

# Missouri Medicaid Audit & Compliance

## Consumer Directed Program (CDS) Orientation



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[mmac.ihcontracts@dss.mo.gov](mailto:mmac.ihcontracts@dss.mo.gov)

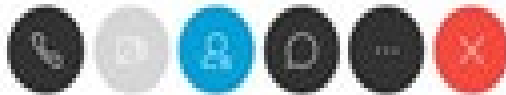
# Housekeeping

- The presentation will be easier to follow if you make your view “full screen”
- You may submit questions using the CHAT option. Send questions to the “Panelists”; they will be the moderators for this training
- After each section, we will take a few minutes to answer questions submitted via CHAT Box



# Housekeeping

- If you get disconnected, you click on the telephone button or “Audio” and then click connect.



- We will be taking two breaks during the training to allow people to get up and move around, bathroom, stretch, etc.



# Topics covered today

- Consumer Program Overview
- Proposal Submission/Process

BREAK

- HIPAA/Office Space
- Guidance
- Screenings

- Taxes

BREAK

- MMAC Investigations
- Provider Review-EVV
- CDS Providers – Keys to Success
- Certificates

# 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. Consumer Directed Services (CDS), also referred to as self-directed care, allows eligible applicants to 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 or legal guardian. 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 are 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.

# Commonly Used Acronyms

<b>DHSS</b>	Department of Health & Senior Services
<b>DSDS</b>	Division of Senior & Disability Services
<b>DSS</b>	Department of Social Services
<b>MHD</b>	MO HealthNet Division
<b>MMAC</b>	Missouri Medicaid Audit & Compliance
<b>CSR</b>	Code of State Regulations
<b>RSMo</b>	Revised Statutes of Missouri
<b>FCSR</b>	Family Care Safety Registry
<b>EDL</b>	Employee Disqualification List
<b>GCW</b>	Good Cause Waiver
<b>EVV</b>	Electronic Visit Verification



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

MMAC.MO.GOV – under Proposal for Contract

## CDS General Information

<https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/contract-proposal-information/consumer-directed-services-general-information/>

### Information that can be found:

- Program Requirements
- State Regulations (CSR)
- Personal Care Provider Manual
- State Statutes (RSMo)-August 2020 Updates (208.900 - 935)



# 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
- 19 CSR 30-82.060 – Hiring Restrictions
- 13 CSR 70-3.020 – Title XIX Provider Enrollment
- 13 CSR 70-3.030 – Sanctions for False & Fraudulent Claims to MO HealthNet
- 13 CSR 70-3.320 - EVV



# CDS Program Statistics

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

# Currently Enrolled CDS

1183 – Currently enrolled CDS providers

918 – Have consumers

540 – Have 10 or more consumers

265 of the 1183 – NO CONSUMERS

378 – have less than 10 consumers

(making enough to keep the doors open)





# The DEPARTMENTS

DHSS

Department of Health  
& Senior Services



DSDS

Division of Senior &  
Disability Services

DSS

Department of Social  
Services



MMAC

Missouri Medicaid  
Audit & Compliance

MHD

MO HealthNet  
Division





# How We All Work Together

- **MMAC – Contract / Enrollment / Provider Review/Investigations**

<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/Provider Review/Invest.  
[www.mmac.mo.gov](http://www.mmac.mo.gov)



MHD  
eMOMED  
Billing, Claims, and  
Education  
[www.dss.mo.gov](http://www.dss.mo.gov)



DSDS  
Cyber Access  
Set Policies and Participant  
Care  
[www.health.mo.gov](http://www.health.mo.gov)

