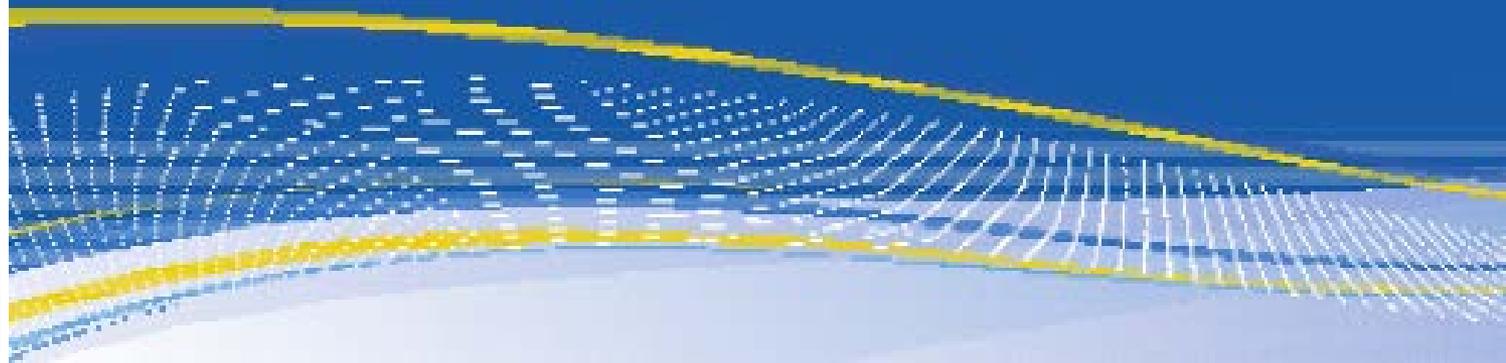




Preserving Self Direction Rights



Division of Long Term Services and Supports
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services



Training Objectives

- Understanding definitions of personal care services (PCS), self-directed services, and the key components of self-directed services.
- Understanding what individual choice options are available, and reviewing associated regulations.
- Understanding the concepts of Fraud, Waste and Abuse (FWA) as they apply to self-direction.
- Identifying FWA issues in self-direction of services noted during waiver application reviews, and describing ways to mitigate such risks.

Fair Labor Standards Act (FLSA)

This training reflects Medicaid policy and procedure for self-direction.

States and individuals are urged to review the FLSA page of the Department of Labor website (<http://www.dol.gov/whd/flsa/>) as FLSA's changes to regulations may impact the delivery of self-directed services.

Personal Care Services Definition

Definition of Personal Care Services¹

➤ Components of PCS

- PCS consists of non-medical services supporting Activities of Daily Living (ADL), such as movement, bathing, dressing, toileting, personal hygiene. PCS can also offer Instrumental Activities of Daily Living (IADL), such as meal preparation, money management, shopping, telephone use, etc.

➤ Service Providers of PCS

- Typically, an attendant provides PCS. An attendant can be someone unrelated to the individual or a family member. Rules for attendant qualifications are set by the State. States can offer family members or legal guardians the option to become an attendant.

➤ Coverage rules for PCS

- Medicaid covers PCS for eligible individuals through Medicaid State Plan options and/or through Medicaid waiver and demonstration authorities approved by CMS.

Personal Care Services Definition

Definition of Personal Care Services - Continued

- PCS service delivery has two options: agency-directed or self-directed.
- **Agency-directed**
 - Traditional delivery model.
 - A qualified PCS agency hires, fires, pays, and trains Personal Care Attendants (PCAs) to provide services to individuals.
- **Self-directed²**
 - Alternative to the traditional delivery model.
 - Individuals or their representatives have decision-making authority over PCS services and take direct responsibility to manage their services with the assistance of a system of available supports.

