Missouri Medicaid Audit & Compliance

Consumer Directed Program Review



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mmac.ihscontracts@dss.mo.gov

CONSUMER PROGRAM OVERVIEW



What IS Consumer Directed Services?

Missouri's state Medicaid program, referred to as MO HealthNet, offers a consumer directed personal care program. With Consumer Directed Services (CDS), also referred to as self-directed care, eligible applicants can hire, train, and supervise the individual(s) they choose to provide their personal care.

Family members can be hired to provide care. An exception are spouses and legal guardians.

What IS CDS? (cont.)

This personal care program is administered by the Division of Senior and Disability Services, a division of Missouri Department of Health and Senior Services (DHSS), and is available state wide.

Missouri Medicaid Audit and Compliance (MMAC) processes the contracts and MO HealthNet enrollments for CDS providers.

What IS CDS? (cont.)

While this program is not limited to the elderly, it does assist seniors who are unable to perform routine daily activities due to illness, such as cancer or kidney failure. Assistance is provided with daily living activities including toiletry, mobility, cooking, and light housekeeping.

CDS appeals to younger disabled individuals because the services can be provided by a qualified family member, though not a spouse. The time of service delivery is determined by the consumer and the attendant may transport the consumer.

What IS CDS? (cont.)

The attendant is NOT the employee of the CDS vendor/provider but the employee of the consumer.

Vendor/providers bear the responsibility of training the consumer.

Any issues concerning attendant screening, time keeping, taxes being paid under the consumer's EIN and repayment of funds to the state will be the responsibility of the vendor/provider.

Main Responsibility of a CDS Provider

The care of the client, participant, consumer, what ever term you use; their care is your #1 priority.

Where do I get information on how to be a CDS Provider?

MMAC.MO.GOV – under Proposal for Contract CDS General Information

<u>Information that can be found:</u>

- Program Requirements
- State Regulations (CSR)
- Personal Care Provider Manual
- State Statutes (RSMo)

REGULATIONS - CSR

As a CDS provider you are held accountable to the Missouri Code of State Regulations along with CDS Program Requirements

- 19 CSR 15-8.100 through .500 CDS
- <u>19 CSR 30-82.060</u> Hiring Restrictions
- <u>13 CSR 70-3.020</u> Title XIX Provider Enrollment
- 13 CSR 70-3.030 Sanctions for False & Fraudulent Claims to MO HealthNet

