



# Help *at* Home.®

Care to Live Your Life.

## Clinical Recharge

August 20, 2024



# Agenda



- Clinical Leadership Review
- Resources
- EPP updates
- Patient Rights
- Hold Status clarification
- Riskonnect
- MCE authorization updates
- Surprise 😊

# Indiana Clinical Leadership Review

**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** – Quality Assurance Nurse

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

**Ashley Patton** – Quality Assurance Nurse

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



# Resources

- [Help at Home Knowledge Center](#)
  - Learning & Training Support → Clinical Education
    - Great education handouts to use for client and/or caregiver education
  - Learning & Training Support → Indiana (IN) Only → Clinical Forms & Training
    - Checklists and guides, forms, education/training, etc
- A and H Drives
  - [The Adaptive Group - A Drive - All Documents \(sharepoint.com\)](#)
  - [The Adaptive Group - H Drive - All Documents \(sharepoint.com\)](#)
    - Audit and Survey Documents → Policies → Clinical Policies
    - QAPI → Branch → Year → Quarter → Logs



## Individualized Emergency Plan

Completed form will be kept in 3 places

- Front of home chart
- Matrix– original POC attachments
- Binder in office

In EPP Binder organize by client level:

**RED- level 1, YELLOW- level 2, GREEN- level 3**

Why we do it:

Columbus-In one county, 911 wasn't working during CrowdStrike outage. They used forms to call clients and give them the alternate number for 911.

## EMR Downtime Plan for RNCMs

If your iPad is working (Adobe) and you have an electronic version of a comp assessment or supervisory form, you can have them to sign that as proof of your visit and upload it to attachments.

If your iPad is not working, there are master copies of the comprehensive assessment, supe form, and Braden located in the emergency prep binder in the event EMR is down and no access.

Obtain the client signature on forms and upload in EMR.

Add a communication note stating the EMR was down, you completed the visit on paper forms, and date/ time you completed the visit.



# Patient Rights and Responsibilities

Dignity and Respect – Decision Making – Privacy – Financial Information – Quality of Care

---

**State's Main Focus**-Now a condition Level 1 citation!

Clients must be familiar with what they are and where they are located.

Located in section III of the Patient Admission Booklet.

RNCM- go over Patient Rights with clients and family at admission and periodically.

BM/RNCM-notify administrator ASAP of big events such as: falls with injury, death, etc. We need to think how can we protect others from big events and take action right away. (Ex: education to all caregivers).



# Holds

## When/why we place them on hold -

### Reasons for hold –

- Client/family request
- Client on a vacation
- In hospital (24 hours or more for any reason other than diagnostic tests \*does not matter if is OP or IP\*)
- in SNF
- no signed POC
- lost Medicaid
- lost MD
- list not exhaustive....

There is NO REGULATION regarding holds. Only regulations regarding comprehensive assessments.

Rule of thumb – either their admission is active and receiving services, or they are on hold without services.

Obtain order to place services on hold (use the Quick note) and notify operations for scheduling/staffing.



# Remaining on hold

## How long can we keep them on hold ???

- ◆ We can miss only one Recertification visit.
- ◆ They can remain on hold until if they are NOT in a facility into the next certification period.
- ◆ The Recertification and assessment must still be completed.
- ◆ You will need to combine the Late Recert assessment and the Resumption assessment (combined visits).
  - ▶ (skilled clients: if you combine the Recert and Resumption, you will complete a ROC OASIS only)

What if your client is on hold on day 60 of their current certification period ?


- If they are IN a facility (SNF or hospital) – they will be discharged at the end of the certification period.
- If they are NOT in a facility (home) – they can remain on hold into the next certification period.

\*exception – at the end of the certification when the client was on hold for loss of MD, they will need discharged.

# Resumptions and Recertifications

## Coming off HOLD status in the next certification period

Client: Doe, John



SOC: 3/31/2024

☐ Exclude from Billing

Status: Active

ID: 35883

Drag a column header here to group by that column.

### Scenario 1 – Client on hold resulting in ONE missed Recert visit:

- During cert period 3/31 – 5/29/2024, your client’s Medicaid lapses. They are placed on hold 5/1/24.
- On 5/29/24 (end of the cert period), the Medicaid is still inactive, they are still at home (not in a facility), so they can remain on hold.
- We copy the POC with the next available cert dates and create the 5/30 – 7/28/24 cert period and wait for the Medicaid to be re-instated.


On 6/15/24, (during the next cert period 5/30 – 7/28/24), the Medicaid is re-instated.

