CAP Waiver Assurance Service Plan Development

Module – Adverse Service Request

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Presentation order

Section I:

- Purpose
- Federal and state assurances
- Clarification of terms
- Intended skills & competencies
- Quality assurance strategies
- Test your knowledge

Section II:

- e-CAP system functionality in the areas of:
  - Denials
  - Appeals
  - MOS
  - Plan resolution
  - Disenrollment

Section III:

- SRF basics
- Physician attestation
- Technical denials

Purpose

- To build required skills & competencies in service plan development for the execution of care planning and coordination when an adverse decision is made
- To reinforce compliance of federal mandates in the development of service plan
- To reinforce compliance of state mandates in carrying out an adverse decision when a request is denied, suspended, reduced or terminated
- To demonstrate e-CAP system functionality for management of an adverse POC

Federal mandate

- Waiver Assurance:
  - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.
- Sub-assurance:
  - Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
  - Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
  - Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

State mandate

To review a service request within a specified timeframe to render a decision based on necessary care or medical necessity

To provide written notice to a service request decision within a reasonable time

To provide due process rights when an adverse decision is made to allow for an appeal and MOS

To enforce the resolution appeal decision within 3 days of the final decision

Clarification of terms

- **Adverse decision –** a decision to deny a request for Medicaid covered service(s), or to reduce or terminate Medicaid covered service(s) for a Medicaid beneficiary
- **Compliance revision –** a revision made to a POC to action the approval or denial results of a request
- **Due Process –** an opportunity for a fair hearing (appeal) when a Medicaid service request is denied, reduced, terminated, or suspended; the requester (or your personal representatives) is given a written notice of the adverse decision
- **Maintenance of service –** continuation of approved covered service(s) authorized during the appeal period

Clarification of terms

- **Full approval –** an approval of all waiver services requested on a POC
- **Partial approval –** an approval of some of the requested waiver service(s) or an approval of a reduced dollar amount of requested waiver service(s) on a POC
- **Resolution revision –** a revision to a POC upon a settlement decision or a final OAH decision
- **Technical denial –** the denial of a waiver request when the timeline has been exceeded or when sufficient information is not received to process the request

Gained competencies & skills

- Competencies – care planning and care coordination
- Skills:
  - revising a POC when an adverse decision is rendered;
  - effectively communicating the results of the service request decision;
  - carrying out approved service requests listed on the POC during the appeal process; and
  - closing out POC workflow upon final resolution

Demonstrated competencies & skills

- Case manager will have ability to:
  - Recognize resolution workflow functionality to complete a POC revision that matches all approved and denied waiver services.
  - Effectively communicate request decision(s) to beneficiary & inform of due process rights and next steps.
  - Carry out final decision within specified timeframe.
  - Close out open workflow when a final decision is rendered.

Quality assurance

- 100% review of all contested cases by DMA
- Quarterly assessment of ongoing skills & competencies; upon discovery of deficiencies, the following will occur:
  - CME to receive corrective action plan to remediate case management practices consistent with approved policies and procedures
  - CME to design a development plan to acquire new or rebuild learned competencies & skills

TEST YOUR KNOWLEDGE

Test your knowledge

A. What is maintenance of service
   1. Continuation of approved covered service(s) authorized during the appeal period.
   2. Approval and continuation of all items listed in a newly revised POC including a denied request.
   3. None of the above

B. When should a maintenance of service POC be initiated in e-CAP?
   1. Never
   2. When an appeal is filed by the beneficiary
   3. When the final decision is reached by OAH

Test your knowledge

C. What is a compliance revision?

1. A revision made to a POC to action the approval or denial results of a request.
2. A denial request.
3. Beneficiary rights and responsibilities.

D. What is a partial approval?

1. An approval of some of the requested waiver service(s) or an approval of a reduced dollar amount of requested waiver service(s) on a POC.
2. Approval of all service requested in a POC.
3. Denial of all service requested in a POC.

Test your knowledge

E. When should a compliance revision be performed?

1. Within 365 days
2. 30-days from the POC review
3. After the final review decision made by DMA

F. What is a resolution revision and when should it be performed?

1. Maintenance of service
2. A revision to a POC upon a settlement decision or a final OAH decision
3. An appeal

SRF Basics

SRF basics

- SRF establishes the following:
  - 1st line eligibility requirement for waiver entry
  - medically fragile classification (population)
  - HCBS LOC
- Medically fragile classification consists of:
  - Primary medical diagnosis(es); and
  - Inpatient hospitalizations and number of days in the hospital within the last year, or
  - Ongoing medical or nursing treatments; and
  - Need for life-sustaining devices or need for life-sustaining care

Waiver entry request

- A SRF is reviewed for waiver participation when:
  - All required fields are completed in the e-CAP system.
  - It is electronically submitted in the e-CAP system along with the policy approved physician attestation (DMA-3087) and signed consent for release of information.
  - It is submitted within 45 calendar days of its origination.
  - Request for additional information is satisfactorily uploaded in the e-CAP system within the prescribed timeframe.

Waiver entry request

- A SRF is processed for a technical denial when:
  - Request for additional information is not received within the prescribed timeline.
  - Policy approved physician attestation (DMA-3087) is not uploaded.
  - Day 46 is reached and the SRF remains in an incomplete status.
  - The attestation is not signed or signed 45 days before the initiation of the request in e-CAP.

SRF planning

- Responding to DMA Requests for Additional Information (RAI)
  - Update the SRF as necessary from Pending Service Requests queue and save as complete
  - Complete the RAI response and save as complete
  - Case will be returned to DMA queue for review

SRF planning

Areas to be mindful

- Respond carefully and comprehensively to all prompted questions/statements in the SRF
- Use comments when responses to prompted questions/statements require more elaboration
- Upload supporting documentation to show evidence of nursing intervention or need for life-sustaining care
- The draft SRF presented to the physician is fully completed and accurate for analysis and attestation
- The SRF does not assess for ADLs deficit or need, but only for the medical fragility criteria which aids in establishing LOC
- Always review information for accuracy and completeness prior to sending to physician and e-CAP
- Physician attestation should be the last document that you obtain
- If the SRF is approved and an assessment completed, there should not be significant variations in diagnoses, medications, etc. between the two documents

Resources

- CAP/C Clinical Coverage Policy:
  - https://files.nc.gov/ncdma/documents/files/3K-1.pdf
- VieBridge website:
  - https://www.ncecap.net/CAPCProd/main.aspx
- Due process guidelines:
  - https://dma.ncdhhs.gov/providers/programs-services/prior-approval-and-due-process

Contact information

- CAP/C Second-Level Review Team –Team 4
  - Beth Porreco – Elizabeth.Porreco@dhhs.nc.gov or 919-855-4219
  - Lisa Norwood – lisa.Norwood@dhhs.nc.gov or 919-855-4367
  - Shewunn Pittman – shewunn.pittman@dhhs.nc.gov or 919-855-4373
- Unit telephone number: 919-855-4340
- Unit fax number: 919-715-0052
- VieBridge : 1-888-705-0970 or Mary Jo Burbridge at mburbridge@viebridge.com
- CAP/C Consultant Team:
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