Clinical Recharge

February 25, 2025

Agenda

WELCOME to Shauna Summers (Columbus), Michelle Bryant (Indy Avon), Emily Wise (Indy East), Jessica Bullard (Anderson/Muncie), Samantha Bogard (Indy East), Izzy Dickison (Lafayette/North), Ashley Biro (Lafayette/North), & Valerie Dabelow (Lafayette/North) 🎉

- Housekeeping items

- Policy updates

- Process for hours change

- Overnight hours

- QA process

- Audit follow up changes

- Restructure updates

- Clinician of the Quarter ☺

Housekeeping

- **Health Stream --- Assignments will be live on 4/1/25 with a 90-day due date**
  - Will be in addition to Docebo inservices for 2025
    - Interactive Skin and Risk Assessment 15 Minutes
    - SQ HH: Bag Technique (PA) 6min
    - SQ HH: Falls, Assessments and Prevention (PA) 6min
    - SQ HH: Medication Reconciliation (PA) 6min
    - SQ HH: Pain Management, Assessment and Treatment (PA) 6 min
- **Gather and Grow**
  - Next topic is Care Coordination
  - Administrators are hosting March 11th @ 10AM EST
- **License Update**
  - Former Indianapolis license is now the Lafayette license – Administrators remain Lydia Gadd and Nichole Speer
    - Indy Avon will be closed effective 4/1/25
  - Northern expansion planned for 2025 🥳
    - Targeting Logansport and Crown Point first

2025 Policy Updates for HHA Licenses

What you need to be aware of:

All policies are reviewed and (re)approved or rewritten annually by the Governing Body.

Policies for Adaptive and Help at Home are identical except that they are for a specific License (Agency). Must use the policy according to your location.

All policies are housed in either -

- **the A Drive (Adaptive branches), or** The Adaptive Group - Policies - All Documents
- **The H Drive (Help at Home branches)** The Adaptive Group - Policies - All Documents
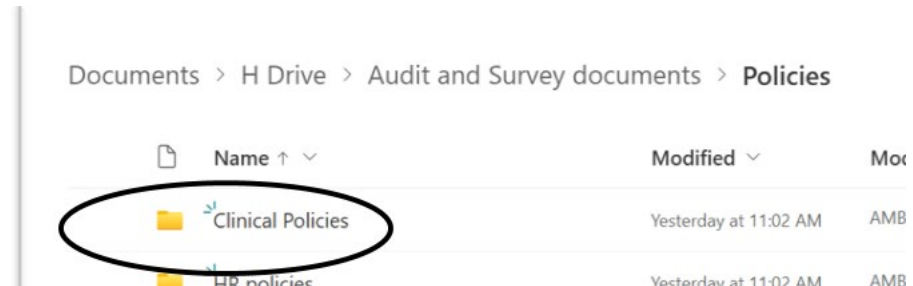
2025 Clinical Policy Updates

NEW POLICY – Acceptance to Service

Acceptance to Service_Adaptive

Acceptance to Service_HAH

Outlines a consistent process for accepting prospective patients, ensuring we can meet needs and maintain quality care and regulatory compliance.

- ◆ **Referral Assessment**
  - ▶ Medical history, diagnosis, anticipated care needs
  - ▶ Patient care requirements
- ◆ **Capacity Evaluations**
  - ▶ Staffing Evaluation – HHA or RN/LPN
  - ▶ Skills and Competency review
  - ▶ Case Load and Case Mix review
- ◆ **Decision Making**
  - ▶ Administrator/Designee make determination if we can accept them
  - ▶ Notify referral promptly with reasons for the denial, if applicable
- ◆ **Documentation**
  - ▶ Place in medical record
  - ▶ Includes reasons for decision to accept or decline the referral.

Documents > H Drive > Audit and Survey documents > **Policies**

Name ↑ ∨	Modified ∨	Mod
📁 Clinical Policies	Yesterday at 11:02 AM	AMB
📁 HR policies	Yesterday at 11:02 AM	AMB

2025 Clinical Policy Updates - continued

Many of the policies were reviewed and approved without changes.

The following Clinical policies had revisions:

- **Medication Management**

  Medication Management_Adaptive

  Medication Management_HAH.pdf
  - ▶ Updated to only run med interaction report at SOC and for new/discontinued meds ** RNCM already following this process

- **OASIS and reporting of OASIS**

  OASIS and Reporting of OASIS_Adaptive

  OASIS and Reporting of OASIS_HAH
  - ▶ Updated to include all payer type requirement

- **Organization Services Administration**

  OrganizationServicesAdministrationPolicy_Adaptive

  OrganizationServicesAdministrationPolicy_HAH.pdf
  - ▶ Updated to reflect requirements regarding parent/branch locations

- **Tuberculosis**

  Adaptive_TB (1)

  H_TB
  - ▶ Updated to include annual risk assessment ** Branch already following this process

2025 HR Policy Updates

Many of the policies were reviewed and approved without changes.

The following HR policies had revisions:

- **Background Check (under HR policy grouping)**

  Background Check Policy_Adaptive

  Background Check Policy_HAH

  - ▸ Updated to include Administrator/designee review for convicted felonies
  - ▸ Updated to include employee is not hirable if they have a pending charge.

