



Department of Medicaid
John R. Kasich, Governor
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Medicaid Training and Oversight of Home and Community Based Service Providers

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**NASAUD HCBS Conference
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Agenda

1. Overview
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:

Program	Attributes
Ohio Home Care Waiver	<ul style="list-style-type: none">• 59 and Younger• Nursing facility-based level of care• 5,500 participants
Transitions Carve-Out Waiver	<ul style="list-style-type: none">• 60 and Older• Nursing facility-based level of care• 1,300 participants
HOME Choice (Money Follows the Person)	<ul style="list-style-type: none">• Transition to community-based care• 5,000 participants
Duals Demonstration (MyCare Ohio Waiver)	<ul style="list-style-type: none">• Enrollment began May 1, 2014• Managed Care – Partner with 5 plans• 100,000+ participants in the Demonstration, 24,000 participants on waivers
Total:	<ul style="list-style-type: none">• 35,800 total individuals• 10,000 total providers



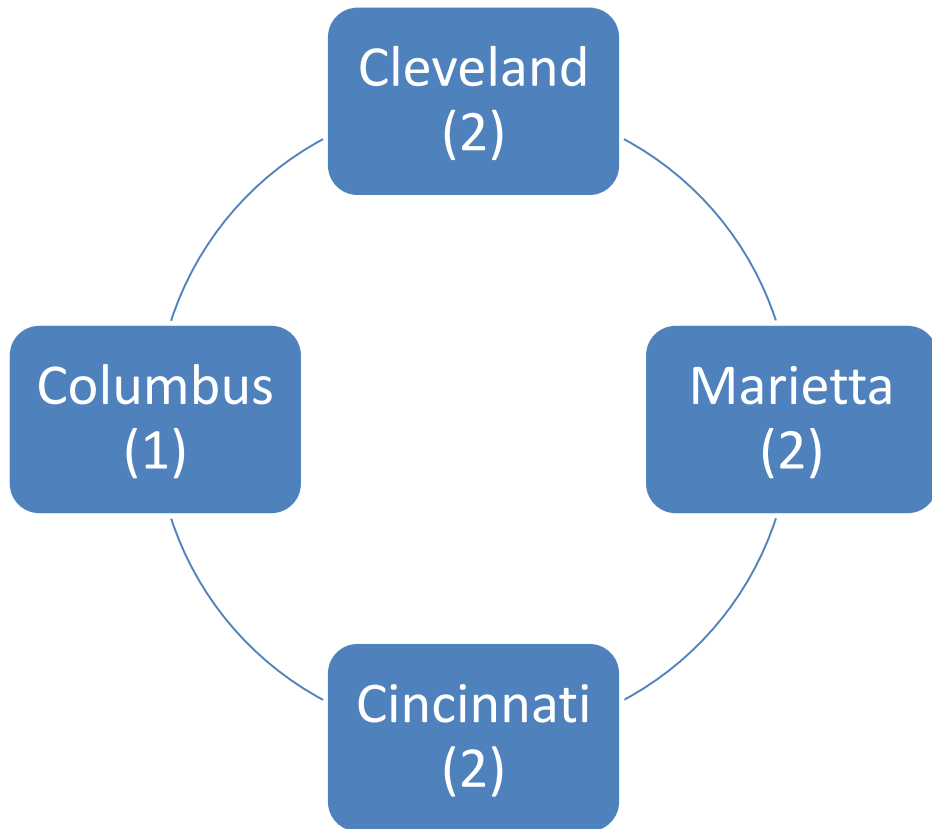
2. Background and History

- 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



PROVIDER OVERSIGHT CONTRACTOR





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

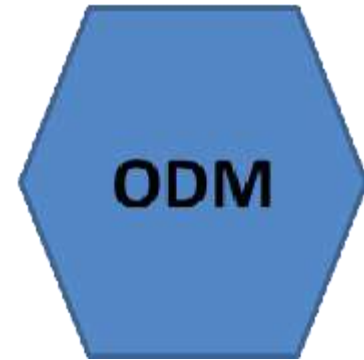
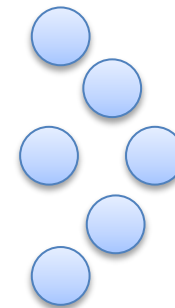
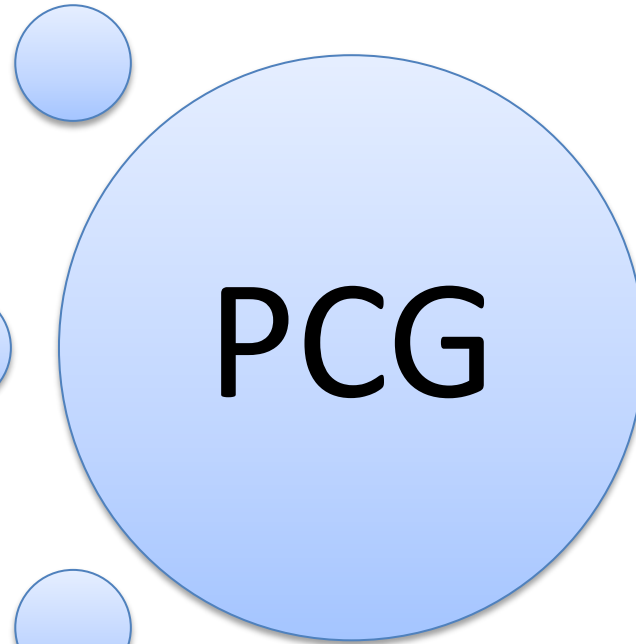
Incidents