# QUESTIONS



# Proposal Submission & Process





# Proposals

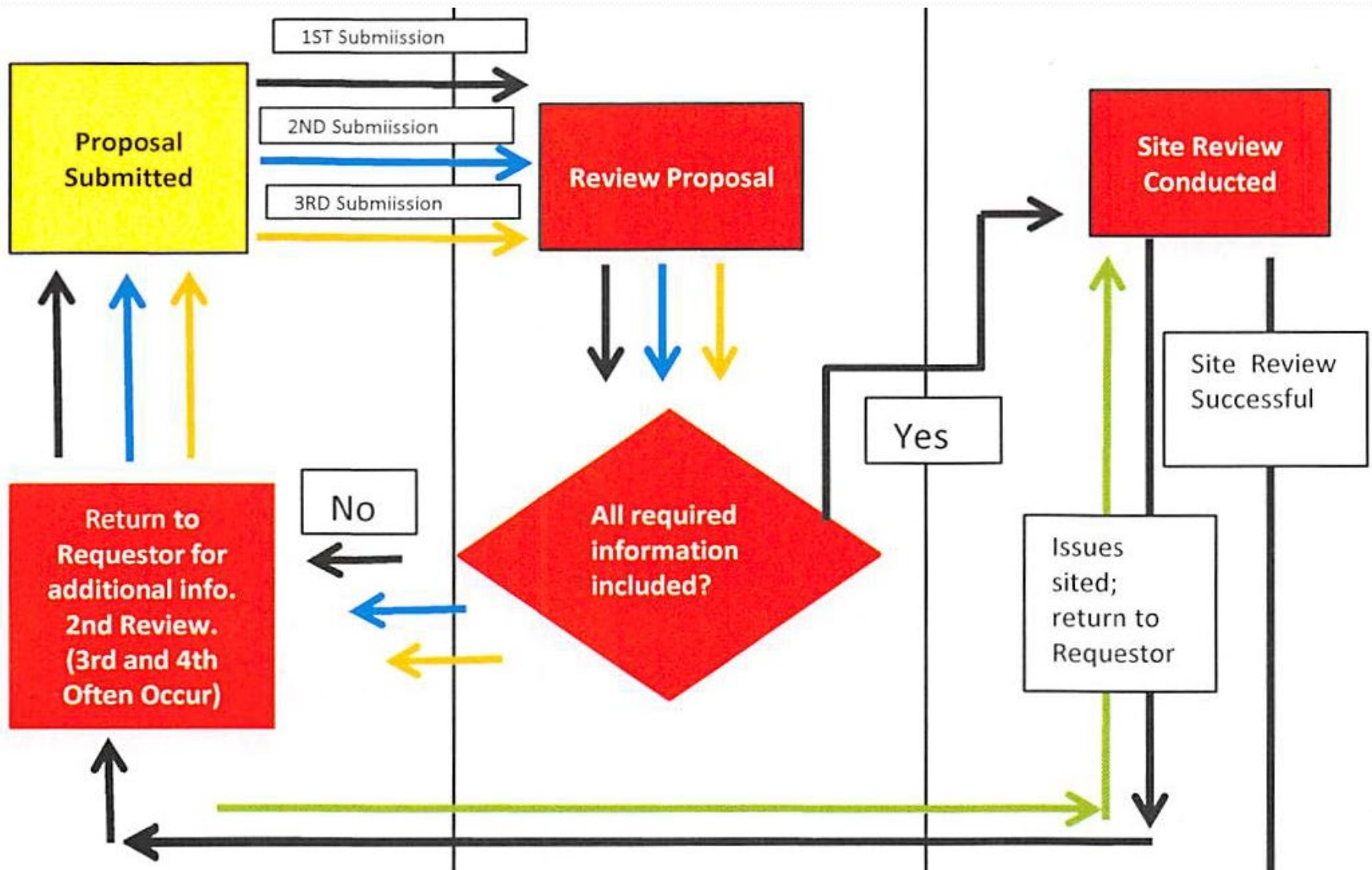
Make sure that you are submitting a COMPLETE proposal

- Use the checklist on the Proposal for Contract

<https://mmac.mo.gov/wp-content/uploads/sites/11/2019/05/CDS-PROPOSAL-CHECK-LIST.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 set a time for a virtual or in person visit and go over the checklist
- Once the site visit is completed, any additional pictures or documentation will be reviewed and processed
- Notification of any follow up needed will be sent out

## Contract

- Provider Agreement emailed to the business email address
- Provider will fill out paperwork and send back the signed agreement along with the requested Box B notarized work affidavit and E-Verify Signature Page)
- MMAC will process the paperwork; finalize the enrollment
- Will email 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 to 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

NOTE- If **LLC** or **Inc** is NOT in the name on the IRS letter do not list it when registering with other entities or on your enrollment forms.

