

Proactive
Program Integrity
within Self-Direction

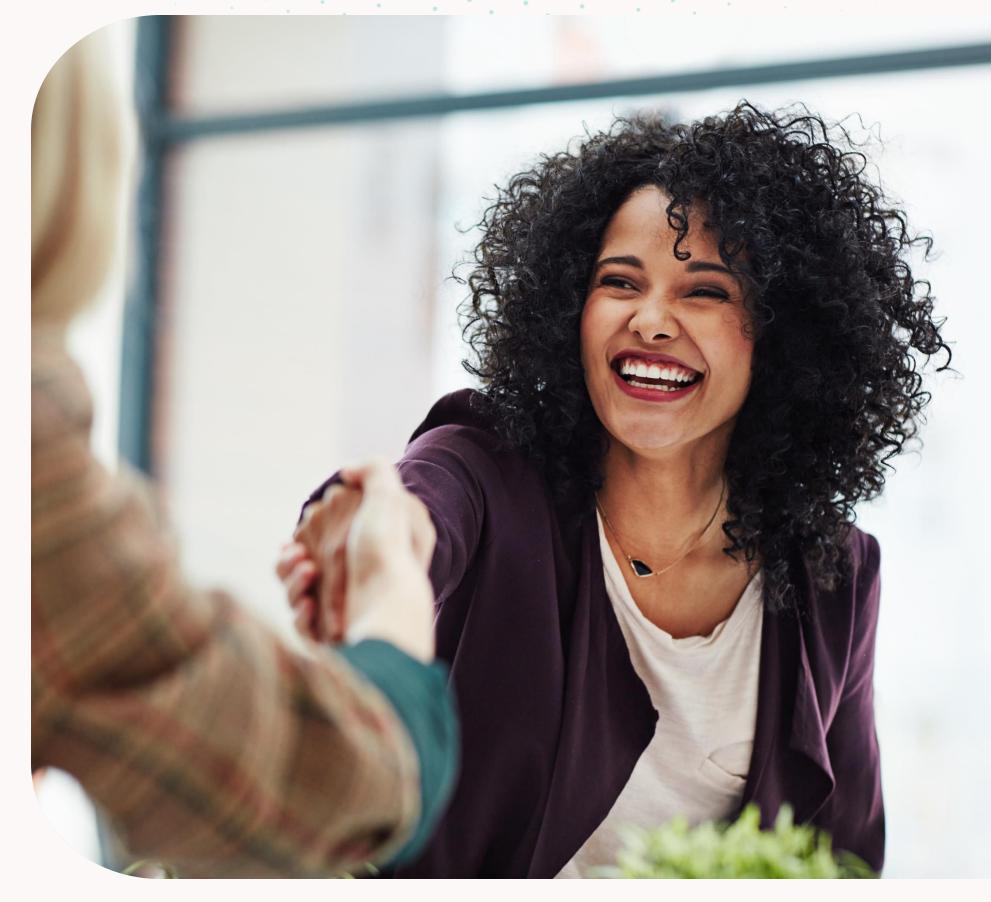
2025 Applied Self-Direction Virtual Conference



## **Program Integrity**

Program integrity refers to the measures taken
by government agencies to ensure that taxpayer
dollars are spent appropriately, effectively, while
preventing fraud, waste and abuse









### Self-Direction: New Jersey & Arkansas

- New Jersey & Arkansas have a long-history self-direction care, more specifically as one of the initial states, along with Florida, to participate in the Cash and Counseling Demonstration and Evaluation.
- Based on the success of the project, CMS added self-direction to 1915(c) wavers by 2002 and added 1915(j) in 2007.





### Self-Direction: New Jersey & Arkansas

- In 2008, CMS approved NJ's 1915(j) state plan amendment (SPA) adding cash and counseling program for self-directing personal care services, known as the Personal Preference Program (PPP).
- PPP has been serving NJ FamilyCare/Medicaid members for over 23 years.
- In 2007, CMS requested Arkansas to submit a 1915(j) to replace the 1115 Demonstration for self-directing personal care services known as Independent Choices (IChoices)
  - **IChoices** has been serving Arkansas Medicaid members for over 24 years.