CDS Program the Numbers State Wide

- CDS Clients per county
- CDS Vendors per county
- CDS Vendors to Client

Commonly Used Acronyms

DHSS Department of Health & Senior Services

DSDS Division of Senior & Disability Services

DSS Department of Social Services

MHD MO HealthNet Division

MMAC Missouri Medicaid Audit & Compliance

CSR Code of State Regulations

RSMo Revised Statutes of Missouri

FCSR Family Care Safety Registry

EDL Employee Disqualification List

GCW Good Cause Waiver

The DEPARTMENTS

DHSS

Department of Health & Senior Services

DSS

Department of Social Services

DSDS

Division of Senior & Disability Services

MMAC

Missouri Medicaid Audit & Compliance

MHD

MO HealthNet Division

How We All Work Together

MMAC – Contract / Enrollment

https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/

DHSS/DSDS – Participant Care

https://health.mo.gov/seniors/hcbs/

 DSS/MHD – Billing / Claims processing

https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm

MMAC
Proposal/Approved
Enrollment/Changes per Provider
www.mmac.mo.gov



MHD eMOMED

Billing, Claims, and Education

www.dss.mo.gov



DSDS

Cyber Access

Set Policies and Participant Care

www.health.mo.gov

Proposal Submission & Process



Proposals

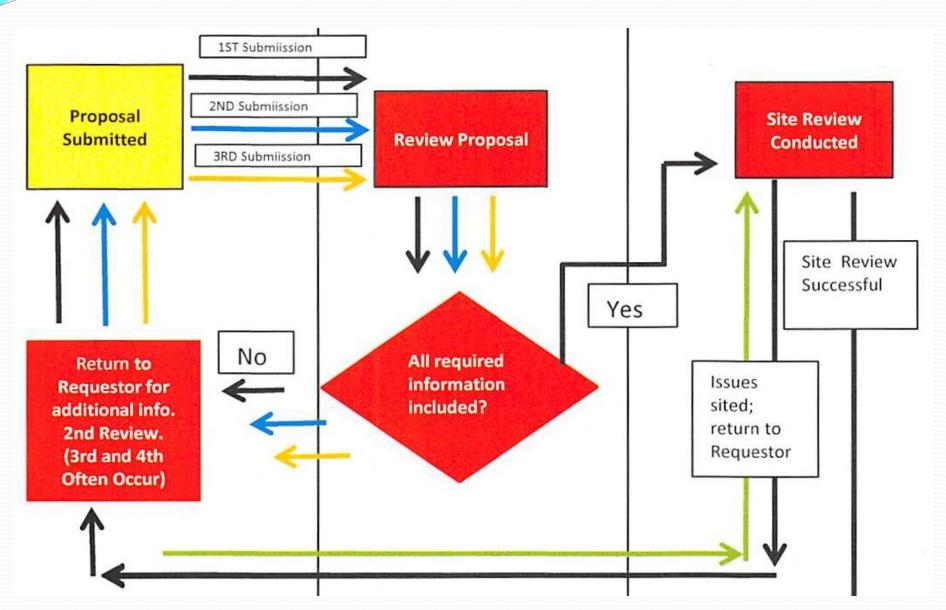
Make sure that you are submitting a <u>COMPLETE</u> proposal

 Use the checklist on the Proposal for Contract

https://mmac.mo.gov/wp-content/uploads/sites/11/2019/05/CDS-PROPOSAL-CHECK-LIST.pd .pdf

Make sure you have included everything on the checklist and that you are sending the documentation requested.

Proposal Process



Proposal is Approved

Approved Proposal

- Medicaid Enrollment forms are sent to the provider
- Notification of Site Visit
- Application fee paid

Site Visit

- MMAC representative will come to the office; go over the checklist and take pictures
- Once back in the office; site visit checklist and pictures will be reviewed and processed
- Notification of any follow up needed will be sent out

Contract

- Provider Agreement mailed out
- Provider will fill out paperwork and send back the signed agreement along with the requested notarized work affidavit and E-Verify Signature Page)
- MMAC will process the paperwork; finalize the enrollment
- Will mail out the signed contract along with a Welcome letter

Proposals

- Make sure forms are filled out Correctly and Completely (information where asked, signed and dated)
- Policies and Procedures meet submission requirements
 - Have you followed the submission requirements listed on the website? Are your policies numbered? Are the headers there? Did you sign them? Etc.

https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/contract-proposal-information/

Purchased Proposals

Even though there isn't a rule stating that you cannot buy your proposal -

The proposal you are submitting is for YOUR business; the whole purpose of the proposal process is to see that you understand the program, its requirements, and the rules and regulations that apply it.

Proposals – Legal Business Name

- Use the Legal Business Name throughout
- When you register with the IRS; that is your legal business name and structure.
- That legal name and structure must be used throughout the registration process and must all match each other.
 - IRS letter
 - Business Org. Structure
 - MO Secretary of State Office
 - MO Dept. of Revenue
 - Legal Business name use on all forms submitted with proposal.

Example:

- ABC Home Health Care LLC IRS Letter
- ABC Homehealth Care MO Dept. of Rev
- A B C Home Healthcare Vendor No Tax Due

LLC:

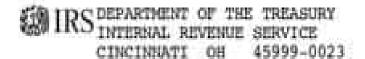
ABC Home Health Care

Cindy Werdehausen – Sole Member

Sole Proprietor:

Cindy Werdehausen

ABC Home Health Care



PARTNERS LLC MATTHEW HORWITZ MBR Date of this notice: 12-06-2016

Employer Identification Number:

Hores co. /

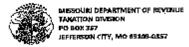
Number of this notice: CP 575 H

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

Example of registration for LLC

This is what a Registration letter looks like



MISSOURI BUSINESS TAX REGISTRATION

Defe: 03/21/2018

k kall	Med	عماس	

Telephone: (572) 761-6980 Fax: (573) 522-1722 Emzii: businestavraptater@dor.mo.gov

The Department of Revenue received your Missouri tex registration application. You have been registered with the Department for the following account type(e) besed on the information; you provided on your application. You must report each tex or fee on the Iffing (requestry Indicated.

