CHOICES Member Training

CONSUMER DIRECT CARE NETWORK

Agenda

❖ Overview of the CHOICES program and self-direction

❖ The roles and responsibilities within the program and Consumer Direct Tennessee (CDTN)

❖ Reporting Requirements

❖ Time Approval in CareAttend and DirectMyCare

Overview

CHOICES Overview

- ❖ TennCare CHOICES in LTSS (or CHOICES for short) is TennCare's program for adults (age 21 and older) with a physical disability and seniors (age 65 and older)

- ❖ Helps with everyday activities that you may no longer be able to do for yourself as you grow older, or if you have a physical disability

- ❖ CHOICES can assist you with things like bathing, dressing, getting around your home, preparing meals, or doing household chores

CHOICES Overview

❖ The program includes care in a nursing home, as well as certain services to help a person remain at home or in the community. These are called Home- and Community-Based Services (HCBS).

❖ You can see more information at: http://www.tn.gov/tenncare/long-term-services-supports/choices.html

❖ In 2008 new legislation was put into place called The Long-Term Care Community Choices Act of 2008

Self-Direction

❖ Participants enrolled in the CHOICES program can choose self-direction

❖ CHOICES offers four service options:

    ❖ Personal Care

    ❖ Attendant Care

    ❖ In-Home Respite

    ❖ Companion Care

Personal Care and Attendant Care

- ❖ Designed to assist an individual with daily activities of living
- ❖ Personal Care visits are hourly services of no more than four hours
- ❖ Attendant Care visits cover the same tasks, but are for longer periods of time
- ❖ Services that are covered include the following:
  - ❖ Eating
  - ❖ Toileting
  - ❖ Grooming

In-Home Respite

- ❖ Offered as needed for caregiver relief
- ❖ Only applies for routine family or other caregivers that are not paid to support the member
- ❖ Can be up to 216 hours per member per calendar year

Companion Care

❖ Someone hired who lives with the member in their home

❖ Helps with personal care or homemaker services whenever need

❖ Available only for members who need care throughout the day and night that can't be provided by unpaid caregivers, and only when it costs no more than other kinds of home care that would meet the member's needs
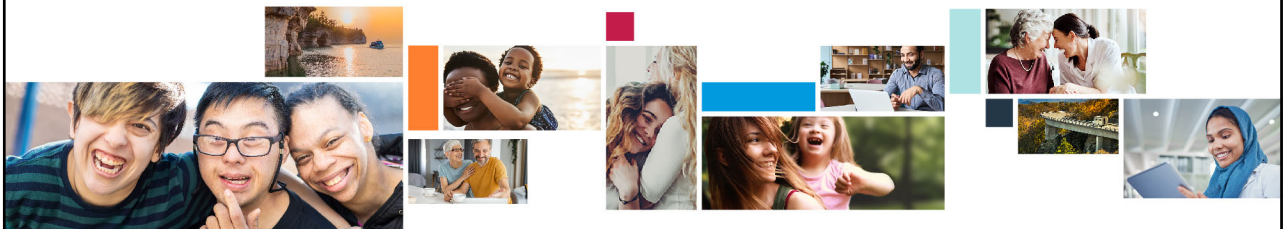
Roles and Responsibilities

Care Coordinator

- ❖ Meeting with the member to identify needs
- ❖ Educating the member on the CHOICES program
- ❖ Working with the member to develop a Person-Centered Support Plan (PCSP)
- ❖ Completing the Risk Assessment and Risk Agreement
- ❖ Ensuring the self-direction backup plan meets the member's needs

Care Coordinator

- ❖ Authorizing individual budgeted services
- ❖ Monitoring service provision for quality and appropriateness
- ❖ Receiving and reviewing all reports submitted by CDTN and the Supports Broker
- ❖ Maintaining monthly phone contact and completing face-to-face home visits
- ❖ Assisting members and representatives in understanding individual services
- ❖ Ensuring the PCSP stays up-to-date

