

Frequently Asked Questions: Waiver Provider Signature Requirement

OHIO DEPARTMENT OF MEDICAID

JUNE 2019

**ODA is in the process of developing a web-based system, Provider Authorization Management System (PAMS) to meet the Centers for Medicare and Medicaid Services (CMS) requirement in rule. For the PASSPORT and Assisted Living waivers, the electronic system will meet both the CMS requirement and serve as the primary mechanism for service authorizations to be shared with and acknowledged by all provider types. As system development is completed, ODA will create an implementation plan which will allow for a phased-in approach for roll-out of the new system.*

<u>Ohio Home Care Waiver (OHCW)</u>	<u>MyCare Waiver</u>
Is there a standardized form that will be sent to providers to be signed or will there be varying forms sent to providers?	
Ohio Home Care Waiver providers will access the person-centered services plan (PCSP) through the MyOhioHCP provider portal. Please reference the training document on the portal for additional detail.	Providers will be expected to sign the form provided by the authorizing managed care plan. The form will vary by health plan and may be called a person-centered services plan (PCSP), waiver service plan (WSP), or service plan.
Does this policy differ for agency and non-agency providers?	
No.	No.
Who is responsible for initiating the request for signature?	
The Case Management Agency (CMA).	The MyCare Ohio Plan (MCOP).
Will a provider signature be required when existing services are terminated?	
No.	No.
Do providers need to maintain record of the signature?	
This is mandated in Ohio Administrative Code 5160-45-10 / Ohio Administrative Code 5160-44-31, which are the Conditions of Participation rules.	This is mandated in Ohio Administrative Code 5160-45-10 / Ohio Administrative Code 5160-44-31, which are the Conditions of Participation rules.
When do signatures have to be provided?	
See Appendix A.	See Appendix B.
What actions will be taken, and by whom, if there is no provider signature or the deadline to provide the signature is not met?	
While providers are required to comply with the regulation now, strict enforcement efforts are not scheduled until November 2019. The CMAs will issue alerts to providers who are non-compliant. Beginning August 1, 2019, the CMAs will forward information about non-compliant providers to ODM, who will work with the Provider Oversight Contractor to issue	While providers are required to comply with the regulation now, strict enforcement efforts are not scheduled until November 2019. Initially, the MCOPs will issue warnings to providers who are non-compliant from August 1 st to October 31 st . If a provider continues to be non-compliant, the MCOPs will make a referral to ODM, who will sanction the

warning letters until October 31st. If a provider continues to be non-compliant, ODM will sanction the provider. Providers who refuse to comply will face additional sanctions including but not limited to termination.	provider. Providers who refuse to comply will face additional sanctions including but not limited to termination.
Could non-compliance with this requirement affect provider billing?	
Yes, noncompliance can lead to payment suspension until the requirement is met. ODM will issue notification to the provider and case management entity when payment suspension is enacted.	Yes, noncompliance can lead to payment suspension until the requirement is met. ODM will issue notification to the provider and case management entity when payment suspension is enacted.
Who is permitted to provide this signature?	
The provider or a representative of the provider.	The provider or a representative of the provider.
What qualifies as a service change that would require a provider signature be obtained?	
See Appendix A.	See Appendix B.
How will adherence of the requirement be evaluated/monitored?	
The CMAs are the front line in determining whether a provider is compliant with the signature requirement. In addition, ODM's Provider Oversight Contractor will monitor a provider's compliance during the annual Structural Review.	The MCOPs are the front line in determining whether a provider is compliant with the signature requirement. In addition, ODM's Provider Oversight Contractor will monitor a provider's compliance during the annual Structural Review.
Are electronic signatures acceptable?	
Yes, see Appendix C.	Yes, see Appendix C.
Are providers prohibited from starting services until the provider returns a signed PCSP to the authorizing entity?	
No. Attempts to obtain the signature prior to service initiation should be made, but services may be provided as authorized per the person-centered services plan while the authorizing entity continues efforts to obtain the signature from the service provider. Service provision/initiation should not be delayed in an attempt to meet this requirement.	No, see Appendix B. Attempts to obtain the signature prior to service initiation should be made, but services may be provided as authorized per the person-centered services plan while the authorizing entity continues efforts to obtain the signature from the service provider. Service provision/initiation should not be delayed in an attempt to meet this requirement.
Do state plan services and/or informal supports require a signature under this requirement?	
OHCW requires signatures from providers furnishing waiver-funded services only.	No, the person-centered services plan requires signatures from providers furnishing waiver-funded services only.
Who is responsible for obtaining the waiver service provider signature if the member is enrolled with a managed care plan with Group VIII?	
The CMA is responsible for obtaining the signature for waiver services.	The waiver care manager, not the managed care plan care manager, is responsible for obtaining the signature for waiver services.

If a waiver service is terminated prior to obtaining that provider's signature on the waiver service plan, is the authorizing entity expected to continue outreach to the terminated provider to obtain a signature on the outdated plan for services that were already provided?	
No.	No.
What are the expectations for members who transition from a fee for service waiver to the MyCare waiver and vise-versa?	
Signatures will be requested of the provider when the CMA develops or updates the PCSP.	Signatures will be requested of the provider when the MCOP care manager develops or updates the PCSP.
Where do providers sign? Will signature lines be added to service plans for provider signatures?	
There is a training document posted on the MyOhioHCP provider portal which contains instructions for providers.	The MCOP will indicate where the signature is needed and the process for returning the signed form. The process may vary between Plans.
What are the expectations for providers who do not receive waiver service plans?	
Waiver service providers receive an alert through the MyOhioHCP provider portal which identifies PCSPs needing signatures. See the training document posted on the portal for additional detail.	Please reach out to your MCOP provider contact or the assigned care manager to request assistance obtaining the waiver service plan.
Is there a specific person who will be responsible for providing the service plans?	
These are provided electronically by the CMA.	Please reach out to your MCOP provider contact or the assigned care manager as processes may vary at each plan.
What is the process for obtaining, signing, and returning the service plan?	
Please review the training document that is posted on the MyOhioHCP provider portal.	Please reach out to your MCOP provider contact or the assigned care manager as processes may vary at each plan.
I am a provider who already signs the waiver services plan, do I need to change my process?	
Please review the OHCW guidance letter for requirements and the training document posted on the MyOhioHCP portal for implementation instructions related to the OHCW.	The waiver service signature requirement may impact current practice. Please reach out to your MCOP provider contact or the assigned care manager as processes may vary at each plan.
Will the service plans sent to me for my provider signature only include the services that I am providing?	
You are only responsible for signing for services you are authorized to furnish.	Providers are only responsible for signing for services that they are authorized to furnish.
Is it the responsibility of the case managers to get an individual's signature indicating that the individual agrees to the service plan in writing before they refer to the provider?	
Not prior to the referral, as this would create unintended delays.	Not prior to the referral, as this would create unintended delays.

Appendix A

[Ohio Home Care Waiver Guidance Waiver Service Provider Signature Requirement](#)

Appendix B

[Waiver Service Provider Signature Requirement 10/2/2018](#)

Appendix C

[Waiver Provider Signature Requirement Issued 10/22/2018](#)