



WAIVER ADMINISTRATION & DEVELOPMENT

2015 Provider Training

OVERVIEW OF PRESENTATION

- Overview of Living Choice
- Housing Initiatives
- OHCA Waiver Programs
- DME Reuse Program
- SoonerRide
- Care Management
- Quality Performance and Review

OVERVIEW OF PRESENTATION

- Conflict-free Case Management
- Foreword

OVERVIEW OF LIVING CHOICE

Demonstration

Program
Protocols

OHCA
Operated

Community
Transitions

Transitional
Coordination

LC Advisory
Council

Tribal Initiative
(2014)

www.okhca.org/LTC

LIVING CHOICE REFERRAL/OU PAT

Referral can be made through:

- Our Long Term Care Waiver Operations website at www.okhca.org/LTC
- (Referrals for Living Choice and Medically Fragile Programs) and/or
- Faxed to 405-530-7265



LIVING CHOICE REFERRAL/OU PAT

Pre-screening Form

Introduction to Living Choice Program

Quality of Life

Consents and Rights

Release of Information

LIVING CHOICE REFERRAL/OU PAT

Uniform Comprehensive Assessment Tool
(UCAT) I and II

Participant Choice of Provider



TRANSITION TIMELINE

60/90-DAY CYCLE



60 Days

- *Identification
- *Housing Resources

90 Days

- *Secure Housing
- *Community Service Plan
- *Community Back-Up Plan

TRANSITION TIMELINE

120/150-DAY CYCLE

120 Days

*Purchase items needed for participant

*Set transition date

150 Days

*IDT

*Provider Communication

*Addendum – Transitional Units

*Five-day Follow-up

DAY OF TRANSITION



Interdisciplinary Team

- Member
- Transition Counselor (TC)/Case Manager (CM)

Pre- Transition Meeting

Provider Communication

- Notify OHCA of move

DAY OF TRANSITION



Addendum-Transitional Units

- 30 days from transition date

Transitional Funds

- Receipts due 30 days of purchase

Five Day Follow-up

SUSPENSION(S)



Reasons to stop the clock!

- A member is waiting on identification documents such as birth certificate, photo ID and or social security card.
- A member has been placed on waiting list for housing (after exhausting *all* housing options and resources)

SUSPENSION(S)

Medical/Program Denial

If the participant is deemed not program appropriate by OHCA, LC staff will mail a letter of program denial to the participant and the TC/CM Agency. Participant will have the right to a fair hearing, should they appeal the decision. If the decision is upheld, the participant cannot apply until a year after the date of decision.

LIVING CHOICE/ MONEY FOLLOWS THE PERSON BRINGING FAMILY MEMBERS HOME

What is the Living Choice MFP?

Money Follows the Person (MFP) is a federal program to transition individual with disabilities and long-term illnesses from the institution back into their homes in the community.



LIVING CHOICE/ MONEY FOLLOWS THE PERSON BRINGING FAMILY MEMBERS HOME

The Living Choice Project is Oklahoma's name for the MFP grant and is administered by Oklahoma Health Care Authority (OHCA). The program promotes community-based services instead of institutional services.



WHAT KIND OF SERVICES ARE AVAILABLE THROUGH LIVING CHOICE

- Adult day health care
- Advanced supportive/ restorative assistance
- Assisted Living
- Assistive technology
- Audiology treatment and evaluation
- Community Transition (up to \$2,400)



WHAT KIND OF SERVICES ARE AVAILABLE THROUGH LIVING CHOICE

- Dental services (up to \$1000 per person per annually)
- Environmental modification
- Family counseling
- Family training
- Home delivered meals
- Hospice care

WHAT KIND OF SERVICES ARE AVAILABLE THROUGH LIVING CHOICE

- Independent living skills training
- Institutional Transition Services
- Nutritional educational services
- Prescription drugs
- Personal care



WHAT KIND OF SERVICES ARE AVAILABLE THROUGH LIVING CHOICE

- Personal emergency response system (PERS)
- Psychiatry
- Psychological services
- Respite
- Self-Direction
- Self Directed Goods and Services (SD-GS)

WHAT KIND OF SERVICES ARE AVAILABLE THROUGH LIVING CHOICE

- Skilled Nursing
- Private duty nursing
- Specialized medical equipment
- Therapy services:
Occupational
- Therapy services:
Physical



WHAT KIND OF SERVICES ARE AVAILABLE THROUGH LIVING CHOICE

- Therapy services: Speech
- Transition coordination
- Transportation
- Vision services (to include eye exams and glasses)

ALTERNATIVE FUNDS INVOICE/PAYMENTS

- Contract and budget
- Do you have secure email? (Other option)
- One member per invoice
- How to number your invoice
- Timely submittals
- Questions?