Supports Broker

- Assigned by CDTN
- Provides training and support to members and representatives on:
    - Understanding the program
    - Fulfilling the responsibilities of being an employer
    - Scheduling, training, and supervising self-directed workers
   - Aiding in developing the initial backup plan
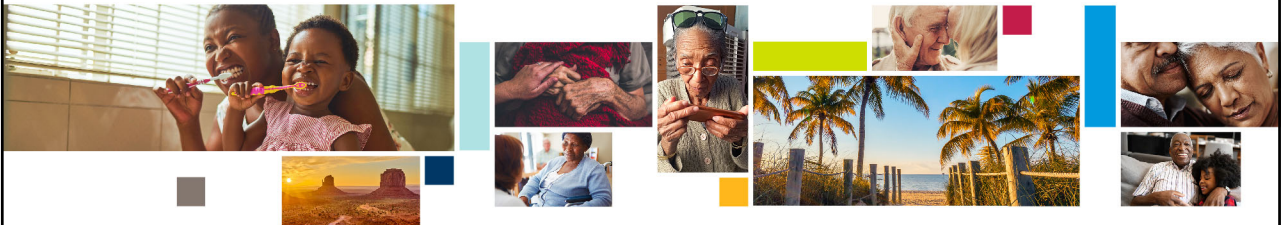
Supports Broker

- Provides training and support on (continued)
    - Annual fraud, waste and abuse prevention, identification, and reporting training
    - Reportable events reporting training
    - EVV and the CareAttend app
- Processes all member and worker paperwork
- Tracks First Aid and CPR certifications

Consumer Direct Tennessee (CDTN)

❖ Provides training and support to workers

❖ Serves as the Fiscal Employer Agent

❖ Pays workers on behalf of the program members

❖ Withholds and deposits taxes and files tax and labor reports

❖ Ensuring the self-direction backup plan meets the member's needs

❖ Provides regular reporting on authorized units

❖ Responds to questions from members, representatives and workers
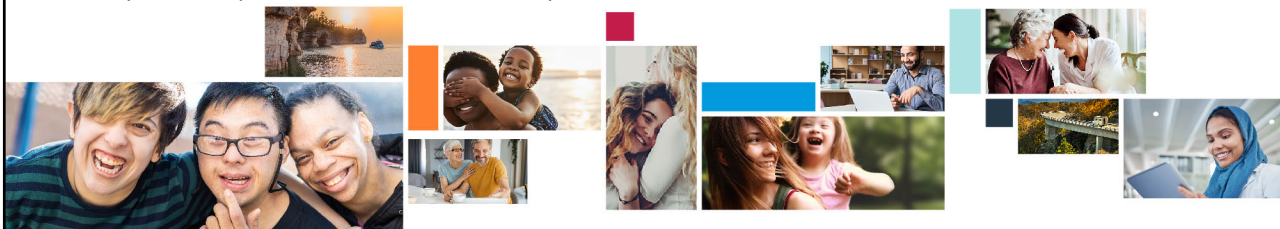
Consumer Direct Tennessee (CDTN)

❖ The CDTN website is available to assist with many other questions and concerns at:

www.ConsumerDirectTN.com

Member

- ❖ Finding, interviewing, hiring and firing workers
- ❖ Determining worker duties and developing job descriptions
- ❖ Training workers to provide personalized support
- ❖ Scheduling and supervising workers
- ❖ Ensuring there are enough workers hired to provide necessary support
- ❖ Ensuring the worker enters time, and approving the hours submitted
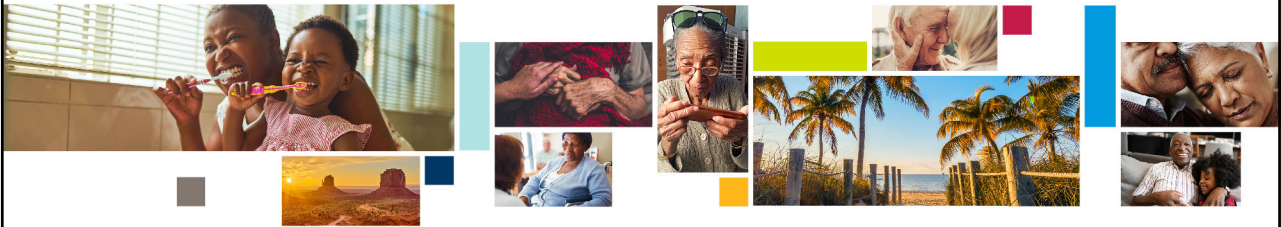
Member

- ❖ Ensuring that no worker provides more that 40 hours of support per week
- ❖ Managing services
- ❖ Evaluating worker performance
- ❖ Setting wages
- ❖ Reviewing and ensuring proper documentation for services provided
- ❖ Developing and implementing the backup plan

