OLTL Service Coordination Roles and Responsibilities Module

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# Service Coordination Training

Welcome. The Office of Long-Term Living developed this training to support Service Coordinators and their supervisors in developing the skills and knowledge required to provide service coordination services effectively and in compliance with state and federal standards.

This training applies to people performing service coordination in the OBRA Waiver and Act 150.

## Modules Overview

Service Coordination in these programs is a service that assists a participant in gaining access to needed waiver and program services, medical assistance state plan services, and other medical, social, and educational services regardless of funding source. This includes developing plans that include multiple funding sources and varying levels of formal and informal support.

Four online training modules were developed to cover the requirements and best practices required to perform service coordination. These modules are:

* Roles and Responsibilities,
* Funding and Service Delivery Models,
* Developing Service Plans, and
* Monitoring and Updating Service Plans.

Before we move on, let’s take a moment to review some terminology.

## Terminology Updates

A person’s physical and cognitive ability are assessed to determine if they are eligible for the program. This may be referred to as functional or clinical eligibility.

In the enrollment phase, an individual’s clinical eligibility is assessed using two different tools, based on the program.

Let’s start with the Act 150 program. The Functional Eligibility Determination (FED) tool is used to determine clinical eligibility. Along with the Physician’s Certification, the FED determines whether the individual is Nursing Facility Clinically Eligible (NFCE) or Nursing Facility Ineligible (NFI). The FED is updated during the annual reevaluation.

Now, let’s look at OBRA. The FED tool is also used with the Physician’s Certification to determine clinical eligibility. The level of care for OBRA is called Intermediate Care Facility/Other Related Conditions (ICF/ORC).

In addition to determining an individual’s physical and cognitive capabilities, the enrollment process also assess their long-term services and supports needs. The needs assessment tool for both Act 150 and OBRA is the Care Management Instrument (CMI).

A participant’s plan in both Act 150 and OBRA is called the Individual Service Plan (ISP). Service plans document a participant’s goals, services, risks, and mitigation strategies.

## Roles and Responsibilities

Now, let’s get started with Roles and Responsibilities. In this module, we’ll review the agencies and individuals involved in providing services to participants in the state and federally-funded Home and Community-Based Services programs, as well as Pennsylvania regulations governing service coordination.

## Objectives

After completing this module, you will be able to:

* Identify the federal, state, and local organizations involved in funding and delivering long-term living services.
* Discuss PA regulations related to service coordination.

During emergency situations when the Governor issues a disaster emergency declaration, OLTL may need to make temporary changes to the OBRA waiver through an Appendix K amendment, to allow flexibilities in responding to the emergency.

OLTL may also decide to allow similar flexibilities in the Act 150 Program. If OLTL elects to allow temporary flexibilities to a waiver or Act 150, OLTL will inform providers of the approved changes through a ListServ email.

## Centers for Medicare & Medicaid Services

Let’s begin at the federal level. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare and Medicaid programs offered by each state.

In Pennsylvania, Medicaid programs are called Medical Assistance (MA) programs. CMS approves the Medical Assistance state plans and programs. It also monitors programs and pays special attention to quality, consistency, and participant choice.

## CMS Assurances

CMS has developed a series of program requirements, called “assurances.” States must meet these assurances in order to continue to receive federal funding and support.

Let’s learn about what the assurances include.

### Level of Care

Ensures the consistency, timeliness, and accuracy of initial assessments, annual reevaluations, and state monitoring.

### Service Plan

Ensures participant needs, goals, preferences, and outcomes are identified and met. Plans are updated as needed and the state provides oversight in the planning process.

### Qualified Providers

Ensures the organizations that provide Home and Community-Based Services (HCBS):

* Meet licensing and certification standards.
* Adhere to requirements.
* Are monitored by the state.
* Meet standards for training and development of their employees.

### Health and Welfare

* Ensures the participant's ongoing and changing health and welfare needs are met.
* Requires continuous, proactive monitoring and remediation to prevent abuse, neglect, exploitation, or abandonment.

### Financial Accountability

Ensures effective financial stewardship of public funds including authorization and billing policies, procedures, and requirements.

### Administrative Authority

Ensures effective policies and reporting to demonstrate program effectiveness.

## CMS Assurances – Documentation

Service Coordinators are critical in seeing that Pennsylvania meets or exceeds these assurances. Effective service coordination documentation is essential to this process. Documentation proves that Pennsylvania provides needed levels of care and acts as an effective steward of federal funds. Without this proof, Pennsylvania could be at risk of losing its federal funding and participants could lose services.

