

Home and Community-Based Services

Standard opening (lead-in music)

Canned: This is a Medicaid Program Integrity Podcast. The Centers for Medicare & Medicaid Services developed and produced these podcasts to keep you informed on Medicaid program integrity topics.

(End music)

Narrator: Welcome to the “Home and Community-Based Services” podcast. This podcast provides information on important program integrity issues for providers and beneficiaries on home and community-based services in the Medicaid program. By being more aware of the vulnerabilities of home and community-based services, providers and beneficiaries can assure the program effectively serves everyone. Let’s join George, a State-certified Family Support Service worker,[1] and Josh, the brother of Rebecca, a Medicaid beneficiary receiving home and community-based services. Josh is Rebecca’s authorized representative and is meeting with George to talk about how Rebecca can effectively manage her care through home and community-based services.

Scene – George’s office:

George: Hi, Josh. Nice to see you this morning. I’m glad you came in today to talk about this in person.

Josh: I’m happy to be here, George. Rebecca is an important member of our family. I want to do a good job for her and make sure her needs are met. I appreciate that you’re willing to help me figure it all out.

George: We all want the best for her, particularly by helping her stay in the community. In our previous discussions, we covered a lot of information. Most importantly, Rebecca met all the criteria for home and community-based services.

Josh: Yep, she’s completed the face-to-face, independent assessment of her functional needs.[2] It was certainly thorough. The doctor really did a great job of covering her needs and strengths, her physical and cognitive health, and the areas where she needs help.[3] There’s no question she meets the criteria for home and community-based services.

George: That’s a critical first step. The Department of Health and Human Services’ Office of Inspector General has reported concerns about compliance with that requirement for Medicare beneficiaries, and[4] even though Rebecca’s covered under Medicaid, the same basic requirement still applies. Remember, the assessment needs to be conducted at least annually. It has to be done sooner if Rebecca’s circumstances change significantly, or if she thinks another assessment should be done.[5] You

should also be aware that if, for any reason, Rebecca's eligibility is reduced, suspended, or terminated, she has the right to appeal to the State Medicaid agency.[6]

Josh: Thank you. You've been helpful in making sure we know how to work with her service plan providers. Rebecca's service plan is great. It clearly lays out what needs to be done. I know our family was happy she had a voice in the discussion of how the program can best help her.[7]

George: Her plan covers the gamut of services and support she needs to continue to live at home instead of being in an institution. You may be surprised to know that more than three million people receive some type of home and community-based services every year.[8] Besides helping Rebecca maintain her independence, having care provided in the home only costs about half of what it costs to live in a nursing home.[9]

Josh: That's interesting. I didn't know that, but I know she's happy being at home. What are some other things we should be aware of for this to be a success for everyone?

George: Well, as I've explained, our State allows Rebecca to participate in what is called "self-directed care." In other words, under Rebecca's service plan and Federal regulations, she and her representative, in this case you, basically call the shots.[10] For example, she sets worker qualifications. She recruits, hires, supervises, and fires her own home workers. She decides their duties, schedules their work, trains them, and evaluates their performance. She also determines how much to pay them and approves their invoices. I know it sounds a little overwhelming.

Josh: Yeah, it does. Rebecca is looking forward to making this all work out, and I think she's kind of excited to be in charge. I'm committed to helping her work through all of this as well. We both have a good understanding of what we need from her home workers.

George: That's great. Having a well thought out service plan helps, but she still needs to pay attention to the integrity of her plan. Unscrupulous providers can exploit services provided in a beneficiary's home. It's important to make sure her workers are honest and qualified to do the job Rebecca is hiring them to do.

Josh: I see your point. What are some of the problems we should be on the lookout for?

George: It appears there are five common issues related to personal care services[11] and improper payments. They include, claims without supporting documentation; services that weren't eligible under State Medicaid policy; services furnished without required supervision; services provided without State verification of the attendant's qualifications; and services billed when the beneficiary is in an institution like a hospital. They collectively represent a serious threat to the integrity of the Medicaid program. The more you and Rebecca can do to ensure her helpers are legitimate and only providing approved services in a proper manner, the better.

Josh: Listening to you run through that list makes it all feel a bit overwhelming.

George: Don't let it bother you too much. Not only can you ask me, but there are a lot of resources available to help you figure things out. For example, our State Medicaid agency has information on its website about home and community-based services, including the maximum amounts allowed for the various services Rebecca needs

from her home workers.[12] There's also plenty of information available on the provider rules.[13]

Josh: I've seen some of that already, and it's been helpful.

