

Aging and Long-Term Support Administration

Consumer Directed Employer

Frequently Asked Questions

This is the most current list of answers to questions received about the Consumer Directed Employer. In some cases, the answers on this list have been updated or clarified after the monthly webinars. The list will be updated each month.

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GENERAL QUESTIONS		
#	QUESTION	RESPONSE
1.	Why is Washington State establishing a Consumer Directed Employer now?	In the 2018 legislative session, the Washington state legislature passed ESSB 6199, a bill authorizing DSHS to contract with a Consumer Directed Employer. The Consumer Directed Employer will serve as the legal employer of the IP workforce and handle all employment, payroll and administrative functions of managing this workforce. The client will continue to be the managing employer.
2.	What are the benefits of having a Consumer Directed Employer?	<p>Currently, Individual Provider administrative functions are managed by DSHS and Area Agency on Aging case managers and contract staff, and DSHS manages the payroll system. The Individual Provider workforce in Washington State has grown to approximately 40,000 workers and the complexity of managing this workforce has greatly increased.</p> <p>Changing to the Consumer Directed Employer model will allow case managers to spend more time assessing, service planning, and supporting people in need of services across our system. People receiving in-home care will retain the right to select, supervise, manage, and dismiss the individual providing their care. IPs will have one entity to work with for payroll, requirement tracking, taxes and all other employment concerns.</p>
3.	Is the Consumer Directed Employer going to be considered a home care agency?	No. RCW 74.39A.500 (2)(f) specifically states; "A consumer directed employer is not a home care agency under chapter 70.127RCW".
4.	Is there a reason that you can't just require IPs to join an agency already in place?	Washington is committed to preserving a consumer directed service option for people receiving in-home personal care. In the enabling legislation, the legislature required home care workers who wish to provide personal care as an Individual Provider to be employed by the CDE and clarified that consumers will continue to select their individual provider, oversee the day to day management and scheduling of the provider's tasks, and dismiss the provider when desired.

5.	Will there be a way to opt out of the CDE?	The legislation requires that home care workers who wish to provide personal care as an Individual Provider must be employed by the CDE.
6.	When will the change to the Consumer Directed Employer happen?	This change is expected to take place no earlier than July 1, 2020.
7.	How can I participate in this process and give feedback?	You may visit the CDE website at www.dshs.wa.gov/altsa/cde to: <ul style="list-style-type: none"> • Sign up to receive Consumer Directed Employer updates by email • Sign up to attend a monthly informational webinar or stakeholder meeting • Review the latest Materials & Resources
8.	If the CDE vendor is from out of state, will there be CDE staff stationed in the State to assist clients, IPs, and field staff locally?	Yes. There is a requirement that the CDE provide a local presence throughout the State and ensure that all counties are covered. This presence may differ from county to county based on population, geography and need for in person support.
9.	How many sites will the Consumer Directed Employer have around the state?	The Consumer Directed Employer must have a state wide presence that is sufficient to ensure timely hiring and deployment of providers. This presence may be met by someone available on a regular basis or a permanent physical location.
10.	What does "DSHS will have the oversight responsibilities for managing the CDE vendor" mean?	DSHS will manage the CDE contract and monitor vendor compliance using dedicated FTEs who are tasked with on-going quality assurance responsibilities.
11.	Who will have regulatory oversight of the new Consumer Directed Employer?	There will be two contract monitor positions at DSHS to oversee and monitor the Consumer Directed Employer performance. Should the legislature determine the Consumer Directed Employer will be licensed, then the designated State agency will have regulatory authority.
12.	Are the webinar questions and answers posted for viewing?	The monthly public webinars are posted to the CDE website (https://www.dshs.wa.gov/altsa/cde) under "Materials & Resources". A compilation of questions and answers from all the webinars may also be found on the website. A compilation of questions and answers from all the webinars may also be found on the website.
13.	Are transition plans for the clients or home care agencies?	Transition plans are part of the readiness activities in the Organizational Change Management (OCM) process. They detail work that needs to be done to achieve business process changes, such as authorizing and assigning tasks to the CDE instead of to the IP. For more information about OCM and transition plans, please see Talking Points #4 – OCM/Readiness
14.	What is a "subject matter expert"?	A subject matter expert (SME) is an employee who has been doing a specific job for a period of time and is familiar with the subject in a way that other employees may not be. SMEs at Headquarters are the business owners of the readiness transition plans.
15.	Are the current governor's, house, and senate budgets funding the CDE process adequately?	DSHS is fully funded to continue CDE project management and organizational readiness initiatives through state fiscal year 2020 (July 1, 2019 – June 30, 2020). The final 2019-21 biennial legislative budget passed in April did not include funding for the implementation scheduled to occur in state fiscal year 2021, but the legislature has asked DSHS to provide a supplemental budget request for the 2020 session when better cost estimates will be available.