- You will
  1. complete the Resumption visit from being on hold.
  2. complete the late Recert visit (for the skipped Recert due 5/29/24).
    - These visits are combined during on one assessment.
  3. Call for your VSOC.
    - You are getting two verbal orders – an order to resume and an order to recertify/continue services for the remainder of the cert period.
  4. Staffing can resume once you have the Verbal Orders
  5. You will process the POC for the cert period 5/30 – 7/28/2024
    - Document that MD was notified that Recert was late and why.



You will then complete the next RC visit by 7/28/24.

# Resumptions and Recertifications

## Coming off HOLD status in the next certification period

Client: Doe, John  SOC: 3/31/2024 ☐ Exclude from Billing  
Status: Active  ID: 35883

Drag a column header here to group by that column.

	POC ID	Cert Start Date	Cert End Date	Received Date	Billing Process	Billing Status	485 Status
	90935	5/30/2024	7/28/2024		NOT ASSIGNED	NOT ASSIGNED	DRAFT PRINT
	90934	3/31/2024	5/29/2024		NOT ASSIGNED	NOT ASSIGNED	APPROVED BY PHYSICIAN

### Scenario 2 – Client on hold resulting in TWO missed Recert visits.

- ◆ They are placed on hold 5/1/24 for inactive Medicaid.
- ◆ On 5/29/24 (end of the cert period), the Medicaid is still inactive, they are still at home (not in a facility), so they can remain on hold.
- ◆ On 7/28/24 (end of the **next** cert period), the Medicaid is still inactive, so they will need to be discharged.

Why and what we would still have to complete -

- ◆ Would still require a ROC - They have been on hold since 5/1/24
- ◆ Would still requires a late RC – We missed the RC 5/29/24
  - ▶ We can combine the ROC and the RC in one visit.
- ◆ Would still need to RC for the cert period 5/30 – 7/28/24.
  - ▶ We cannot combine two RCs in one visit.

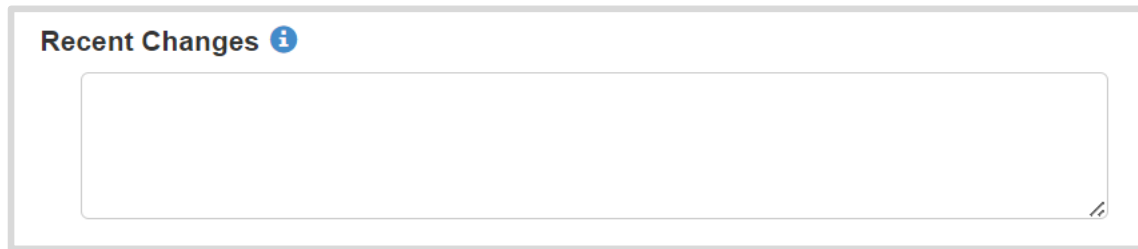
# Incident Report updates – Fall and Hospitalizations

Additional questions to answer in Riskonnect.....

Fall and Hospitalization/ER incident reports only:

- **Any recent changes?**

- ◆ Any med changes, hospitalization, recent infection, change in condition?



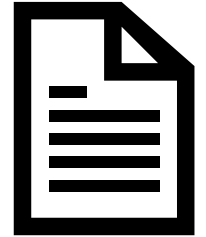
- **Intervention yes/no/Unknown?**

- ◆ Should always be YES.
- ◆ Has been requested to add a box here as well to type in the intervention.

- **Date of last fall (or hospitalization)?**

- ◆ Recent fall or hospitalization make them at high risk for another event!





Reminder ----- You will enter the IR as a “skilled patient” in Riskonnect. This helps to separate the reports out by client type.



# MCE Updates

## Pathways MCEs include: Anthem, United Healthcare, and Humana

- Quick notes for orders have been modified for traditional VS managed care orders
  - Authorization time frame is different → Traditional – 26 weeks; Managed Care – 13 weeks
  - “Services will not begin prior to authorization” is added to the managed care order → you will need to remove this line if it doesn’t apply at admission, and you will also remove this line when updating POC for recertification following approval

10021	Global	Tradition... 	Tradition... 		Group Unspecified	POC Orders	HHA to provide...	<input checked="" type="checkbox"/>
10136	Global	Managed... 	managed... 		Group Unspecified	POC Orders	HHA to provide...	<input checked="" type="checkbox"/>

- We no longer need to wait for approval for United Healthcare authorizations prior to starting service --- these clients can begin immediately along with our traditional Medicaid patients
- We are not able to do a vendor change for managed care clients at this time. They will need to be admitted as if they don’t currently have an authorization ---- this includes a current F2F.