George: Just keep in mind a couple other things. I know both of you know this, but it never hurts to repeat it. Never ask her helpers to do anything that is not in her service plan. As you know, Medicaid only authorizes specific activities. Along those lines, never approve payment for any services that weren't provided. You need to remember that the State Medicaid agency monitors her services and payments.[14] If anyone ever asks you to do anything the least bit fishy, please alert the State right away. I'll give you a phone number before you leave today.

Josh: Let me make sure I understand the process before I go. Hire qualified helpers[15] and follow Rebecca's service plan. Have her plan reviewed annually, and let Medicaid know if her circumstances change in any way. Is that about it?

George: That's exactly how the system is supposed to work, Josh. Everyone wins when Rebecca maintains control of her care and her life. And just remember, you can call me any time you have any questions.

(Standard closing with music)

Canned: More questions? For additional information about home and community-based services, contact your State Medicaid agency or the Centers for Medicare & Medicaid Services at [www \[dot\] cms \[dot\] gov](http://www.cms.gov). Follow us on Twitter  [#MedicaidIntegrity](https://twitter.com/MedicaidIntegrity)

References

- 1 New York Office of Mental Health. Division of Children and Families. Home and Community Based Services Waiver Guidance Document. Family Support Service Worker Requirements. Retrieved August 6, 2015, from https://www.omh.ny.gov/omhweb/guidance/hcbs/html/section_300_5.htm
- 2 Independent Assessment, 42 C.F.R. § 441.720(a)(1). Retrieved July 22, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID=2eb9114951547c60e780f4425b6f9947&mc=true&node=se42.4.441_1720&rgn=div8
- 3 Independent Assessment, 42 C.F.R. § 441.720(a)(4). Retrieved July 22, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID=2eb9114951547c60e780f4425b6f9947&mc=true&node=se42.4.441_1720&rgn=div8
- 4 U.S. Department of Health and Human Services. Office of Inspector General. (2014, April). Limited Compliance with Medicare's Home Health Face-to-Face Documentation Requirements. [Report OEI-01-12-00390] Retrieved August 6, 2015, from <https://oig.hhs.gov/oei/reports/OEI-01-12-00390.pdf>
- 5 Assessment of Functional Need, 42 C.F.R. § 441.535(c). Retrieved July 22, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID=2eb9114951547c60e780f4425b6f9947&mc=true&node=se42.4.441_1725&rgn=div8
- 6 State Plan HCBS Administration, 42 C.F.R. § 441.745. Retrieved August 6, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID=30516c3e6e41e2f976ec07d8d8bbc188&mc=true&node=se42.4.441_1745&rgn=div8
- 7 Person-Centered Service Plan, 42 C.F.R § 441.540(b). Retrieved July 22, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID=2eb9114951547c60e780f4425b6f9947&mc=true&node=se42.4.441_1540&rgn=div8
- 8 Kaiser Family Foundation. (2014, December 22). Medicaid Home and Community-Based Service Programs: 2011 Data Update. Retrieved July 19, 2015, from <http://kff.org/medicaid/report/medicaid-home-and-community-based-services-programs-2011-data-update/>
- 9 Kaiser Family Foundation. (2015, May 8). Medicaid and Long Term Care Services and Supports: A Primer. Retrieved July 19, 2015, from <http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/>

10 Service Plan Elements, 42 C.F.R. § 441.468(e). Retrieved August 17, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID=8bbf33618d163121e5c1e80b35d50c9d&mc=true&node=se42.4.441_1468&rgn=div8

11 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (2015, August). Preventing Medicaid Improper Payments for Personal Care Services. Retrieved September 15, 2015, from <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/pcs-booklet.pdf>

12 Missouri Department of Health & Senior Services. In-Home Services Proposal Packet. Retrieved August 19, 2015, from <http://health.mo.gov/seniors/hcbs/ihsproposalpackets.php>

13 Indiana Division of Aging. (2015, May 1). Home and Community-Based Services Waiver Provider Manual. Retrieved August 19, 2015, from <http://provider.indianamedicaid.com/ihcp/manuals/DA%20HCBS%20Waiver%20Provider%20Manual.pdf>

14 Indiana Division of Aging. (2015, May 1). Home and Community-Based Services Waiver Provider Manual. (p. 4-1). Retrieved August 19, 2015, from <http://provider.indianamedicaid.com/ihcp/manuals/DA%20HCBS%20Waiver%20Provider%20Manual.pdf>

15 Provider Qualifications, 42 C.F.R. § 441.565. Retrieved August 17, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID=8bbf33618d163121e5c1e80b35d50c9d&mc=true&node=se42.4.441_1565&rgn=div8

Disclaimer

This podcast was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This podcast was prepared as a service to the public and is not intended to grant rights or impose obligations. This podcast may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this material is voluntary. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

November 2015