Provider
Performance



Provider Removal





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)

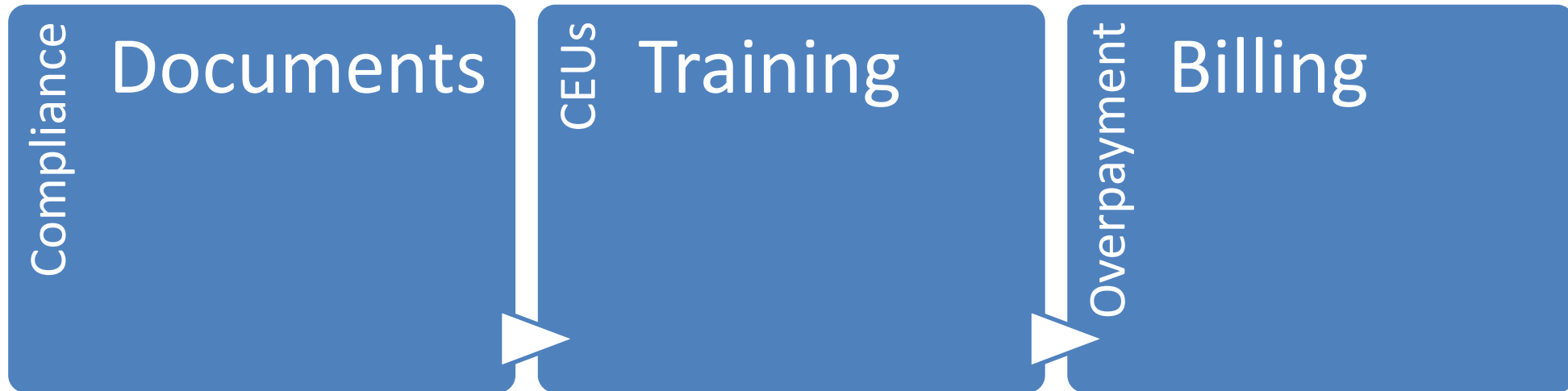
- Assist providers through application process, criminal background checks, added to provider directory, All Services Plan, etc.
- Refer high-risk providers for onsite screening reviews
- 600 applications processed per month



5. Provider Reviews

Structural Reviews

- Annual review of all Medicaid-Operated HCBS waiver providers
- Face-to-face review, including documentation
- Approximately 300 per month

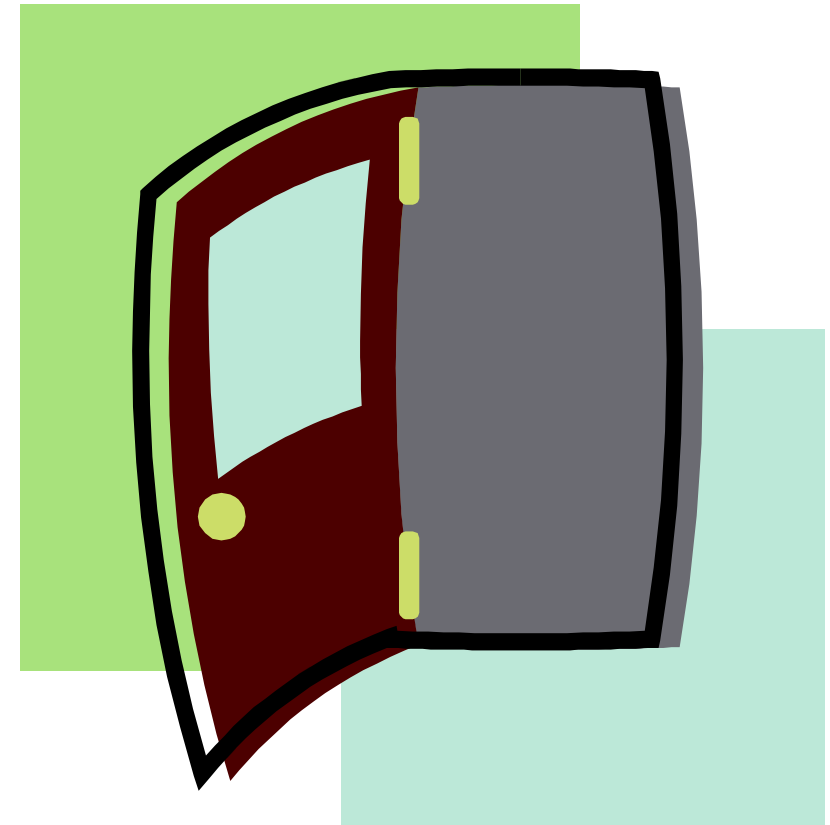




5. Provider Reviews (continued)

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



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