Personal Care Services Definition

Definition of Personal Care Services - Continued

- In self-direction, individuals may have the option and, therefore, the responsibility for managing all aspects of service delivery in a person-centered planning process, which may include one or both of the following:
 - “Employer Authority” of recruiting, hiring, training and/or supervising providers.
 - “Budget Authority” of how Medicaid funds in a participant budget are spent.
- Self-direction is available through several Medicaid authorities. However, for purposes of this presentation we focus on 1915(c) waiver policies. CMS has technical assistance available to help states with self-direction policies and procedures.

State Plan PCS

- Under 42 CFR 440.167, states may offer Personal Care Services as an optional state plan benefit.
 - These services must be provided by an individual who is qualified under state requirements, and who is not a legally responsible relative. These services are not self directed. Traditional state plan requirements for eligibility, determination of need, and quality review apply.
- Under 42 CFR 441.450 et seq., states may offer Optional Self Directed Personal Assistance (1915(j) State Plan Services).
 - In order to offer this benefit, the state must also offer a non-self directed option through the state plan or 1915(c) waiver program. For this Optional Self Directed Personal Assistance benefit, the state sets qualifications for providers. The minimum scope of individual authority is set by regulation at 42 CFR 441.450(b). Services are based on an individual assessment, and the state must assure the provision of necessary safeguards to assure the health and welfare of individuals, as well as assure the financial accountability of funds expended for self direction.

State Plan PCS (continued)

- Under 42 CFR 441.500 et seq., states may offer Home and Community-Based Attendant Services and Supports (1915(k), Community First Choice (CFC)).
 - Individuals must require the level of care furnished in a hospital, a nursing facility, an intermediate care facility for individuals with intellectual disabilities, an institution providing psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 or over, if the cost of those services could be reimbursed under the State plan.
 - Services are based on an assessment of need, and person centered service plan.
 - States may choose to offer an agency-directed model, a self-directed model with service budget, and/or propose another service model for CMS consideration and approval.
 - States must assure that necessary safeguards have been taken to protect the health and welfare of enrollees, that payments shall not be made for items or services furnished by individuals or entities excluded from participation in the Medicaid Program, and must establish and maintain a comprehensive, continuous quality assurance system.
 - The settings where individuals live and receive 1915(k) services must meet the home and community-based settings requirements.

1915(i) State Plan HCBS

- Under 42 CFR 441.700 et seq., states may offer HCBS through the Medicaid State Plan (1915(i) State plan HCBS).
 - State plan services may include any of the services available under 1915(c) waivers, including self-directed services.
 - States establish minimum needs-based eligibility criteria that is less stringent than institutional entrance criteria.
 - Other individual eligibility requirements: Medicaid-eligible, targeting criteria (if any), income criteria.
 - The settings where individuals live and receive 1915(i) HCBS must meet the home and community-based settings requirements.
 - Statewide & no limit to number of participants.
 - Other requirements: Individual Independent Evaluation to determine program eligibility, Individual Assessment of need for services, Individualized Person-Centered Service Plan, Quality, and requirements to ensure against conflict of interest.

Self-Direction Services Definition and Overview

Self-Direction Services Overview³

- 1915(c) Technical Guide pgs. 191-219: States have the **option** to let individuals, or their representatives, have decision-making authority over certain services and take direct responsibility to manage the provision of those services and their associated budgets.
 - Individuals receive assistance in their self-direction duties through a system of available supports.
 - State Medicaid agency remains responsible for oversight.
- Provides an alternative to traditionally delivered services, such as an agency delivery model.
- Self-directed services are offered as either a State Plan optional benefit or through various demonstrations and waivers in all 50 states.

Benefits of Self-Direction

- Improves satisfaction with support services, improve quality of life, and reduce costs compared to services from an agency, as well as decreasing institutional stays.³
- Empowers individuals participating in public programs and their families by expanding their degree of choice and control over their long-term services and supports.³
- Attractive to individuals who find the traditional services system inflexible, as well as those who have been unable to receive all the services they need.³
- Offers way to overcome shortages of traditional providers by having an option for a wider labor pool, such as neighbors, friends, and family.³

Benefits of Self-Direction (cont'd)

- Elements of the person-centered philosophy can also be applied to both agency-directed and self-directed models to accommodate the individual's goals, strengths, and preferences.
- Quality management strategies empower individuals and/or their representatives to be the primary judges of the quality of the services they direct.⁴

Components of Self-Direction

Person-Centered Planning Process

- States must conduct an assessment of the participant's needs, strengths, and preferences for care.
- Involves the individual, the legal guardian or close family members, and interdisciplinary team of providers assessing risks to the individual and planning for contingencies.