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 12-06-2016

Employer Identification Number:  
81-██████████

Form: SS-4

Number of this notice: CP 575 B

PARTNERS LLC  
MATTHEW HORWITZ MGR

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

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

# Example of Proof of Federal EIN



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
PO BOX 357  
JEFFERSON CITY, MO 65105-0357

Date: December 26, 2019

## MISSOURI BUSINESS TAX REGISTRATION

Notice Number:

Telephone: (573) 751-5860  
Fax: (573) 522-1722  
Email: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

The Department of Revenue received your Missouri tax registration application. You have been registered with the Department for the following account type(s) based on the information you provided on your application. You must report each tax or fee on the filing frequency indicated.

Account Type	ID	PIN	Begin Date:	Filing Frequency
EMPLOYER WITHHOLDING TAX				QUARTERLY

Use the Missouri Tax ID Number and PIN listed above when corresponding with the Department concerning your business and when filing any return or report. This is a Missouri Tax ID Number and does not replace your Federal Employer Identification Number or any 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, download blank returns at <http://dor.mo.gov/forms/>.

For information regarding electronic filing your return(s), visit:  
<https://mytax.mo.gov/rtp/portal/home/fileandpaybusinesstaxesonline>. Electronic filing is available 24 hours a day, 7 days a week. Your tax return information is transmitted over secure lines to ensure confidentiality.

If you require additional information, contact the Taxation Division at the above address, telephone number, or e-mail.

Enclosure

Proof of MO  
Tax ID  
(MO ID)

TAXATION DIVISION  
P O BOX 3666  
JEFFERSON CITY MO 65105-3666



*Missouri*  
DEPARTMENT OF REVENUE

Telephone: (573) 751-9268  
Fax: (573) 522-1265  
E-mail: [taxclearance@dor.mo.gov](mailto:taxclearance@dor.mo.gov)

FLORISSANT MO

November 26, 2018

RE: MISSOURI TAX ID NUMBER:  
FEDERAL IDENTIFICATION NUMBER:

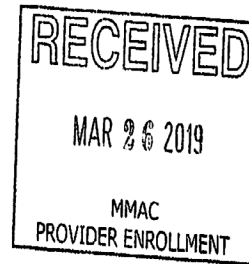
Dear Sir or Madam:

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 RSMo.

Enclosed please find the requested Vendor No Tax Due.

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

TAXATION DIVISION



# Example of Unacceptable Proof of MO Tax ID

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

# QUESTIONS



A conceptual image for HIPAA privacy. A hand holds a magnifying glass over a document. The word 'HIPAA' is written in large, bold, blue letters at the top. The word 'Privacy' is written in a large, italicized, black script font at the bottom. The background is a light blue gradient with a white geometric shape in the top left corner.

# HIPAA

*Privacy*





# 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

# Office Days/Hours of Operation

- Regulation does not state exactly the amount of time a HCBS provider is required to be open
- MMAC / DHSS-DSDS use the Reasonable Standard

Reasonable standard is defined as at least three (3) days per week (between Monday – Friday) for a minimum of four (4) hours per each day (between 8:00am – 5:00pm)

Example:

Mon, Wed, Fri: Noon – 4:00 pm – ACCEPTABLE

Mon, Wed, Fri: 10:00am – Noon – NOT ACCEPTABLE

Tue, Thur, Sat: 8:00am – Noon – NOT ACCEPTABLE



# HIPAA VIOLATIONS

- Gossiping/Sharing PHI
- Improper disposal of records
- Loss or theft of devices
- Keeping unsecured records
- Lack of employee training
- 3<sup>rd</sup> Party discussion - (others hearing your conversations)



# HIPAA

- Taking client information from one provider and giving that information to another is a violation.
- Consumer EIN's do **not** belong to the CDS provider. Providing the consumer with THEIR EIN's is not a violation. **IT IS a violation** when a CDS Vendor does not make the EIN available to a client who is transferring to another agency.