## Department of Human Services – Office of Long-Term Living

The Centers for Medicare & Medicaid Services will only work with a single state agency in administering waiver programs. In Pennsylvania, CMS works with the Department of Human Services (DHS). The Department contains several offices that manage different aspects of federal and state programs, including the Office of Income Maintenance, the Office of Medical Assistance Programs, and the Office of Long-Term Living.

We’ll start with the Office of Long-Term Living (OLTL). The Office of Long-Term Living’s purpose is to build and maintain a long-term living system that supports quality of life for older Pennsylvanians and adults with physical disabilities. OLTL recognizes that the majority of Pennsylvanians will need assistance with daily activities such as bathing, dressing, and meal preparation at some point in their lives due to aging, injury, illness, or disability.

## OLTL Structure

There are six bureaus within OLTL.

### The Bureau of Fee-For-Service Programs

The Bureau of Fee-For-Service Programs manages provider focused activities and functions in OLTL. The Bureau:

* Oversees MA provider enrollment activities under provider types 03, 07, and 59 in coordination with the Office of Medical Assistance Programs.
* Handles claims management in fee-for-service (FFS) programs, such as Act 150 and other waiver programs.
* Oversees the financial management contract, which provides payroll assistance to participants of the self-directed model of care.
* Directs the Quality Management Efficiency Teams (QMETs) that audit and analyze the quality and efficiency of services delivered by providers who participate in OLTL’s FFS waiver/programs to ensure compliance with state and federal regulations.
* Reviews and approves new and amended service plans for OLTL’s FFS waiver/programs.
* Provides technical assistance to Service Coordinators (SCs) and providers for participants receiving home and community-based services (HCBS) through OLTL’s FFS waiver/programs.

This Bureau has two divisions:

* Division of Provider Operations
* Division of Fee-For-Service Operations

### The Bureau of Coordinated and Integrated Services

The Bureau of Coordinated and Integrated Services is responsible for the administration and oversight of the Community HealthChoices managed care organizations (CHC-MCOs) that provide managed long-term services and supports to eligible participants. The Bureau is also responsible for the development and management of the Living Independence for the Elderly (LIFE) managed care program. The Bureau:

* Assesses changes in state or federal regulations to identify the impact on the CHC-MCOs, the LIFE program, and their agreements.
* Negotiates agreements with managed care organizations and contracts with other vendors that support Bureau functions.
* Imposes program sanctions and penalties, where appropriate.
* Directs corrective action plans for CHC-MCOs and other contractors.

This Bureau has three divisions:

* Division of Participant Supports
* Division of Monitoring and Compliance
* Division of Integrated Care Programs

### The Bureau of Policy Development and Communications Management

The Bureau of Policy Development and Communication Management supports the strategic policy and communication goals across all bureaus and OLTL’s Deputy Secretary’s Office. The Bureau:

* Plans, coordinates, evaluates, and develops policies and procedures across OLTL, and coordinates internal and external communication with stakeholders.
* Serves as a liaison with other DHS programs and policy offices and other Commonwealth agencies.
* Supports all bureaus in the development of consistent policy, evaluating impact, and improving strategic directions.
* Serves as the liaison with DHS’s “Right-to-Know” law office.
* Coordinates the submission of the state plan amendments, home and community-based waivers, and other program documents to the federal government.
* Coordinates changes to the CHC Agreement.

This Bureau has three divisions:

* Division of Policy Development and Analysis
* Division of Communications Management
* Division of Community Living Program Initiatives

### The Bureau of Finance

The Bureau of Finance manages and monitors OLTL’s appropriations and operating budget. The Bureau:

* Serves as liaison to the DHS budget office and the Governor’s budget office.
* Develops and manages managed care and FFS-related fiscal activities including:
* Rate setting,
* Cost reporting,
* Budget reporting and submissions,
* Audits, and
* Fiscal management of grants and contracts.