# How to tell the difference between Traditional Medicaid and MCE

MCE will show Indiana Pathways for Aging and the MCE name

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Indiana Pathways for Aging			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
08/07/2024	08/07/2024	ANTHEM BLUE CROSS AND BLUE SHIELD	1-844-533-1995

Traditional Medicaid will show Fee for service and Verida, INC

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Fee for Service + NEMT			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
08/07/2024	08/07/2024	VERIDA, INC	

# Prior Authorization Information

## Traditional PA

- 26 weeks long
- Atrezzo Portal used to submit
- Must provide signed plan of care and F2F for new patients that do not have a current PA
- Change of provider requests will be made for those patients that have current active PAs
- 30 days from recognition of submission to provide needed documents
- Must have a signed modification order or plan of care to submit for an increase request. Orders must state why an increase is needed

## Managed Care Entity

- All 3 MCE PAs are 13 weeks long
- Anthem and Humana share a portal, UH has a separate portal (currently faxing in all renewals and new admissions)
- New PAs will be submitted once signed plan of care and face to face encounters are received
- 7 days to provide unsigned documentation once a PA has been submitted (Saturday/Sunday are counted in those 7 days)
- Treating patients that may have current active PAs with the MCEs as new admissions (No clear information on change of provider requests at this time)
- Increases are treated in the same manner

**Please keep in mind that I am learning as we go, and things are subject to change!**



# Questions??????





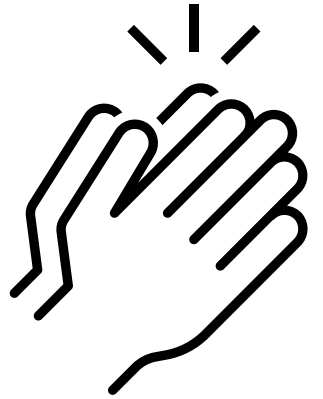
# Clinician of the Quarter

- **What???** Opportunity to show recognition and appreciation to a RNCM
- **When???** 1 RNCM recognized each quarter
- **How???** Nominated and voted on by Indiana Clinical Leadership
  - Takes into account the big picture
    - ◆ Attitude
    - ◆ Teamwork
    - ◆ Compliance
    - ◆ Chart audit scores
    - ◆ Caseload
    - ◆ Etc.....

# Clinician of the Quarter

## Shout outs.....

- Matthew Christopher (Indy Avon)
  - ◆ “always has a positive attitude”, “went above and beyond”, “truly cares about his patients”
  
- Alecia Perry (Bedford)
  - ◆ “empathetic and shows great compassion”, “unifies her team”, “chart audits near perfection”
  
- Angie Wilt (Winchester)
  - ◆ “always positive and upbeat”, “completed 11 admissions in one month”, “detail oriented”, “never complains”



# Q2 Winner.....

## Sarah Stamper (Anderson)

- Sarah goes above and beyond for all of her clients and coworkers; often answering calls from clients after hours and on weekends with medical questions, HHA questions/concerns, etc. Sarah has been precepting 2 RNCM new hires at the same time in Muncie all while managing her own caseload in Anderson. At the start of precepting these new hires, Sarah's home office (Anderson) flooded, and the entire office had to move out of the building requiring all the individuals in the office, including Sarah, to drop everything and help move all necessary belongings out and find temporary places to work. Sarah did this effortlessly like it was no big deal and managed to keep it all together. Sarah has great time management skills and outstanding compliance. She has nearly perfect charts every time she has been audited.

Thank you, Sarah, for all that you do for your clients, peers, caregivers, and coworkers around you 😊



# Q3 Winner.....

## Aubree Skinner (Columbus)

- Aubree is a strong nurse and is always willing to answer questions and help her coworkers in Columbus and in surrounding offices. Aubree has a great attitude and has adapted to all the changes at Adaptive/HAH over the years. Aubree is a great communicator and contacts her admins about any issues/questions that she has. Aubree has consistently passed her RNCM audits for all 6 years she has been with us. Aubree has a caseload of over 40 active patients currently, and she continues to help those around her including doing admissions and visits for other offices nearby. Aubree reaches out looking for admissions or things to do in order to be helpful to others when her schedule allows, and she has been the glue that has held the office together during several difficult times.

Aubree is a great nurse, and if you ask anyone in Columbus or the surrounding offices, they will definitely agree. 😊





# Help at Home<sup>®</sup>

Care to Live Your Life.

