

Missouri Medicaid Audit & Compliance



2018 Spring Update Meeting

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Missouri Department of Social Services

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Family Care Safety Registry

FCSR

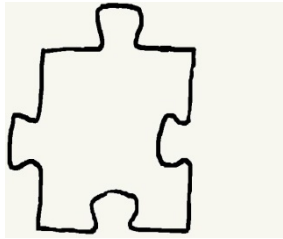
Review



FCSR REVIEW

Piecing the Puzzle

Responsibility



Process

Business

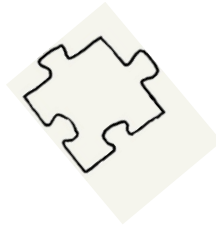
Participant Safety



Timely

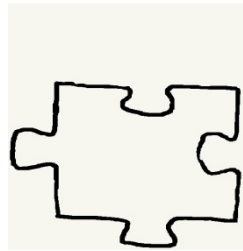
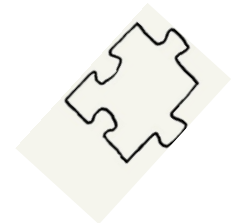
In Home Consumer Directed Services

Registration



HIT

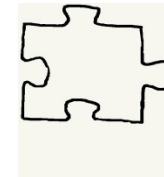
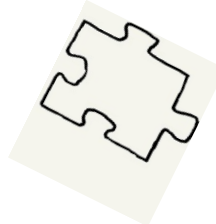
Good Cause Waiver



Screenings

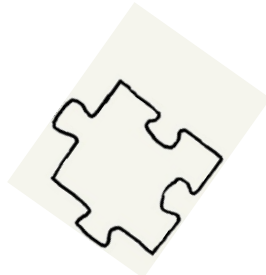
No Conditional Employment

Protection



Audit

Abuse



Finding



Documentation

FCSR REVIEW

Missouri Revised Statutes:

192.2495.1 (was 660.317)

Regulations:

19 CSR 15-8.400 (4) and (7)(B) – CDS

19 CSR 15-7.021 (19)(G) – In-Home/Registered

19 CSR 15-7.021 (24)D – In-Home/Screening

Personal Care Manual:

13.11.B (pg 189) – CDS

13.2.B (pg 157) – In-Home



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RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Bret Fischer
Acting Director



Eric Greitens
Governor

PM-17-31
VM-17-31

January 18, 2017

MEMORANDUM FOR ALL HOME AND COMMUNITY BASED SERVICES PROVIDERS

FROM: Jessica Bax, Bureau Chief
Bureau of Long Term Services and Supports

Subject: Employee Disqualification List (EDL) and Family Care Safety Registry (FCSR) Checks

This memo provides clarification regarding when and how often Home and Community Based Services (HCBS) providers are required to check the Employee Disqualification List (EDL) and Family Care Safety Registry (FCSR).

In-Home Services (IHS) 

IHS providers shall check the FCSR prior to participant contact for employees, and must obtain a Good Cause Waiver when appropriate. As a reminder, conditional employment once the Good Cause Waiver has been submitted is allowable in the IHS program. Although the state regulations do not specify how often a provider is to check the EDL or FCSR once an employee is hired, DHSS recommends the providers verify each employee with the FCSR annually. IHS providers are not required to check the FCSR quarterly.

Consumer Directed Services (CDS) 

CDS vendors shall check the FCSR prior to employment for prospective attendants, and must obtain a Good Cause Waiver when appropriate. As a reminder, conditional employment is not allowable in the CDS program. The CDS attendant may not work until the good Cause Waiver has been obtained. Although the state regulations do not specify how often a vendor is to check the EDL or FCSR once an attendant is hired, DHSS recommends the vendor verify each attendant with the FCSR annually. CDS vendors are not required to check the FCSR quarterly.

What Constitutes as a FCSR Screening

Following slides are examples of
documentation from the FCSR.

What is acceptable and what is not

Is this a FCSR Screening?



