates suspicious deaths

• 1,500 investigations per month
3. Incident Investigations (continued)

Ohio Home Care/Transitions Carve Out
- Abuse
- Neglect
- Exploitation
- Misappropriation
- Death
- Hospitalization
- Unauthorized restraint
- Unexpected crisis
- Inappropriate service delivery

MyCare Ohio Waiver
- Abuse
- Neglect
- Exploitation
- Misappropriation
- Death
4. Provider Enrollment

• A team of enrollment specialists focuses solely on evaluating Medicaid-operated HCBS waiver provider applications.

• This specialized team assists providers with their applications and other questions related to service delivery.

• Medicaid completes verification and enrolls eligible providers.
4. Provider Enrollment (continued)

- Assist providers through application process, criminal background checks, added to provider directory, All Services Plan, etc.

- Refer high-risk providers for onsite screening reviews

- 600 applications processed per month
5. Provider Reviews

Structural Reviews

– Annual review of all Medicaid-Operated HCBS waiver providers
– Face-to-face review, including documentation
– Approximately 300 per month
5. Provider Reviews (continued)

Onsite Visit

– Unannounced Site Visits for identified providers
– Performed pre- and post-enrollment
– Approximately 50 per month
6. Provider Training

Provider training is continually tailored and presented to address the needs and issues identified through the course of all HCBS oversight functions.

- Webinar, In Person, and Self-Paced Computer Based Training (CBT) available online
- Training needs identified from reviews, investigations, enrollment feedback
7. Key Issues and Findings

Some of the key issues and findings identified include:

– In appropriate service delivery or no services rendered.
– Lack of awareness, understanding of administrative rule.
– Lack of adequate documentation.
– Failure to provide background checks for agency staff.
– Failure to provide necessary level of intervention.
– Fraud and overpayments.
8. Benefits of this Approach

- Working with and screening providers during the enrollment process mitigates larger risk of noncompliance downstream.
- Ongoing monitoring is more effective than “pay and chase” audits years later.
- Focused investigations address specific issues in a timely and precise manner.
- More timely intervention (suspension, termination) with problem providers.
- “Feedback loop” allows for dynamic and relevant provider training.
- High level of inter-agency and stakeholder collaboration.
9. Looking Forward

• Comprehensive Assessment and Case Management System

• Streamlined Waiver Program

• Expansion of Dual Eligible (MyCare) Program

• Electronic Visit Verification System
Questions and Contacts

Brandi Nicholson, Section Chief
brandi.nicholson@medicaid.ohio.gov
614-752-3509

Sara Sherman, Project Manager
ssherman@pcgus.com
614-627-2320

Kevin Hutchinson, Project Director
khutchinson@pcgus.com
919-824-4773