Q & A DISCUSSION SESSION: ACT I



- Invoices
- Transitional Funds
- Alternative Funds
- Billing/Payment
- Fiscal Year Planning

OKLAHOMA MFP HOUSING PROGRAM

Mia Smith, MFP Housing Coordinator



ACTION PLAN

- Made home visits to all members who have transitioned through the Oklahoma Living Choice program in the last calendar year



ACTION PLAN

- Identify and catalog the current amount and location of affordable/accessible community housing for seniors and people with disabilities.
- Develop an online database of affordable/accessible community housing for seniors and people with disabilities by city and county.



ACTION PLAN

- Focus on education, awareness and partnership building among housing and human service agencies.
- Establish a tenant training program to increase the likelihood of housing retention.
- Increase the affordability and availability of community housing for seniors and people with disabilities.



ACTION PLAN

- For members who are scheduled to transition and have identified housing in the community, MFP Housing staff members are currently making visits to those location prior to the member's move.
- With the addition of new housing program we are able to take a more aggressive approach to assisting members who have had their transition suspended for lack of housing.



REASONABLE ACCOMMODATIONS

- It is a violation of the Fair Housing Act for any person to refuse to make a reasonable accommodation in rules, policies, practices, or services, when such accommodations may be necessary to afford a disabled person equal opportunity to use and enjoy a dwelling unit.

REASONABLE ACCOMMODATIONS

- An accommodation that permits disabled tenants to experience the full benefit of tenancy must be made unless the accommodation imposes an undue financial or administrative burden on a housing provider or requires a fundamental alteration in the nature of its program.



REASONABLE ACCOMMODATIONS

- The owner or manager of the apartment complex can request verification that the tenant or applicant is disabled and needs the requested accommodation to use and enjoy the apartment or community.
- This request should only be made if the disability or need for accommodation is not readily apparent.

REASONABLE ACCOMMODATIONS

- The verifying information can be submitted by the individual, doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability.



REASONABLE ACCOMMODATIONS

- If after a disabled tenant makes a reasonable accommodation request the housing provider delays responding to the request (after a reasonable amount of time), that delay may be construed as a failure to provide a reasonable accommodation.



EXAMPLE # 1

- A blind person who utilizes a guide dog applies to rent a one bedroom unit at an apartment complex. The apartment complex has a “no pet” policy, but the blind applicant qualifies for the one bedroom unit. Without the guide dog , the blind person would not have an equal opportunity to use and enjoy an apartment at the complex.