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Peter Lyskowski
Acting Director



Jeremiah W. (Jay) Nixon
Governor

Family Care Safety Registry Background Screening and Employment Eligibility System

June 02, 2016

Tracking Number:

Purchase Receipt Confirmation:

The following information has been submitted to the Family Care Safety Registry (FCSR) - BSEES for processing:

Name:

Address:

ST LOUIS MO
ST LOUIS CITY

Email:

Social Security Number: XXX-XX-

Date of Birth:

Gender: FEMALE

Amount Paid: \$12.00

Processing Fee: \$1.25

Total Amount Charged: \$13.25

Print this page and keep a copy for your records. If you are registering for employment purposes, you may take this with you to your interview. Your registration will be processed by the FCSR and a letter will be mailed or emailed to

Is this a FCSR Screening?

State Home | Forms

State of Missouri Department of Health and Senior Services

Family Care Safety Registry

2015

FCSR/BSEES Home

Registration

Good Cause Waiver

SEARCH BY REGISTRATION RESULTS

ation

al Security
e the number
rectly.

Call the FCSR
(866) 422-6872.

Web site: Registration Information

or: A Person Registered

Employer Information

Register

Social Security Number:

was found in the database.

This individual is registered with the Family Care Safety Registry (FCSR) or has recently submitted their registration information and fee and is pending processing by the FCSR. Individuals need to register only one time. **This is not a background screening.**

Eligible employers may obtain current background screening results on registered individuals, at no charge, via the Internet. To learn about requesting background screenings via the Internet, [click here](#). Employers may also request background screening results by calling the FCSR toll-free access line at (866) 422-6872 or by completing and submitting an **Employer Background Screening Request Form**.

To search for another Social Security Number:

*Indicates a Required Field

Messages

Social Security Number Found

Site Information | FAQs | Registered Links

Is this a FCSR Screening?



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Gail Vasterling
Director



Jeremiah W. (Jay) Nixon
Governor


11/10/2014

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Inquirer
Registrant:
Registrant Number:

 MOSHER CDS
ATTN: R. MOSHER

ST LOUIS, MO 63146

The Family Care Safety Registry (FCSR) received your request for a background screening on 11/10/2014. The background screening, confirmation #116938603370, conducted on 11/10/2014, indicated the following:

No finding reported in the background screening. 

The results above were confirmed by searching the following state databases that contain Missouri data only, using the above registrant's name, date of birth and Social Security number:

- Criminal history records maintained by the MO State Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/neglect records maintained by the MO Department of Social Services
- Foster parent licensure records maintained by the MO Department of Social Services
- Child care licensure records maintained by the MO Department of Health and Senior Services
- Employee Disqualification List maintained by the MO Department of Health and Senior Services
- Employee Disqualification Registry maintained by the MO Department of Mental Health

A copy of this background screening has been provided to the individual registrant. If finding(s) were indicated, you may obtain specific information about these results by contacting the FCSR toll free at 866-422-6872, or by submitting your request in writing to the Missouri Department of Health and Senior Services, Family Care Safety Registry, PO Box 570, Jefferson City, MO 65102. The request must be

Hiring Restrictions

Good Cause Waiver (GCW)

19 CSR 30-82.060 (14) & (18)

(14) – Conditional Employment

(18) – Required to request a FCSR Screening



Missouri Department of Health and Senior Services

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Gall Vasterling
Acting Director



Jeremiah W. (Jay) Nixon
Governor

03/08/2013

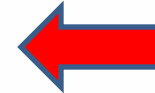
FAMILY CARE SAFETY REGISTRY
Registration Notification
Registrant Number:

ST LOUIS, MO 63112

Dear FCSR Registrant:

The Family Care Safety Registry (FCSR) has processed your registration. An initial screening was run as part of the registration process, and your results are:

Child Abuse/Neglect information is on file with the Missouri Department of Social Services



The results above were confirmed by searching the following state databases that contain Missouri data only, using your name, date of birth and Social Security number:

- Criminal history records maintained by the MO State Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/neglect records maintained by the MO Department of Social Services
- Foster parent licensure records maintained by the MO Department of Social Services
- Child care licensure records maintained by the MO Department of Health and Senior Services
- Employee Disqualification List maintained by the MO Department of Health and Senior Services
- Employee Disqualification Registry maintained by the MO Department of Mental Health

If a finding is reported, you may request the specific details or appeal the accuracy of the transfer of the information to the FCSR by submitting a written request that includes your name, address, Social Security number and/or registrant number, and signature, to the Missouri Department of Health and Senior Services, Family Care Safety Registry, PO Box 570, Jefferson City, MO, 65102, or by FAX to 573-522-6981. See 19 CSR 30-80.040 for a full statement of what such an appeal should include.