* Account Type	7D	 Begin Date:	Filing Frequency
#MPLOYER WITHHOLDING TAX	MOID	 10/01/2018	ANNUAL

Use the Missouri Tax ID Number and PIN Isted above when corresponding with the Department concerning your business and when filling any return or report. This is a Missouri Tax ID Number and does not replace your Federal Employer Identification Number or only registration number issued by the Missouri Secretary of State or Missouri Department of Labor and Industrial Relations.

The Department will provide you the applicable forms to file your return(s). If you do not receive a reporting form, cownload blank returns at http://doi.org/gov/forms/.

For information regarding electrorist filing your return(s), visit:

https://mytex.mo.gow/rptty/portal/home/fileenripsybusinesetexesonline. Electronio filing is evallable 24 hours a day, 7 days a week. Your tex return information is transmitted over secure thes to ensure confidentially.

If you require additional information, contact the Taxation Division of the phove address, telephone number, or a-mail.

Enclosure

OROVIDER ENROLLMENT

127 38 7 ...

RECEIVED

TAXATION DIVISION P O BOX 3666 JEFFERSON CITY NO 65105-3666



FLORISSANT NO

MAR 2 & 2019

MAR 2 MAAC

PROVIDER ENROLLMENT

November 26, 2018

RE: MISSOURI TAX ID MUMBER: FEDERAL INENTIFICATION MUMBER:

Dear Sir or Madam:

Thank you for contacting the Department of Revenue. This is in response to your request for a Vendor No Tax Due in accordance with House Bill 600, Section 34,040.7 RBNo.

Enclosed please find the requested Vendor No Yaz Duo.

If you require additional information, please feel free to contact us at the shove address or telephone number.

TAIATION DIVISION

DB rDU3482

Enclosure

CBN045 201833000300156

This is the cover letter to the Vendor No Tax Due

This is what I receive the most in proposals instead of the MO Dept. of Rev Registration Letter

HIPAA



HIPAA

Health Insurance Portability and Accountability Act of 1996

Federal Legislation that provides data privacy and security provisions for safeguarding medical information.

HIPAA - Office Requirements

- Office space dedicated solely to your provider
- Privacy
- Office with a door / not located in a common area
- Lock on file cabinets and door
- Safe guard to secure medical & personal information.
- NO VIRTUAL offices

Guidance



Guidance

TRUE or FALSE

When you have a question about a policy, procedure, screening or billing question, it's good idea to ask your friend who is also a HCBS provider or maybe the other CDS that's just down the hall.

Guidance

- If you don't know, ask someone; but don't ask just anyone.
- Know which department/division you need to pose your question to.
- Have your Legal Name and NPI at hand when emailing or calling with your question. Being prepared helps you and the person trying to assist you.

Screenings





Background Screenings FCSR

Family Care Safety Registry

EDL

Employment Disqualification List

FCSR

- Must Screen all employees and attendants prior to hire (yes, even those who will work in the office)
- Screen against all aliases and SSNs they disclose on their employment application
- DHSS recommends that FCSR screenings of employees be done on an annual basis (PM-VM 17-31)
- If there is a finding on the FCSR, it is the provider's responsibility to verify if the finding is a disqualifying factor, not MMAC's.

Information Reported in the FCSR Background Screening

- Open Missouri Criminal History Records
- Sex Offender Registry
- Child Abuse/Neglect Records
- Department of Health and Senior Services (DHSS)
 Employee Disqualification List
- Department of Mental Health (DMH) Employee
 Disqualification Registry
- Child Care License Revocations
- Foster Parent License Denials, Revocations, Suspensions

Hiring May be Restricted

- Disqualifying criminal offenses are found in 192.2495
 RSMo.
- A listing has been compiled and posted on the MMAC website

https://mmac.mo.gov/providers/provider-enrollment/homeand-community-based-services/fcsr-for-in-home-and-consumerdirected-services/

 To determine if a criminal offense disqualifies an inhome or consumer directed services worker from employment, compare the listing with the RAP sheet. All potential contractors must submit a proposal outlining their business practices and demonstrating an ability to serve the needs of the populations served by DHSS. Home and community based care providers must also make assurances regarding compliance with applicable federal and state laws, regulations, and orders relative to the provision of services.

