

CIP1A/B- BIW PROGRAM UPDATE

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General Info

BIW

CIP 1A

CIP1B

Update # 2005-01 CORRECTED/AMENDED

Date: February , 2005

SIMPLIFYING THE ANNUAL RECERTIFICATION PROCESS AND REDUCING COUNTY REPORTING BURDEN

We are very pleased to announce a new process for CIP 1A and CIP 1B that will greatly reduce the volume of required reporting and correspondence we ask from counties. We are sending this to you in newsletter format so we can implement this as quickly as possible. The appropriate section of chapter VII of the BDDS Manual will be updated shortly to codify this change.

In the past, we required counties to submit a number of forms on each waiver participant annually. We required financial eligibility forms, updates to document the level of care and an updated service plan. With CIP 1 and BIW combining to serve almost 12,000 people, this amounts to a very large volume of correspondence. While the processes involved in these three reports remain required, the task of sending the documents in annually represents a major burden to counties. On the state side, we must record and then file this correspondence. Again the staff time and cost of this is considerable.

With the availability and new requirement for Counties to use the Long Term Care Functional Screen on an annual basis, a review of the process was in order. We have developed a new process that we are confident you will find logical and less burdensome that still meets the requirements of the Centers for Medicare and Medicaid Services (CMS).

The new process relies on county staff providing a signed assurance that all required, recurring processes have been completed in a timely way. County support and service coordinators will receive a listing of program participants in the month prior to the recertification due date. Please refer to a sample reporting form attached. This report will contain preprinted information on each person and a corresponding empty box to permit a reporting and/or error correction to be made by County staff. These updates

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or corrections are sent to BDDS so they can be entered into the internal BDDS information system PRO-Act. The County will receive the customary recertification letter for the participant's file.

There are two new items on this report that were not part of the recertification process. They are two date verifications. The first permits the county to assure us that the informed consent form and process required by HFS 94 is up to date. The second permits the county to indicate that the data recorded on the HSRS L-1 screen is correct and up to date. Clearly in this case, our concern is with data accuracy. In both of these cases, the underlying operation was already required. What we have now done is used the recertification process as a good time for a reminder that these need to be done and to permit you to assure us your records are up to date.

This new process will all but eliminate State level files for CIP 1A and CIP 1B. We continue to need the recertification paperwork for the Brain Injury Waiver due to the level of care determination process performed by the BDDS nurse. In the event we need information on a Waiver participant for a CMS random review or a critical incident intervention, we will need access to copies of county file materials.

Reminder: Annual recertification is a waiver requirement. Signing the form without completing the required processes could result in a disallowance of the participant's annual costs during an audit of the County's files.

Mike Linak, Interim Director

Ken Golden, Waiver Manager

PRO-Act COUNTY Monthly Recertification Assurance Report INSTRUCTIONS

GENERAL DESCRIPTION OF PROCESS, FORM & INSTRUCTIONS FOR USE

STEP 1

On or immediately after the first work day of every month, DD Services staff will produce and mail reports for all Waiver participants who require recertification by the end of the next month following (e.g. Recertifications due in February will be sent at the beginning of January). Reports will be sorted so that each support and service coordinator will only receive a report listing of their assigned participants. Reports will be sent to the County DD or LTS coordinator or designated county contact who will distribute them to the appropriate support and service coordinator.

STEP 2

Review preprinted data on the report in fields 1-3. Use the corresponding numbered box to fill in the correct information if something preprinted on the report is incorrect.

STEP 3

Fields 1-3 show information about the participant that is currently on state data systems. Update fields 1-3 only if there is a change or an error.

Field 2: In field 2, you will note there is a description of the person's current living arrangement and their address. The living arrangement data includes the information currently on file in HSRs. The address information comes from a different Bureau database. We included the living arrangement information on this report as a reminder so that if the address changes, county staff can also determine if the type of current living arrangement also need to be changed. For example, if a person moves from place 1 (say a 4 bed adult family home) to place 2 (say an apartment that the person rents), we ask the county staff who fill out this form to take action to make sure that the HSRs data is updated by your HSRs contact person.

Fields 4-8 represent processes and forms that were part of the original recertification process. County staff are still required to fill out the forms noted according to the instructions in the Waiver Manual but instead of submitting the forms, need to enter the following information on the "Recertification Assurance Report:"

- Field 4... Perform all actions necessary to complete the DDES 919 form for the person. Put a check mark if the DDES 919 form establishes the person's financial eligibility for the waiver.
- Field 5... Complete a new Long Term Support Functional Screen and enter the date the screen was completed and functional eligibility was established.
- Field 6... Enter the actual level of care derived in filling out field 5.

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- Field 7... Update the person's Individualized Service Plan. This involves conducting a formal planning process with the person, their family, guardian, providers and others involved in the person's life and completing the form. Enter the date on which the person or their guardian signed the plan and the process was completed.
- Field 8... Enter the daily rate based on the cost of all services for the calendar year divided by the number of days in the year.

STEP 4

Fields 9 and 10 cover two requirements that apply to the waiver program. The first relates to the need for informed consent for services required every 15 months by HFS 94.03(1) (f) of the Wis. Admin. Code. The second relates to a contractual requirement requiring counties to report accurate data on HSRS.

- Field 9... Explanation: HFS 94.04 (1) requires that counties and all providers to notify the waiver participant and/or their guardian of his or her rights under HFS 94 at the time of or before services begin, excluding emergency services. HFS 94.04 (3) requires counties and providers to re-notify waiver participants of their rights at least annually. The entry of a date into this field is intended to provide the department with the assurance that the county has complied with this provision of the HFS 94 rule. The assurance provided on the Recertification Assurance Form/Report is intended to only apply to notification by the County and not to the notification required of each provider serving the individual waiver participant. We recommend counties contractually require these providers to comply with this rule requirement.

Instruction: Enter the last date on which this required notification last occurred. Typically, counties will obtain a signature of the participant or guardian when this happens- enter the date the form used was signed. Note that the assurance given in field 9 only indicates that at the time this Recertification Assurance Form/Report was submitted, required notification of rights was up to date. Counties need not align this notification date with their recertification date.

- Field 10... The County should have someone review the data on the L-1 screen to see if the information is current. If it is not, the fields should be corrected. When all the data on that screen has been reviewed and is correct, place a check mark in the box next to the field name for field 10.