

In-Home Assurance System (ISAS)

Agency Provider FAQs

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General Information Questions

Q: Who is affected by the new billing system?

A: Participants and providers who participate in the LAH and WOA programs.

Q: How will the Reminder Cards be distributed to the agencies? How can additional cards be ordered?

A: Reminder Cards were distributed at in-person trainings. The Cards are quick references that outline the ISAS call-in steps. If agencies would like additional cards, they can request more by calling 1-855-463-5877. Providers may also make copies of the cards.

Q: Should I continue to require paper time sheets from my employees?

A: Agency providers will no longer submit time sheets to DHMH. Agencies should continue using time sheets in addition to the ISAS system, as a means to record tasks. Providers must continue maintaining written documentation of tasks/services provided by the attendant/personal care worker during the time of service and make it available upon request by State or federal reviewers. Records must be maintained and available for 6 years.

Q: Will the reports in the system satisfy Medicaid requirement to keep records of services provided?

A: No. Refer to previous question and answer regarding continued responsibility to clearly document all services provided for Medicaid reimbursement.

Q: Will the participants have to sign anything to verify services?

A: Not for the ISAS program. Provider use of participants' phones or provider cell phones to clock in and out will verify services.

Q: There has not been enough time for agencies to transition hundreds of their providers into the ISAS system. How does the Department expect agencies to enroll all their providers?

A: The process for adding staff in the ISAS system takes just a few minutes. The voice print required by staff is uploaded into the system in approximately 3 minutes. This means a provider can enroll in ISAS

and provide care to a participant in the same day. The agency should prioritize those staff that are currently serving waiver participants.

Q: Who is the appropriate contact at DHMH for questions/concerns regarding policy?

A: Please contact John Wilson, john.wilson@maryland.gov

Q: Isn't there a possibility of identity theft if providers are supplying Social Security numbers and MA numbers?

A: Providers do not have access to Social Security numbers. Providers already have access to participant MA numbers because they are currently required on billing forms; therefore, this is not a change.

Q: What happens if the participant has both a landline and cell phone? Would the provider be advised to call ISAS using the landline or the cell phone?

A: The provider should use the participant's landline phone.

Attendant/Personal Care and OTP Devices Questions

Q: What if there are two participants in the same home served by two different caregivers from the same agency?

A: If there are two participants in the same home, case managers/service coordinators should issue two OTP devices (one for each participant). A device is specific to each participant and is not interchangeable. If two devices are issued to the same home, the Department recommends that participants think of ways to identify their device so that it is not confused with another participant's device. The two devices will allow two different caregivers to provide services to two different participants even if they clock in and out with the same phone because the number sequence on the devices will be linked to one specific participant.

Q: What if there are two clients in the same home and the two OTP devices assigned to that one residence are mixed up?

A: The MA number and OTP device codes are linked, so if the devices are switched the claim will not go through properly and an exception will be created. All exceptions must be investigated by DHMH staff and this may delay provider reimbursement in some cases. The Department recommends that participants think of ways to identify their device so that it is not confused with another participant's device. If a participant is not able to do this, the help of a case manager/service coordinator or representative should be arranged.

Q: What happens if a provider uses an OTP device in multiple locations?

A: OTP devices should remain in the care of participants. At times a participant may ask a provider to meet in a location outside of the participant's home. When that occurs, participants will be encouraged to take the OTP device with them, and providers will be expected to clock in via mobile phone at the time they meet the participant. Location of the service does not matter so long as the participant is carrying the OTP device and allows the provider to read the number sequence to clock in or out at the appropriate times. (Note: **Only** the participant has authority to take the OTP device out of the home. At **no** time should the OTP device be in the possession of the provider if the participant is absent.)

Q: Agencies may have staff that went through the required employment screening but have not been entered into the ISAS system. Can we use those people as last minute backup? Is there a way those staff members can still provide care if their voice stamp has not been created yet?

A: No, only providers who have been entered into the ISAS system with a voice print can serve as last minute backups. However, staff can be entered into the ISAS system quickly (in a few minutes) by following the instructions outlined in the ISAS trainings. Once staff information is entered into the system and a voiceprint is recorded, that staff member can begin providing services immediately.

Q: If a caregiver waits outside for a participant to arrive from daycare, for example, how does the caregiver record the time spent waiting if he or she can only access a phone and/or OTP device after the participant arrives?