Please keep this letter as confirmation of your registration with the FCSR. This is the only time you will

JEREMIAH W. (JAY) NIXON
GOVERNOR



MARK STRINGER
DIRECTOR

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

1706 EAST ELM STREET, P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
PHONE: (673) 751-4122 FAX: (573) 751-8224
www.dmh.mo.gov

October 3, 2016



Re: *Exception Request*

Dear Ms.

On October 3, 2016, the Department of Mental Health Exceptions Committee ("Committee") considered your request for an exception from 9 CSR 10-5.190. After careful consideration of the additional information you submitted, the Committee voted to grant your request for an exception. This exception is limited to your employment at At Home Health Care, St. Louis, Missouri, and specifically to provide care for consumer . . . Should you seek to provide services to other individuals or seek different employment related to mental health services, you will need to request a new exception.

This exception becomes effective as of the date of this letter. I encourage you to maintain a copy of this letter in your files, in the event any questions arise about whether an exception has been granted.

If you have any questions, please contact me at 573-751-8202.

Sincerely,

A handwritten signature in black ink that reads "Lisa Umbach".

Lisa Umbach
Paralegal
Department of Mental Health

//

Is this a
GCW
letter?



Missouri Department of Health and Senior Services

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Gall Vasterling
Director

Jeremiah W. (Jay) Nixon
Governor

January 20, 2015

MOSHER COS

- Jeff City, MO 65102

RE: Tony Dodd
Confirmation #: 6546507022015

Dear MOSHER COS

This letter is to confirm that the Department of Health and Senior Services granted a Good Cause Waiver pursuant to the provisions and conditions of section 192.2495, RSMo, and 19 CSR 30-82.060 Hiring Restriction - Good Cause Waiver, to the above named individual and the Waiver is in good standing as of this date.

Note that this waiver applies, in the case of in-home services providers and home health providers, to the restrictions contained in section 192.2495.7, RSMo, and, in the case of personal care assistance services, to the restrictions contained in section 208.909.4, RSMo, which, in both cases extend to any negative history in any of the background checklists of the Family Care Safety Registry, section 210.900 et seq., RSMo. In the case of facility based long-term care providers, this waiver applies to the restrictions contained in section 192.2495.6, RSMo, namely the enumerated criminal offenses identified in that subsection. In all cases, while the waiver allows the individual to be hired, the ultimate decision to hire, or not to hire, a given individual remains within the business judgment of the employer who assumes the burden of risk.

Please contact Jennifer Taube if you have any additional questions at 1-866-422-6872.

Electronic Visit Verification

- Telephone Tracking System
- EVV

Mandated July 1, 2015
HCBS providers
RCF's - 2019



- Ensure that your EVV system is providing the right capabilities to be compliant with Missouri's Regs

EVV Reports

- **Make sure you can run a report that covers all the required documentation.**
- **Don't wait until an audit to run a report.**
- **See if your EVV system can convert documentation to a .pdf and save to a jump drive or CD.**
- **We don't have nor do we want access to your system, supplying adequate documentation is the responsibility of the provider.**

EVV Policy

19 CSR 15-9.200 (2)

- Produce reports that include:
 - Tasks completed
 - Participant identity
 - Beginning and ending times of service
 - Date of service in summary fashion that constitutes adequate documentation
 - Explanation of codes
 - Provider's identity
 - Aide/Attendant's identity (by name or number)
 - Document manual adjustments

Duty Sheet

Invoice Number (-) Week (12/6/2015 - 12/12/2015)