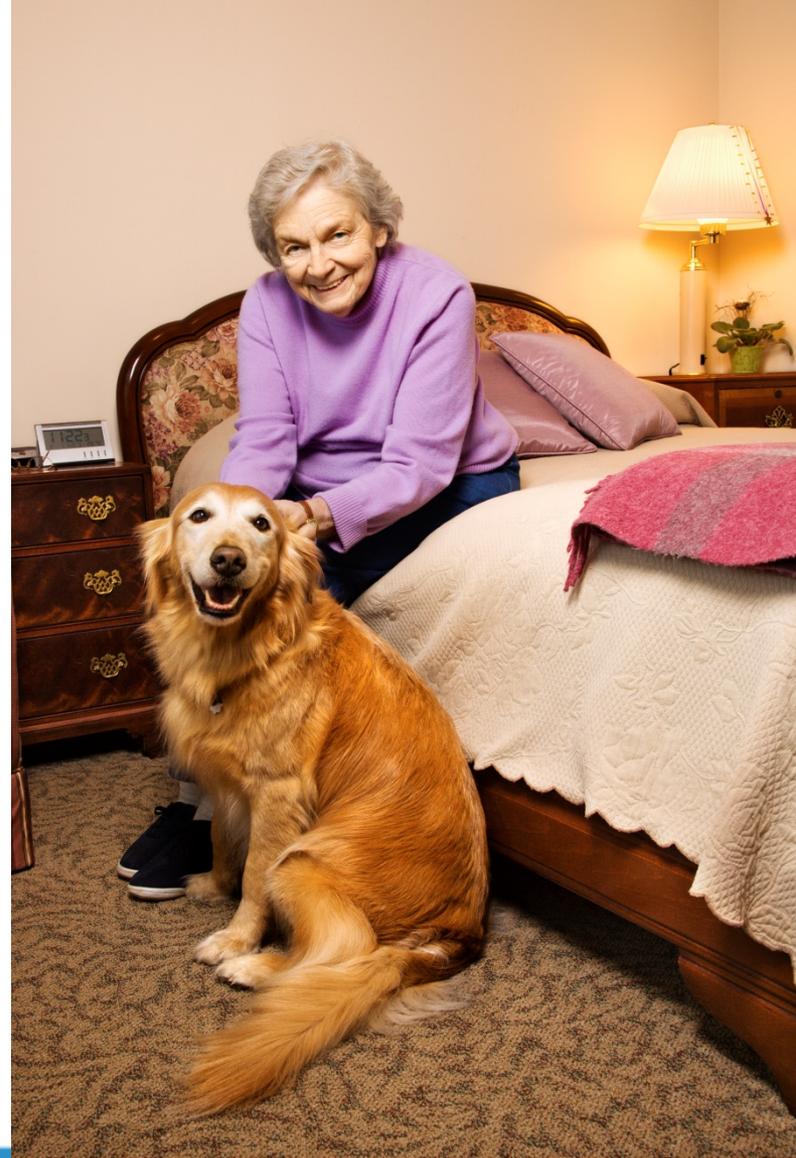


EXAMPLE # 1 CONT.

- Therefore, the owner or manager of the apartment complex must make an exception to the “no pets’ policy and allow the blind person to live in the apartment with the guide dog.

SERVICE ANIMALS

- Guide individuals with impaired vision.
- Alert individuals with impaired hearing to intruders or sounds.
- Provide minimal protection or rescue work.



SERVICE ANIMALS

- Pull a wheelchair.
- Fetch dropped items.
- A support animal means any animal that provides a therapeutic or psychological aid to a person, due to their disability.

EXAMPLE #2

A tenant who suffers from mental disability receives an eviction notice for disturbing other residents and violating community rules. The disabled tenant requests that the manager reasonably accommodate her, due to her disability, by not proceeding with the proposed eviction action and allowing her time to get medical treatment and/or psychological counseling.

EXAMPLE #2 CONT.

- The manager must grant the accommodation unless he/she can demonstrate that no reasonable accommodation will eliminate or acceptably minimize any risk the tenant poses to other residents.
- This means that the Fair Housing Act can serve as an affirmative defense in evictions against persons with mental disabilities, depending on the circumstances.

EXAMPLE # 2 CONT.

- Sex offenders, by virtue of that status, are not persons with disabilities protected by the Act.
- Person who are currently engaging in illegal use of controlled substances are not protected by the Act.

REASONABLE MODIFICATIONS

Under the Fair Housing Act, it is also unlawful for any person to refuse to permit, at the expense of the handicapped person, reasonable modifications of existing premises occupied or intended to be occupied by such person if such modifications may be necessary to afford such person full enjoyment of the premises of a dwelling.

A “Modification” means any change to the public or common use area of a building or change to a dwelling unit.

REASONABLE MODIFICATION CONT.

Tenant are generally responsible for paying the costs of the modifications unless:

- The modification should already be in place.
- Apartment complexes built for first occupancy after March 13, 1991, must meet all of the accessibility requirements under the Fair Housing Act.

REASONABLE MODIFICATION CONT.

- If the tenant lives at an apartment complex that receives federal funds, the tenant can ,in most cases, request that the owner of the apartment complex pay for modifications, as an accommodation to the tenant.

REQUESTING A REASONABLE ACCOMMODATION AND/ OR MODIFICATION

- Submit the request in writing to your landlord. In the letter, explain the accommodation and/or modification that you need due to your disability.
- Attach supporting medical documentation as it relates to the accommodation and/or modification, due to your disability.

REQUESTING A REASONABLE ACCOMMODATION AND/ OR MODIFICATION CONT.

