

# **HOME AND COMMUNITY-BASED MEDICAID WAIVER PROGRAMS CRPD, ACCAP AND TBI**

An Operational and Procedural Manual  
for Case Managers

NJ Department of Human Services  
Division of Disability Services  
Office of Home and Community Services

# **Case Management Duties and Responsibilities**

The case manager's role is  
driven by the Waiver  
Assurances.

➤ States providing HCBS waiver services **must make specific assurances** to the federal government.

➤ A state can **only continue operating HCBS services** if they comply with the Assurances.

# Assurances at a Glance

1. Level of care
2. Service planning
3. Qualified providers
4. Health and welfare
5. Financial accountability
6. Administrative authority

For an approved HCBS waiver, a state must regularly submit evidence to CMS that the program is in compliance with the waiver design and the Assurances.

- A state must identify "performance measures" to monitor how well it is meeting each federal assurance.
- States report on progress in meeting their measures in an Evidence Report to CMS.
- Performance measures are linked to the assurances.

# Assurances

1. **Level of Care** – People are eligible for the HCBS services they receive.
2. **Service Planning** – A person's needs are accurately reflected in a person-centered service plan.
3. **Qualified Providers** – Workers providing services are qualified.
4. **Health and Welfare** – People are protected from abuse, neglect and exploitation.
5. **Financial Accountability** - Only approved services are paid; service costs don't exceed institutional costs.
6. **Administrative Authority** – State Medicaid agency is accountable to CMS.

Much of what case managers are asked to do, and particularly how they document what is done, ties back to the assurances.

A key role of the case manager is assuring that the HCBS waiver works to meet participant needs and improve outcomes.

Quality services and supports begin with the interaction between a participant and a case manager.

Quality depends on the case managers to implement the safeguards contained in the assurance.

# Key Case Manager Functions for Quality

- ✓ Assessment
- ✓ Service Plan Development
- ✓ Referral
- ✓ Monitoring
- ✓ Remediation
- ✓ Documentation

# Assurances in Action

- What are the requirements of the assurances?
- What are the case management responsibilities in meeting the assurance?

# Assurance

## Level of Care (LOC)

- Anyone receiving services under the HCBS waiver would otherwise qualify for Medicaid reimbursable institutional care
- Initial LOC
- LOC reassessment

# Assurance

## Service Planning

- A person's needs and preferences are accurately assessed and reflected in a person-centered service plan, the plan of care (POC)

# **Components of this assurance include:**

- ✓ Assessment
- ✓ Service planning
- ✓ Service delivery
- ✓ Choice

# **Assessment**

Every waiver participant must have an assessment of his/her needs, goals and health and safety risks.

# **Service Planning**

Every participant must have a written service plan that addresses his/her needs, goals and health and safety risks.

# **Service Delivery**

The state Medicaid agency will only pay for services that are authorized by, and delivered in accordance with, a current service plan.

# Choice

Participants get to choose if they prefer getting services in a home or a community-based settings as opposed to an institution.

# Case Managers Make Sure:

- ✓ Participants are at the center of the planning process
- ✓ Providers get paid
- ✓ Participants make informed choices
- ✓ Things are working as they should

# Assurance

## *Qualified Providers*

Agencies and staff providing services under the HCBS waiver must be qualified to provide those services.

# Assurance

## *Health and Welfare*

- This assurance focuses on the reporting, investigation and resolution of “critical events” that involve waiver participants.
- A state must **describe the system it will use for reporting and investigating critical incidents.**
- The case manager’s role under this assurance is one of astute observation, documentation and action.

# Assurance

## *Financial Accountability*

- A State Medicaid agency pays only for services that are approved and provided
- The costs cannot exceed the cost of a nursing facility or institutional care
- Financial integrity
- Cost neutrality

# Assurance

## *Administrative Authority*

State Medicaid agency retains authority over HCBS waiver decisions and oversight, even if the administration and operation of the waiver is decentralized to other agencies.

## **Plan of Care (POC)**

- Development
- Implementation

## **Plan of Care Change**

- Minor
- Major

# Documentation and Recordkeeping

- Accurate
- Timely
- Complete

# **Cost of Service Monitoring and Management**

- Projected Costs
- Cost Neutrality
- Documentation

# Client Maintenance Activities

- Transfer
- Termination
- Record Retention

# **Abuse, Neglect and Exploitation**

- Reporting Process
- OCHS Incident Review

# **Special Service Requirements**

- Modifications Environmental/Vehicular
- PERS

# **Questions**

**Contact the Division of Disability  
Services**

**at**

**(609) 631-2455 or 1 (888) 285-3036**