# Proactive Program Integrity In Self-Direction

#### Opportunities throughout the program's tenure:

- I. Review identified challenges
- II. Reconsider solutions
- III. Innovate service delivery with our community members, advocacy partners, health plans and Fiscal Intermediary's (FI)

Through these experiences, both NJ & AR have learned best practices that guide approaches to support self-direction for the people we serve now and in the future.





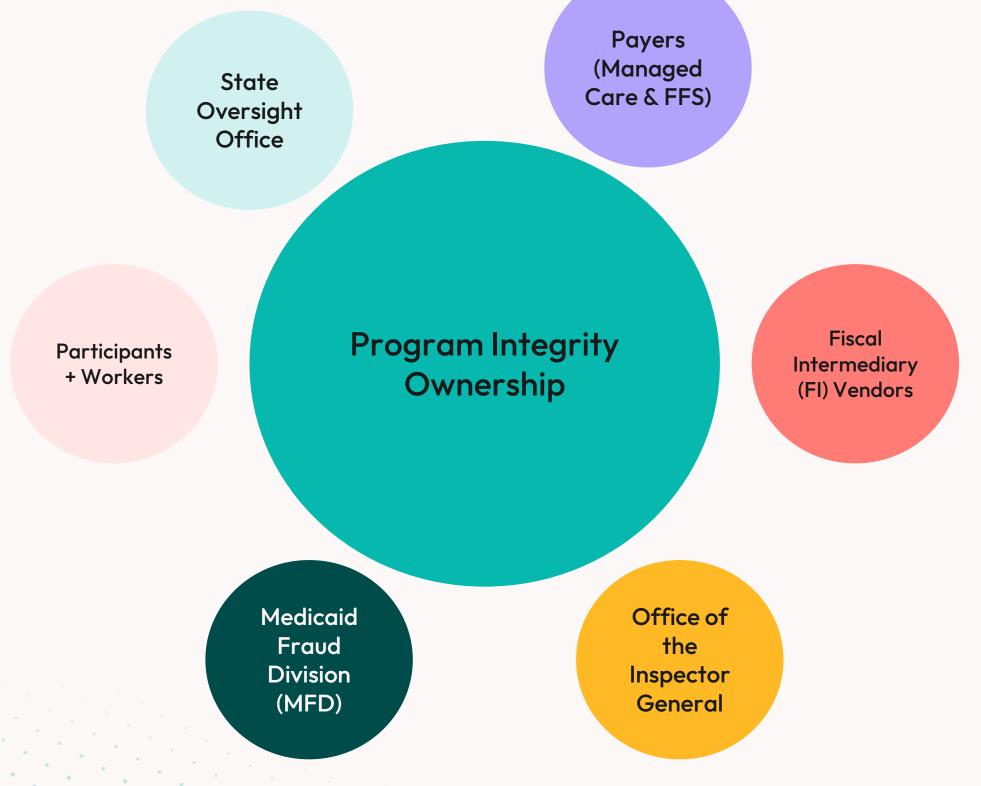


### **Lessons Learned**

- 1. Do not presume to know what participants and their caregivers want or need.
  - If you don't know, just ask
- 2. Our community's voice is an integral part of growth and improvement.
  - Added quarterly PPP Partners Gathering meeting
  - Include community members when reviewing PPP member-facing communications
  - AR quarterly advisory council
- 3. Self-direction programs continue to contend with fraud, waste and abuse narratives.
  - The same applies to any Medicaid provided service



Who is Responsible for Program Integrity?







### Program Integrity Approach

#### **Program Integrity Elements**

- **Eligibility Verification**: Ensuring individuals meet the requirements to participate in a program
- Provider Compliance: Verifying providers meet federal and state participation requirements
- Payment Accuracy: Ensuring payments are made in the correct amount and for appropriate services
- Fraud Detection & Prevention: Implementing measures
  to identify and prevent fraudulent activities informing
  the participant/client about program rules
- Audits & Reviews: Conducting audits and reviews to ensure compliance and identify areas for improvement



### Eligibility Verification

#### Where NJ STARTED

- PPP participants must be eligible for Medicaid services
- NJ Medicaid verifies Medicaid eligibility for Fee-For-Service (FFS)