Person-Centered Service Plan

- Written document that specifies the services and supports that are to be furnished to meet the preferences, choices, abilities and needs of the individual.

Components of Self-Direction

Individualized Budget

- A service budget must be developed and approved by the State based on the assessment of need.
- The person-centered service plan is how the budget is allocated.
- Amount of funds that are under the control and direction of the individual varies from person to person – based on the State's approved budget methodology.
- The budget allocation is developed using a person-centered planning process and is individually tailored in accordance with the individual's needs and preferences as established in the person-centered service plan.

Components of Self-Direction

Support for Self-Direction

- Individuals requiring personal care are informed of feasible options, including elements of self-direction compared to non-self-directed Personal Attendant Service, and of potential responsibilities in self-direction models.
 - *Technical Guide pg. 200* - Information about self-direction may be provided to individuals during the person-centered service plan development process.
 - When these supports are covered as a waiver service, the individual has free choice among all willing and qualified providers of these supports.
 - These services must be specified in Appendix C-3, including the scope of supports furnished and relevant provider qualifications.
 - Based on the authority of the program, the individual may have the ability to set, increase, and/or modify qualifications to meet their unique set of needs.

Components of Self-Direction

Support for Self-Direction (continued)

- States are required to provide or arrange for the provision of a system of supports that respond to an individual's need for assistance with the following:
 - Development of a person-centered plan and individualized budget.
 - Management and execution of the individual's services, and “employer” and “budget” responsibilities.

Choice of Self-Direction Program

- A waiver may be designed to exclusively serve individuals who direct some or all of their waiver services.
- When this is the case, there must be another program that is available to individuals who do not wish to direct their services. Individuals are offered a choice between the two options.
 - 42 CFR 441.452: If a State elects to provide self-directed services, the State must have both traditional service delivery and the self-directed PCS service delivery options available in the event that an individual voluntarily dis-enrolls or is involuntarily dis-enrolled from the self-directed service delivery option.
 - Technical Guide pg. 211
 - Individuals who elect to direct services may decide to switch to provider-managed services instead.
 - State should establish policies and procedures to accommodate this choice, ensuring the continuity of the individual's services to ensure their subsequent health and welfare during the transition period.

The Fair Labor Standards Act and Self-Direction: Modifications

- **Self-directed options may be influenced by changes to the FLSA made on October 1, 2013.^{5,6}**
- As stated previously, FLSA may impact the self-directed service delivery system.
- **In the Department of Labor (DOL) Final Rule, 78 FR 60454 (Oct. 1, 2013), effective on January 1, 2015, the DOL revised its 1975 regulations pertaining to “third party employment,” 29 C.F.R. 552.109:^{6,7}**
 - Prohibits employers, other than the individuals receiving services or their families/households, from claiming the companionship services exemption from minimum wage and overtime, or the live-in domestic service employee exemption from overtime (78 FR 60480-85).

The Fair Labor Standards Act and Self-Direction: Modifications

- States could determine that they are joint employers of home care workers in self-direction programs, sharing employment responsibilities with the beneficiary
- In self-direction models where there is a Third Party Employer (TPE), the DOL regulation states that all work is subject to minimum wage and overtime requirements.

Medicaid Payments Under FLSA

- See the CMS Informational Bulletin (January 2016):
<https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-08-16.pdf>.
- Medicaid programs may implement policies to limit use of overtime and/or minimize compensable travel time (but importantly, must still protect individuals' access to services and supports authorized in PCSPs).
- Cannot consider travel and overtime “administrative costs” and must be allocated as reasonable costs of delivering covered services.