Reporting

Dignity of Choice

- ❖ The right of a person to make an informed decision to engage in experiences which are necessary for personal growth
- ❖ The occurrence and reporting of a Reportable Event does not necessarily mean that anyone should have done something differently to prevent the Reportable Event
- ❖ The CHOICES program is designed to encourage members to pursue and achieve their goals, which can mean taking informed, reasonable risks

Reporting

- ❖ As a member in a TennCare program, you are required to report any instances of Medicaid fraud and abuse, as well as any instances of abuse, neglect, or exploitation
- ❖ Reportable events are separated into Tier One and Tier Two events, with other events that also need to be reported
- ❖ Tier one reportable events need to be reported to DIDD's Abuse Hotline within four hours of discovery, and a corresponding REF must be submitted within one business day using the Formstack Link on DIDD's website.

Tier One Events

Tier One events include:

- ❖ Alleged emotional or psychological abuse when medical intervention or treatment is necessary
- ❖ Alleged exploitation exceeding $1000
- ❖ Alleged neglect which requires medical intervention or treatment and all neglect that is potentially felonious in nature when there is not an injury

Tier One Events

Tier One events include:

- ❖ Alleged physical abuse when medical intervention or treatment is necessary
- ❖ Alleged sexual abuse
- ❖ Excluding when an exception is granted by DIDD, members are required to immediately remove a worker or volunteer alleged to have acted in a manner consistent with physical or sexual abuse until DIDD has completed their investigation

Tier One Events

Tier One events include:

- ❖ Unexpected or unexplained death of the member
- ❖ Serious injury of an unknown cause
- ❖ Suspicious injury in which abuse or neglect is suspected and requires medical intervention or treatment

If the member you are caring for is at immediate risk, please dial 911

Reporting Tier One Events

- ❖ Tier One Reportable Events must first be called into the DIDD Abuse Hotline (1-888-633-1313) within four hours of the occurrence or discovery of the event
- ❖ Tier One Reportable Events should also be reported to Adult Protective Services (APS), Department of Children's Services (DCS), or Law Enforcement as required by law
- ❖ A corresponding REF must be submitted to DIDD using the FormStack link within one business day of the hotline report
- ❖ The event must also be reported to CDTN and the Supports Broker
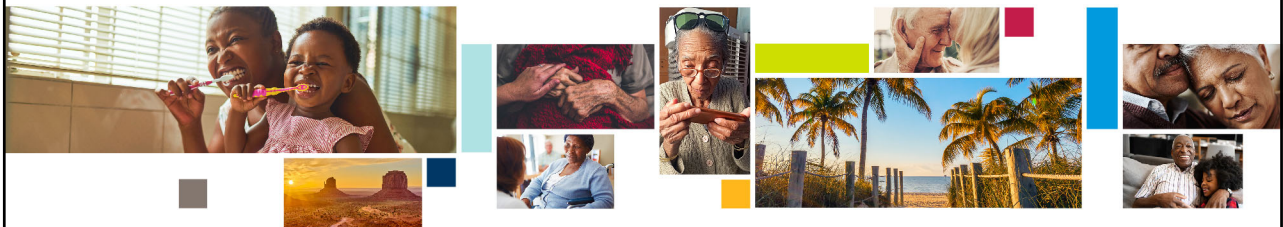
Reporting Tier One Events

If a Tier One Reportable Event, or any other event, poses an immediate threat to the health and safety of a member, workers are required to remain with the member until the threat is removed or the member receives needed medical treatment, if appropriate.

All abuse, neglect, and exploitation events also must be reported to Adult Protective Services within four hours.

Adult Protective Services

To contact Adult Protective Services regarding an event, use their toll-free number:

- ❖ 1-888-277-8366

Additionally, local offices can be reached with these phone numbers

- ❖ Knoxville – 1-865-594-5685
- ❖ Chattanooga – 1-423-634-6624
- ❖ Nashville – 1-615-532-3491
- ❖ Memphis – 1-901-320-7220
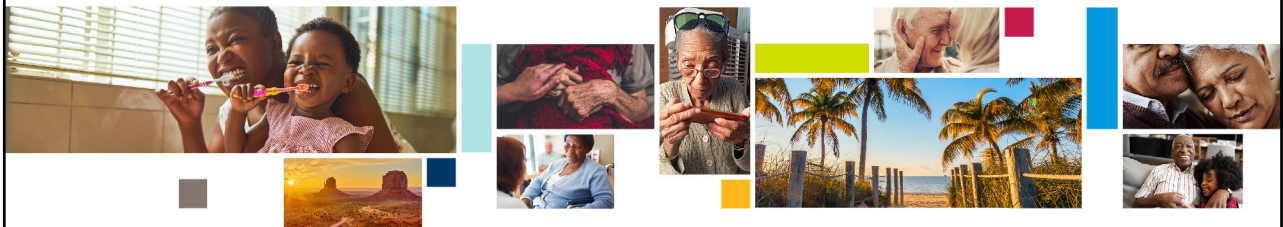
Adult Protective Services