CLIENT QUESTIONS

#	QUESTION	RESPONSE
16.	Have families been informed of this upcoming change?	<p>Yes. During the 2018 legislative session extensive outreach was done with stakeholders including groups representing family members. The Informing Families group has published an informational video on the CDE. The video can be accessed at: https://informingfamilies.org/cde-video/.</p> <p>During the summer of 2018, listening sessions were held across the state. Family members attended the sessions and planned to take the information provided to those groups. Additionally, members of the Consumer Directed Employer Strategic Development Group represent family member constituents and provide on-going information to those they represent.</p> <p>As the project continues and implementation is closer, there will be a concerted outreach for all families and clients as part of the project's readiness activities.</p> <p>The CDE project aims to have an open, inclusive and informative process. We have engaged people currently receiving in-home care, individual providers, stakeholders, the public, and consulted with tribal governments throughout this course of this project. Please participate through webinars, in-person meetings, email updates and other engagement opportunities.</p>
17.	What will happen to the Home Care Agencies when the Consumer Directed Employer is operational?	Home care agencies will remain unchanged and will continue to bill through Provider One. Clients selecting in-home personal care may choose to receive care through a home care agency, the Consumer Directed Employer or both. The Consumer Directed Employer will be the employer of Individual Providers only.
18.	May a client continue to receive services from his/her current IP after the CDE is implemented?	Yes. All current, qualified IPs will be hired by the CDE.
19.	Family members are prohibited from providing care to their relatives as employees of Home Care Agencies. Can family members provide care to their relatives as employees of the Consumer Directed Employer?	The Consumer Directed Employer may hire eligible family members as Individual Providers. Parents and step-parents are not eligible to be paid to provide care to their minor children and spouses are not eligible to be paid to provide care to spouses (exception: Chore program).
20.	Will clients be able to call the Consumer Directed Employer and ask for Individual Provider's available to work for them?	Yes. Clients can contact the Consumer Directed Employer to ask about available Individual Providers that are listed in the Carina database. Clients can also continue to use the Carina website to find available Individual Providers and contact them directly.
21.	Will the CDE take over the HCRR for linking clients with potential IPs?	Yes, the CDE will provide clients with the names of potential IPs. The referral registry functions will be absorbed by the CDE. Carina will continue to be the database for providers and clients looking for additional work or available providers. The CDE will contribute names to Carina as part of its recruiting and capacity expansion requirements.
22.	Are case managers only directing clients to go through Carina to look for individual providers?	No. Carina is a valuable resource for finding Individual Providers but clients can use any method to find Individual Providers.