Individuals' Responsibilities in Self-Direction

- In self-direction, individuals may have the option and, therefore, the responsibility for managing all aspects of service delivery in a person-centered planning process, which may include one or both of the following:
 - **“Employer Authority”** of recruiting, hiring, training and supervising providers, and potentially setting the qualifications for the provider of PCS services.
 - **“Budget Authority”** of how Medicaid funds in an individual’s budget are spent and, to some degree, the rate for the specific service or service provider (within the parameters authorized by the program).

Employer Authority

- Individuals are supported to recruit, hire, supervise and direct the workers who provide supports. (Technical Guide, pgs. 193-196) This generally takes one of two forms:
 - Technical Guide, pg. 213 – Co-Employment:
 - Individual is supported by an agency that functions as the common law employer of workers recruited by the individual.
 - The individual directs the workers and is considered their co-employer.
 - Technical Guide, pg. 214 – Common Law Employer:
 - Individual is considered the legally responsible employer of workers whom he/she (or representative) hires, supervises and discharges directly.
 - The individual is liable for the performance of employment-related tasks and uses a Government or Vendor Fiscal/Employer Agent.
 - The IRS recognizes co-employment and common law employer, but the Department of Labor does not for the purposes of the FLSA.

Budget Authority

- Individual has the authority and accepts the responsibility to manage an individual-directed budget, which permits the individual to:
 - Make decisions about the services and supports that are authorized in the person-centered service plan, and
 - Manage the funds included in an individual-directed budget. (Technical Guide, pgs. 193-196)

Financial Management Service (FMS) Overview

- §1915(c) waiver authority does not permit payments to the waiver individual for services, either to reimburse the participant for expenses incurred or to enable the individual to directly pay a service provider. FMS works as an intermediary organization that performs financial transactions on behalf of the individual. However, other authorities may allow direct beneficiary payments.

Role of the FMS per Technical Guide pgs. 201-202:

- Important safeguard for participants and workers alike ensuring that participants are in compliance with Federal and state tax, labor, workers' compensation insurance, and Medicaid regulations:
 - Ensures payroll is implemented in an accurate and timely manner.
 - Ensures that invoices for services and supports included in the PCSP are paid appropriately and in a timely manner.

FMS Overview

Role of the FMS (continued):

- *A financial management entity should provide functions including, but not limited to, the following:*
 - Collect and process timesheets of the participant's workers.
 - Process payroll, withholding, filing and payment of applicable Federal, State and local employment-related taxes and insurance.
 - Track and report disbursements and balances of individual funds.
 - Process and pay invoices for goods and services approved in the PCSP.

Major Lessons Learned from PCS Fraud Cases

- PCS fraud is an area of concern in Medicaid due to the high rate of utilization and vulnerability of the population.
- PCS fraud can involve collusion among multiple people, making it difficult to detect.
- Billing for services that were never rendered or billing for services supposedly rendered when the individual was instead in institutional care without authorization for retention payments are some of the more common instances of fraud.
- Educating providers, beneficiaries, and the general public is an essential measure to prevent FWA in PCS.

What is Fraud, Waste and Abuse?

Fraud

- A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.⁸
- Example: Knowingly submitting claims for services that were not rendered.

Waste

- Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.⁹
- Example: Costs incurred when an individual is receiving more units or hours of service than needed, e.g., when an individual's health improves but their intensity of supports remains the same.

What is Fraud, Waste and Abuse?

Abuse

- Provider practices that are inconsistent with sound fiscal, business, or medical practice, and results in unnecessary cost to the Medicaid program or payment for services that are not medically necessary or fail to meet professionally recognized health care standards.⁹
- Example: A PCS provider bills for services during an individual's institutional stay. This is abuse because the PCA provider should have been aware of the rules, which specify that services cannot be billed during an institutional stay.

Biggest difference between Fraud vs. Waste and Abuse:

- Intent to deceive

Significance of Personal Care Services in HCBS

Why is FWA prevention in personal care service significant?

- Improper Medicaid PCS payments costs taxpayers, strains state budgets, and could result in PCS waiver programs becoming limited and ultimately, discontinued.

