



Help *at* Home.®

Care to Live Your Life.

Indiana Clinical Recharge

February 13, 2024



Agenda

Clinical Leadership Review

Patient Signature Form

Group Home/Supported Living

Client/Caregiver Education & Goals

DNR/POA Paperwork

MD change process

Prior Authorizations/Increases

Quick Notes

Policy Change Review

Housekeeping Items



Clinical Leadership

Amber Armuth – Market Clinical Leader/Governing Body Member

Lydia Gadd – Indianapolis Administrator

- **Nichole Speer** – Indianapolis Alternate Administrator

Mindy Bundy – Columbus and Evansville Administrator

- **Ann Naylor** – Columbus and Evansville Alternate Administrator

Ann Naylor – AQ Nurse

- ▶ Columbus, Bedford, Jasper, New Albany, Evansville, Seymour, Greenwood, Indy Avon

Ashley Patton – AQ Nurse

- ▶ Muncie, Anderson, Winchester, Terre Haute, Bloomington, Lafayette, Indy East, Richmond



New patient signature form

Only need to complete this form if applicable to patient - - Cannot sign, difficulty signing

This form is specific to signature on DVS only

Will complete at SOC or any time condition change warrants

Completed signature form to be uploaded within original POC attachments

Be sure the client understands their signature needs to remain consistent on DVS to better help us verify shifts.

Patient Signature Form

Patient Name: _____ MR# _____

Explain below the circumstances that make it impractical for the patient to sign:

Authorized signers may include the following individuals: Patient's Legal Guardian/parent of Minor/POA/
Healthcare Proxy

Authorized Signer Name: _____ Relationship: _____
Signature: _____ Date: _____
Witness Signature: _____ Date: _____

Patient's Authorized signer may delegate signature on Daily Visit Sheet to a representative of an agency that furnished other care, services, or assistance to the patient ("Supported Living Home" or "Assisted Living") or a relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs, if no Legal Appointment is in place ("Primary caregiver").

Consent of delegation of signature to individual(s) mentioned above:
Signature: _____ Date: _____
Witness Signature: _____ Date: _____

Patients have the right to sign using their initials or an X if unable to sign full signature on each Daily Visit Sheet.

I wish to make my mark: _____ Date: _____
Witnessed by: _____ Date: _____

Authorization is from the date signed above until status changes or patient notifies us otherwise.

Nontraditional setting nuisances --- Group Home/Supported Living Setting

- Admission paperwork and consents need to be signed by POA/HCR/legal guardian (mail, email, DocuSign)
- Care Coordination needs to include Supported Living/ Group Home staff
 - note who you spoke to during the visit, note that POC is present in home and reviewed with home staff present
 - Ask for a copy of their POC as well
 - Requires BAA on file
- Summary within POC needs to address staffing ratios and other clients in the home also receiving PA services. Include the other client's PA #.
 - Client head -> PA admission -> Authorization tab. Jenny Cole adds the PA # in the code tab. If unsure, ask your Branch Manager for the PA #.

+	PA Indiana Medicaid			HHA	7/24/2023	1/19/2024	Hourly		
+	PA Indiana Medicaid	K240170566		HHA	1/20/2024	7/17/2024	Hourly		8x5; 40 hours a week

Nontraditional setting nuisances --- Assisted Living Facility

- Care Coordination needs to include ALF staff
 - Note who you spoke to during the visit, note that POC is present in client room and reviewed with ALF staff present
 - Ask for a copy of their POC as well
 - Requires BAA on file
- Summary within POC needs to include what services they are providing and why our services are still required (if the ALF is providing bathing assistance, we cannot obtain a PA for those services).
- Reach out to your Administrator if you are unsure of appropriateness



Education and Goals within POC

- Each POC should be patient specific and include education documented to both the client and caregiver specifically to help achieve goals as well as any other applicable content (quick note added)
 - Per the CMS regulations – *The individualized plan of care must specify the patient and caregiver education and training.*
- The POC must include specific goals that are re-assessed with each assessment to ensure they are applicable to your patient's current status.
 - There should always be at least 1 patient stated goal --- you might need to turn on your listening ears and be observant and conversational to obtain this.