# HIPAA – Civil Penalties

- **Did not know; exercised diligence:**

\$100-\$50,000 per violation up to \$1.5 mil per year

- **Violation had reasonable cause but not willful:**

\$1000-\$50,000 per violation up to \$1.5 mil per year

- **Violation was due to willful neglect but corrected:**

\$ 10,000-\$50,000 per violation up to \$1.5 mil per year

- **Violation was due to willful neglect and not corrected:**

\$50,000 per violation up to \$1.5 mil per year

# HIPAA – Criminal Penalties

- **Unknowingly or with reasonable cause:**

Up to ONE year jail sentence

- **Under false pretenses:**

Up to FIVE years jail sentence

- **For personal gain or malicious reasons:**

Up to TEN years jail sentence

# QUESTIONS





# 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 assisting you.



# Guidance

- Review your proposal that you submitted, particularly your policies and procedures. 80% of the time the questions being asked are in the policies and procedures you submitted.
- Utilize the resources available to HCBS Providers

Slides with website will be covered later in this presentation

# QUESTIONS



# 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/home-and-community-based-services/fcsr-for-in-home-and-consumer-directed-services/>

- To determine if a criminal offense disqualifies an in-home or consumer directed services worker from employment, compare the listing with the RAP sheet.

# 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: MISSOURI JUDICIAL CIRCUIT COURT - ST. LOUIS  
CASE NUMBER: 2018-00000000-0000  
CHARGE LITERAL: MURDER 2ND DEGREE  
OFFENSE TYPE: FELONY  
CLASS: A  
STATE CODE: 565.021-001Y19840999.0  
STATUTE CITATION: 565021  
NCIC CODE: 0999  
COURT ACTION: GUILTY ON 12/09/1988  
--- SENTENCE --- CONFINEMENT 15 YEARS

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

----- COURT -----  
COUNT: 001  
COURT: [REDACTED]  
CASE NUMBER: [REDACTED]  
CHARGE LITERAL: ASSAULT 2ND DEGREE  
OFFENSE TYPE: FELONY  
CLASS: C  
STATE CODE: 565.060-001Y19841399.0  
STATUTE CITATION: 565060  
NCIC CODE: 1399  
COURT ACTION: GUILTY ON 02/03/2009

Criminal Violations Listed Below:	Crime Class	RSMo Section
Assault in the second degree	B Felony	565.052

# 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: [REDACTED]  
CASE NUMBER: [REDACTED]  
CHARGE LITERAL: THEFT-\$500/MORE-LESS \$25000  
OFFENSE TYPE: FELONY  
CLASS: C  
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

# Documenting a finding

- When a HP (highway patrol) finding show's up and the crime is NOT a disqualifying factor – make note on the on the screening.
  - ❖ Your name
  - ❖ Date
  - ❖ Circle or notate the violation, class and citation code
  - ❖ Note that the finding is not a disqualifying factor and a GCW is not required

This will show MMAC/DSDS that further action was taken by the provider when the screening was made

# 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**

**Tamara Wills**

**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.

# QUESTIONS



# 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



# TAXES

## **FORMS VENDORS NEED ON EACH NEW CONSUMER** **FEDERAL**

SS-4 Application (Federal EIN)

Form 8821 or 2848 POA & Declaration of Rep

(IRS wants the 8821 over the 2848)

Form 2678-Appoint of Agent (also used when closing a client)

## **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.

# Paying Taxes TIMELY

**YES – there is a rule and NOW consequences to not paying payroll and taxes in a timely manner**

**SENATE BILL 710 – goes into effect August 2022**

“...shall ensure ALL payroll, employment, and other taxes are timely paid on behalf of the consumer AND the vendor shall be liable to the consumer for any garnishment action occurring or that has occurred as a result of the vendor’s failure to timely pay such taxes.