42 CFR 441.301(c)(2)(xii) states:

- “...Commensurate with the level of need of the individual, and the scope of services and supports available under the State’s 1915(c) HCBS waiver, the written plan must...**prevent the provision of unnecessary or inappropriate services and supports.**”
- While an individual is wasting and/or abusing the Medicaid services and supports, the funding for another individual will be unavailable.

Significance of Personal Care Services in HCBS

Why is FWA prevention in personal care service significant? (continued)

- Service costs and utilization continue to increase:¹⁰
 - Medicaid costs for PCS increased 35% from 2005-2011, totaling \$12.7 billion.
 - Increasing focus on home care options for State Medicaid programs.
- According to 2011 Office of Inspector General (OIG) report:¹¹
 - Audit of two states resulted in the recommendation to refund more than \$61.1 million to Federal Government.
 - Improperly qualified PCA attendants providing services cost approximately \$724 million in 10 States.
 - One state spent more than \$100 million Federal tax dollars between 2004 – 2006 as a result of improper Personal Care Service claims.

Overview of Recommendations for Post-Payment Review

We recommend the following self-direction post-payment review methods to address FWA vulnerabilities in 1915(c) PCS:

- **Recommendation 1:** Describe FMS oversight information in Appendix I-1.
- **Recommendation 2:** Describe in detail the state's background check process, if required, in Appendix C-2.
- **Recommendation 3:** Describe in detail how the state ensures that personal care attendants meet qualifications in Appendix C-1/C-3.

Recommendation 1: Oversight of FMS

Prevalent issues noted from Appendix I-1 reviews include:

- Insufficient details of the State's process for reviewing FMS entities, including inadequate or absent frequency of such reviews.
- Insufficient descriptions about entities or agencies responsible for conducting FMS review.

Note that these details might be noted in other sections of the waiver applications. In Appendix I-1, states should indicate where such details are noted in the waiver application.

Recommendation 1: Oversight of FMS

Oversight of the FMS

- States should provide oversight of financial management services by performing the following functions:
 - Monitoring and assessing the performance of the financial management entity, including assuring the integrity of the financial transactions they perform.
 - Designating a State entity or entities responsible for this monitoring.
 - Determining how frequently performance of the financial management entity will be assessed.

Recommendation 1: Oversight of FMS

Recommendations for FMS oversight:

- When describing the FMS oversight in Appendix I-1, consider the following:
 - Detail the method of the FMS review.
 - Reviews should consist of a sample claims review, on-site review, and if necessary for further corroboration, a review of the FMS' own audit report.
 - Describe the review method that the state has chosen and demonstrate how the method chosen will ensure fiscal integrity of the waiver.
 - As part of the review, determine if there are any significant variances between State's policy and FMS policy by comparing them side-by-side. Ensure follow-up to reconcile issues and identified variances.

Recommendation 1: Oversight of FMS

Recommendations for FMS oversight (continued):

- When describing FMS oversight in Appendix I-1:
 - Indicate the frequency and responsible agency for FMS review.
 - The results of the review provide an excellent opportunity to train the following stakeholders:
 - FMS employees
 - Individuals and families
 - PCAs
 - Case managers
 - Support brokers

Recommendation 1: Oversight of FMS

Recommendations for FMS oversight (continued):

- What FMS can do to strengthen fiscal oversight of PCS programs:
 - Use the electronic payroll and/or timesheet systems to:
 - Require signatures and/or verification system on the time sheet. Verification and/or signatures should be done by PCA's supervisors, individuals receiving services, and/or family members of the individual.
 - Establish input / edit to automatically reject overlapping timesheets.
 - Allow submissions to be processed only if the provider is current in the system.
 - Issue / conduct an electronic and/or telephone survey to the individual and family to measure service satisfaction.
 - Review individual's budget and flag sudden changes in spending / utilization.

Recommendation 2: Background Check Process

Areas of Concern Found in Waiver Application Reviews to Date:

- Lack of detail about whether multi-state background checks are performed.
- Lack of detail about how the State performs ongoing background checks.

