

MANDATORY CASE MANAGEMENT IN-SERVICE WEBINAR
Q & A - THURSDAY 10/29/15

<u>HCBS Questions</u>	<u>HCBS Answers</u>
Will there be expanded non-medical transportation to accommodate the outings?	Nothing is planned or budgeted for an expansion. Since no additional dollars come for implementing HCBS any new programs or expansion of existing programs must receive budget authority.
Regarding limitations: If a resident is making choices that negatively impact health and safety and does not have cognition to make informed decisions... do we still have to get their consent?	Legally if the person has not been adjudicated by the court as incompetent they are competent to consent. Practically, we know there are individuals who do not have the capacity to consent and we are working on policies and procedures to address this circumstance.
Can an ALF put a clause in their standard move in agreement that when they sign the agreement they consent to the limits?	No, limits must be individually assessed and determined. Also, all other measures must have been tried before a limitation can be put into place. Also, for Medicaid the limitation could not be put in place without the Case Manager assessing for the need.
What if CBC facilities do have not have private rooms available for the consumer to choose from?	Facilities can have a shared room model. It is not the responsibility of the facility to have private rooms. It is the Long-term care system (i.e., the case manager) that needs to offer that option. One way of doing that is through maintaining or offering an in-home plan or finding a private room in a facility if that is the person's preference.
When the HCBS changes are implemented, will the providers in the CBCs get an increased pay rate?	No, there are no new monies that come with implementing HCBS. Any increases would be part of the normal rate setting or collective bargaining processes.
Is there going to be an increase in rates to the AFHs? Will the front doors of the FHs be left unlocked?	AFH's would not be prohibited from locking exterior doors for security of all in the setting. However there must be a way for allowing visitors such as knocking and being let in. It is possible that some providers will provide keys to exterior doors to residents so they can more freely come and go should the doors be locked. This is not required as long as there is a mechanism in place that does not create an unreasonable barrier to the resident entering their home.

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<p>With the person centered planning can the customer choose their case manager?</p>	<p>No, the Case Manager is part of the administrative structure that exists to assure there is a person-centered planning process. However there should be local office procedures to address concerns individuals have about their Case Managers.</p>
<p>How will case managers document the person centered team? And do they give it to the facility?</p>	<p>The details are not worked out yet. There is a workgroup consisting of field and central office staff looking at how we will operationalize HCBS within APD.</p>
<p>Will facilities be able to charge for individual services? For example, can they continue to charge for meals during non-meal times?</p>	<p>No the standard meals and two snacks need to be provided. A method needs to be in place for providing a replacement meal for a missed meal without additional charges needs to be in place. Facilities could pass any increased costs they feel they incur on to private pay individuals. The primary expectation around access to food is that the provider cannot limit the individual's access. As an example, individuals need to be able to purchase and store food of their choice but the provider does not need to provide the extra food.</p>
<p>Will residents be able to refuse to go to the dining room for meals and have them delivered to their rooms?</p>	<p>Generally not. The resident can certainly refuse to go the dining room but HCBS does not mandate food delivery service. When the resident wants to eat they should be able to get a replacement meal. That may mean going to the dining room to get that meal when ready. A facility can choose to bring the meal to the individual but that is not required. An important concept in HCBS is individually based decisions not black and white facility operations systems. Ideally this question would be answered in the person-centered planning process for the individual in the facility.</p>
<p>Does being able to choose the people on their care team mean that they can choose their case manager?</p>	<p>No, DHS has a waiver that allows us to assign a case manager. However, if a consumer has a conflict with a specific case manager, they should contact the local office.</p>