**The vendor may be subject to a \$1000 per occurrence penalty for failure to pay such taxes.”**





# 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 [Uinteract1@labor.mo.gov](mailto:Uinteract1@labor.mo.gov). 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

# QUESTIONS

Q<sub>10</sub> U<sub>1</sub> E<sub>1</sub> S<sub>1</sub> T<sub>1</sub> I<sub>1</sub> O<sub>1</sub> N<sub>1</sub> S<sub>1</sub>

# 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 prospective clients to switch / to clients to stay / to attendants for referrals  
(cut grass for free if they stay or to have them switch)



# Falsification of Documentation

The aide/attendant is believed to have falsified time on EVV reports if they:

- Leave early, and do not adjust their Telephony/EVV
- Arrive late, and do not adjust their Telephony/EVV
- Not showing up but claiming time worked
- Being in two (or 3) places at the same time
- Using EVV while their client is in the hospital or otherwise not receiving care

# Records Request - Investigations

- When you receive a records request form MMAC's Investigations Unit, please respond within the required timeframe



- If you do not have the request records, let us know
- Do Not Make Up Records, I repeat,

**DO NOT MAKE UP RECORDS!**

We can tell the records are forged and made up at the time of request



# Records Request - Continued

- We send most of requests via fax or email
- Please make sure that your fax numbers and email addresses are updated with MMAC's Contracts/Enrollment Unit



- And when we call your listed main business phone number and get a “yeah” or “hello” or something other than your business name during your listed business hours, I will be letting our enrollment unit know that you are non-compliant with the requirements of being a provider.

# Records Request – Continued

- The investigations unit will be attaching a Business Records Affidavit to each records request we send out. You must fill it out and have it notarized.
- Please mail the original to MMAC, Attn: (*Investigator who sent the request*), 205 Jefferson St. 2<sup>nd</sup> Floor. Jefferson City, MO 65102.
- Please include a copy of the notarized affidavit with the return of the records to whichever investigator is requesting them.
- Should you have any questions, please feel free to call me.
- Again, this affidavit has to be signed, notarized, and the original returned to Jefferson City.

THE STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

### BUSINESS RECORDS AFFIDAVIT

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who,  
being by me duly sworn, deposed as follows:

My name is \_\_\_\_\_, I am of sound mind, capable of making this affidavit,  
and personally acquainted with the facts herein stated:

I am the custodian of the records of \_\_\_\_\_. Attached hereto are (choose  
one or more)

- ☐ \_\_\_\_\_ page(s) of records
- ☐ \_\_\_\_\_ disc(s) containing a pdf file with \_\_\_\_\_ pages
- ☐ \_\_\_\_\_ disc(s) containing \_\_\_\_\_ (describe contents,  
e.g. two excel files, five audio recordings, etc.)
- ☐ \_\_\_\_\_ USB flash drive(s) containing \_\_\_\_\_  
(describe contents, e.g. two excel files, five audio recordings, etc.)
- ☐ \_\_\_\_\_ other (describe) \_\_\_\_\_

from \_\_\_\_\_. These above described records are kept by  
\_\_\_\_\_ in the regular course of business, and it was the regular course of  
business of \_\_\_\_\_ for an employee or representative of  
\_\_\_\_\_ with knowledge of the act, event, condition, opinion, or diagnosis  
recorded to make the record or to transmit information thereof to be included in such record; and the  
record was made at or near the time of the act, event, condition, opinion or diagnosis. The records  
attached hereto are the original or exact duplicates of the original.

\_\_\_\_\_  
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

(Seal)

# Business Record Affidavit

Make sure that you send this  
back to the attention of the  
Investigator who sent the  
request.

# CDS Providers/Vendors

- For CDS, the attendant can be a family member but cannot be the spouse
- Marriage Certificates are easy to find. \$3.00 in St. Louis City
- For In Home – a family member is defined as a Spouse, Parent, Sibling, Child by blood, adoption or marriage, Grandparent or Grandchild

# IMPORTANT

As a CDS vendor, it is your responsibility to pay all taxes in a timely manner.

It is really not fair for an 85 yr old CDS client to receive a notice from the IRS saying they are taking her home or keeping her social security check to pay the taxes that your agency agreed to pay.

The investigators will contact you to produce the proper paperwork showing taxes were paid.