Why is the Multi-State Background Check Important?¹²

- Reuters report dated April 29, 2015:
 - Found that 32 states and the District of Columbia paid at least \$79 million to 269 providers (out of 1,800 total providers) who had previously been terminated from other state programs.
 - Demonstrated that data sharing regarding Medicaid fraud is insufficient between states. (One provider whose ability to work for Medicaid was revoked was performing the same services in a border state for over a year.)

Recommendation 2: Background Check Process

Recommendations to strengthen background check processes:

- Background check process is recommended for both agency-directed and self-directed PCS.
- States have freedom to determine the background check process. When setting or reviewing the rules, consider:
 - Setting rules about ongoing background checks and/or establishing a system where PCA criminal convictions are reported to FMS / individuals / State Medicaid Agency.
 - Including the cost of running background checks in the rate setting process and/or negotiation of fees with the FMS, if the FMS is responsible for performing background checks.
 - Monitoring to identify terminated Medicare/Medicaid providers who move from another State to provide services as a Medicare/Medicaid provider.

Recommendation 2: Background Check Process

Recommendations to strengthen background check processes:

- Consider using the National Background Check Program (NBCP) run by CMS.
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/BackgroundCheck.html>
 - Funding is still available for this program. See above website for more information about applying for NBCP.

Recommendation 2: Background Check Process

Recommendations to strengthen background check processes:

- If the state allows use of third-party background check vendors to perform a background search, carefully establish the requirements for qualified vendors.
 - Quality and type of background checks can vary greatly from vendor to vendor.
- Consider creating a list of crimes that prohibit an individual or entity from participation in the waiver and/or State's Medicaid program.
- Check OIG List of Excluded Individuals and Entities (LEIE) for enrolled providers.
 - This list shows providers who have been convicted of Medicare/Medicaid fraud.
 - Web Address is <https://exclusions.oig.hhs.gov/>

Recommendation 3: Provider Qualifications

Areas of Concern Found in Waiver Application Reviews to Date:

- If the State has a registry of approved PCAs, it is not identified in the application.
- PCA continuing education information is not discussed in the waiver applications and/or does not include sufficient detail about how PCAs receive continuing education, when it is a provider qualification requirement.

Recommendation 3: Provider Qualifications

Recommendations to improve monitoring of provider qualifications and ensure adequate training prior to service provision:

- Document in detail PCA qualifications in Appendix C-1/C-3, C-2-d, C-2-e, and Appendix E.
- When documenting the PCA qualifications, consider the following:
 - Developing a central registry for all qualified PCS providers which cross-checks providers with LEIE.
 - Specifying minimum provider qualifications (e.g., defined by beneficiary in PCSP process), such that the availability of qualified workers will not be depleted, but in a manner that also considers the health and welfare of the individual receiving services.

Recommendation 3: Provider Qualifications

Recommendations to improve monitoring of provider qualifications and ensure adequate training prior to service provision:

- When documenting the PCA qualifications, consider the following (continued):
 - Provide training about fraud, waste, and abuse issues to the individuals charged with monitoring services (e.g., case managers and support brokers).
 - States can use annual or ongoing training classes to update case managers and support brokers on changes made to PCS program guidance, rate alterations, and other changes, as well as to receive feedback from PCAs.

Recommendation 3: Provider Qualifications

Additional recommendations to improve monitoring of provider qualifications and ensure adequate training prior to service provision:

- Consider requiring additional qualifications that outline:
 - Initial reference checks from former employers, school teachers, etc.
 - Ongoing training of other certifications, such as CPR / AED, when applicable
 - Participant-identified training as part of the person-centered planning process

Recommendation 3: Provider Qualifications

Recommendations to improve monitoring of provider qualifications and ensure adequate training prior to service provision:

- Consider availability of ongoing education for PCA's.
 - Training program can be designed around individual's specific needs.
 - Sources for the training program content can be: PCSPs, PCA performance observations from the supervisor during on-site visit and/or documentation review, feedback from the individuals and/or family members.
- Determine the responsible party for performing and monitoring the training, as well as the frequency and amount of time required for the training.
- The cost of ongoing training can be part of the rate.