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Will APD be considering an increase in required staffing coupled with an increase in payments to CBC facilities?	For AFH's there is an exceptions process that may be appropriate to consider. ALF's/RCF's are required to staff to the need.
So how are you going to ensure that facilities will have meals for residents when they want them? Also when the resident leaves facility at all hours who will let the case manager know when they leave and when they return?	Expectations for facilities will be reasonable in this area. For example if a resident misses breakfast an alternate (plate saved or alternative available) only needs to be provided until the next meal time. So a resident that has been gone all day cannot say where is my breakfast, lunch and dinner, they should be provided the last meal missed or a reasonable alternative. For absences from the facility the same procedures that occur today should be followed.
I think having the choice of a private room is wonderful, because people's choice should be respected Medicaid or not, but where will the capacity come from? Right now we struggle finding enough vacancies for people. Will facilities receive some sort of incentive to create more private rooms?	No incentive is planned since Medicaid pays for services not the room. We must continue to be vigilant to assure folks don't leave their own homes or apartments prematurely. In the near term, the choice of a private room in a facility may come down to how important a private room is to that individual. If a private room is available in another city does the individual want to move to get that privacy or take a shared room and stay in their current city or community?
<u>HCW PTO Training Questions</u>	<u>HCW PTO Training Answers</u>
If a provider claims both vacation through PTO and also time via voucher, are we going to be responsible for issuing an overpayment or will it be the trust? Who will decide?	Yes they will be subject to an overpayment. We are working on a data transfer agreement to get time off data back from the Trust.
Can't we run reports that compare PTO to time paid on the voucher system?	No.
How will the case managers know that the HCWs are not getting paid twice for vacation time through the PTO and voucher?	Local offices do not need to worry about this. Once we have the data sharing agreement in place, the system will be able to track this and generate any necessary overpayment.
Can we get the number for the trust?	1-844-507-7554, option 3 and then option 2 or via email at OHCWPTO@bsitpa.com

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Will there be any reports to the workers reporting PTO hours taken off?	This is the responsibility of the Trust.
Can case managers have a copy of the letter sent to HCWs regarding the trust?	Yes, it was attached to APD-IM-15-092
How will this work since we have to coordinate care if a HCW is going to be gone and the client needs to have coverage. We had some controls on that because they had to contact us to get the time off.	The HCW taking time off will need to notify the local office/CM to reduce the current voucher.
How will this work with service planning?	No change in current process.
Wouldn't we still need to know when a HCW is taking vacation so we can create a voucher for the person filling in?	Yes. The HCW taking time off will need to notify the local office/CM to reduce the current voucher. The local office will then create or adjust the other HCWs voucher.
For the HCW that is filling in for the HCW taking leave, do we still create the service plan and voucher for the fill in HCW? So basically they will need to contact us and the HCWBT also?	Yes.
In a live-in case where the live-in provider is taking time off, you said the hours will be reduced. Who is reducing them and how will we know it got reduced? Who is issuing the relief worker voucher?	The local office/CM will be responsible for reducing the live-in's voucher. The HCW is responsible for notify the local office. The local office will then create or adjust the other HCWs voucher.
Are you going to redo the 737 to add this to the form so the client is aware?	Not at this time.
What is the time limit for the consumer to notify us that the HCW is taking a leave?	The HCW needs to notify you prior to taking leave.
Has a notice gone out to HCWs about this change?	Yes.
Why isn't the OHCC sending us lists of vacation hours taken?	OHCC is not involved. The Homecare Worker Trust is responsible.
What is the number to give HCWs to call for their leave?	1-844-507-7554, option 3 and then option 2 or via email at OHCWTPTO@bsitpa.com
Will information about accrued leave still be available on the screens that they had been available on for information purposes only?	No.
If a provider works 50 hours a month and takes 10 hours of vacation, they should only put 40 hours on their voucher. What if they don't? Will the system catch it?	See above.

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Since HCWs vacation time are unknown by the case manager, are the case managers still responsible for signing the vouchers for the HCWs?	Yes.
Will there be a way for the case managers can contact the trust to make sure a HCW is not committing fraud?	CMs do not need to do this. This will be automated and tracked in Central Office.
Will there be a way for the state to get information from the union when a HCW has taken time off?	We are working on this.
Will we get a copy of the letter sent out on vacation time for HCWs so we can be prepared for the phone calls?	Yes. See APD-IM-15-092.
We have called the trust number just today and have been told they have no idea what we are talking about. Will that be resolved?	Yes, we are working on this problem.