23.	How will the Consumer Directed Employer handle clients who have a high number of Individual Providers who all work different service amounts each month? How will the authorization be handled?	If the client uses multiple Individual Providers, the total number of Individual Provider hours will be authorized to the Consumer Directed Employer. The client will determine the schedule for each Individual Provider and communicate the schedule to the Consumer Directed Employer. The schedule must not exceed the Individual Providers' work week limits.
24.	What is Client Responsibility?	Client Responsibility is the monthly amount of money clients with higher incomes pay toward the cost of their Medicaid services. The amount is determined by the client's financial worker. Individuals served through the Home and Community Services Division of the Aging and Long-Term Support Administration. Individuals served by the Developmental Disabilities Administration do not pay Client Responsibility. Client Responsibility is sometimes referred to as Client Participation or just Participation.
25.	What is the CDE's role in collecting client responsibility?	As the IP's employer, the CDE must pay the providers for all hours worked. In order to do so, the CDE will pay the IP the total amount due and collect the client responsibility amount directly from the client. There is an expectation that the CDE will work with clients who are not paying their client responsibility in an attempt to prevent the discontinuation of services.
26.	Will the client pay client responsibility (participation) directly to Consumer Directed Employer?	Yes. Client responsibility payments will be paid directly to the Consumer Directed Employer.
27.	How does the client responsibility payment to the IP work if the IP is a parent?	The CDE will collect the client responsibility directly from the client, regardless of any familial relationship between the IP and client.
28.	Will the Consumer Directed Employer handle their own administrative hearings when a client's chosen Individual Provider is not hired?	There will not be administrative hearings for denial of choice of Individual Provider. This will be handled through the Consumer Directed Employer's complaint resolution process.
29.	How does a client challenge a decision by the Consumer Directed Employer not to hire a chosen Individual Provider?	The Consumer Directed Employer will have a complaint resolution process that can be utilized when a client disagrees with an action taken by the Consumer Directed Employer. Ensuring that clients understand how to utilize this process will be covered in readiness training prior to Consumer Directed Employer implementation.
30.	What provisions will be made for clients and Individual Providers with limited proficiency in English?	The Consumer Directed Employer will have all the same legal obligations as DSHS for communicating with clients in languages other than English. There are not similar obligations for communication with Individual Providers however, DSHS knows this is valuable for supporting our Individual Provider population and has required the bidders to submit a plan based on the most commonly spoken languages for Individual Providers.
31.	Is there language support for the complaint resolution process?	The RFP includes an expectation that the CDE vendor provides language support to clients for all activities including the complaint resolution process.
32.	Will the CDE be notified when a client is authorized for nurse delegation?	Yes, it will be the responsibility of the CDE to work with clients to determine which tasks are assigned to each IP from the client's plan of care, including tasks that may require nurse delegation.

INDIVIDUAL PROVIDER QUESTIONS

#	QUESTION	RESPONSE
33.	Will we still call Individual Providers, Individual Providers? Or will they just be known as Consumer Directed Employer employees?	Individual Providers will be employees of the Consumer Directed Employer and will still be referred to as Individual Providers.
34.	Who employs the Individual Providers?	<ul style="list-style-type: none"> • The client will refer the selected Individual Provider to the Consumer Directed Employer for hiring • The Consumer Directed Employer is the legal employer of the Individual Provider and takes care of payroll, background checks, collecting the I-9, credentialing, and tax reporting and training requirements. Individual Providers will be hired as employees of the Consumer Directed Employer and will no longer have contracts with the Department or Area Agencies on Aging. • The client is the co-employer for purposes of selecting, scheduling, managing, supervising and dismissing the Individual Provider. • The Consumer Directed Employer will have a local presence in all 39 counties of the state where they will conduct hiring activities. This presence may be met by someone visiting on a regular basis or a permanent physical location.
35.	What type of CDE to IP communications are required?	The CDE is required to provide timely and upon-request communications to IPs in areas such as hiring status, background check processing, training completion, and on other requirements for IPs to remain compliant with state and federal workforce regulations. Additionally, the CDE is expected to provide customer service support to IPs in areas of payroll, work week limits, overtime, systems training, and on business policies and procedures.
36.	If a provider is already working with the client prior to the implementation of Consumer Directed Employer, will the provider become an employee of the Consumer Directed Employer?	Yes, all qualified Individual Providers currently authorized to provide services to DSHS clients will become employees of the Consumer Directed Employer at the time of transition.
37.	Will the CDE have the ability to fire an IP, or will only the client have that ability?	The client will have the ability to dismiss an IP from working with the client; the CDE will determine whether the IP can continue to be employed to work as an IP with a different client.
38.	Will Individual Provider requirements change under the Consumer Directed Employer?	<p>No. Individual Providers will have the same requirements that they have today. Some of these requirements include; completion of required background checks to ensure there are no disqualifying crimes or negative actions; completion of all required training; being at least 18 years of age; being able to legally work in the United States; and not be named on any of the Medicaid exclusion lists.</p> <p>The Consumer Directed Employer will be responsible to ensure that Individual Providers stay up to date on all requirements such as training and background checks.</p>