- This letter does NOT need to disclose any of your disabilities. The letter should just state that you are disabled and need the accommodation and/or modification, due to your disability.

REQUESTING A REASONABLE ACCOMMODATION AND/ OR MODIFICATION CONT.

- Keep a copy of your request letter and any attachments for your records.
- Send your request letter and any attachments by certified mail receipt requested in order to prove that the landlord received the request.

MFP HOUSING PROGRAM STAFF

- MFP Housing Coordinator - Mia Smith
- Quality Assurance Manager- David Ward
- MFP Housing Specialist – Irene Perez
- Administration Assistant - vacant

HOUSE CHOICE VOUCHERS

- Section 8 Housing Choice Voucher (HCV) program online
 - a) www.ohfa.org
- Authorization for Release of Information
 - b) if members wish to give OHFA staff permission to speak with TC, this must be filled out
- Vouchers
 - c) Utilize if all possible

**MEDICALLY FRAGILE
MY LIFE; MY CHOICE
SOONER SENIORS**

1915(C) HOME AND
COMMUNITY-BASED
WAIVERS

MEDICALLY FRAGILE

Medically Fragile, a 1915(c) Home and Community-Based alternative to placement in a hospital and/or skilled nursing facility allows members who qualify the opportunity to receive Medicaid-funded assistance for care in their home.

To qualify a member must:

MEDICALLY FRAGILE CONT.

- Be 19 years of age or older
- Reside and remain in the community
- Deemed disabled and eligible for Medicaid and Long Term Care
- Be Financial eligibility as determined by the local OKDHS county office
- Meet skilled nursing or hospital level of care as determined by the UCAT instrument.
- Be served in one waiver at a time.

MY LIFE; MY CHOICE & SOONER SENIORS

MLMC and SS are both 1915(c) Home and Community-Based Waiver Programs designed to follow the Living Choice Demonstration allowing the Participant continued community living after the demonstration period providing that the participant continues to meet NF Level of care and financial eligibility

MY LIFE; MY CHOICE & SOONER SENIORS CONT.

Program destinations are:

- Participant with a physical disability and who are 64 or younger will transition in MLMC
- Participant with chronic illness who are 65 and older will transition into SS

THINGS TO REMEMBER

- The population for Medically Fragile Program consists of members aging out of ESPDT and transfer from DDS, Advantage and individual referrals.
- Nutrition services are approved in three month increments; even though the prescription is written for a year.

THINGS TO REMEMBER CONT.

- Submit the COMMUNITY SERVICE PLAN AUTHORIZATION REQUEST CHECKLIST with each initial, reassessment and addendum.
- Be sure to fax a copy of your monthly monitoring report or progress notes for each member to the assigned waiver coordinator by the 5th of each month

Q & A DISCUSSION SESSION: ACT II

- Form Discussion(s)
- Community Services Plan
- Backup Plan
- Addendum(s) – Supporting Documentation
- Supplemental Goals & Outcomes
- Critical Incidents

OKLAHOMA DURABLE MEDICAL EQUIPMENT REUSE PROGRAM (OKDMERP)



Katie Woodard, Program Manager

WHO IS OKDMERP?

- Leadership ABLE Tech Activities
- Oklahoma SoonerCare (Oklahoma Health Care Authority or OHCA) legislatively mandated to develop retrieval program
- A need was recognized that some Oklahomans with disabilities and other health conditions had no source for quality DME
- OKDMERP was the result of this collaboration

WHO IS OKDMERP? CONT.

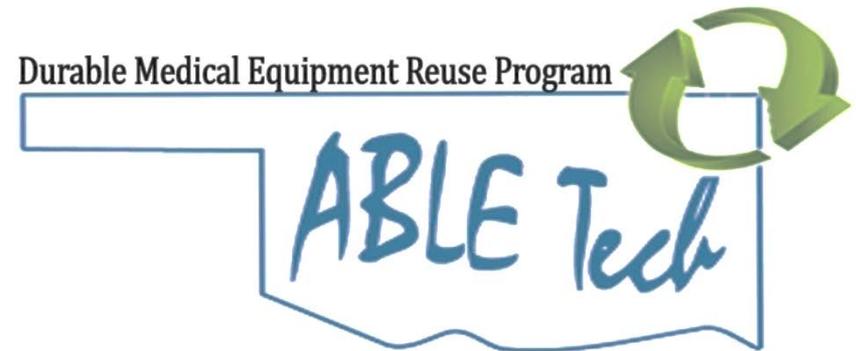
- Training & Technical Assistance
- Public Awareness
- Statewide Information and Referral
- Coordination & Collaboration

WHAT DOES OKDMERP DO?

