

PROVIDER BULLETIN

Volume 36 Number 26

<http://dss.mo.gov/mhd/>

May 2, 2014

Addition of Financial Management Services in the Independent Living Waiver

CONTENTS

- **Financial Management Services**

Effective July 1, 2014, as a result of program changes requested by the Centers for Medicare and Medicaid Services (CMS), the Independent Living Waiver (ILW) is changing the reimbursement rate methodology for ILW Personal Care Attendant Services separating the payment of administrative functions from direct care service payment rates.

FINANCIAL MANAGEMENT SERVICES

Financial Management Services (FMS) is a new waiver service providing administrative assistance on behalf of the participant in regards to employer and employee payroll functions and other supportive services.

FMS providers are responsible for at least the following:

- Assisting the participant with verification of worker citizenship status.
- Collecting and processing timesheets of personal care attendant.
- Receiving Medicaid funds for disbursement of payment to attendants, process withholding, filing and payment of applicable Federal, state and local employment-related taxes and insurance on behalf of the participant.
- Ensuring the personal care attendant is registered with the family care safety registry as provided in Sections 210.900 to 210.937 RSMo.

FMS provider must also provide information and assistance to the participant or designee in arranging for, directing and managing services. The FMS provider should assist the participant in identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services. Practical skills training must be offered to enable families and participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication and problem-solving. The FMS provider must ensure that participants understand the responsibilities involved with directing their services. This service does not duplicate other waiver services, including case management.

Additionally the FMS provider must assist the participant in obtaining bids for specialized medical equipment and supplies and environmental accessibility adaptation and ensuring that providers meet the applicable qualifications as specified in the ILW.

While the FMS provides significant support to the participant, participants are still ultimately the employers of record for the direct care worker.

REIMBURSEMENT AND SERVICE LIMITATIONS

- FMS must be prior authorized by Department of Health and Senior Services staff (DHSS), Division of Senior and Disability Services (DSDS).
- All State Plan Consumer-Directed Services must be utilized prior to billing for a personal care attendant in the ILW. One unit of FMS will be authorized, per member per month. FMS shall not be billed unless at least one unit of ILW services has been delivered each month. At this time, the prior authorization will not be made in the HCBS Web Tool. Designated staff in DSDS' central office will complete a paper prior authorization for FMS. A notation will be made in the participant's Case Notes in the HCBS Web Tool once the paper prior authorization has been uploaded and approved.

PROC CODE	DESCRIPTION	MO HEALTHNET MAXIMUM ALLOWABLE AMOUNT
T2040 U6	Financial Management Services	\$110.00 per member per month

The FMS provider must ensure all funds paid for ILW Personal Care Attendant are used to pay the personal care attendant's wages and all employment related taxes and insurance.

RATE CHANGE FOR PERSONAL CARE ATTENDANT

Effective July 1, 2014, the waiver personal care attendant's reimbursement rate in the ILW will change.

PROC CODE	DESCRIPTION	MO HEALTHNET MAXIMUM ALLOWABLE AMOUNT
T1019 U6	Waiver Personal Care	\$3.57 per 15 minute unit

ENROLLMENT

To participate in the ILW Program as an FMS provider, the provider must satisfy the following requirements:

- Be an enrolled MO HealthNet Personal Care provider capable of providing consumer directed service. The applicant *must* first have a Department of Social Services, Missouri Medicaid Audit and Compliance Unit (MMAC) Title XX Social Services Block Grant/General Revenue (SSBG)/(GR) Participation Agreement to provide consumer directed services in order to enroll in the Medicaid personal care program.
- Providers must complete a MO HealthNet Financial Management Services Addendum to Title XIX Participation Agreement For Consumer Directed Personal Care Services.

The MO HealthNet Financial Management Services Addendum to Title XIX Participation Agreement For Consumer Directed Personal Care Services form is available on the Missouri Medicaid Audit and Compliance Unit's website at <http://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/provider-contracts-forms/> or by contacting Provider Enrollment at mmac.ihscontracts@dss.mo.gov.

All individual program safeguards and provider standards applicable to the provision of MO HealthNet state plan services continue to apply.

MO HealthNet will offer two separate conference call sessions offering further discussion and an opportunity for providers to ask questions in regards to the program changes related to the addition of FMS on the following dates:

- May 6, 2014 from 1:00 – 2:00 p.m. call number is (866) 630-9354
- May 7, 2014 from 9:00 – 10:00 a.m. call number is (866) 204-4916

Providers should only register for one session. Providers may register by e-mail at mhd.provtrain@dss.mo.gov for the session you wish to attend. Please provide your provider/company name, National Provider Identifier (NPI), date of session you wish to attend, contact person, phone number and an email address where you can be reached. You will be notified by email to confirm your registration. If the requested session is full, an email will be sent.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896