NOTE: Currently enrolled In-Home Services (IHS) and Consumer-Directed Services (CDS) providers' participation agreements are valid for five (5) years. This is consistent with re-validation requirements. Most currently enrolled IHS and CDS providers have a renewal date of June 30, 2019. Providers can check the date by looking at their copies of the participation agreements.

The information provided on this site is intended as a resource for current home and community based care providers and potential contractors. You may click on any of the links listed to obtain additional information.

- CDS Quarterly Reports-July 2019
- Electronic Visit Verification (EVV)
- In-Home Services & Consumer Directed Services Proposal Information
- HCBS Provider Revalidation
- Application Fee Information
- Information Sheet: HCBS Setting Requirements
- Provider Self Assessment HCBS Setting Requirements 🚆
- Initial Provider Survey Results HCBS Setting Requirements 🚆
- Provider Certification Training & Provider Update Meetings
- Provider Contracts Forms
- Reassessment Packet
- · Adult Day Care Waiver Services
- Residential Care Facility / Assisted Living Facility Packet
- DMH Providers Reporting ISL Variance
- CDS Audit Guidance
- FCSR for In-Home and Consumer Directed Services
- EVV Tool Kit



Home About MMAC Providers Participants Fraud, Waste & Abuse Contact Us

FCSR FOR IN-HOME AND CONSUMER DIRECTED SERVICES





HB1350 was enacted into law as section 192.2495 RSMo effective August 28, 2018.

Providers are responsible for ensuring aides are registered with the Family Care Safety Registry (FCSR), that screenings are done at the time of hire and before any contact with a participant, and an application for a Good Cause (GCW) has been submitted, if applicable. It is also a good business practice to check the FCSR annually. Documentation of the FCSR screening and GCW, if applicable, must be maintained by the provider for five years and be readily available when requested by MMAC. One suggested way of documenting the decision is to make a note on the screening with the date and name of the person that reviewed the information.

Under section 192.2495, not every finding (hit) requires a GCW. For example, local ordinance violations, misdemeanor DWIs, and most other misdemeanors do not require a GCW. Even if the crime is not listed below and is considered a lesser crime, the provider may choose not to hire an applicant. Most court reports list the state statute that was violated under the headings "State Code" and "Statute Citation". Comparing the state statute found on the report to the list below will help guide the provider in deciding if a GCW is required.

Per section 192.2495 RSMo, anyone who has been found guilty, plead guilty, or plead nolo contendere to any **felony** violations under the RSMo sections listed below must obtain a GCW.

Disqualifying Factors FCSR 🙆



- 568.045 Endangering the welfare of a child in the first degree
- 568.050 Endangering the welfare of a child in the second degree
- 568.060 Abuse or neglect of a child
- 568.175 Trafficking in children
- 570.025 Robbery in the second degree

DISQUALIFYING FACTORS 192.2495.7			
Criminal Violations	Crime Class	RSMo Section	Conditional Emp Allowed
Abusing an individual through forced labor	A or B Felony	566.203	No
Abuse or neglect of a child	Any Felony	568.060	Yes
Aid in escape of prisoner	Any Felony	575.230	Yes
Arson in the first degree	A or B Felony	569.040	No
Arson in the second degree	B Felony	569.050	No
Assault in the first degree	A or B Felony	565.050	No
Assault in the second degree	B Felony	565.052	No
Burglary in the first degree	B Felony	569.160	No
Child kidnapping	A Felony	565.115	No
Child molestation in the first degree	A Felony	566.067	No















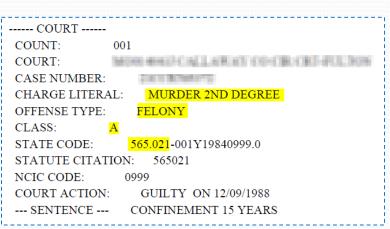






Hiring May be Restricted

- When comparing the listing of disqualifying offenses with the RAP sheet, refer to the COURT section of each cycle.
 - Look at the CHARGE LITERAL
 - Look at the OFFENSE TYPE
 - Look at the CLASS
 - Look at the STATE CODE or STATUTE CITATION