A: If caregivers regularly meet participants outside the home, participants will be encouraged to take their OTP devices with them. In order to avoid payment problems, it is highly recommended that each worker have a mobile phone with them as participants may not remember or be able to take the OTP devices with them. Caregivers will be expected to clock in via mobile phone at the time they actually meet the participant in order to be able to bill for the time spent waiting for the arrival of the participant. Please note that **only** the participant is authorized to carry the OTP device outside the home. If a participant does not have an OTP device because they have a landline at home but he or she routinely requests to meet the caregiver outside the home, providers should immediately contact the participant's case manager/service coordinator to let the case manager/service coordinator know that an OTP is needed.

Q: Who can the participant contact in order to receive the One-Time Password (OTP) device? Which eligibility guidelines are used to distribute the device? How can we be sure it will be distributed to the appropriate participant in time?

The participant or their designated representative should contact his or her case manager/service coordinator to receive an OTP device. Typically participants who have a landline phone will not need an OTP device. However, only the case manager/service coordinator can determine whether a participant should receive one based on the person's individual circumstances.

Q: If a client has a landline phone but routinely meets the caregiver outside the home, would the provider be able to request an OTP device for the client?

A: The provider may not request an OTP independently. Case managers/service coordinators are the only authorized individuals to determine whether an OTP device should be issued.

Claims and Exceptions Questions

Q: What if there are two caregivers providing back-to-back services and the first caregiver forgets to clock out, but the second caregiver remembers to clock in and out properly? Will this generate an exception for both caregivers?

A: No, an exception will only occur for the first claim where the caregiver forgot to clock out. The second claim will not be affected. If the first caregiver later remembers that he or she did not clock out, then that caregiver should contact the agency provider as soon as possible.

Q: How long will it take for DHMH to respond to exceptions that are generated through the ISAS Help Desk?

A: Help Desk voicemails will be responded to within the next business day. Exceptions that are sent to DHMH will be responded to as quickly as possible depending on the type of exception and what is

involved in resolving the exception. Some exceptions will be more complicated to investigate and may involve the DHMH staff contacting multiple individuals to determine how a problem may be resolved.

Q: Agency providers were told that all claims generated through the Help Desk will have to be approved by a DHMH staff member. Is this true?

A: Yes, a claim that has been generated through the Help Desk is an exception as described above. DHMH will need to approve all exceptions, which is basically the same process that DHMH staff used to resolve billing issues arising with paper time sheets.

Q: How much time do providers have to appeal the time entered?

A: The amount of time that providers have to appeal currently will remain the same under the new system. The requirement of providers is to resolve all billing issues/disputes within 12 months of the date of service

My suggestion: An exception is carefully reviewed by DHMH staff to determine appropriate reimbursement of services. If a provider does not agree with the resolution by DHMH staff, they may file an appeal within thirty days of being notified of the DHMH decision regarding the exception.

Note: if we use this language or even if we don't, if the decision is not acceptable to the provider, the provider needs to be sent written notice of how to appeal the decision. There is boiler plate language for this.

Q: There are areas with consistently poor cell phone reception. Will this always create an exception?

A: If a participant has a landline phone, this should not be an issue. However, the Department understands that there may be cases where a provider is clocking in and out using a cell phone and an OTP device in areas with poor reception. If the provider has no reception, he or she should write down the OTP password (which changes every 1 minute) at the clock in and clock out times. Once the provider has cell phone reception, he or she should call the toll free ISAS number and clock in and out by providing the OTP passwords that were recorded earlier. As long as the OTP passwords are correct, an exception should not be generated.

Q: If a participant is technically inactive and remains inactive for several weeks, should the provider continue issuing care? Will this create an exception?

A: Agency providers will need to determine whether or not to provide services based on a participant's active eligibility status. When a provider has any questions about a participant's eligibility to receive waiver services, they need to contact the participant's case manager/service coordinator for direction about providing further services and how reimbursement for services will be handled. If the agency provider, in consultation with the case manager/service coordinator, continues to provide services under these circumstances attendant/personal care providers should continue clocking in and out of ISAS to generate claims even though this will create exceptions which will require that DHMH staff become informed regarding the decisions made regarding continued services by the provider. Providers will need to continue using ISAS to clock in and out under these special circumstances. If the participant retroactively regains active eligibility status, those unpaid claims generally will be processed, approved and paid retroactively if provided in accordance with the participant's plan of care/service by a qualified individual.