Do Not Resuscitate

- DNR CANNOT be listed as their Code status until you have the DNR in writing and a physician's order.
 - If the client states their wishes are to not be resuscitated, explain that we must keep the resuscitation status 'Full Code' until required documents are obtained.
 - Can be POST form or Advanced Directive
 - Copy must be present in both home and EMR
- Service plan will be updated to reflect DNR status once obtained in writing and ordered
- A patient can change their code status at any time
 - Must obtain a new order prior to updating POC and service plan and document the conversation with your client and/or POA.
 - You must verify code status with each assessment



POA/HCR/Legal Guardianship

If your client has an appointed POA, HCR, or Legal Guardian, you MUST obtain a copy of this paperwork and upload to the EMR (initial certification period where one-time items are housed).

- When the client/family reports an existing POA, the nurse documents this report in addition to documenting the request for a copy.
- Must repeatedly request copies of any advanced directives, not just once.
 - We nor the hospital can honor these directives without a copy

This information needs to be listed within your POC, and you need to care coordinate with this individual.



MD Change Process

- Be mindful that due to managed care changes your patients might need to switch their MDs.
 - Confirm current PCP with each visit
- You must call and get a verbal order to switch providers immediately.
 - If there is a lapse of time between physician change, services will need to be on hold due to no overseeing MD.

<https://support.helpathome.com/hc/en-us/articles/13610253187735-Actions-for-New-Primary-Care-Physicians>



Prior Authorizations

Jenny Cole is our Prior Authorization Specialist. 

Changes for RNCMs:

- Please run Medicaid eligibility on your referral prior to SOC and at your 60-day Recertification → upload document into their cert period with your assessment
 - ▶ Why? Another set of skilled eyes to check for insurance changes (Managed Care from the Traditional Medicaid or Vice Versa.)
 - ▶ Expand the “Managed Care Assignment Details” section to check for any Managed Care plans

Preferred Caregivers:

- RNCM verbiage within the POC – list who is the preferred caregiver -- mom, dad, etc. “Mother, Jane Doe will be preferred caregiver though Help at Home”.
 - *Update the discharge summary "the patient will be discharged... if a family member/caregiver is able to meet the patient’s needs *without the assistance of an agency*.

Details regarding others in the home:

Be specific when listing out work hours in the POC. Don't say ‘full-time’ as it will be assumed it is a standard 40 hours. "Mom leaves home at 7a, works from 8am to 4pm and returns home at 5pm". If you need PA hours to include drive time, spell it out. Mom might work 8 hours per day but is away from the home 10 hours per day.

No longer need disability letters, work, or school letters. This must be included in the write up of the POC (Dad is disabled and unable to lift/reliant on a wheelchair, etc. His adult sibling resides in the home but is a student with classes Monday, Tuesday, Friday, etc.) Give reason why they cannot care for patient.

Prior Authorizations continued

Noncovered Services

The following services are not covered under the home health benefit:

- Transporting the member to grocery stores, pharmacies, banks and so forth
- Homemaker services (including shopping, laundry, cleaning, meal preparation and so on)
- Chores (including picking up prescriptions and running other errands)
- Sitter or companion services (including activity planning, escorting the member to events and so on)
- Respite care

Note: Although these services are not covered for home health billing, they may be covered for eligible members under an applicable IHCP Home- and Community-Based Services (HCBS) waiver program, or (in the case of transporting members to the pharmacy) as a Traditional Medicaid benefit.

The PA department is decreasing PA authorizations when the above items are listed as tasks that the HHA will complete.

- Do not use the above items to speak to the amount of hours needed. We can continue to do these things very briefly, but they will not approve hours based on these needs.
- If the client is incontinent, we will continue to launder their clothing.
- If the client is dependent for meals, we will continue to meal prep.
- If you prepare a meal, give a shower, we will continue to wash the dishes, keep the bathroom hygienic and tidy.

When the client has Waiver, ensure those tasks are completed on that service. Keep our POC and service plan geared only towards their safety and personal care.