# We Need Your Help

- You're a taxpayer . . . It's your money!
- More services for this in need
- If you know about it and don't report it, YOU are committing fraud. This is the easiest way to get terminated from the program
- It's the right thing to do



# Contact Information

**MMAC FRAUD HOTLINE: 573-751-3285**

**MMAC FRAUD EMAIL:**

[MMAC.ReportFraud@dss.mo.gov](mailto:MMAC.ReportFraud@dss.mo.gov)

**Policy Questions can be directed to:**

**Bureau of Program Integrity via email**

[programintegrity@health.mo.gov](mailto:programintegrity@health.mo.gov)

**or by phone 573-526-8557**

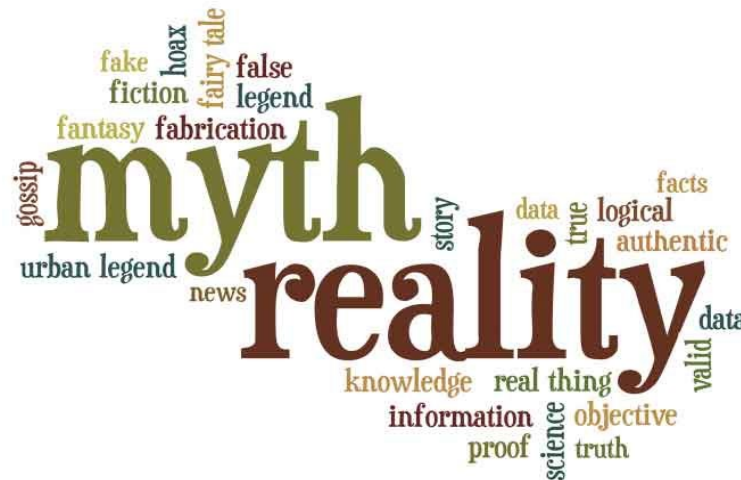
# Contact Info

Mike Valley

[michael.valley@dss.mo.gov](mailto:michael.valley@dss.mo.gov)

636-442-7074

Website: [mmac.mo.gov](http://mmac.mo.gov)





# QUESTIONS

# QUESTIONS



# Provider Review Team - HCBS



# Consumer Directed Services (CDS) Program Review

- Provider Review
- Reviews Performed
- Electronic Visit Verification (EVV)
- CDS Quarterly and Annual Reports

# Provider Review Responsibilities

- The Provider Review Group is responsible for reviewing and monitoring statewide utilization and program compliance of Medicaid fee-for-service providers.
- The Group conducts post-payment reviews and researches complaints. Following a review, the Group may issue provider sanctions in accordance with applicable federal and state laws and regulations, including, but not limited to, educational letters, recovery of improperly paid funds, and request for a corrective action plan.

# Provider Review Responsibilities

- The Group is responsible for detecting and identifying patterns of provider fraud, reviewing provider records, claims and payments to determine whether fraud, waste and abuse exist.
- The Group is responsible for referring suspected fraud cases to the MMAC Investigations Group for further and full investigations.
- The Group is also responsible for providing information and assistance in developing laws, regulations and policies and procedures for detecting and preventing fraud, waste and abuse of the Missouri Medicaid Title XIX Program.

# On-Site Review

- Managers and billers need to be present to answer questions and explain billing process.
- Provider is notified prior to visit and there will be 2-4 staff.
- Tabletop and access to outlets to plug in scanners and laptops will be needed.
- MMAC will provide a list of participants being reviewed, dates of service and documentation required for the review.

# On-Site Review Continued

- Provider will provide list of employees and social security numbers. This information will be checked using the Office of Inspector General's exclusion list, FCSR and employee disqualification list. Proof of qualified training needed to provide services can be requested also.
- Medical records, invoices, appointment calendars, care plans, progress notes, and travel logs are some of the documentation we may request for review.

# Desk Review

- A medical record request will be mailed to the address of record for provider. The letter will identify the participant by name and Department Case Number (DCN) as well as specific or general dates of service needed.
- The time frame will specify when records are to be returned and contact name provided.
- Records may be copied and sent in paper form, faxed or, in the case of electronic medical records, they may be put on a CD. Should the provider have any questions about the transfer of medical records, please contact the requestor. Release of information is not needed to send information to MMAC.



# Desk Review Continued

- Once the requested records are received they will be used to verify that services billed and paid by MO HealthNet are in accordance with established policy and procedure. It is strongly encouraged that the provider makes sure the information provided is complete. You will be notified of the audit findings in writing.