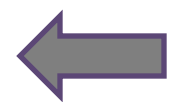
<p>Vendor Name: Moshier CDS</p> <p>Office: Jeff City</p> <p>Contract: CDS</p> <p>Coordinator: J. Smith</p> <p>Patient Number: 900003</p> <p>Caregiver: Tony Dodds</p>	<p>Patient: T. Doe</p> <p>Address: 1234 My House Ln JC MO</p> <p>Phone: (888) 888-8888</p>
---	---

Services Provided	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Week Ending: 12/12/2015					12/10		
101 - Dressing/Grooming					Y		
104 - Toileting/Continence					Y		
105 - Mobility/Transfer					Y		
106 - Asst Self Admin Meds					Y		
201 - Change/Make Beds					Y		
203 - Dishes					Y		
204 - Kitchen Surfaces					Y		
205 - Meal Prep/Cleanup					Y		
210 - Empty Trash					Y		
Time In:					18:18		
Time Out:					19:58		
Total Hours:					01:40		

Y - Duty Performed

D - Duty Refused

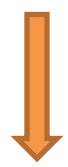
CLIENT Monthly Schedule
October 1, 2016 to October 31, 2016
For All Zones and <ALL> Types
MOSHER COS



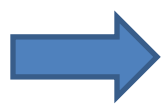
T. Doe
1234 My House
JC MO



Home #: (888) 888 - 8888
Max Hrs: NV:M/ PC:M/74.75/
Alt #:

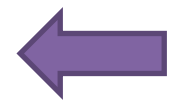


	<u>Start</u>	<u>Stop</u>	<u>Hours</u>	<u>Description</u>
Mon 10/03/16 Tasks	* 07:01 am	10:17 am	3.27	DOA Personal Care Dressing/Grooming-PC, Asst Self Admin Meds-PC, Med Related HC Tasks-PC, Change/Make Beds-HC, Clean Living Area-HC, Meal Prep/Dishes-HC, Clean Kitchen-HC, Empty Trash-HC, Clean Bathroom-HC
Tue 10/04/16 Tasks	* 07:03 am	10:18 am	3.25	DOA Personal Care Dressing/Grooming-PC, Bathing-PC, Mobility/Transfer-PC Asst Self Admin Meds-PC, Med Related HC Tasks-PC Change/Make Beds-HC, Clean Living Area-HC, Meal Prep/Dishes-HC, Clean Kitchen-HC, Clean Bathroom-HC
	* 03:24 pm	04:18 pm	0.90	DOA RN/LPN Visit



CAREGIVER Name

Tony Dodds



Tony Dodds .

Rachet (LPN)

3/1/16 12:00 AM to 3/31/16 11:59 PM

Client: T. Doe (888) 888-8888

MOSHER CDS

Caregiver

Tony Dodd

Date/Time In	Date/Time Out	Hours:Minutes	* Performed Services
3/2/16 6:02 PM	3/2/16 9:36 PM	3:35	12,13,19,21,33,34,26,30
3/3/16 6:00 PM	3/3/16 9:36 PM	3:35	12,13,19,21,33,34,26,32
3/4/16 6:01 PM	3/4/16 9:36 PM	3:35	12,13,19,21,33,34,26,27,31,36
3/7/16 6:00 PM	3/7/16 9:35 PM	3:34	12,13,19,21,33,34,26,27,35,29,31
3/8/16 6:02 PM	3/8/16 9:43 PM	3:41	12,13,14,21,33,34,26,27,26
3/9/16 6:00 PM	3/9/16 9:35 PM	3:35	12,13,19,21,33,34,26,27,26
3/10/16 6:01 PM	3/10/16 9:36 PM	3:35	12,13,19,21,33,34,26,32
3/14/16 6:01 PM	3/14/16 9:35 PM	3:34	12,13,21,33,34,26,27,35,29,31
3/15/16 6:00 PM	3/15/16 9:36 PM	3:35	12,13,19,21,33,34,26,27,26
3/16/16 6:01 PM	3/16/16 9:36 PM	3:35	12,13,19,21,33,34,26,30
3/17/16 6:00 PM	3/17/16 9:36 PM	3:35	12,13,19,21,33,34,26,32
3/18/16 6:00 PM	3/18/16 9:36 PM	3:36	12,13,19,21,33,28,28,31,36
3/21/16 6:02 PM	3/21/16 9:35 PM	3:33	12,13,19,21,33,34,26,27,35,29,31
3/22/16 6:01 PM	3/22/16 9:38 PM	3:37	12,13,19,21,36,34
3/23/16 6:00 PM	3/23/16 9:36 PM	3:35	12,13,19,21,33,34,26,30
3/24/16 6:00 PM	3/24/16 9:36 PM	3:35	12,13,19,21,33,34,26,32
3/25/16 6:00 PM	3/25/16 9:38 PM	3:38	12,13,19,21,33,34,26,28,31,36
3/28/16 6:00 PM	3/28/16 9:36 PM	3:35	12,13,19,21,33,34,26,35,27,29,31
3/29/16 6:01 PM	3/29/16 9:35 PM	3:34	12,13,19,21,33,34,26,27,25
3/30/16 6:01 PM	3/30/16 9:35 PM	3:34	12,13,19,21,33,34,26,30
3/31/16 6:01 PM	3/31/16 9:35 PM	3:33	12,13,19,21,33,34,26,32