Callers will need to provide:

- ❖ Name of the member
- ❖ Address
- ❖ Age
- ❖ Phone Number
- ❖ Specifics of the reportable event

Tier Two Events

❖ REF must be submitted to DIDD using the FormStack link within one business day of the occurrence or discovery of the event.

❖ The event must also be reported to CDTN and the Supports Broker

Tier Two Events

Tier Two events include:

❖ Alleged emotional or psychological abuse when no medical intervention or treatment is necessary, crisis intervention is not required, and the member is not at continued risk

❖ Alleged exploitation valued between $250 and $1000

❖ Alleged neglect when no medical intervention or treatment is necessary, and the member is not at continued risk of serious harm

Tier Two Events

Tier Two events include:

- ❖ Alleged physical abuse when no medical intervention or treatment is necessary, and the member is not at continued risk of serious harm
  - ❖ CDTN, after seeking the member's preference, shall determine at their discretion and in accordance with their policy whether to remove a worker or volunteer named in a Tier Two reportable event from any or all direct support until DIDD has completed their investigation

Tier Two Events

Tier Two events include:

- ❖ Suspicious injury in which abuse or neglect is suspected but does not require medical treatment or intervention.

Additional Reportable Events

❖ Additional reportable events and interventions, which are not related to abuse, neglect, or exploitation, should also be reported using the REF

❖ These include medical, psychiatric, and behavioral events

❖ Report the event to CDTN, the Supports Broker, and online to DIDD using the REF FormStack Link within one business day
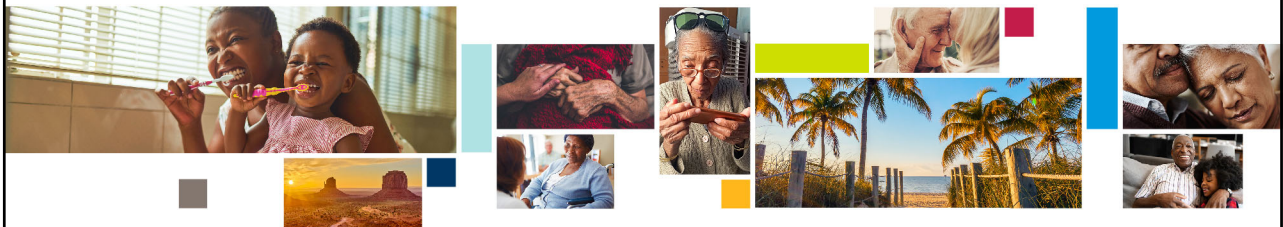
Reportable Medical Events

A medical event is reportable if:

❖ Medical treatment occurs during the delivery of services or is discovered during the delivery of services

❖ Is outside of a diagnosed chronic condition

❖ Requires treatment at an emergency room or urgent care facility

Reportable Medical Events

Reportable medical events include:

- ❖ Cellulitis
- ❖ A choking episode requiring physical intervention
- ❖ Death (other than those that are unexpected or unexplained)
- ❖ Fecal impaction
- ❖ Flu

Reportable Medical Events

Reportable medical events include:

- ❖ Insect or animal bites requiring treatment by a medical professional
- ❖ MRSA
- ❖ Pneumonia
- ❖ Pressure Ulcer/Decubitus Ulcer
- ❖ Seizures that last more than five minutes, or more than one seizure within a five minute period without returning to a normal level of consciousness between episodes
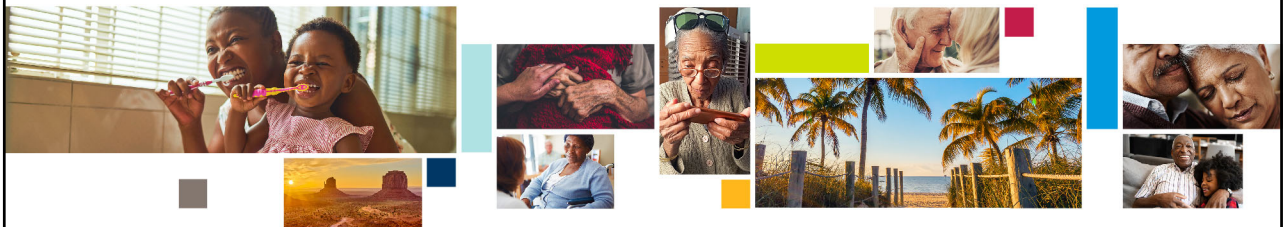
Reportable Medical Events