39.	How would a person pursue becoming an IP if they do not have a client?	The Home Care Referral Registry (HCRR) is available for individuals who are interested in becoming IPs. The HCRR staff can assist with the qualification process.
40.	What happens to the Referral Registry?	The referral registry functions will be absorbed by the Consumer Directed Employer. Focus will be on recruiting. Carina will continue to be the database for providers looking for additional work or and clients looking for available providers.
41.	What is the role of Carina with the Consumer Directed Employer?	Carina will continue to be the database for providers and clients looking for additional work or available providers. The Consumer Directed Employer will contribute names to Carina as part of its recruiting and capacity expansion duties as required by the legislation.
42.	Will Individual Providers be paid an hourly rate or is that changing?	When the Consumer Directed Employer is operational, it must follow the Collective Bargaining Agreement (CBA) that is in place on that date. The CBA sets the hourly rate that Individual Providers are paid based on their cumulative career hours, and these rates will be in effect at that time. Payment is made in 15 minute increments according to the authorization.
43.	In the future who will determine the Individual Providers wages and benefits?	<p>The labor rate paid to the CDE will be set by the rate setting board. There are four voting members of the board and a fifth member who will vote in the event of a tie. In addition, there are nine advisory members of the board. Advisory members include representatives of the Individual Provider workforce, the state council on aging, an organization representing people with intellectual or developmental disabilities, an Individual Provider, and an organization representing people with physical disabilities.</p> <p>After the rate setting board determines the labor rate, it will be submitted for certification to the Office of Financial Management and then to the Governor for inclusion in the Governor’s budget. The legislature shall then approve or reject the request for funds as a whole. After funding is approved bargaining will take place between the Consumer Directed Employer and exclusive representative for the Individual Provider workforce. Bargaining will determine how the labor rate covers the IP base rate, cumulative career hour wage increases, paid time off and other benefits.</p>
44.	Will the IP's paid time off transfer to the CDE?	IPs will receive the full value of their accumulated PTO when transferring to the CDE. How this will be accomplished has yet to be determined.
45.	Will SEIU 775 be the Consumer Directed Employer?	No. The department will procure a vendor who has experience providing services similar to those required of the Consumer Directed Employer. DSHS will manage the contract and monitor contract compliance. Under the National Labor Relations Act, it would be illegal for a union to act as the legal employer of the employees they also represent.
46.	Will providers of the CDE still be able to provide self-directed care?	Yes. Self-directed care will continue to be available under the requirements outlined in RCW 74.39.050.