Where NJ is NOW = Where NJ started +

Managed Care Organizations
 (MCOs) verify eligibility for NJ
 FamilyCare (NJFC) for MCO
 enrolled members

# Where NJ is GOING = Where NJ is now +

Define and implement
 verification practices to
 ensure timely eligibility
 verification for MCOs and FFS



### Eligibility Verification

#### Where AR STARTED

- IChoices participants must be eligible for Medicaid services
- Didn't have sufficient reporting to be informed timely of loss of eligibility or timely of a reinstatement of eligibility
- Monitoring and oversight of budgets and utilization was manual and cumbersome

Where AR is NOW = Where AR started +

- DAABHS IC specialists verify eligibility for enrolled members with re-confirmation check points daily and weekly.
- Information communicated to FI contractor and DHS RN through reporting

# Where AR is GOING = Where AR is now +

- Improvements to current reporting, overall, these processes are highly effective in program oversight
- Initial verification prior to enrollment
- Daily and Weekly reporting that allows us to know when client has lost eligibility or eligibility has been reinstated



### Provider Compliance

\*PPP identifies providers as workers/caregivers providing care to PPP Participants

#### Where NJ STARTED

- FI educates and supports PPP participants with provider compliance requirements.
- PPP participants oversees
   provider compliance of self-hired
   providers
- PPP providers adhere to program rules and requirements

#### Where NJ is NOW =

Where NJ started +

MCOs support PPP members
 with PPP compliance and its
 impact on PPP providers

#### Where NJ is GOING =

Where NJ is now +

- MCOs and contracted Fiscal Intermediaries support PPP members with understanding compliance and its impact on PPP providers
- Implement reporting and oversight activities for MCOs and Fls demonstrating compliance with program rules for workers.



### Provider Compliance

\*IChoices identifies workers/caregivers as

Providers to the IChoices Clients

#### Where AR STARTED

- FI provided management of financial paperwork and budget changes for pay allocation
- FI provided minimal education and supports
- Program management and support was managed in house by DHS counselors
- FMS/SD specialists oversee provider and participant compliance
- Self-Direction providers adhere to program rules and requirements

#### Where AR is NOW =

Where AR started +

- FI provides Information & Assistance and Financial Management support to clients and providers
- Partnership between FI and SD specialists to oversee compliance
- QA Reports- to monitor accuracy between the database versus the MMIS system
- Underutilization Report Analysis

#### Where AR is GOING =

Where AR is now +

- Contracted support outside of FI
  who audits EVV claims for
  duplication of services/Fraud
- DAABH/DHS educating contracted supports on self-direction program
- FI providing program compliance webinars for DHS staff.
- FI to provide EVV Compliance
   webinars to clients and providers



### Payment Accuracy

#### Where NJ STARTED

- FI educates and supports PPP
   participants with managing
   payment accuracy for self-hired
   workers
- Worker submit timesheets to PPP participant for review and approval
- PPP members approve provider timesheets

# Where NJ is NOW = Where NJ started +

NJ PPP State Program Office
 (SPO) and its FI implement
 payment pending rule requiring
 review of timesheets that go
 over the PPP member's
 approved monthly budget

#### Where NJ is GOING =

Where NJ is now +

Implement utilization review requirements for MCOs to proactively support PPP members and workers with proactively managing services within the approved monthly budget



### Payment Accuracy

#### Where AR STARTED

- FI supported self-direction
   participants with managing payment
   accuracy for self-hired workers
- Participant submitted timesheets to
   FMS for payment approval
- FI approved payment on timesheet upon review of authorized plan of care

#### Where AR is NOW =

Where AR started +

- Participants' budgets are monitored by FI to ensure the provider isn't paid more than the Plan of Care allows. Budgets are compared to authorized Medicaid budget
- Medicaid Reconciliation-DHS
   monitors the use of Medicaid funds
   that are disbursed on behalf of the
   beneficiaries.
- Reports that monitor utilization and underutilization of budgets

#### Where AR is GOING =

Where AR is now +

- Electronic automation of budgets to eliminate manual entry and keying errors which impact payment accuracy
- Creating more robust QA reporting utilized by both FI/DHS
- Potential change of payment
  methodology to better serve and
  control payment accuracy



