



## Case Management (CM) Webinar FAQ

(March 22, 2017 Webinar)

- 1. If two or more siblings living at their parent's home live together, it appears we need to do the full assessment. Is that correct?**

No. The siblings are living in the family home which is considered to be an integrated community setting.

- 2. Is completing the assessment considered a billable activity by Amerihealth?**

Please work with the MCO to determine billable units

- 3. I work only with Elderly Waiver clients. I have several clients who live in an Assisted Living unit that is part of a CCRC. They aren't able to come and go at anytime-because of their cognitive status. They may not be able to choose their own schedule because of their cognitive status and so on. If these residents are not allowed to stay in these facilities, they are not safe to live in a less restricted environment, so their only other choice will be a nursing facility. Will these facilities be given a special consideration?**

All settings where HCBS services are provided must meet the CMS Settings regulations. Each setting must be viewed from the individual member's experience in that setting. If there are limitations or rights restrictions to member choice or access to the integrated community settings, the individual limitation must be addressed through the person centered planning process. In Addition, CMS has provided guidance on Medicaid Beneficiaries in Home and Community-Based Settings who Exhibit Unsafe Wandering or Exit-Seeking Behavior. See External Resources section on IME Statewide Transition webpage: <http://dhs.iowa.gov/ime/about/initiatives/HCBS>

- 4. So these assessments will need to be completed for all members, whether they have SCL services or not? What if it is just an ID member receiving respite services? Or an HD waiver member just receiving PERS?**

CMS has identified that 100% of settings where HCBS services are provided must be assessed. The IME believes that the majority of members will not require a full residential assessment be completed. Most members will only require Section I. Member Information be completed as the assessment.

**5. Is it possible for Elderly Waiver members in an Assisted Living to require more than a level 1 screening?**

Yes. If the Assisted Living meets any of the part 2 criteria of Section I. of the assessment, the member living in the assisted living program that is on the grounds of, or adjacent to, a private or public institution would require a full settings assessment

**6. If there are multiple members living together that have different MCOs, will there be just one CAP for each site that will be monitored by HCBS QA or could there be more than one CAP per setting?**

Any Corrective Action Plan (CAP) that is required based on the outcome of the residential assessment will be developed by the HCBS Quality Oversight Unit. There would only be one CAP developed per residence.

**7. Do all residential assessments need to be conducted in the member's home?**

No. Only members that are required to have Section III. Member Outcomes, completed are required to have the assessment completed in the member's home. If Section I. Member Information is the only section of the assessment required to be completed, you may complete the assessment outside of the member's home.

**8. Rules currently say 4 people can reside together. This states 2 or more. How will this work for a daily SCL rate?**

The setting regulations do not have anything to do with the daily SCL rate. A daily SCL setting may have up to five member living together without the need to be a licensed environment. 6+ members living in one unit (e.g., an RCF/ID) require licensure.

**9. In the Provider Owned section, you said we will need to take a look at the lease. Are you wanting us to attach a lease?? What exactly are we to look for in the lease?**

A lease is not required to be submitted as part of the assessment process. In provider owned or controlled settings the CM must assure that the member either has a lease that gives them certain rights as a tenant or have a written residency agreement that gives tenant rights comparable to state or local tenant laws

**10. Are the assessments all going to be initial? Or what is the clarification between initial and annual?**

Initial assessments are to be completed for all members by December 31, 2017. Ongoing assessments are required annually thereafter.

**11. What about individuals who live in their own home but have to go to a provider office to receive service; for example medication management.**

All services are to be provided in the members home or integrated community based settings. Medication management should not be conducted in the providers administrative offices.

**12. What is the timeline to complete the assessments and enter the data for providers?**

Initial assessments are to be completed for all members by December 31, 2017. Ongoing assessments are required annually thereafter.

**13. On the assessment it states DHS/MCO/IHH unit. Am I to assume that county case management units will not be responsible for completing the assessments?**

All CMs will be required to complete the residential assessment on behalf of the waiver or Habilitation member that they serve. The assessment tool will be updated to reflect this requirement.

**14. Does this apply to the CMH Waiver?**

Yes

**15. To clarify - the HCBS Residential setting member assessment is NOT completed by the HCBS staff but IS completed by the IHH/MCO or DHS staff. Is that correct?**

The HCBS Quality Oversight Unit staff are conducting the non-residential assessments with providers, but are not responsible for the residential assessments. The case manager (the fee-for-service CM, MCO CM, or the IHH care coordinator) assigned to the member is responsible for conducting the residential assessment.

**16. Who all should we be completing this assessment on? Nursing home members?**

The HCBS Residential assessment tool is used for any member that receives HCBS Waiver or Habilitation services.

**17. Will the internal MCO CM's be required to complete the assessments?**

Yes.

**18. Where will the recorded version be placed?**

The recorded version of this training will be placed on the statewide Transition plan website:

**19. Is this for everyone receiving Medicaid regardless of waiver and MCO?**

The HCBS Residential assessment tool is used for any member that receives HCBS Waiver or Habilitation services.

**20. How often is this completed?**

The initial assessment must be completed by December 31, 2017. subsequent assessments shall be completed annually there after

**21. Who completes this tool?**

The assigned case manager completes the HCBS Residential assessment tool (the fee-for-service CM, MCO CM, or the IHH care coordinator)

**22. For Outcome 5, if monitoring cameras are present in the setting is that considered a rights restriction? If the monitoring is only going to sound an alarm if there is movement and there is no camera involved is that a rights restriction?**

Any restriction to a member's movement must be addressed as a right restriction.

**23. Can the interviewer (case manager) also serve as a respondent along with the member in order to have enough information to answer yes or no to the final answer, or would that be considered a conflict (if another person is needed to help respond, does it need to be someone other than the member's case manager)?**

If the case manager has information that would support the outcome indicator, a case manager can be used as a respondent.

**24. Do we need to fill these assessments out with the team at annual meetings or just with the member individually?**

The assessment should be completed by the CM with the member and any other person (parent, guardian, Power of attorney, etc. ) as appropriate

**25. Do we need to fill one out with every member now or wait until their annual meeting?**

It is up to the CM to determine when the Residential assessment will be completed. If the annual meeting will occur between the present day and December 31, 2017, the CM may wait until the annual meeting. If the annual meeting has already taken place this calendar year, the assessment must be completed between now and December 31, 2017.

**26. Can you clarify if the HCBS Residential settings Assessment needs to be completed on everyone or is it just for adults 18 and over?**

The residential assessment must be completed for all members that receive HCBS waiver and Habilitation services, regardless of age

**27. Part 2 of the assessments states that the full residential assessment is needed where two or more members receiving Medicaid funded services live together to receive waiver/habilitation services. Does this apply to siblings living in a family home?**

No. When multiple family members are living together in the family home, this is considered an integrated community setting and only Section I. Member information is required for the assessment.

**28. When can a CM begin to upload the assessment tool into IMPA?**

The IMPA system is currently being tested to upload the assessment tool. It is anticipated that IMPA will be ready August 1, 2017. An informational letter with instructions will be sent out to all case managers and IHH care coordinators when IMPA is ready for assessments to be uploaded.

**29. What explanation do I give my member as why this needs to be done? Will they possibly lose their current housing?**

The Residential Assessment is required to be completed by Federal regulations for all HCBS Waiver and Habilitation programs. Members that reside in residential settings that do not meet the setting criteria will be required either: 1. make changes to the setting to be in compliance, 2. move to a settings that does meet the criteria, or 3. live in a non-compliant setting without HCBS waiver funding.