47.	Will the CDE register IPs for required classes?	No, the CDE will not register IPs for training classes. The CDE will be responsible for determining what category of training is required for a provider based on all applicable factors and will offer support to IPs in completing the homecare aid certification and required continuing education. The CDE will also track training compliance. The Training Partnership will continue to provide training opportunities.
48.	Will the Department of Health continue to do certification of Individual Providers?	Yes. The Department of Health will continue to do certification of Individual Providers. Training and certification requirements for Individual Providers are not changing under the Consumer Directed Employer.
49.	Will the Training Partnership or CDE provide Orientation and Safety training?	The Training Partnership will continue to develop and update the Orientation and Safety training curriculum. The CDE will ensure that IPs receive Orientation and Safety training.
50.	When an IP is also employed by a Home Care Agency, will training certificates that the IP gets from the Home Care Agency employer be sufficient for the CDE?	Implementation of the CDE will not change the training requirements or who provides the training. Training certificates need to be from a DSHS authorized trainer. Some home care agencies are DSHS authorized trainers.
51.	Will there still be a need for the Training Partnership?	Yes. The Training Partnership will continue to develop training and offer continuing education training opportunities for IPs.
52.	What will be the process for the background checks?	The Consumer Directed Employer will use the Background Check Central Unit just as today. There will be no change to the Secretary's list of disqualifying crimes. The Consumer Directed Employer will complete Character, Competence and Suitability (CC&S) reviews.
53.	Will the disqualifying crimes on a background check be the same with the new Consumer Directed Employer?	Yes. Disqualifying crimes are defined in state statute. They were not changed when the bill authorizing the Consumer Directed Employer was enacted. The Consumer Directed Employer will be required to follow the state statute.
54.	How will background checks be handled when Individual Providers become employees of the Consumer Directed Employer?	<p>A new background check will not be required when:</p> <ul style="list-style-type: none"> • The individual has an individual provider contract with the department; • The last background check on the contracted individual provider is still valid under department rules and did not disqualify the individual from providing personal care services; • Employment by the consumer directed employer is the only reason a new background check would be required; and • The department's background check results have been shared with the consumer directed employer.
55.	Can the Consumer Directed Employer determine whether a specific Individual Provider cannot work for a specific client?	<p>Clients will retain the same right they have today to select their Individual Provider. The Consumer Directed Employer may determine that an Individual Provider cannot work for a client if the Individual Provider does not meet one or more of the Individual Provider qualifications. The Consumer Directed Employer may also determine that an Individual Provider may not work for a client if the Individual Provider is not able to meet the client's care or health and safety needs, or the well-being of a client is in imminent jeopardy due to the performance of the Individual Provider.</p> <p>Clients will have a complaint process if the Consumer Directed Employer denies their choice of provider.</p>

56.	Will the Consumer Directed Employer conduct a Character, Competence, and Suitability (CC&S) review with a client when the Individual Provider's background comes back with issues other than disqualifying crimes?	Yes. The Consumer Directed Employer will conduct a Character, Competence, and Suitability review when indicated such as the prospective Individual Provider is already supporting one or more clients and may not be able to safely take on more work; a DSHS or AAA employee, or any other source informs the Consumer Directed Employer of a concern associated with an Individual Provider's ability to provide needed care to a client or a health and safety concern; the Individual Provider has employment or personal responsibilities that may interfere with providing reliable service; the Individual Provider has travel considerations that may impact scheduled arrival; or the Individual Provider has a reported history of violence, criminal behavior that is not disqualifying, or a substance abuse disorder.
57.	Will case managers still be able to deny a client's choice of provider with a Character, Competence and Suitability (CC&S) review?	The CDE will complete the CC&S review and will assume responsibility for denying a client's choice of provider based on that review. The client's case manager will have the opportunity to provide input into the CC&S review. Based on the CC&S, the CDE may find the IP should not be hired or may no longer work as a client's chosen IP. The CDE may determine the IP is suitable to work with a different client or may decide to terminate the IP from employment with the CDE.
58.	Will IPOne be going away?	IPOne as it exists today will go away. The CDE vendor is responsible to provide a payment system as part of the service they will provide. This payment system will be fully managed by the CDE vendor and DSHS will only have oversight responsibilities for managing the CDE vendor to the contract.
59.	How long will IPOne remain available to access historical data for things like hearings, etc.?	This has not yet been determined, but will be included on the IPOne transition plan.
60.	How will IPs complete timesheets?	IPs will begin using Electronic Visit Verification at the time the CDE is implemented. Providers will be required to clock in and out as well as provide the additional information required by the 21st Century Cures Act. The vendor will provide multiple options for this data entry. In the event a provider forgets to clock in/out or needs to make a revision, the vendor will have mechanisms to support these changes as well.
61.	If an IP accidentally enters more time than they are allocated will the CDE alert them to the mistake?	This will be part of the CDE vendor's system and will be determined after the CDE vendor is selected and begins working with the department on system requirements.
62.	With the CDE, will IPs still be able set our own schedules as needed or will we be required to do time off requests through the CDE?	The client will continue to set the schedule of their IP within their assigned hours and the IP's work week limit. The CDE will monitor work week limits.
63.	Who will manage the hours Individual Providers are allowed to work?	The client will continue to manage the hours the Individual Provider works and the Individual Provider's work schedule. The CDE will monitor work week limits.
64.	Will Individual Providers be able to keep their permanent work week limits?	Individual Providers will keep grandfathered work week limits. These are permanent work week limits that were assigned based on the number of hours the Individual Provider worked in January of 2016.
65.	How will client specific work week limit requests work?	The Consumer Directed Employer will review and may approve client specific work week limit requests for the IP(s) within the client's authorized number of hours.