Q: Who will need to resubmit billing after client was inactive? Is there retroactive billing?

A: Assuming that attendant/personal care providers continued to clock in and out of ISAS while the participant was inactive, there will be no need to be concerned about billing. Once the participant is determined to be eligible to receive waiver services and if the participant has a retroactive period of waiver eligibility, DHMH can approve claims and retroactively reimbursement in accordance with program policy.

Q: Is there a number that agency providers can call with questions about exceptions?

A: For exceptions that fall under LAH, please call: (410) 767-7479. For the OAW program, please call: 410-767-5220.

Q: What happens if a caregiver's shift starts at 11 p.m. and ends at 12 a.m.? Since the caregiver technically clocks in on one day and clocks out on another, will the system generate a claim for only the one day, or will the system create a claim for two days?

A: Under this scenario ISAS will generate two exceptions. ISAS only bases claims on a daily basis (12 AM – 11:59 PM). The system does not operate over a two day period.

Work Hours, Time and Billing Questions

Q: What if a caregiver is 15 minutes late? Can the caregiver stay 15 minutes longer?

A: Agency providers will need to ensure that attendant/personal care workers are delivering services at in accordance with the Plan of Care/Service. However, for billing purposes ISAS will cross reference the total number of hours a provider worked against the hours of service authorized in the Plan of Care/Service on a **weekly basis**, not daily. For OAW, the provider can work an additional 15 minutes as long as he or she is within the total hours outlined in the plan of care/service. For LAH, a provider can work an additional 15 minutes as long as he or she is within the total hours outlined in the Plan of Service.

Q: What happens to providers with flexible hours per week? How will they be reimbursed?

A: The ISAS system takes into account this needed flexibility and therefore cross references the number of hours a provider worked against the Plan of Care/Service **weekly**, not daily. Providers will be reimbursed accordingly.

Q: How will the ISAS system handle reimbursement for last minute backup providers?

A: Agency providers must enroll backup providers into the ISAS system in order to be paid. The backup provider must have a recorded voiceprint which will enable reimbursement.

Q: How do providers record their time if they are doing shopping for the participant from home on their way to the participant? When do providers begin counting their time?

A: Any atypical situation like this one needs to be guided by the plan of care, and providers should contact case managers if this is a need that was not addressed in the participant's plan of care.

Q: If family member providers would like to take the participant to their home, how will providers enter their time?

A: In this scenario, the provider will need to advise the person's case manager/service coordinator that this will occur periodically and therefore an OTP device will be needed. If the provider routinely takes the participant outside the home and has advised the case manager/service coordinator of this care

arrangement, the participant will need to carry the device with him or her so the family member can clock in and out.

Q: If the Plan of Care/Service specifies the time frame for the provider but the participant is being taken to a medical appointment, how is it possible to change the time worked by the provider?

A: The ISAS system takes into account this needed flexibility and therefore cross references the total number of hours a provider worked against the Plan of Care/Service on a **weekly basis**, not daily. Providers will be reimbursed accordingly.

Q: If there is a change in the caregivers providing services to a participant, how do agency providers enter time?

Any provider who is listed on the Plan of Care/Service and enrolled in ISAS with a voiceprint can provide services. The provider will simply call the ISAS system and provide the required identification information.

Q: If a provider clocks in on-time but works for an additional 15 minutes and clocks out 15 minutes later than the time approved on the Plan of Care, will a claim be rejected? Or will the system know to automatically pay only for the time approved by the Plan of Care?

A: If a provider works an additional 15 minutes on one day, then they need to work 15 minutes less on another day in that billing cycle. For billing purposes ISAS will cross reference the total number of hours a provider worked against the Plan of Care/Service on a **weekly basis**, not daily.

Clocking In/Out and Help Desk Questions

Q: What if caregiver pushes the wrong button and clocks out instead of in?

A: If a caregiver presses a wrong button, he or she will be routed to an operator during Help Desk hours (Monday-Friday, 6 a.m. – 8 p.m.). Outside Help Desk hours, caregivers should leave a message with the necessary identification information, as well as an explanation of the error. This will create an exception.

Q: What if a participant does not allow the provider to use the landline?

A: Participants have received information indicating that providers will need use of participant phones in order to receive services. However, providers may need to use their own cell phones if participants are unwilling to grant them access to their phone. Issues should be discussed with the participant's case manager/service coordinator.