This Bureau has two divisions:

* Division of Budget Development and Operations
* Division of Rate Setting and Auditing

### The Bureau of Quality Assurance and Program Analytics

The Bureau of Quality Assurance and Program Analytics is responsible for ensuring that valid statistical and procedural methodologies are used to collect and analyze quality control data to evaluate and improve service delivery and to ensure compliance with federal and state regulations. The Bureau:

* Manages data analysis to measure the effectiveness of program design and operations, and ensures required reports are provided to CMS and other regulatory entities.
* Manages and coordinates the ventilator dependent and durable medical equipment exception programs.
* Supports OLTL management in the development and implementation of policies and procedures.
* Directs the development and implementation of internal and external training to improve service delivery.
* Oversees the analysis of data obtained through consumer satisfaction surveys and provider performance measures.
* Oversees internal and external activities of OLTL Monthly Quality and Quarterly Quality Review meetings reviewing waiver assurances.

This Bureau has two divisions:

* Division of Quality Assurance
* Division of Program Analytics

### The Bureau of Human Services Licensing

The Bureau of Human Services Licensing is responsible for the:

* Overall management and coordination of Personal Care Home and Assisted Living Residences licensing programs administered by DHS in the Central, Northeast, Southeast and Western regions.
* Management, planning, direction, oversight, design, development, and administration of licensing statutes, licensing regulations and policy, licensing enforcement policy, licensing training, licensing research, and licensing data systems for more than 1,100 out-of-home care settings licensed by the department serving over 67,000 adults with mental illness, developmental disabilities, physical disabilities, behavioral, and/or cognitive disorders.

This Bureau has five divisions:

* Division of Regulatory Implementation
* Division of Professional Development
* Division of Licensing Administration
* Division of Licensing Operations
* Division of Adult Protective Services

## Office of Income Maintenance

Another office that Service Coordinators may interact with is the Office of Income Maintenance (OIM). The Office of Income Maintenance is responsible for the oversight of:

* Medical Assistance eligibility (the state version of Medicaid),
* The Temporary Assistance for Needy Families cash assistance program (TANF),
* Supplemental Nutrition Assistance Program (SNAP),
* Home heating assistance (LIHEAP), and
* Employment and training services.

All of these programs are administered locally at County Assistance Offices (CAOs) across Pennsylvania. County Assistance Offices are responsible for determining participants’ financial eligibility for programs. In this capacity, Service Coordinators may need to interact with CAOs or with the Office of Income Maintenance.

## Office of Medical Assistance Programs

Additionally, Service Coordinators work with the Office of Medical Assistance Programs (OMAP). OMAP administers the Medical Assistance (MA) program. OMAP is also responsible for enrolling MA providers, processing provider claims, establishing rates and fees, contracting, and monitoring of Managed Care Organizations, and detecting and deterring provider and recipient fraud and abuse.

MA state plan services must be accessed and exhausted before OLTL waiver services can be used. Service Coordinators interact with MA providers to access State Plan services and also interact with OMAP when developing and managing service plans. For example, an Early and Periodic Screening Diagnostic and Treatment (EPSDT) may be used for individuals between ages 18 and 21 years old. The Service Coordinator will review this information to ensure that MA services are accessed and exhausted first and to ensure that there is no duplication of services.

## Service Coordination Regulations

Service Coordinators must comply with all applicable state regulations contained in the Pennsylvania Code. Service Coordination Entities (SCEs) are monitored for compliance with these regulations.

The Service Coordination Resources Document has links to the Pennsylvania Code sections that apply to Service Coordination Entities.

## Service Coordination Entities

The requirements for an organization to be an SCE are listed in 55 Pa. Code, Section 52.26.

SCEs must:

* Comply with the applicable approved waivers, including waiver amendments, department policies, bulletins, and directives.
* Complete person-centered assessments.
* Complete a reevaluation at least annually.
* Develop a service plan for each participant for whom the SCE renders service coordination services.
* Develop a service plan that identifies the participant’s needs, goals, preferences, and outcomes with the participant and other persons whom the participant requests to be part of the review.
* Coordinate waiver and non-waiver services, Third Party Resources (TPRs), and informal community supports with the participant to ensure the participant's needs, goals, preferences, and outcomes are met.
* Provide the participant with a list of enrolled providers in the participant’s service location area that render the services meeting the participant's needs.
* Inform the participant of their right to choose any willing and qualified provider to provide a service on the service plan.
* Discuss with the participant the rights, responsibilities, and risks involved in selecting a service delivery model.
* Develop with the participant a back-up plan to ensure safety if, for any reason, authorized services are not available temporarily or if there is a local or regional emergency or disaster.
* Monitor participant's health, safety, and welfare at least quarterly, more frequently if necessary.
* Ensure and document at least quarterly that the participant’s services are being delivered in the type, scope, amount, duration, and frequency required by the service plan. Include a review of the back-up plan.
* Maintain accurate and up-to-date documentation of all services, contacts, and other relevant information in appropriate systems and formats.
* Work with the Fiscal Employer Agent (F/EA) and the participant as necessary to ensure all enrollment and employment paperwork is completed and sent to the F/EA when this service delivery model is selected.

