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# PERSON-CENTERED BUDGET INACTIVITY REVIEW

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## Directive 1.52

Authorizing Code: [62A-5-103](#)

Rule: R539-12

Version Date: February 2022

Next Review: January 1, 2023

Forms:

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## Purpose

Reviewing budget inactivity serves two purposes: (1) the review process provides the division with important data for quality improvement; and (2) it prevents the misuse of a waiver. The division benefits from understanding the potential barriers to the use of a waiver service. Further, CMS prohibits a person from enrolling in a waiver for the sole purpose of securing Medicaid eligibility as a member of the §435.217 group. Enrollment in a waiver is contingent upon the person needing one or more of the services offered in that waiver, in order to avoid institutionalization. (See Instructions: Version 3.6 HCBS Waiver Application, Item B-6-a.)

## Policy

1. To meet the level-of-care specified for a waiver, the division must determine that the person:
  - a. requires at least one waiver service in addition to SCE; and
  - b. requires the provision of a waiver service at least monthly; or
  - c. requires the provision of waiver services less than monthly, and also requires monthly monitoring to assure health and welfare.
2. The need for a waiver service and for monthly monitoring must both be documented in the PCSP.
3. The monthly monitoring must be completed and documented by the support coordinator.
  - a. The support coordinator is required to have monthly contact with the person to assure their health and welfare.

- b. The frequency of face-to-face visits with the person is dependent upon the person's assessed needs, but may not exceed 90 days between visits. The support coordinator may also conduct face-to-face visits more frequently than quarterly.
4. If a waiver participant does not use any waiver service for a period of 270 days or more, the division will conduct a re-evaluation of the person's level-of-care to reassess their need for waiver services.

## Procedure

1. The Transition and Assessment team shall review any budgets that bill only for the SCE service code.
  - a. Phase-in schedule: by June 30, 2022, the team shall review all clients who have had more than nine months (270 days) of payment inactivity.
  - b. Beginning July 1, 2022, and at the beginning of each quarter:
    - i. (Reviewing clients who have already been added to the list): The Transition and Assessment team will identify any clients that have previously been reviewed, and then add a new review date during the current quarter.
    - ii. (Adding new clients to the list): The Transition and Assessment administrator will generate the Payment Inactivity Report at the beginning of each quarter in order to review each person-centered budget that has had no payment activity for nine months or longer.
  - c. Go to the USTEPS report portal, then select "Quality Management" as the report location, and then select "Payment Inactivity Report."
  - d. Set the USTEPS reports parameters "Entered Services on or Before" and "Days with No Payments," to six months before the current date and to 270 days, respectively.
2. Determine whether the person requires, and intends to use, at least one waiver service.
  - a. Completion of "SCE as only service" review tool.
    - i. Review log notes for any information that explains why a service is not being used.
    - ii. Review the person's need for monitoring as specified in the PCSP.
    - iii. Review any log notes regarding the documentation of monthly monitoring.

- b. Consult with the waiver manager, the support coordinator, the person, and their family, for any additional information about each person.
- c. Make a determination.
  - i. If the person requires a waiver service, and intends to use the service, document in the review tool the reason(s) that the person did not use any service during the previous 270 days.
  - ii. If the person does not require a waiver service, or does not intend to use a waiver service:
    - 1. document that determination in the review tool; and then,
    - 2. escalate the case to the Transitions and Assessments administrator to discuss disenrollment. If the Transitions and Assessments administrator concludes that disenrollment should be pursued, they will consult with the waiver manager pursuant to disenrollment Directive 1.30.
  - iii. If it cannot be determined whether the person requires a waiver service, or if they intend to use that service, either as a result of the quality of the documentation in USTEPS, or else due to a lack of documentation in USTEPS, then:
    - 1. escalate the case to the Transitions and Assessments administrator; and
    - 2. initiate a referral to the Office of Quality and Design, Quality Management Team as described below in number 4.
- 3. If the person needs to change their person-centered budget to use a service, then the support coordinator may make adjustments as described in Directive 1.49 Request for Services.
- 4. If the Transitions and Assessments team member reasonably believes that the support coordinator did not provide adequate oversight, the team member shall:
  - a. identify any documentation, or lack of documentation, that supports the belief that the support coordinator failed:
    - i. to perform an annual and timely reevaluation of the PCSP with the PCST during the calendar month that it was due;
    - ii. to ensure service delivery and expenditures consistent with the prescription of services and budget contained within the PCSP;

- iii. to ensure service delivery as described in the PCSP and per approved CAPS rates; or,
  - iv. through other similar errors; and then
- b. initiate a referral to the Office of Quality and Design, Quality Management Team for an audit of the support coordinator's performance.
5. Record the procedural outcome, or status, for each person who appeared on the report in the SCE as only service review spreadsheet. Document the result of the review in a USTEPS consumer log note.
6. This directive will be reviewed on or before January 1, 2023.