### Fraud Detection & Prevention

#### **Case Review: RACI Matrix**

Responsible Accountable Consulted Informed

#### Where NJ STARTED

- FI educates and supports PPP participants with understanding fraud, waste and abuse detection and prevention expectations for program participation
- FI re-educates PPP members and workers during required quarterly face-to-face meeting.
- PPP SPO reviews reported cases of fraud
  - In instances of substantiated fraud: FI
    vendor engages with PPP participant and/or
    worker to recoup inappropriately paid funds

#### Where NJ is NOW =

Where NJ started +

- PPP SPO and MCOs review reported cases of fraud
  - In instances of substantiated fraud:
     FI vendor engages with PPP
     participant and/or worker to
     recoup inappropriately paid funds.
  - MCOs submit case to its Special Investigation Unit (SIU) for potential submission to the Medicaid Fraud Division (MFD)

#### Where NJ is GOING =

Where NJ is now +

Implement utilization review
requirements for MCOs to
proactively support PPP members
and workers with managing services
within the approved monthly budget



### Fraud Detection & Prevention

#### Where AR STARTED

- DHS Self-Direction Counselors did desk audits on client files and requested timesheets from FI to review payment disbursement against authorized budget (POC)
- Limited reports available ex Hospitalization,
   Nursing Homes
- Allowed budget funds to be reduced and put into an account for discretionary funds affecting budget use for care needs.
- Reported suspected fraud to OMIG

#### Where AR is NOW =

Where AR started +

- Partner with OMIG: Ensure
   understanding of how your Self direction program works and what
   safety's you have in place to prevent
   fraud.
- Quarterly meetings with OMIG and established reporting mechanism.
- Quality Assurance Checks in Data
   Analysis for early detection of fraud
   and misuse of funds

#### Where AR is GOING =

Where AR is now +

- Develop more robust Q/A reporting
- Continue with existing

   communications and partnership
   with OMIG
- More FWA webinars with clients and providers
- Require Fraud Prevention video as part of the enrollment process
- FI's website to contain FWA videos for reference



### **Audits & Reviews**

#### Where NJ STARTED

- PPP SPO and FI review PPP
   participant utilization for
   overpayments, fraud, waste and
   abuse of program funds
- Office of the Inspector General (OIG)
   PPP audits
- Office of State Comptroller (OSC)
   PPP audits

#### Where NJ is NOW =

Where NJ started +

- Based on OIG / OSC audit findings,
   SPO implements best practice
   recommendations to improve
   program oversight
- MCOs submit quarterly fraud report of member and worker fraud cases activities to PPP SPO
- PPP SPO reviews report and provides
   MCOs with guidance/feedback on
   next steps as needed

# Where NJ is GOING = Where NJ is now +

Implement utilization review
requirements for MCOs that
proactively review PPP members for
disqualifying events, such as
hospitalization and facility admissions



### **Audits & Reviews**

Case Review: Process Mapping
Workflow

#### Where AR STARTED

- DHS Nurses (RN) reviewed Plan of Care Activity while SD Counselors handled everything manually through desk audits and paper file pulling
- Had a Q/A department for auditing of the program
- Kept accurate documentation and paper files that were also monitored by Q/A team
- Reports to the Inspector General (OIG)

#### Where AR is NOW =

Where AR started +

- Self-Direction in Arkansas has established reporting for all areas of the program.
- Our reporting and processes are integrated into the managing of the program which allows us to detect any issues promptly in real time.
- Robust Team of Auditors System to system comparison and analytics (DMS, FI, SD Team, EVV vendor)

# Where AR is GOING = Where AR is now +

- Continue to develop robust reporting as the programs changes and grows
- Continue to have auditing provided by outside contractor for EVV





# The Future: Program Integrity Improvements

- Electronic Visit Verification: Tracking performance and working with stakeholders to engage non-compliant participants and workers
- Drop Down Q & A to verify eligibility for specialty time submissions
- Increased Data Analytics
- Consistent review of pend rules for time submissions
- FWA Tracking & Member Education





#### **PANELISTS**

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