# Documentation

- Personal Care Aide Requirements
- Documentations of Basic Training Requirements provided to the consumer/participant
- Participant Case Record
- Retention of Records
- Check to make sure services are adequately documented (Electronic Visit Verification – EVV)

# Electronic Visit Verification is Required

- Effective January 1, 2021, the use of EVV is mandatory for all Medicaid PCS in Missouri. Effective January 1, 2021, Medicaid participants cannot opt out of using the PCS provider's EVV system.
- Effective January 30, 2021, Missouri Code of State Regulations (CSR) 13 70-3.320 contains additional requirements for use of EVV for PCS services provided to Missouri Medicaid participants with a prior authorization, or care plan, as approved by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS); or the Department of Mental Health (DMH), Division of Developmental Disabilities (DD).

# Electronic Visit Verification is Required Cont.

- The provider's EVV has to be able to capture service information related to delivery of personal care services, including homemaker chores and respite.
- The EVV system will need to produce reports that provide task completed; participant identity; start/ stop times of service; date of service in summary that constitutes adequate documentation; explanation of codes; provider's identity; aide/attendant's identity (FCSR number); document manual adjustments.

# Electronic Visit Verification is Required Cont.

- EVV report types: employee payroll, billing, point of entry, recipient detail, and electronic duty sheet. The provider must be able to run a report that covers all required documentation. Provider system should be able to convert documents to pdf and save to a jump drive or CD.

# ELECTRONIC VISIT VERIFICATION AGGREGATOR

- The State of Missouri (State) Office of Administration (OA) awarded contract to Sandata Technologies, LLC. to implement the State's Electronic Visit Verification (EVV) Aggregator Solution effective April 1, 2021.
- Sandata will implement an EVV vendor-neutral aggregator system designed to interface and store the data from the EVV vendors operating in Missouri. Sandata will be responsible for interfacing with the EVV systems and ensuring the required data elements are being captured and exchanged. Sandata will offer training for both EVV vendors and personal care service providers regarding utilization of the aggregator system.

# ELECTRONIC VISIT VERIFICATION AGGREGATOR

- Once enrolled with MO HealthNet, EVV vendor secured, and have participants authorized with Department of Health and Senior Services (DHSS) you will need to register with Electronic Visit Verification (EVV) Aggregator Solution (EAS). For questions or need assistance with registration contact Sandata at:  
[MOAltEVV@Sandata.com](mailto:MOAltEVV@Sandata.com)

# CDS Financial & Service Report

CDS providers are required to complete and submit Financial and Service reports quarterly and Annual Service Report as follows:

- January 1st through March 31st – Due by April 30th
- April 1st through June 30th – Due by July 31st



# CDS Financial & Service Report Continued

- July 1st through September 30th – Due by October 31st
- October 1st through December 31st – Due by January 31st
- Annual Survey/Annual Report – January 1st through December 31st – Due January 31st of the following year.

# CDS Annual Audit

**RSMo 208.918.2** states vendors must demonstrate sound fiscal management as evidenced on accurate quarterly reports and an annual audit. 19 CSR 15-8.400(7) states vendors shall submit the annual audit, done by a properly licensed independent practitioner (certified public accountant licensed in the state of Missouri) pursuant to applicable federal and state laws and regulations, within one hundred fifty (150) days after the end of the vendor's fiscal year.

# CDS Audit Continued

**RSMo 208.909** - The Governor signed bill that requires by state statutes all vendors/providers:

*2. In order to maintain its agreement with the department, a vendor shall comply with the provisions of subsection 1 of this section and shall:*

*(1) Demonstrate sound fiscal management as evidenced on accurate quarterly financial reports and an annual financial statement audit [submitted to the department] performed by a certified public accountant if the vendor's annual gross revenue is two hundred thousand dollars or more or, if the vendor's annual gross revenue is less than two hundred thousand dollars, an annual financial statement audit or annual financial statement review performed by a certified public accountant. Such reports, audits, and reviews shall be completed and made available upon request to the department;*

**The above went into effect 8/28/2020**

# Consequences

CDS Vendors who fail to submit quarterly reports, the annual service report, or the yearly financial audit conducted by a CPA will be subject to sanctions. MMAC will advise vendors, in writing, if reports are not received by their due date, to alert the vendors, and give them an opportunity to submit the reports.