Current Efforts by CMS

Current Efforts for 1915(c) Waiver Application Review

- Multi-step review process that measures the integrity of the waiver programs as described in the waiver application, including but not limited to:
 - Review the Quality Improvement System (QIS) evidentiary report on the discovery and remediation of issues identified.
 - Review the QIS strategy in the waiver application.
 - Ensure that the waiver application addresses the issues identified in the evidentiary report when reviewing the renewal application.

Current Efforts by CMS

National Background Check Program (NBCP)

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/BackgroundCheck.html>
- Awarded \$50 million to 26 states.
- Designed comprehensive national background check programs for direct patient access employees.
- Required States to include fingerprint based search of State and Federal criminal history.

How to Report Suspected FWA Issues

Office of Inspector General (OIG) National Fraud Hotline:

- 1-800-HHS-TIPS
- (1-800-447-8477)
- Visit their website: <http://oig.hhs.gov/fraud/report-fraud/index.asp>

How to Report Suspected FWA issues to your State Medicaid Agency:

- Locate your State's contact information using either the CMS State Contacts Database (<https://www.cms.gov/apps/contacts/>) or the State's Medicaid website.
- Locate your State's MFCU office by using the National Association of MFCU's list of contacts (<http://www.namfcu.net/states>). 49 states (all except North Dakota) have a MFCU office.

How to Report Suspected FWA Issues

How to Report Suspected FWA issues to your State Medicaid Agency or Medicaid Fraud Control Units (MFCU):

- In addition, States may have an Office of Attorney General (AG) who is responsible for investigating FWA. Check your State's website for additional information pertaining to the State's AG office.
- You can identify yourself or report FWA anonymously. If you are reporting anonymously, be sure to report enough information so that a proper investigation can ensue.

Summary

- Self-direction of services gives individuals employer and/or budget authority and provides an alternative to traditional agency-directed services.
- Fiscally responsible self-direction programs are likely to improve outcomes, including preventing institutional care.
- Components of self-direction enhance individual choice in service provision, provider selection and service payment, as well as increase the potential pool of providers.
- Areas to focus efforts to limit FWA in self direction include:
 - Enhance FMS oversight capabilities and guidance.
 - Consider background check processes to screen providers.
 - Establish and ensure proper qualification of PCAs.

Summary

- CMS is currently making efforts to combat FWA issues in self-direction services by:
 - Conducting multi-step QIS and evidentiary reviews.
 - Offering National Background Check Program grants.
- Report suspected Fraud using the OIG hotline or by contacting the State.
 - Contact information available in the CMS State Contacts Database.

Additional Resources

- Direct link to the site with the webinar is:
<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

References

1. <http://oig.hhs.gov/reports-and-publications/portfolio/portfolio-12-12-01.pdf>
2. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Self-Directed-Services.html>
3. http://www.bc.edu/content/dam/files/schools/gssw_sites/nrcpds/cc-01.pdf
4. <https://www.ncd.gov/publications/2013/05222013A>
5. http://www.bc.edu/content/dam/files/schools/gssw_sites/nrcpds/FLSAmaterials/FLSA%20Toolkit_Final.pdf
6. <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-03-2014.pdf>
7. http://www.dol.gov/whd/opinion/adminIntrprtn/FLSA/2014/FLSAAI2014_2.htm
8. <http://www.acfe.com/fraud-101.aspx>
9. www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/fwa.html
10. <https://http://oig.hhs.gov/newsroom/spotlight/2012/portfolio01.asp>
11. http://oig.hhs.gov/newsroom/news-releases/2011/personal_care_services.asp
12. <http://www.reuters.com/investigates/special-report/usa-medicaid-fraud/>

Questions & Answers

For Further Information

For questions contact:

Ralph.Lollar@cms.hhs.gov

Dianne.Kayala@cms.hhs.gov

**Thank you for attending
our session!**