Criminal Violations Listed Below:	Crime Class	RSMo Section
Murder in the second degree	A Felony	565.021



Hiring May be Restricted

- When comparing the listing of disqualifying offenses with the RAP sheet, refer to the COURT section of each cycle.
 - Look at the CHARGE LITERAL
 - Look at the OFFENSE TYPE
 - Look at the CLASS
 - Look at the STATE CODE or STATUTE CITATION

COUNT: 001
COURT:
CASE NUMBER:

CHARGE LITERAL: ASSAULT 2ND DEGREE

OFFENSE TYPE: FELONY

CLASS: C

STATE CODE: <mark>565.060</mark>-001Y19841399.0

STATUTE CITATION: 565060

NCIC CODE: 1399

COURT ACTION: GUILTY ON 02/03/2009

Criminal Violations Listed Below:	Crin	e Class RS	Mo Section
Assault in the second degree	B Fe	lony 56	5.052

Hiring May be Restricted



- When comparing the listing of disqualifying offenses with the RAP sheet, refer to the COURT section of each cycle.
 - Look at the CHARGE LITERAL
 - Look at the OFFENSE TYPE
 - Look at the CLASS
 - Look at the STATE CODE or STATUTE CITATION

---- COURT -----COUNT: 001 COURT-CASE NUMBER: CHARGE LITERAL: THEFT-\$500/MORE-LESS \$25000 OFFENSE TYPE: FELONY CLASS: STATE CODE: 570.030-009Y20022399.0 STATUTE CITATION: 570030 NCIC CODE: 2399 COURT ACTION: GUILTY ON 08/11/2008

Criminal Violations Listed Below:	Crime Class	RSMo Section
Stealing / Theft	Any Felony	570.030

Questions Regarding a Finding

You've done the screening, verified the criminal finding against the list and you're not sure or have questions

MMAC – Provider Review Randy Mosher 573-751-3399

EDL

• RSMo 192.2490

Do Not Hire anyone listed on the EDL

 Check against the EDL prior to hire and every quarter

https://health.mo.gov/safety/edl/index.php

OIG LEIE

Office of Inspector General (OIG)

List of Excluded Individuals/Entities (LEIE)

http://exclusions.oig.hhs.gov/

CDS Program Requirements 5.2

OIG LEIE – screen all employees and attendants must be screened monthly.

Taxes



TAXES – Basic Need to Know

- Obtaining Federal, State and Local Employer Identification Numbers (EIN) on new and transferring Consumers
- Reporting new hires to the state of Missouri
- Filing quarterly and yearly taxes
- Closing a CDS Customer/Consumer
- Tax forms are always changing watch for updates https://mmac.mo.gov/providers/hcbs-provider-certification-training/annual-provider-update-meeting/ Tax presentation on MMAC website

TAXES

FORMS VENDORS NEED ON EACH NEW CONSUMER FEDERAL

SS-4 Application (Federal EIN)

Form 2848 POW & Declaration of Rep

Form 2678-Appoint of Agent

STATE

Form 2643A-MO Tax Registration (State EIN)

Form 2827-Power of Attorney

Local/City (Kansas City & St. Louis)

What Taxes Do You File?

- Federal 941 quarterly or federal 944 annually
- MO 941 quarterly or annually
- Division of Employment Security Contribution and Wage Report - all quarterly
- Local Quarterly Taxes (Kansas City & St. Louis)
- W3/W2 annually
- MO W₃ annually
- Local Annual Reconciliation (Kansas City & St. Louis)

Reminder - Taxes

- As a CDS vendor it is YOUR responsibility to make sure that taxes are filed and paid in a timely manner
- Taxes are filed under the Consumer's EINs and not the provider/vendor's EINs
- If a consumer decides to leave your CDS and go with another one, their EIN goes with them; it is NOT yours to keep.