# Consequences Continued

Sanctions available to MMAC are:

- Education
- Suspend Medicaid Payments
- Suspend MO HealthNet Participation
- Termination

# Where to submit required documentation

**Scan via EMAIL:** [MMAC.CDS@DSS.MO.GOV](mailto:MMAC.CDS@DSS.MO.GOV) (Preferred)

**FAX:** 573-526-4375

**Physical address for UPS/Fedex:** 205 Jefferson Street, 2<sup>nd</sup> Floor

Jefferson City, MO 65101

or

**USPS Mailing Address:**

P.O. Box 6500

Jefferson City, MO 65102

# QUESTIONS



# CDS Providers





# Additional Provider Responsibilities

- Collecting EVV reports and/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.

Per RSMo 208.909.1(8) The consumer, attendant and/or the CDS provider are required to notify DSDS if the consumer's health or his/her ability to self-direct care has significantly changed.



# EVV (Electronic Visit Verification)

## HCBS providers are required to have EVV

- Federal law, went into effect January 1, 2021
- No exceptions
- 13 CSR 70-3.320– Regulations

<https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-3.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.

Questions - [ask.evv@dss.mo.gov](mailto:ask.evv@dss.mo.gov) / [mmac.evv@dss.mo.gov](mailto:mmac.evv@dss.mo.gov)



# Keep These In Your “Favorites”

- MMAC website – HCBS providers

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

- DSDS – HCBS Provider Page

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

- DSDS – Provider Memos

<https://health.mo.gov/seniors/hcbs/infomemos.php>

- DSDS – Provider PCQs

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



# Keep These In Your “Favorites”

- MO Health Net – EVV Page

<https://dss.mo.gov/mhd/providers/electronic-visit-verification.htm>

- MO Health Net Fee for Service Page

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

## Sign up for newsletters from DSDS, MMAC & MO HealthNet

DSDS – HCBS Provider page

MO Health Net – Fee For Service & EVV

MMAC – Home page

# QUESTIONS





# MMAC - FORMS

- CHANGE REQUEST
- EFT - banking
- 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/>



# 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.

(address, telephone, fax, email, days/hours, etc.)

Per 13 CSR 70-3.020(7) - **REQUIRES** MO HealthNet providers to notify MMAC Provider Enrollment Unit (PEU) of any changes to enrollment within 90 days of the effective date, except for changes in ownership (CHOW) which must be reported within 30 days of the effective date.

# Changing Banking Accounts

Must submit EFT form  
and a Change Request form

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

Sometimes banking changes are kicked back for one reason or another; that is why we ask that you NOT close the old account until a deposit has been made into the new one.



# Certificate of Attendance

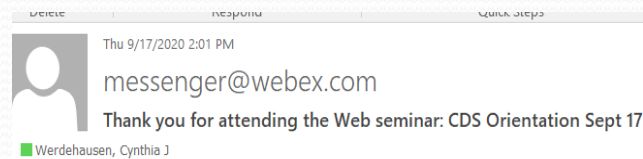
You will receive a confirmation of attending email from WebEx later today (2:00 pm) as your proof of attendance.

## **THE EMAIL IS YOUR PROOF OF ATTENDANCE**

Save the email and also print a copy for your records, MMAC will not be able to resend you the email if you delete it.

It will be sent to the same address that you received the WebEx Events invitation.

# Certificate of Attendance



Enterprise Vault



## Thank you for attending the CDS Orientation Web seminar.

Please print and save this email as it will serve as your Certificate of Attendance. MMAC Contracts Unit will not be able to re-send this email to you. If you have comments or questions, please contact your host.

### CDS Orientation Sept 17

Thursday, September 17, 2020

Host: Cynthia Werdehausen ([mmac.ihcontracts@dss.mo.gov](mailto:mmac.ihcontracts@dss.mo.gov))



# THANK YOU

Contact Info:

Cindy Werdehausen

MMAC Contracts Unit

Please send emails to

[mmac.ihscontracts@dss.mo.gov](mailto:mmac.ihscontracts@dss.mo.gov)