Reportable medical events include:

- ❖ Sepsis
- ❖ Serious injury of known cause
- ❖ Severe allergic reaction requiring treatment by a medical professional
- ❖ Severe dehydration requiring treatment by a medical professional
- ❖ Skin infection
- ❖ UTI

Reportable Behavioral/Psychiatric Events

A reportable behavioral event is an event in which a person present a challenging action(s) which requires use of a behavior safety intervention or a restrictive behavioral procedure.

- ❖ REF is required within one business day for an event in which a person presents a challenging action(s) that requires use of a behavior safety intervention or a restrictive behavioral procedure that is NOT in their PCSP
- ❖ A consolidated REF is required monthly if the use of a behavior safety intervention or restrictive procedure IS in their PCSP

Reportable Behavioral/Psychiatric Events

A reportable psychiatric event is an event in which a person presents evidence of psychiatric destabilization which requires the use of a psychiatric intervention or crisis services that is not in their PCSP

Reportable Behavioral/Psychiatric Events

Reportable behavioral/psychiatric events include:

- ❖ Behavioral crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by the PCSP
- ❖ Behavioral crisis requiring emergency psychotropic medication
- ❖ Behavioral crisis requiring crisis intervention
- ❖ Criminal or probable criminal conduct

Reportable Behavioral/Psychiatric Events

Reportable behavioral/psychiatric events include:

- ❖ Engagement with law enforcement
- ❖ Physical aggression
- ❖ Property destruction exceeding $100
- ❖ Psychiatric admission or observation
- ❖ Reportable behavior involving physical aggression and/or self-injurious behavior resulting in injury to another person
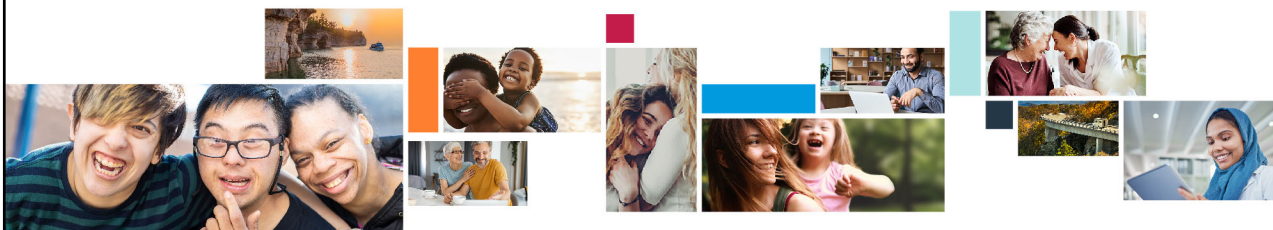
Reportable Behavioral/Psychiatric Events

Reportable behavioral/psychiatric events include:

- ❖ Self-injurious behavior that requires assessment and treatment beyond basic first aid by a lay person
- ❖ Sexual aggression regardless of the desire for participation on the part of the other person
- ❖ Suicide attempt

Other Reportable Events

Other reportable events include:

- ❖ Administration of routine psychotropic medication without consent
- ❖ Emergency situations including fire, flooding and serious property damage that result in harm or risk of harm to the member
- ❖ Fall with injury – minor or major
- ❖ Medication variance or omission
- ❖ The member goes missing for greater than one hour

Other Reportable Events

Other reportable events include:

- ❖ Failure to implement emergency backup plans
- ❖ Unsafe environment
- ❖ Vehicle accident – minor or serious
- ❖ Victim of fire

Reporting Requirements

- ❖ CDTN must immediately report all instances of suspected abuse, neglect, and exploitation
- ❖ All reportable events occurring during the provision of HCBS services by a CDTN employee must be reported following the REF reporting guidelines and copied to the member within the required timeframe