66.	What if an Individual Provider has issues or disagrees with the Consumer Directed Employer?	The Consumer Directed Employer will have a complaint resolution process available to all IPs and clients who disagree with a decision or action the Consumer Directed Employer has taken.
67.	How will overpayments be handled once the CDE is implemented?	Overpayments will be issued to the CDE rather than to IPs, in the same manner as overpayments are issued to a home care agency rather than the individual worker.
68.	What happens to the Collective Bargaining Agreement between the State and SEIU 775?	The Collective Bargaining Agreement in place at the time the Consumer Directed Employer becomes operational will be followed by the Consumer Directed Employer, including the payment of union dues and the provisions for all benefits. The Consumer Directed Employer will then bargain with the exclusive representative for the Individual Provider workforce.
69.	Can Individual Providers opt out of union membership when they become employees of the Consumer Directed Employer?	The Consumer Directed Employer will comply with the Collective Bargaining Agreement (CBA) that is in place when it becomes operational. The current CBA requires dues to be withheld only if the withholding has been authorized by the IP. Future decisions about union dues will be negotiated by the Consumer Directed Employer and the union. The State will not be involved in those negotiations.
70.	Will the current tax status for Individual Providers change?	No, reporting status remains the same under the Consumer Directed Employer. Individual Providers who qualify under the Difficulty of Care income exclusion may continue to exclude income from federal income tax reporting. Individual Providers who are currently exempt from FICA and FUTA will continue to be exempt.
71.	As a live in care provider, my income is excluded from tax reporting per IRS notice 2014-7. However, if my pay will be coming from the CDE, and not from DSHS may my income still be excluded from tax reporting?	Yes, all income meeting the requirements in IRS notice 2014-7 will continue to be excludable from tax reporting.
72.	What will happen to the active IP contracts at the time of the CDE implementation?	All active contracts will be terminated by DSHS for convenience after the transition.
73.	Will there be any different expectations or requirements for Parent Providers when they are employed by the CDE?	Parent Providers will continue to have the same requirements they have now.

CASE MANAGEMENT QUESTIONS

#	QUESTION	RESPONSE
74.	Will any AL TSA or DDA staff jobs be lost due to the implementation of the Consumer Directed Employer?	AL TSA and DDA leadership are committed to retaining staff whose work duties or responsibilities will be affected by the Consumer Directed Employer. Overall, both administrations are growing in order to meet the increasing need for our services and we will continue to need staff to meet this expanding need. While work duties of a small number of staff will change due to Consumer Directed Employer implementation, we do not anticipate job loss. Transition planning will begin with DSHS staff whose jobs might be affected by this change when we get closer to implementation. The implementation of the Consumer Directed Employer will take place no sooner than July 1, 2020.



