

Fiscal Intermediary Services

Consumer Directed Personal Assistance Services

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Introduction

Ray Donovan - State Program Director
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Consumer Directed Personal Assistance Program
(CDPAP)

Brief Profile

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Overview of Consumer Directed Services

What is the Consumer Directed Personal Assistance Program (CDPAP) ??



What are CDPAP Services?

- The Consumer Directed Personal Assistance
 Program is a unique, specialized program. It is
 administered through the medical assistance
 administration and permits chronically ill or
 physically disabled individuals receiving home
 care services greater flexibility and freedom of
 choice. It restores to the consumer total control of
 their care by requiring them to independently
 direct and manage all aspects of the care they
 receive under their Medical Assistance benefits.
- CDPAP is regulated by New York State Social Services Law.



CDPAP SERVICES

- CDPAP provides services to individuals who have a medical need requiring assistance with ADL's & or skilled nursing procedures.
- CDPAP empowers the participants the freedom and flexibility to direct their services or to delegate a Designated Representative to do so on their behalf.



CDPAP SCOPE OF SERVICES

Personal Care:

- Bathing-Total Bath or assistance with bathing
 - Mouth Care, Skin care, shaving
 - Mobility-Assistance with ambulation
 - Nutrition-Meal preparation and assistance with eating
 - Toileting/Elimination
 - Housekeeping



CDPAP SCOPE OF SERVICES

Specialized Care:

- Skilled Tasks such as wound care, trach care, tube feedings, etc.)
- Physical & Occupational Therapies-Assist with exercise and range of motion.



ELIGIBILITY REQUIREMENTS FOR CDPAP

To enroll in CDPAP, an individual must:

- Be eligible for Medicaid
- Expect to need personal assistance for at least 180 days-This must be validated by a MD orders stating that the consumer will require extended care
- Not be acutely ill
- Be self-directing or have a Designated Representative



- Consumer-A medical assistance recipient who a social services district or managed Medicaid plan has determined eligible to participate in CDPAP.
- Consumer Directed Personal Assistance— The provision of some or total assistance with personal care services, home health services, and skilled nursing tasks by a consumer directed personal assistant under the instruction, supervision, and direction of a consumer or the consumer's designated representative.



Consumer Directed Personal Assistant: An adult who provides consumer directed personal assistance to a consumer under the consumer's (or Designated Representative's) instruction, supervision, and direction. This individual may not be the consumer's spouse, or the Designated Representative of the consumer. Parents of children 21 years or older may be personal assistants. The individual may be any other adult relative of the consumer who does not reside with the consumer unless residence is required due to the amount of care the consumer requires.



 Designated Representative: An adult to whom a consumer has delegated authority to instruct, supervise and direct the consumer directed personal assistant (s) and all consumer responsibilities. This individual may not be the consumer directed personal assistant or an employee of the fiscal intermediary or a representative or affiliated person thereof.



CONSUMER DESIGNATED REPRESENTATIVE

- The Designated Representative acts on behalf of the consumer to direct the care the consumer receives, hires and manages the workers, and does everything that the consumer would normally do to manage their case.
- The consumer relinquishes their supervisory rights to the Designated Representative.
- The Designated Representative can be a volunteer, friend, family member or other adult person.
- The Designated Representative cannot be paid by the local district (county), Medicaid insurance plan, or Maxim.



Authorizing Entities

- PACE programs, or 'Programs of All-Inclusive Care for the Elderly' is a community-based healthcare program created for people 55 and over who require nursing-home-level care, but prefer to receive it in their own familiar surroundings, like their home.
- Managed Long Term Care Managed long—term care (MLTC) is a system that streamlines the delivery of long—term services to people who are chronically ill or disabled and who wish to stay in their homes and communities. These services, such as home care or adult day care, are provided through managed long—term care plans that are approved by the New York State Department of Health.
- Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.
- LDSS or District Department of Social Service districts in New York's 62 Counties. Five of New York's counties are coextensive with NYS's boroughs; therefore all social services programs are administrated by the City of New York.



Fiscal Intermediary: An entity that has a contract with social services districts, Managed Medicaid Plans, or other governing entity to provide wage and benefit processing for personal assistants and other fiscal intermediary responsibilities specified by New York State social services law. The Fiscal Intermediary must be authorized by the New York State Department of Health.

 Maxim FI functions very similar to a payroll and benefits service.