Reporting Requirements

- ❖ If a representative is alleged to have committed abuse, neglect, or exploitation:
    - ❖ They are removed from representative capacity during the investigation
    - ❖ During the removal, participation in the program is suspended unless another representative can be identified within five days
    - ❖ If the allegations are unsubstantiated, participation will be reinstated
    - ❖ If the allegations are substantiated, CDTN and MCO will work with the member to identify a replacement representative

Abuse, Neglect, and Exploitation

Abuse is defined as, "The knowing infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish"

Some examples of abuse may be:

- ❖ The member is over-medicated or over-sedated
- ❖ A worker hits the member
- ❖ A worker yells at a member to hurry up or do things differently

Abuse, Neglect, and Exploitation

Neglect is defined as, "A failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness, which results in injury or probable risk of serious harm."

Some examples of neglect may be:

- ❖ The member becomes dehydrated because a worker is not tending to their basic needs
- ❖ A worker does not keep the member's personal dwelling free from hazards
- ❖ A worker leaves a member with balance problems alone in the bathroom
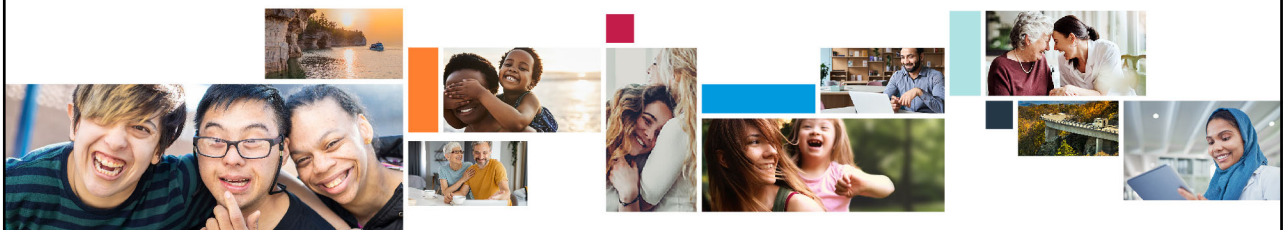
Abuse, Neglect, and Exploitation

Exploitation is defined as, "The deliberate misplacement, misappropriation, or wrongful, temporary, or permanent use of belongings or money with or without consent."

Some examples of exploitation may be:

- A worker reads or withholds the member's mail
- A worker has the member make purchases for them and does not repay the member
- A worker uses their relationship with the member to manipulate items from them, including jewelry, money, or other valuable personal belongings

Fraud, Waste and Abuse of Medicaid Funds

There are different types of misuse of Medicaid funds that you should be aware of:

- Fraud is using Medicaid funds to pay for something that is not allowed on purpose
- Waste is overusing, underusing, or misusing funds without knowing
- Abuse is behavior that results in Medicaid funds being used incorrectly or unnecessarily

The main difference between fraud and abuse is intent. There can be consequences, even if it was not done on purpose, including fines, disenrollment from the program, or jail.

Fraud, Waste and Abuse of Medicaid Funds

Fraud by a worker includes, but is not limited to:

- ❖ Being paid for care that the employee did not or is not allowed to provide
- ❖ Misrepresenting the hours worked/falsifying timesheets
- ❖ Using someone else's identity to work
- ❖ Helping someone else commit fraud

Fraud, Waste and Abuse of Medicaid Funds

Fraud by a member includes, but is not limited to:

- ❖ Allowing a worker to clock in and clock out for work without providing care
- ❖ Asking a worker to provide support or services to family members, or perform duties not outlined in the plan of care
- ❖ Receiving more units or hours of service than needed
- ❖ Approving worker time with the member is hospitalized or in a skilled nursing facility

Fraud, Waste and Abuse of Medicaid Funds

All program members, representatives, family members, workers, Supports Brokers, and Care Coordinators are responsible for reporting Medicaid fraud, waste, and abuse.

If you learn about fraud being committed you can report it to CDTN, the Supports Broker, or online.

Fraud, Waste and Abuse of Medicaid Funds

To report fraud and abuse online:

- ❖ Go to www.tn.gov/finance/fa-oig
- ❖ Click on "Report Fraud" on the left hand side of the page

You can also call the following numbers to report fraud or abuse:

- ❖ Office of the Inspector General (OIG) – 1-800-433-3982
- ❖ Tennessee Bureau of Investigation (TBI) – 1-800-433-5454

Thank you

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