75.	Can you explain the vision for the role of case managers after the CDE is up and running?	Case management will use time gained from the transfer of IP responsibilities to the CDE for service planning with the client and supporting activities that maintain the client's health and well-being.
76.	What does the phrase 'leveraging case management' mean?	DSHS' vision for the CDE project is that case managers will be able to focus more on client health and safety. Leveraging case management is the term being used by the readiness team as the administrations explore the process of moving case manager focus away from IP administrative needs.
77.	Did any contract staff or Training Partnership liaisons participate in the May DDA Case Management meeting?	No. This initial meeting was targeted toward case managers and supervisors.
78.	Is the Consumer Directed Employer only for Individual Provider contracts? Will professional contracts still be handled internally?	Individual Providers will no longer have contracts. They will become employees of the Consumer Directed Employer. Individual Provider contracts will end at the time that the Individual Provider is hired by the Consumer Directed Employer. Other contract types, such contracts with DDA behavior consultants or AAA home delivered meal vendors, will continue to be handled in the local offices.
79.	Will DSHS employees be able to be employed by the Consumer Directed Employer as Individual Providers?	DSHS employees will be required to complete a "Notification of Outside Employment Form" (DSHS 03-023) which must be individually reviewed and approved by the employee's appointing authority in order to be an employee of the Consumer Directed Employer.
80.	Will case managers be able to talk to the Consumer Directed Employer if needed?	Yes. Communication between case managers and the Consumer Directed Employer is an important component of ensuring care for clients. Clear communication protocols will be in place prior to the implementation of the Consumer Directed Employer.
81.	Will the case manager be able to track an Individual Provider's contracting status?	IPs will no longer have contracts. They will become employees of the Consumer Directed Employer. Methods for case managers to track the IPs employment status will be determined after the CDE vendor is selected and begins working with the department on system requirements.
82.	Will case managers be able to view the hours an Individual Provider actually worked?	This will be determined after the CDE vendor is selected and begins working with the department on system requirements.
83.	Who will conduct the client assessment and determine the number of personal care hours available to in-home clients when the Consumer Directed Employer is operational?	DSHS and AAA staff will continue to conduct the client assessment, determine the number of personal care hours available to the client, and develop the service plan.
84.	Will authorizations in CARE be assigned to the Consumer Directed Employer?	After the assessment is complete, the case manager will authorize the hours to the Consumer Directed Employer rather than to the individual provider(s). The Consumer Directed Employer will then work with the client to allocate hours between multiple providers if there is more than one and to manage work week limits and overtime utilization.
85.	Will ETR hours also be authorized to Consumer Directed Employer?	All hours to be provided by Individual Providers will be authorized to the Consumer Directed Employer.
86.	How will authorizations for clients being served by both an Individual Provider and Home Care Agency be managed?	The client will decide how many hours they would like the Home Care Agency to provide and how many the Individual Provider will provide. The case manager will authorize those amounts, separately, to the Home Care Agency and to the Consumer Directed Employer.

87.	Will Case Managers still send Planned Action Notices (PANs) regarding IPs?	<p>The department is required to send a Planned Action Notice (PAN) when the client’s choice of Medicaid provider is denied. Currently, the Individual Provider (IP) is the Medicaid provider. When the CDE is operational, the CDE will become the Medicaid provider. The IP will be an employee of the CDE and not the Medicaid provider.</p> <p>Because the IP will not be the Medicaid provider when the CDE is operational, DSHS will no longer send PANS to clients if their chosen IP is not hired by the CDE and will no longer send PANS to IPs who do not meet training requirements. Clients and IPs who disagree with a decision made by the CDE may access a formal complaint process, rather than administrative hearings, to resolve their disagreement.</p>
888.	When a client goes to the hospital or leaves the state or country, will they be required to inform the case manager, the CDE or both?	They will inform both the Case Manager and the CDE.
89.	Will implementation of the CDE result in more delegated providers?	We do not anticipate that there will be an increase to the number of delegated providers as a result of the CDE.
90.	How would a client access a nurse for nurse delegation, through the CDE or through the case manager?	The case manager will continue to do the authorizations to the nurse delegator.
91.	With other program roll outs or changes, the program implementations are sometimes staggered county by county, with King County usually last. Do you anticipate a similar staggered roll out model or will the flip be switched state wide at the same time?	DSHS anticipates that there will be a pilot implementation prior to the full implementation.
92.	If IPs ask case managers questions about the transition to the CDE, can case managers talk about the change?	Yes. Case managers can tell IPs and clients about the transition to the CDE. They can also refer them to the CDE website (https://www.dshs.wa.gov/altsa/cde) for current information about the change including past webinar materials, Talking Points and to sign up for GovDelivery.