RESPONSIBILITES OF THE FISCAL INTERMEDIARY

- Process the consumer directed personal assistant's payroll
- Monitor the completion and submission of required employment documents
- Responsible for workman's compensation, insurance, and burden of tax (FICA, SUTA)
- Submits claims to Medicaid
- Coordinate payment for insurance and other health benefits for the personal care assistant
- Notify the local district or Managed Medicaid of changes in the consumer's performance or ability to manage their care. Notification is made to the nurse coordinator at the local DSS or Managed Plan



RESPONSIBILITES OF THE FISCAL INTERMEDIARY

- Notify the LDSS or Managed Plan if the following situations occur:
 - Suspected Abuse or Neglect
 - Fraud
 - The consumer is calling the FI to manage issues with their employees
 - Unsanitary living conditions
 - Unsafe situations for the consumer
 - Unsafe situations for their employees

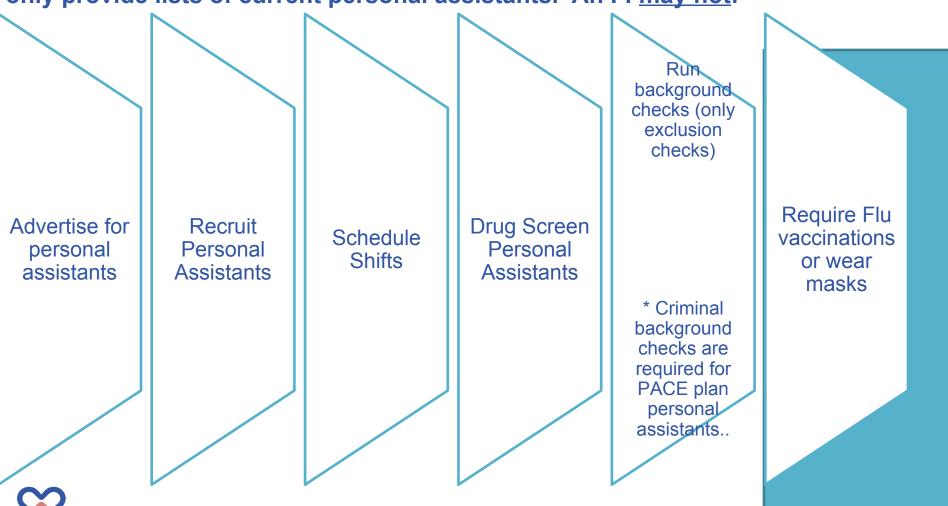


RESPONSIBILITES OF THE FISCAL INTERMEDIARY

- Maintaining and making available for review all records including personnel records, consumer file, grievances and actions/resolutions, data collection and annual reports
- Maxim Facilitates in-home site visits with every program participant
- May attend hospital discharge meetings to insure a smooth transition into the program
- Maxim facilitates remote worker orientations in a consumers home for workers not living near a Maxim office.



The New York State Department of Health has regulated a Fiscal Intermediary may only provide lists of current personal assistants. An FI <u>may not</u>:



CDPAP INTAKE PROCESS

- O We may receive referrals from:
 - Consumer directly
 - Service Coordinator/Case Manager
 - Hospitals or Skilled Nursing Facilities
 - Physicians
- Counties and managed Medicaid Plans are not permitted to make direct referrals. The nurse case manager is required to provide a list of all FI's to the consumer or designated representative.



CDPAP INTAKE PROCESS

- The qualifying state CDPAP program will offer eligible consumers the option to select their CDPAP Fiscal Intermediary.
- Once the consumer selects Maxim, they will be instructed to call the office to initiate services.
- During the initial conversation with the consumer, the following information will be obtained:
 - 1. Consumer demographic information
 - 2. Copy of the authorization for CDPAP services



CDPAP INTAKE PROCESS

- A meet and greet will be scheduled with the consumer at their home.
- The consumer will provide Maxim with a list of the individuals they have identified to provide their care. The consumer will direct these individuals to contact the Maxim office so that the hiring process can begin.



CDPAP HIRING PROCESS

- All consumer selected applicants are referred to the office by the consumer.
- No recruitment is done by the office.
- The office cannot refer candidates to the consumer.
- The consumer must have predetermined workers before they can be included in the CDPAP program.



CDPAP HIRING PROCESS

- Once all background reports are received and satisfactory, the candidate comes into the office to sign the offer letter and to begin the orientation process.
- Health screening requirements will be verified and/or completed during this encounter. All health screening requirements must be met prior to providing consumer services.
 - Immunization Record/PPD
 - Physical done within one year



Oversight of the Personal Assistant

- o Key items to note:
 - * The workers do not call the FI with schedules
 - * Attendance and punctuality are not monitored by the FI
 - * No annual performance evaluations are done by the FI
 - * The personal assistant must comply with the plan of care as indicated by the evaluating nurse.
- The consumer or designated representative is responsible for all supervisory aspects.



SUBSTANCE ABUSE/DRUG TESTING

- Because Maxim functions as the Fiscal Intermediary and is not the employer of the Personal Assistant, we cannot require a CDPAP Personal Assistant to submit to drug testing nor may Maxim terminate the Personal Assistant's employment based on suspected substance abuse.
- Maxim can decide to terminate our contract with a consumer if the Consumer decides to continue to employ the Personal Assistant despite our concerns.