Total

75:29

- * 12 = Dressing- Grooming
- 19 = Bathing
- 14 = Ostomy Hygiene
- 19 = Mobility- Transfer
- 21 = Medications
- 26 = Clean Bathroom
- 26 = Make Beds
- 27 = Change Linens
- 26 = Clean Floors
- 29 = Tidy/ Dust
- 30 = Laundry
- 31 = Bag Trash- Put Out
- 32 = Correspondence- Reading
- 33 = Meals prep/ Eating
- 34 = Wash Dishes
- 35 = Clean Kitchen
- 36 = Shopping- Errands

4/17/2017
11:43:18 AM

Recipient Detail Report - Page Breaks

MOSHER CDS
Date Range: 1/1/2017 - 1/7/2017

Recipient: T. Doe
1234 My House

Call Date	Caller ID	Employee Name	Services	Call Time		Hours		Dunklin (069)	
				In	Out	Actual	Accum	Billable	Units
01/01/2017	888-888-8888	Tony Dodd	HC {10, 11, 12, 13, 14, 15, 18, 19}; PC {1, 2, 3, 4, 5, 6, 7}	7:56 a	11:15 a	3.19	0.04	3.15	13.00
01/02/2017	[REDACTED]	[REDACTED]	HC {10, 11, 12, 13, 14, 15, 16, 17, 18}; PC {1, 2, 3, 4, 5, 6, 7}	8:14 a	11:29 a	3.15	0.00	3.15	13.00
01/03/2017	[REDACTED]	[REDACTED]	HC {10, 11, 12, 13, 14, 18, 19}; PC {1, 2, 3, 4, 5, 6, 7}	8:10 a	11:36 a	3.26	0.11	3.15	13.00
01/04/2017	[REDACTED]	[REDACTED]	RN (47)	10:15 a	11:00 a	0.45	0.00	1.00	1.00
01/04/2017	[REDACTED]	[REDACTED]	HC {10, 11, 12, 13, 14, 15, 16, 17, 18}; PC {1, 2, 3, 4, 5, 6, 7}	8:29 a	11:36 a	3.07	0.07	3.00	12.00
01/05/2017	[REDACTED]	[REDACTED]	HC {10, 11, 12, 13, 14, 15, 16, 17}; PC {1, 2, 3, 4, 5, 6, 7}	8:16 a	11:27 a	3.11	0.11	3.00	12.00
01/06/2017	[REDACTED]	[REDACTED]	HC {10, 11, 12, 13, 14, 15, 16, 17, 18}; PC {1, 2, 3, 4, 5, 6, 7}	8:06 a	11:17 a	3.11	0.11	3.00	12.00
01/07/2017	[REDACTED]	[REDACTED]	HC {10, 11, 12, 13, 19}; PC {1, 2, 3}	9:24 a	1:46 p	4.22	0.07	4.15	17.00
Actual Totals:						24.36	----	24.00	93.00
Accumulated Time:						----	0.51	----	3.00
Adjusted Billable Time:						----	----	----	96.00

Different Types of Reports

- Employee Payroll Report
- Billing Report
- Point of Entry Report
- Recipient Detail Report
- Electronic Duty Sheet

It's Not All About the Phone!