Prior Authorizations Approval/Increases

Initial PA Authorization Application: (Admission summary) *The focus is on medical necessity*

Factors for consideration when determining the hours of service to be approved include the following:

- Severity of illness and symptoms
- Stability of condition and symptoms
- Change in medical condition that affects the type or units of service that can be authorized
- Treatment plan, including identified goals
- Amount of time required to complete treatment tasks

Will also include other home care services currently being used, including but not limited to Medicare, Medicaid waiver programs and any available caregivers who provide care for the member, including the following considerations: number of caregivers, if the caregivers work/attend school, have other childcare responsibilities, physical limitations.

Increase of PA authorization

Special situations may occur where additional home health hours may be authorized (Temporary or Permanent). These situations are evaluated individually, on a case-by-case basis.

Examples of these situations include the following:








































- Significant deterioration in the member's condition, particularly if additional hours will prevent an inpatient or extended inpatient hospital admission
- Major illness or injury of the primary caregiver with expectation of recovery
- Temporary but significant change in the home situation, including a primary caregiver's call to military duty, temporary unavailability due to employment responsibilities
- Significant permanent change in the home situation, including but not limited to death or divorce with loss of a primary caregiver.



Quick Notes

The quick notes below have been modified, added, or removed (those with no check mark in the box were made inactive) .

If there is a quick note you find that needs to be modified, or if you think there is one that could be added, please reach out to Amber for consideration.

▶	10033	Global	Diabetic... 	Diabetic... 		Group Unspecified	POC Orders	DIABETIC PREC... 	<input checked="" type="checkbox"/>	2/12/2024 2:58 PM	aarmuth
	10050	Global	Seizure P... 	Seizure P... 		Group Unspecified	POC Orders	SEIZURE PREC... 	<input checked="" type="checkbox"/>	2/12/2024 2:58 PM	aarmuth
	10133	Global	Education 	Education 		Group Unspecified	POC Orders	Education provi... 	<input checked="" type="checkbox"/>	2/12/2024 10:41 AM	aarmuth
	10132	Global	New Infec... 	Infection... 		Group Unspecified	POC Orders	Patient diagnos... 	<input checked="" type="checkbox"/>	2/9/2024 1:30 PM	aarmuth
	10076	Global	ROC 	Resumpti... 		Group Unspecified	POC Orders	Patient was disc... 	<input checked="" type="checkbox"/>	2/9/2024 1:30 PM	aarmuth
	10131	Global	SN VSOC 	SN VSOC 		Group Unspecified	POC Orders	VSOC for Skille... 	<input checked="" type="checkbox"/>	2/9/2024 1:30 PM	aarmuth
	10130	Global	Adminissi... 	Admissio... 		Group Unspecified	POC Orders	Admission visit... 	<input checked="" type="checkbox"/>	2/9/2024 1:24 PM	aarmuth
	10112	Global	DNR 	Do Not R... 		Group Unspecified	POC Orders	Patient is a DN... 	<input checked="" type="checkbox"/>	1/26/2024 3:42 PM	aarmuth
	10129	Global	Discharge 	Discharge 		Group Unspecified	POC Orders	Discharge (HHA... 	<input checked="" type="checkbox"/>	1/26/2024 3:40 PM	aarmuth
	10108	Global	POC Blank 	POC Blank 		Group Unspecified	POC Orders	HHA to provide... 	<input type="checkbox"/>	1/26/2024 3:38 PM	aarmuth
	10107	Global	Care Co... 	Care Co... 		Group Unspecified	POC Orders	Dr. [Name] is t... 	<input checked="" type="checkbox"/>	1/26/2024 3:37 PM	aarmuth
	10082	Global	No Med C... 	No Med C... 		Group Unspecified	POC Orders	No medication... 	<input type="checkbox"/>	1/26/2024 3:32 PM	aarmuth
	10103	Global	Missed tr... 	Missed tr... 		Group Unspecified	POC Orders	This is to notify... 	<input type="checkbox"/>	1/26/2024 3:31 PM	aarmuth


Policy Revision Updates

All policies were reviewed and revised or reissued without changes in January --- see below for highlights