- Information
- Device Demonstration
- Matching DME to eligible Individual
- Training
- Help identifying public and private funds

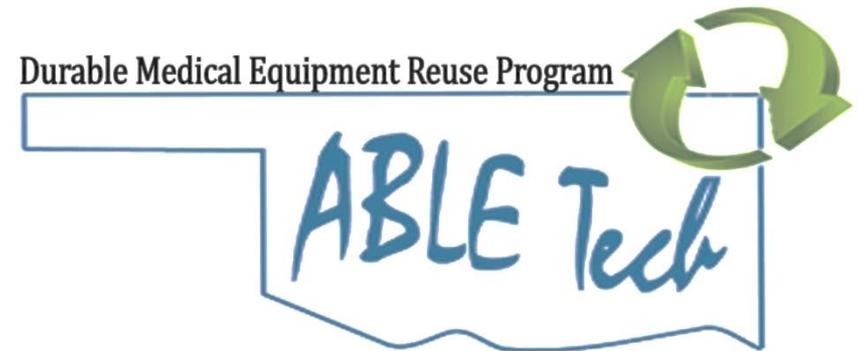
DME IN OUR INVENTORY

- Scooters
- Wheelchairs
 - Manual
 - Power



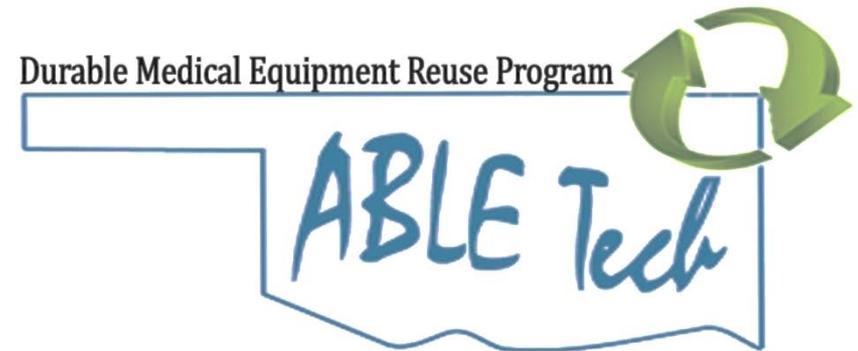
DME IN OUR INVENTORY

- Blood Pressure Monitors
- CPAPs
- Nebulizers
- Shower Chairs
- Commodes
- Tub Transfer Bench



DME IN OUR INVENTORY

- Hospital Beds
 - Semi Electric
 - Electric
- Quad Canes
- Walkers
- Knee Walkers



HOW DOES OKDMERP WORK?

- DME which is no longer needed and valuable enough to be reused is donated and tracked in the OKDMERP database
- SoonerCare purchased
- Private insurance purchased
- Individually purchased

DME is put through the “Four ‘R’s” so someone can gain independence at no cost to them!!

STEPS TO TAKE

- Person learns about OKDMERP program and equipment available
- Completes the application process
- Obtains a prescription from doctor (if required)
- Obtain additional information (if required)
- Appointment made for equipment pickup and/or delivery

QUESTIONS

Katie Woodard, Program Manager
Oklahoma Durable Medical Equipment Reuse
Program

3325 North Lincoln Boulevard
Oklahoma City, OK 73105

Katie.Woodward@okstate.edu
<http://okabletech.okstate.edu>

SOONERRIDE NON-EMERGENCY TRANSPORTATION

SoonerRide Program

Gertrude Hurd

SoonerRide Manager

Office (405) 522-1642

Fax (405) 530-7175

SoonerRide Backup

Annittcha Aikins

Office (405) 522-1368

Fax (405) 530-3321



ELIGIBILITY FOR SOONERRIDE MEMBER

The Oklahoma Health Care Authority (OHCA) is responsible for assuring that necessary transportation is available to all eligible SoonerCare members who are in need of SoonerCare medical services in accordance with 42 CFR 431.53.