ELECTRONIC VISIT VERIFICATION QUESTIONS

#	QUESTION	RESPONSE
93.	Who is implementing Electronic Visit Verification for Individual Providers?	The Consumer Directed Employer will implement this new, national requirement from the federal government. The Electronic Visit Verification System must verify the date, time and location that personal care hours are provided. The Consumer Directed Employer will implement the Electronic Visit Verification system for Individual Providers. Home Care Agencies will implement separate Electronic Visit Verification systems for Home Care Agency workers.
94.	When will Electronic Visit Verification begin for Individual Providers?	The Consumer Directed Employer will implement Electronic Visit Verification at the same time the Consumer Directed Employer goes live. The date the Consumer Directed Employer goes live will be no earlier than July 1, 2020.

95.	Will EVV implementation still occur when the CDE goes live?	Yes, EVV will start for IPs when the CDE goes live. The home care agencies are currently expected to start by January 2020.
96.	Is the EVV system telephone/ audio only or App based?	The CDE will manage Electronic Visit Verification. Bidders will include proposed options in their responses to the CDE procurement Request for Proposal.
97.	How do clients/families that do not have access to the internet or a computer complete electronic timesheets?	IPs will begin using Electronic Visit Verification (EVV) at the time the CDE is implemented. Providers will be required to clock in and out as well as provide the additional information required by the 21st Century Cures Act. The vendor will provide multiple options for this data entry including one that will meet EVV needs in the event there is no access to internet or cellular data.
98.	What is the plan for those Individual Providers who do not have internet access, or a smart phone to use an app for Electronic Visit Verification?	The CDE vendor is expected to use an Electronic Visit Verification system is that addresses connectivity challenges. A possible solution may include using a land line or waiting to uploading information until there is connectivity. It has not yet been determined whether Individual Providers may use their own devices or a device issued to an Individual Provider or the client solely for the purpose of Electronic Visit Verification.
99.	When Electronic Visit Verification is implemented who will manage that and who will grant exceptions?	The Consumer Directed Employer will manage Electronic Visit Verification. There are no exceptions to the requirement to use Electronic Visit Verification. This is a federal requirement that Washington must implement for all in-home personal care providers. The Consumer Directed Employer can make adjustments to an Individual Provider's Electronic Visit Verification record if the Individual Provider's record contains an error or omission.
100.	Will Live-in providers be required to use Electronic Visit Verification?	Yes.
101.	Is it possible to request that CMS implement the Electronic Visit Verification (EVV) system for IPs who do not live with the client for whom they provide care for a year before implementing EVV for live-in providers?	CMS has not published any exceptions to the EVV requirements for live-in providers. CMS has indicated it is considering the policy's impact on live-in providers. Questions about implementation of the EVV requirements can be sent to CMS at the following address: EVV@cms.hhs.gov .
102.	How will EVV affect providers who live with the client to whom they provide personal care? Is any exemption being discussed?	DSHS continues to work with CMS on potential EVV policy options for live-in care providers.
103.	Centers for Medicare and Medicaid Services (CMS) exempts 2 entities from EVV, nursing homes and group home residences. With so many clients living at home with family caregivers, can CMS amend the group home exemption by dropping the word "group" such that family caregivers living with their loved one can be exempt from EVV?	DSHS continues to work with CMS on potential EVV policy options for live-in care providers.