Service Coordinators (SCs) must comply with all applicable state regulations contained in the Pennsylvania Code and OLTL HCBS Waivers. The complete list of SC requirements can be found online. The Resources Document includes links to regulations.

## Service Coordinator – Functions

To fulfill service coordination requirements, Service Coordinators perform the following core functions.

### Assessment

Service Coordinators conduct accurate, person-centered assessments of participants’ strengths, needs, preferences, existing supports, and desired outcomes.

### Service Plan Development

Service Coordinators work with participants to develop service plans that enable them to meet their goals.

### Referral

Service Coordinators provide information to help participants choose among qualified providers and make arrangements to ensure that providers follow the service plan to meet participant goals.

### Monitoring

Service Coordinators ensure that participants get authorized services and that those services meet the individuals’ needs, goals, preferences, and outcomes. This is especially critical when participants direct their services and hire their care workers. Monitoring also prevents and remediates abuse, neglect, exploitation, and abandonment.

### Remediation and Risk Mitigation

Service Coordinators work with participants in mitigating identified risks and potential risks to participants’ health and welfare.

## Service Coordinator – Documentation

In addition to the important work Service Coordinators do to deliver quality in their work with participants, they also have an equally important role in documenting what they do. Good documentation:

* Allows Service Coordinators to review their work and track changes,
* Provides continuity for others who work with the individual,
* Helps Service Coordinators and agency administrators identify opportunities for quality improvement,
* Provides pattern and trend information related to critical incidents and health and safety issues,
* Provides the evidence required by the Commonwealth to meet federal assurances, and
* Enables the Commonwealth to address hearings and appeals.

Effective, accurate, and timely documentation and data entry also ensure that the Service Coordination Entity:

* Is compensated for Service Coordinator time,
* Delivers appropriate services,
* Addresses continuity of care challenges,
* Is able to address potential billing issues, and
* Is able to address quality, health, and safety issues.

This assumes that time is entered accurately and correctly based on OLTL Policy. For example, Service Coordinators may only bill for contacts of at least seven- and one-half consecutive minutes and must enter start and end times.

## Service Providers

In addition to Service Coordination, a person’s service plan will include Home and Community-Based Services that assist the participants to meet their individualized needs within their own home. Providers of these services are referred to as Service Providers.

The requirements for an organization to be a provider are listed in 55 Pa. Code, Sections 52.11 – 52.14. The website link to 55 Pa. Code is located in the Resources Document.

Remember, Service Coordination Entities are a specialized type of provider.

## Service Provider Requirements

Let’s learn about some of the provider requirements listed in 55 Pa. Code, Sections 52.11 - 52.14.

### What are service providers?

Service providers are organizations that fulfill service needs of program participants.

To ensure conflict-free services and service coordination, Direct Service Providers may not also perform service coordination. SCEs may not provide direct services.

Service providers can be for-profit businesses, non-profit organizations, or local agencies.

### What are some requirements of service providers?

For an entity to supply services or supports through any of the OLTL HCBS programs and receive reimbursement, a provider must first enroll in the MA program.

Providers must also meet the specific requirements for each program service they wish to provide.

### Is licensing required?

Providers in Pennsylvania must be licensed (if licensing is necessary for the services or supports provided) and currently registered by the Department of Health (if necessary for the services and supports provided).

Effective December 12, 2009, the home care registry and all home care agencies that provide non-skilled services to individuals in their homes or other independent living environments are required to be licensed by the PA Department of Health.

The Department of Health license must be renewed annually.

### What about participant choice?

Participants choose the providers who will coordinate and fulfill their plans and may change their SCE and provider at any time.

Service provider lists are available through the Commonwealth of Pennsylvania Access to Social Services (COMPASS) and the Services and Supports Directory (SSD).

## Enrollment Process

Let’s take a look at the enrollment process to identify other key roles. People who may be eligible to receive program services are referred to the statewide Independent Enrollment Broker or IEB. The IEB manages the processes required to enroll participants in OLTL programs.