INITIATION OF SERVICES

 Prior to initiating services, a Maxim representative will meet with the consumer and complete the admission paperwork.



INITIATION OF SERVICES

- Prior to initiating services, a member of the Maxim FI team will review the following responsibilities with the consumer or designated representative:
 - To notify the office of any changes in the employment status of each assistant
 - To train, supervise and terminate each assistant
 - To assure that each assistant can completely and safely perform the personal care services as described in the authorization of services



INITIATION OF SERVICES

- To schedule all personal assistants, including substitute or back up coverage
- To assure that the consumer or representative is available to answer all personal assistant telephone calls related to the provision of care or scheduling issues 24 hours/ day; 7 days/week
- To review each timesheet for accuracy and completeness and then to sign all timesheets; or to ensure their employees are signing in and out on the Maxim mobile care phone app, or the telephony system.

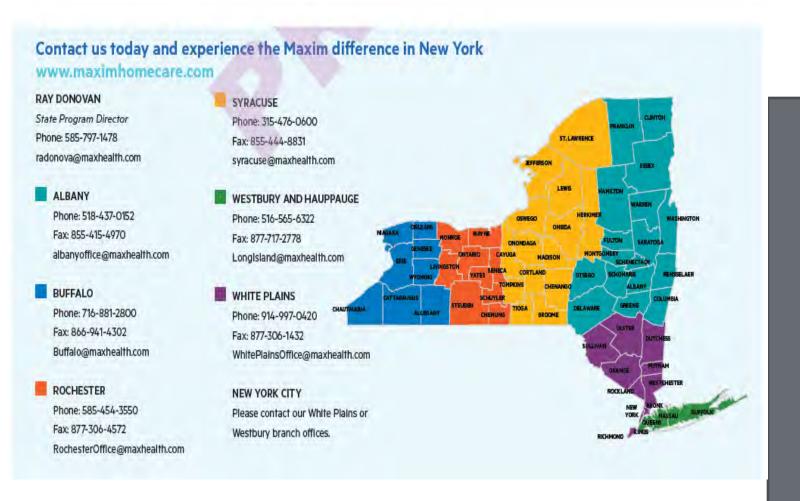


THE MAXIM FI/CDPAP DIFFERENCE

- Branches throughout New York State. Covering All of upstate New York, New York City, and Long Island.
- National corporate structure with an extraordinary Compliance and Ethics program
- Close monitoring of the consumer to promote compliance to regulations and to provide support
- Mobile app allows workers to report time on a smart phone. Each shift is signed by worker, consumer/designated representative
- * Maxim contracts with many counties and managed Medicaid insurance plans. (including PACE Plans)



Locations and Coverage Area





- The final budget establishes a per-member permonth payment for FI services. This change is not in any budget language and will be done administratively by DOH.
- Eliminates existing FI authorization process and requirements related to advertising.
- Establishes a procurement process, effective January 1, 2020, for selection of FIs that would include, but not be limited to, independent living centers and FIs operating since prior to January 1, 2012 who have been continuously providing such services.



- Requires all entities providing FI services on or before April 1, 2019 to apply for a state contract to continue providing FI services. Such entities shall be deemed authorized to provide such services unless the entity fails to submit an application or its application is denied.
- Selection of FIs will be based on criteria that include: ability to appropriately serve consumers; geographic distribution that ensures access in rural and underserved areas; demonstrated cultural and language competencies specific to consumers and workforce; ability to provide timely consumer assistance; experience serving individuals with disabilities; and demonstrated compliance with wage, labor and other laws and regulations.



- Requires FIs to report annually on the direct care and administrative costs of personal assistance services.
- Requires DOH Commissioner to convene a stakeholder workgroup consisting of independent living center representatives; statewide associations of FIs; managed care and local social service district representatives; consumers; advocacy groups; and others. The workgroup shall identify best practices in delivering FI services; develop criteria for FI selection and quality reporting requirements; identify whether services differ for certain consumers; and work with DOH to develop transition plans for consumers that need to switch to another FI.
- Includes certain responsibilities for FIs that cease to operate, including notices to affected consumers, personal assistants, local departments of social services, DOH and managed care plans; transfer of records; not preventing a personal assistant from moving to a new FI; and others.



- Adds new responsibilities to FIs that may include, as determined by DOH Commissioner, assisting consumers to perform their responsibilities in a manner that does not infringe upon the consumer's responsibilities and self-direction.
- Allows DOH to terminate a FI's contract if the Commissioner finds that it has failed to comply with the program's requirements.



CONCLUSION

Questions & Open Discussion







Thank You for participating in our presentation.

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