Q: What happens if the provider and participant do not have cell phones?

A: We believe it would be a rare occurrence for neither party to have a cell phone and additionally, no landline available. If this occurs, please contact case managers/service coordinators to inform them of the situation. If the agency knows that the participant does not have a landline or there is some restriction based on the participant's phone plan coverage, it is necessary that the provider come to work with a cell phone. Providers without cell phones should not be assigned to care for participants that do not have a landline or who have an unavailable landline due to restrictions of some kind. If the agency is new to a participant, they need to speak with the case manager/service coordinator about what to expect in the home in order that the worker be prepared.

Q: What if the provider has limited English, will the supervisor be able to call in for the provider?

A: Current regulations require the following:

- For LAH:
 - Providers "Be able to communicate, read, write, and follow directions in English." (LAH 10.09.55.06. A (4)); and
 - Agencies shall "Employ or contract with attendants, who meet the requirements in §A—C of this regulation, in sufficient numbers to ensure that a qualified attendant is available to provide the attendant care services ordered in the Plan of Service according to the schedule specified for each participant who receives attendant care services from an attendant employed by the attendant care provider agency" (LAH 10.09.55.06 E (2)).
- For OAW:
 - Providers "Shall be able to speak, read, write, and follow directions in English" (OAW 10.09.54.06. B (4)); and
 - Agencies "shall Employ or contract with personal care aides, who meet the requirements at §B of this regulation, in sufficient numbers to ensure that a qualified aide is available to provide the type of personal care services according to the schedule specified in the Plan of Care for each participant who receives personal care aide services from the personal care provider agency (OAW 10.09.54.06 D(2)).

Q: If a participant has a cell phone with only limited minutes/calls or a phone that is often disconnected, how will providers clock in and out?

A: In this case, it will be the provider's responsibility to clock in and out with his or her individual cell phone. Again, the agency should clarify the phone situation with the case manager/service coordinator or participant as appropriate, so the worker will be prepared when they arrive.

Q: Is the Help Desk available 24/7? What about weekends?

A: A Help Desk operator is available Monday – Friday, 6 a.m. – 8 p.m. Outside of Help Desk hours, providers should leave messages with the required identification information, as well as a message detailing any questions or errors that the provider is aware of. If the provider wants confirmation that a message was received, then his or her message should include this request.

Q: Will the helpdesk be available on the holidays?

A: No, but messages can be left for Help Desk operators to respond to within the next business day.

ISAS Implementation Questions

Q: When will agency providers have access to ISAS and be able to enter providers into the system?

A: If an agency provider administrator attended an in-person training and has not already received login information, he or she will receive the information via email soon. If an agency provider administrator did not attend training or did not provide an administrator's contact information, please call the following number to provide an agency administrator contact as soon as possible: 1-855-463-5877.

Q: How will the participants be informed about changes (e.g. access to participants' phone, and access to OTP devices)?

A: Participants received correspondence from DHMH that explained ISAS and highlighted that attendant/personal care providers will need to use participants' phones if available. Also, case managers/service coordinators have received ISAS training and can help the participant or representative understand the ISAS program. Case managers/service coordinators should be able to

answer participants' questions as well as reinforce the fact that providers will need access to participants' landlines if they are available in the home.

Q: Case managers/service coordinators are not relaying information in a timely manner to the participants. Doesn't this create a problem for implementation?

A: The Department will continue working with case managers/service coordinators to assist them in learning about all aspects of ISAS to help ensure a smooth transition. Training and support materials have been made available and DHMH staff are ready to answer case managers'/service coordinators' questions and help solve problems.

Q: Feedback period after the go-live date?

A: Yes, ongoing feedback is welcomed. Agencies can always send the Department feedback either through DHMH program staff (agencies should already possess current program staff contact information). If feedback specific is specific to ISAS operations and policy, agencies can email John Wilson (john.wilson@maryland.gov).

Q: For the first few weeks after ISAS goes live, could the Department make available "office hours" where agency administrators could go to a specific location or call at a specific time to ask questions?

A: This is a good suggestion, and the Department is looking into this possibility. In the meantime, agencies and providers should reference training materials, including DVDs, to answer as many questions as possible. For ISAS-specific questions that remain unanswered, agencies and providers can email John Wilson (john.wilson@maryland.gov).