The enrollment process includes three elements:

* An individual’s clinical eligibility is assessed by the FED and the Physician’s Certification. The FED is completed by an Independent Assessment Entity.
* An individual’s financial eligibility is determined by the County Assistance Office.
* Program eligibility is determined by the IEB based on each of the program’s eligibility criteria.

To be eligible for Act 150, the CAO must find the applicant to be financially ineligible for MA waivers. The IEB cannot submit for Act 150 eligibility review unless the applicant is found financially ineligible for MA waivers.

If a person meets the three criteria and is determined to be eligible, the individual is enrolled in a program and becomes a participant. The IEB gives participants a listing of Service Coordination Entities in their local areas. Once the participant selects an organization, the SCE will assign a Service Coordinator to assist the person in developing a service plan.

If a person does not meet the four criteria to receive services, the IEB is responsible for referring the individual to alternative resources.

People can be eligible for more than one program. Each program has specific financial eligibility limits and has specific areas of clinical focus. This can become confusing as SCs develop, implement, and monitor service plans.

For example, Mrs. S has a low income and LTSS needs. Mrs. S is eligible for MA because of her low income and asset level. She is financially ineligible for CHC services because her assets exceed the CHC financial limits. Mrs. S may appear in databases as receiving CHC services and Act 150 services. CHC would provide her MA physical health services only. Act 150 would cover his LTSS needs.

## Knowledge Check

Now check your understanding by answering these review questions.

1. The program assurances of the Centers for Medicare & Medicaid Services include all of the following, except:

Service Plan

Qualified Provider

Health and Welfare

Locus of Care

Level of Care

Financial Accountability

Please pause.

The correct answer is Locus of Care. Locus of Care is not a program assurance. Program assurances of the Centers for Medicare & Medicaid services include:

Service Plan

Qualified Provider

Health and Welfare

Locus of Care

Level of Care

Financial Accountability

Administrative Authority

2. True or False? Service Coordination Entities must be enrolled as Medical Assistance providers.

Please pause.

The correct answer is True. Service Coordination Entities must be enrolled as MA providers. The requirements for an organization to be an SCE are listed in 55 Pa. Code, Section 52.26.

3. True or False? Service Providers can provide service coordination for their participants.

Please pause.

The correct answer is False. Service Coordination must be "conflict-free." If an organization provides service coordination, it cannot also provide services.

4. True or False? The Independent Enrollment Broker performs Functional Eligibility Determinations for participants.

Please pause.

The correct answer is False. The Independent Enrollment Broker manages the enrollment process. An Independent Assessment Entity performs the Functional Eligibility Determination.

5. True or False? The Independent Enrollment Broker determines if individuals' incomes allow their participation in programs.

Please pause.

The correct answer is False. The County Assistance Office determines financial eligibility for programs. The Independent Enrollment Broker manages the enrollment process.

6. True or False? The Independent Enrollment Broker manages the process to enroll individuals into Act 150 and OBRA.

Please pause.

The correct answer is True. The Independent Enrollment Broker manages the process to enroll participants into Act 150 and OBRA.

7. True or False? The Independent Enrollment Broker randomly assigns participants to a Service Coordination Entity.

Please pause.

The correct answer is False. The Independent Enrollment Broker provides newly enrolled participants with a list of SCEs in their local areas. Participants select the SCE.

8. True or False? The best place to find the regulatory requirements for Service Coordination is on the OLTL website.

Please pause.

The correct answer is False. The best place to find the regulatory requirements for Service Coordination is by viewing the Pennsylvania Code. The link to the Pennsylvania Code is in the resource document associated with this course.

9. All of the following are Service Coordination activities, except:

Performing assessments

Developing service plans

Providing financial management

Resolving problems with plans and services

Monitoring service plans

Please pause.

The correct answer is providing financial management. The statewide Financial Management Services (FMS) provides financial management services.

10. According to the Pennsylvania Code, assessments must be:

Person-centered

Medically-focused

Service-oriented

Care-centered

The correct answer is person-centered. The Pennsylvania Code requires Service Coordinators to complete person-centered assessments.

## Roles and Responsibilities Summary

In this module we reviewed the roles and responsibilities of the various agencies and organizations involved in providing Home and Community-Based Services. Please review the Resources Document for additional information.

## Congratulations!

Congratulations. You’ve completed the OLTL Service Coordination Roles and Responsibilities training.

If you have read the contents of the entire module, register your completion of this module by going to this [webpage](https://oltl.deringconsulting.com/service-coordination-roles-and-responsibilities-training-completion/).