SOONERRIDE ELIGIBILITY

The agency contracts with a broker to provide statewide curb-to-curb coverage for non-emergency transportation under the SoonerRide program. The agency contracts directly with ambulance and air providers for all other transportation needs for eligible members not approved by SoonerRide.

GAS/MILEAGE REIMBURSEMENT

SoonerRide members who have their own transportation are encouraged to use the gas/mileage reimbursement benefit.



GAS/MILEAGE REIMBURSEMENT CONT.

A trip authorization number must be obtained in advance if the member is going to submit a claim for mileage reimbursement. When the member contacts SoonerRide, a trip authorization number is assigned and mileage log is mailed to the member. The form needs to be signed by the physician. The gas/mileage reimbursement form must be mailed to the Atlanta, GA address indicated on the form.

SOONERRIDE HOURS

To set reservations, members can call the SoonerRide line toll free: 1-877-404-4500, Monday through Saturday, 7 a.m. to 6 p.m. members are asked to furnish the SoonerRide representative their SoonerCare member number, home address, the time and date of the medical provider and physical/mental limitations which will impact the type of transportation needed.

SCHEDULING NET SERVICES THROUGH SOONERRIDE

317:30-327.9

All SoonerRide NET routine services must be scheduled by advance appointment.

Appointments must be made at least three (3) business days prior to the health care appointment, but may be scheduled up to fourteen (14) business days in advance.

SCHEDULING NET SERVICES THROUGH SOONERRIDE CONT.

Scheduling for members with standing appointments beyond the 14 days.

Pharmacy visits will need to be scheduled at the time of scheduling the medical appointment.

SCHEDULING NET SERVICES THROUGH SOONERRIDE CONT.

Members are responsible for canceling appointment 24 hours in advance to scheduled pick up time.

Parent or guardian are responsible to provide a child safety seat for children under 4 years of age or under 60 pounds.

Members are responsible for contacting their local DHS when they change their address and. Or phone number.

COVERED SERVICES

317:30-327.2

SoonerRide NET is available for SoonerCare covered admissions and discharges into inpatient hospital care, outpatient hospital care, services from physicians, diagnostic devices, clinic services, pharmacy services, eye care and dental care.

SoonerRide NET is available if a member is being discharged from a facility to home.

The facility is responsible for scheduling the transportation.

URGENT TRIP

- An urgent trip with less than three business days notice will be evaluated for SoonerRide.
- Urgent trips, hospital discharges, Nurse advice line referral, doctor appointments when deemed necessary by a doctor or facility transfer.



URGENT TRIP

For a same-day doctor's appointment SoonerRide is required to contact the doctor's office to verify the appointment, however, such requests for services are not guaranteed and will depend on availability of passenger space and resources.



URGENT TRIP

A transportation request for a same-day hospital or emergency room discharge must be initiated by the hospital by calling SoonerRide and requesting the service. SoonerRide has up to 3 hours to dispatch transportation.



DENIAL OF SOONERRIDE NET SERVICES BY THE SOONERRIDE BROKER

The nursing facility/member fails to request a reservation at least three (3) days in advance of a health care appointment without good cause.

Good cause is created by factors such as, but not limit to any of the following:

DENIAL OF SOONERRIDE NET SERVICES BY THE SOONERRIDE BROKER

- Urgent care;
- Post-surgical and/or medical follow up care specified by a health care provider to occur in fewer than three (3) days;
- Imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more; and
- The result of administrative or technical delay caused by SoonerRide and requiring that an appointment be scheduled.

EXCLUSIONS FROM SOONERRIDE NET

SoonerRide NET excludes:

- Transportation of members to:
- access emergency services;
- ambulance for any reason;
- services that are not covered by SoonerCare;
- and
- services that are not medically necessary.

EXCLUSIONS FROM SOONERRIDE NET

SoonerRide excludes those individuals who are categorized as:

- Qualified Medicare Beneficiaries Plus (QMBP)
- Specified Low Income Medicare Beneficiaries (SLMB)
- Inpatient;
- Institutionalized;

EXCLUSIONS FROM SOONERRIDE NET

- Home and Community Based Waiver members, with the exception of the In-home Support Waiver for Children and the Advantage Waiver.