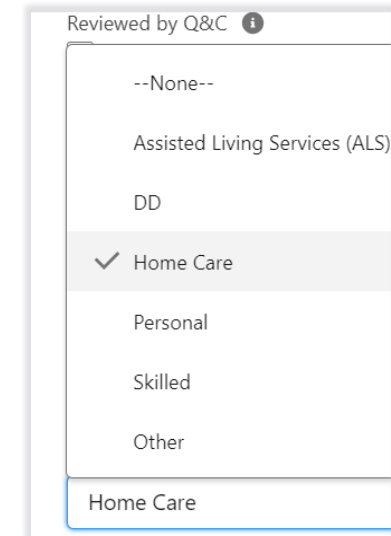
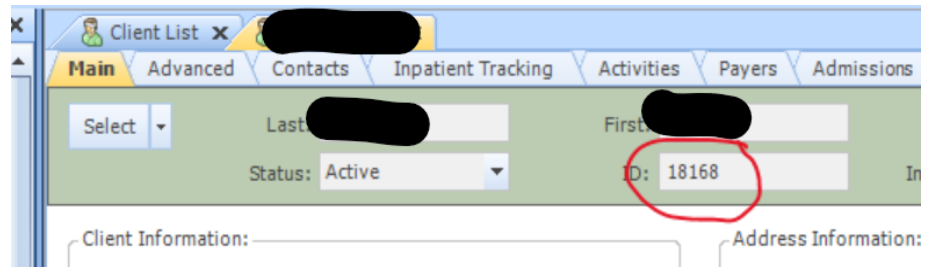
- **Competency Assessment**
 - onsite visit to clients home was increased to bi-annual
 - in home tub bath competency was removed
 - annual competency requirement was removed
- **Medical Record Entries and Authentication (updated to align with regulation)**
 - Documentation cannot be changed or amended by any individual other than the original author (including agency leadership).
 - ◆ If a change or amendment is necessary, the original author should modify the note for necessary updates then add signature with title and date/time for the change.
- **Physician Licensure Verification**
 - Cadence for verification changed from annual review to every other year – current process in place already
- **Physician Orders**
 - Updated to include licensed independent practitioner
 - Updated to allow 60 days for signature (previously 30)
- **Plan of Care**
 - Updated to include licensed independent practitioner



Housekeeping/Miscellaneous Items

- **Incident Reports** --- In Riskconnect, the box to the right are our choices. 
For a PA client incident report, you will choose SKILLED.
Care Supervisors – Waiver only client, will choose HOMECARE.
For a client that is BOTH PA and Waiver, only one IR will be entered and will be completed by the RNCM (and labeled SKILLED).

- **MR# prefix** --- Prefix is your office number + the client's Main head ID.
Example: Bedford prefix 105 + Client admission ID 18168 = MR # 10518168



Bloomington – 128	Jasper- 104	Lafayette- 134	Anderson – 164
	Indy Avon – 133	Greenwood – 107	Winchester- 147
Columbus- 103	Indy East – 132	New Albany – 139	Muncie – 138
Seymour- 142	Terre Haute – 144		Richmond – 141
Bedford- 105		Evansville – 129	

Housekeeping/Various items continued

- **Chart audits**
 - Once on an annual cadence, can be audited any quarter. Be ready!
 - Passing score is now 85%
 - Audit tool updated to align with policy changes --- will send out with follow up
- **Controlled Substance Sheet ----- If you do not have these in your office, ask your BM to order them through Coupa**
 - For nursing administration of controlled substances, a count will be performed:
 - When a nurse is relieving another nurse, the controlled substances should be counted/measured together, and each nurse will sign the controlled substance sheet.
 - When only one nurse is available the meds should be counted with the client/caregiver/family member, if available.
 - If there is no one to count the meds, other than the nurse, the nurse will add to the sheet that the meds were counted alone.
 - Examples of controlled meds – narcotic pain med, Diazepam.
 - Controlled substance sheet should be uploaded with other weekly SN paperwork
- **Medicaid Portal Access *each RN should have their OWN Portal Access***
 - RNCM email support@helppathome.com with the following info:
 - their name
 - DOB
 - last 4 of their driver's license number



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