Employment Security

Here are some of the main items they want you to know

- https://uinteract.labor.mo.gov/benefits/home.do
- Encourage you to use the Contribution and wage reports and paying online at <u>Uinteracti@labot.mo.gov</u>.
 For more information on the file format call Danielle Childs 573-751-3422 or Dot Pfeiffer 573-751-2271
- Remember to get all your clients reports and payments in a timely manner to stay in compliance

INVESTIGATIONS

75% of all referrals to the Investigations Unit Involve CDS Vendors

FRAUD

• This is when an individual or organization intentionally falsifies information for financial gain. One of the most common examples is a provider submitting claims to a payer for services never performed.

MEDICAID FRAUD:

- RSMo 191.905
- No health care provider shall knowingly make or cause to be made a false statement or false representation of a material fact in order to receive a health care payment.

For Providers:

• The provider should not submit claims solely on the basis of the prior authorization, but must base claims upon documentation of actual services rendered.

Do Not Bill Off the Care Plan

Overlapping Services

- If you bill for services while the participant is in the hospital or otherwise not receiving services, you may be guilty of stealing.
- Do not bill for services when the participant has died. (That is stealing and fraud)

Some Examples of Fraud

- Overcharging for services provided
- Charging for services NOT provided
- Accepting bribes or kickbacks for referring clients
- Incentives for retain clients
- Rendering inappropriate or unnecessary services

Examples of Kickbacks

Offering cash, goods or service to perspective clients to switch / to clients to stay / to attendants for referrals (cut grass for free is they stay or to have them switch)

Contact Information

MMAC FRUAD HOTLINE: 573-751-3285

MMAC FRAUD EMAIL:

MMAC.ReportFraud@dss.mo.gov

Policy Questions can be directed to:
Bureau of Program Integrity via email progamintegrity@health.mo.gov
or by phone 573-526-8557

Provider Review Team - HCBS



Consumer Directed Services (CDS) program audit

- Documentation
- Family Care Safety Registry (FCSR)
- Taxes
- Electronic Visit Verification (EVV)

CDS Providers



Additional Provider Responsibilities

- Collecting time sheets or reviewing reports of delivered services and certifying the accuracy thereof
- Medicaid reimbursement process, including billing of claims, paying the attendant on behalf of the consumer and filing the appropriate taxes
- Monitoring the performance of the care plan and the utilization of units.

If the consumer can no longer self direct; it is your responsibility to let DSDS know, so they can transition into another program.

Remember ensuring the client receives the care they need is your top priority.

EVV (Electronic Visit Verification

HCBS providers are required to have EVV

- State law, went into effect July 1, 2015
- No exceptions
- 19 CSR 15-9 Regulations

https://www.sos.mo.gov/CMSImages/AdRules/csr/current/19csr/19c15-9.pdf

The state of Missouri doesn't have a list of EVV vendors, we allow for the provider to decide what system works best for them.

Make sure that the vendor you chose can meet all the requirements listed in the regulations.

https://mmac.mo.gov/wp-content/uploads/sites/11/2017/09/EVV-TOOL.pdf

CHANGE REQUEST FORM

As a HCBS provider you are required to submit a Change Request form along with any requested documents/forms listed when you request a change.

Changing Banking Accounts

Must submit EFT form

DO NOT close the current account until a deposit has been made into the new account or your payments will be delayed.

MMAC - FORMS

- CHANGE REQUEST
- EFT
- VENDOR INPUT
- BOS (Business Organization Structure)
- VENDOR PROFILE
- SAC (Service Area Commitment)
- CDS ASSURANCES

https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/provider-contracts-forms/

Keep These In Your "Favorites"

Use the reference material at your disposal from DSS, MMAC and DSDS.

MO Health Net Fee for Service Page

https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm

MMAC website – HCBS providers

https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services

DSDS – Provider Memo's / PCQs

https://health.mo.gov/seniors/hcbs/pdf/pcq.pdf

CDS Program the Numbers State Wide

• CDS Clients per county

CDS Vendors per county

CDS Vendor to Client

THANK YOU

Contact Info:

Cindy Werdehausen MMAC Contracts Unit

Please send emails to

mmac.ihscontracts@dss.mo.gov