COMPLAINTS

Complaints may be filled by the SoonerCare member, by another person on behalf of the member, and by a facility. A transportation provider may also file a complaint against a SoonerCare member. LogistiCare staff researches and resolves all complaints filed and submits all information and outcomes to the Oklahoma Health Care Authority.

COMPLAINTS

Facilities may call the Facility Line at 1-800-435-1275 to file a complaint or concern. The early notification of complaints/concerns enable these issues to be resolved in a timely manner.

CONTACT NUMBERS

SoonerRide Facility Line: 1-800-435-1276

SoonerRide Facility Fax: 1-800-597-2091

Where's My Ride Line: 1-800-435-1034

Reservation Line: 1-877-404-4500

TDD Services: 1-800-722-0353

CLINICAL REVIEW

SERVICE PLANS

One size does not fit all

COMMUNITY AND SERVICE PLANS

- Should be individualized for each member
- All needs should be address
- Living Choice Community Plan-
- OHCA recommendations should be addressed in the goals in the community plan

SERVICE PLAN ADDENDUMS

- Include reason for request
- Updated UCAT pages as indicated
- Additional Case management Units require documented reason for units
- A health care provider order may be requested for skilled Nursing procedures and DME

NUTRITIONAL SUPPLEMENTS

- Nutritional Supplements requirements
- Prescription should include:
 - Name of supplement
 - Amount of administration
 - Refill allowed
- Prescription Date Requirement – good for one year if refills are indicated

CRITICAL INCIDENT REVEIWS (CIR)

- OHCA Clinical Staff reveiws the CIR Reports
- COR Reports: Evaluation and investigation
- Details required
- Submit in a timely manner as indicated on specific report

ADDITIONAL NOTATIONS

- Waiver is always the last payer source
- Must have correct HCPCS codes for all requested items
- OHCA website provides access to “ A” codes for detailed information

<http://www.okhca.org/providers.aspx?id=594>

Q & A DISCUSSION SESSION: ACT III

- Reporting Critical Incidents
- IDT/RN Assessment
- Behavioral Health Recommendations
- Case Management Units

QUALITY PERFORMANCE & REVIEW

- According to the Case Management Service Definition as detailed in the waiver, Appendix C:
- One of the core functions of the Case Manager is the development and updating the Individual Plan of care (CSP)

QUALITY PERFORMANCE & REVIEW

As one of our activities to strengthen our oversight of our waivers, we will conduct Member Satisfaction Surveys.

- The survey's for the most part will be conducted by phone or mailed for the member to complete and return; however, with the Medically Fragile Waiver, we will be scheduling visits to conduct the survey in person
- We hope to get the member's perspective on how we are performing and the success of our programs

QUALITY PERFORMANCE & REVIEW

SEMI-Annual Performance Review Audits:

- Case Management
 1. Monthly Monitoring Report – or –
 2. Case management Progress Notes
 - a) If member is “ High Risk “ – monthly face to face
 - b) If member is unstaffed, please make sure you are receiving missed shift reports or written communication

QUALITY PERFORMANCE & REVIEW

- c) Are services being delivered in the type, scope, frequency as specified on the service plan
- d) Is member satisfied with all services

3. Abuse, neglect & Exploitation signed by the member.

- a) Updated annually

QUALITY PERFORMANCE & REVIEW

Semi-Annual Performance Review Audits:

Home Health

1. Copy of Current Licensure
2. PCA Qualifications:
 - a) OSBI
 - b) Competency

QUALITY PERFORMANCE & REVIEW CONT.

- c) Member Rights, Code of Ethics,
Confidentiality & HIPPA
- d) ODH 805 Employment Application
- e) Community Service Worker's Check
- f) Proof of age
- g) References

QUALITY PERFORMANCE & REVIEW CONT.

h) Nurse Aide Registry

i) Annual Evaluation – Yearly

j) ASR (if applicable), CPR

k) A,N & E

QUALITY PERFORMANCE & REVIEW

Critical Incidents:

- Abuse
- Neglect
- Exploitation
- Any of the items listed on CIR

❖ APS is the lead investigative authority in the event of critical events regarding abuse, neglect or exploitation

CONFLICT FREE CASE MANAGEMENT

- Final Rule 42 CFR§ 441.301
- Termination of Existing Waivers