Different forms of EVV

- The participants telephone (land line or cell)
- Location technology (GPS)
- Affixed electronic device at the participant's location
- A biometric verification system (voice, finger print)
- Any other alternate technologies which meets the requirements

Helpful Resources

EVV Tool Kit: Resource of questions to ask your vendor regarding their system capabilities, reports, manual adjustments, record retention, etc. Tool Kit was made up by providers using EVV and what they've learned to ask. [MMAC/Providers/HCBS](#)

PCQ's(Policy Clarification Questions): Helpful questions answered by DHSS regarding HCBS policy.

[DHSS/HCBS Provider Information/Policy Clarification Questions](#)

EVV/Telephony Waiver


- DHSS allows for participants to “Opt Out” of using EVV/Telephony. The caveat to this option is that the participant needs to state why they are refusing.
- Also, as the provider, you are not to guide the participant or have them sign a waiver and that be the end of it.
- As a provider, you need to encourage participants who have “Opt Out” to try and use the EVV on a regular basis
- “I don’t want to” is also not an appropriate “Opt Out” reason to not use EVV/Telephony. They have to have a legitimate reason to refuse.

Telephony Waiver

I, _____, refuse the telephony reporting system services because:

_____ I do not have a land-line phone.

_____ I only have a state and/or minute phone.

 _____ I Just do not want to be bothered; too confusing.

Consumer Name

Date

Really Wonderful Home Care, Rep

Date

Reporting Requirements

19 CSR 15-9.200(3)(C)

Where do you document the justification of manual modifications, adjustments or exceptions?

Does your EVV reports distinguish if the EVV documentation was a manual/adjusted entry done by the provider?

Manual Adjustments

- Your system needs to notate when a manual adjustment is done, what was changed and why?
- There should also be back up documentation to substantiate the adjustment.
- Make sure you have a policy in place that covers how manual adjustments will be handled.

Manual Timesheets vs Adjustment Documentation

- When a participant refuses to utilize EVV, then a manual timesheet is to be used and filled out **COMPLETELY** (tasks, date, time, signatures, etc.)
- If the participant **IS** utilizing EVV but an error occurred with clocking in/out or documenting tasks, then the provider may use an Adjustment sheet. This document needs to be able to state what was adjusted in the EVV system and why the error occurred.

(Participant, Aide, Date, Corrected Item, Why)

CDS Groupings

As of right now you can still use the six grouping in CDS as tasks delivered:

(Personal Care, Toileting, Health, Housekeeping, Meals, Transportation)

But Be Aware

Regs are in the process of being updated to state “all tasks as listed in Cyber Access”

The individual tasks listed under each category listed above.

Frequent Issues with EVV

1. Provider doesn't have an EVV Vendor
2. EVV only documents time in/out
3. Provider billing off the aide's work schedule
4. Personnel not properly trained on usage (tasks no being documented, unable to clock in/out accurately)
5. Unable to run or have reports that qualify as "adequate documentation"
6. Manual adjustments having rounded clock times (doc: 1pm-4pm, actual: 1:05 – 4:02)

Is the EVV Rule Going Away Anytime Soon?

21st Century Cures Act

- Requires state Medicaid Programs to implement EVV or face a financial penalty
- Mandates use of EVV in Medicaid Personal Care and Home Health Services
(PC starting in 2019; HH in 2023)

Best Practices

- Have a process to document completion of incomplete or invalid EVV entries. do you just accept the aides reason why EVV entry is incomplete? Verified with participant?
- Develop a process for “manual adjustment”
- Manage invalid entries frequently; re-train those who need it.
- Develop a process to ensure that tasks are being delivered in accordance with care plan
- Utilize all the resources available: DHSS, MMAC, MO HealthNet

(Newsletters, Provider Bulletins, Manuals, Billing Workshops)

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