- **Clinical Licensure (under HR policy grouping)**

  Clinical Licensure policy_Adaptive

  Clinical Licensure Policy_HAH
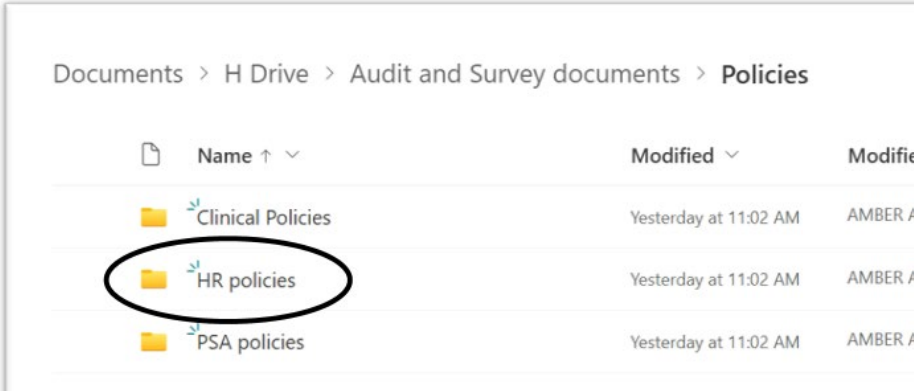
  - ▸ Updated to include search on hire and with expiration/renewal **Branch already following this process

- **CPR and First Aid Policy (under HR policy grouping)**

  A_IN CPR & First Aid Policy 1

  H_IN CPR & First Aid Policy 1

  - ▸ Addition of First Aid requirement. Our current CPR covers this, ensure if a caregiver comes with existing CPR, First Aid is clarified on the certification.
  - ▸ Addition of course curriculum
  - ▸ Addition of where their certification is maintained (personnel file)

Documents > H Drive > Audit and Survey documents > **Policies**

▯	Name ↑ ∨	Modified ∨	Modifie
📁	Clinical Policies	Yesterday at 11:02 AM	AMBER A
📁	HR policies	Yesterday at 11:02 AM	AMBER A
📁	PSA policies	Yesterday at 11:02 AM	AMBER A

Process for Change in Hours

Increase Hours

- Create increase in hours order and send as a 'Create Current POC' Order.
  - "Seeking increase in HHA hours funded by Medicaid PA due to (detailed summary/description of why the increase is needed). Asking for an additional (xxx) hours/week. New hours will be (xxx) hours/day,(xxx) days/week, not to exceed (xxx) hours/week. New cost estimates are: $(xxxx)/day and $(xxxx) for authorization period.
    - Send order to the PCP for Signature
      - Notify your Clinical Assistant of order sent and the need to send to Jenny Cole when it has been returned signed by the PCP.
        - Send the order and summary with explanation for increase to Jenny Cole to apply for an hour's modification.
        - Jenny Cole will notify the RNCM when the modification has been approved/denied.

The signed order MUST be in the active Certification Period! Example: If the Cert. Period is 1/1/25-3/2/25 and the order isn't signed until 3/4/25, it cannot be used!

Process for Change in Hours

Increase Hours

- If the modification is APPROVED:
  - Update the Plan of Care with the correct frequency/duration and cost estimates
    - Send updated Plan of Care to the PCP for Signature
      - Notify your Clinical Assistant, Care Supervisors, and Branch Manager of the hours change.
        - Update the service plan with appropriate tasks, frequencies, and individualized notes. **Don't forget to republish the service plan**
        - Obtain new Admission Consent and ABN Form with updated hours information and upload to the 'Original Plan of Care Attachments'

- If the modification is DENIED:
  - Send an order to the PCP notifying of the PA denial of increased hours: The order should be clear that the increase was denied by the funding source and the hour will continue at (xxx) hours/day,(xxx) days/week, not to exceed (xxx) hours/week. $(xxxx)/day and $(xxxx) for authorization period.

Anthem is currently decreasing most everyone's hours and not approving increases

Process for Change in Hours

Decrease Hours

- Change Plan of Care Frequency, Duration, and Cost Estimate

- Create decrease in hours order and send as a 'Create Current POC' Order.
  - HHA hours decreased due to (reason). New order to read: HHA to provide xxxx hours/day, xxxx days/week, not to exceed xxxxxx hours/week. Estimated daily cost of services: $xxx, with an estimated cost of $xx for xx weeks
    - Send order to the PCP for Signature
      - Notify your Clinical Assistant, Branch Manager, Jenny Cole, and CS's of hours change.
    - Update the service plan with appropriate tasks, frequencies, and individualized notes. **Don't forget to republish the service plan**
    - Obtain new Admission Consent and ABN Form with updated hours information and upload to 'Original Plan of Care Attachments'

Overnight Hours for PA Clients

- Please review HHA hours to ensure that no PA client is receiving hours overnight. If you have a patient you would like to have reviewed for appropriateness, please notify your Administrator for review of that case.
  - It is important to remember that PA hours are specifically for personal care and safety. If the client does not require those services overnight, they are not appropriate for overnight HHA hours.
- If the client is to receive overnight services, the HHA must be awake at all times during their scheduled shifts

These tasks must be provided in the client's home with the primary focus on personal care

Activities Allowed for HHA Services:

Bed / Chair Bath	Standby Assist for Bathing
Assist with Dressing	Hair Care / Shampoo
Skin Care	Foot Care
Check for Pressure Areas	Oral Care
Clean Dentures	Nail Care (no clipping)
Medication Reminders	Assist with Elimination Activities
Assist Ambulation	Assist with Mobility positioning
Meal Preparation	Assist with Feeding
Light Housekeeping	Monthly Visitation from RN

If you have a client that requires overnight care, it might be more appropriate to utilize waiver hours for those services.

Personal Care

- Bathing, partial bathing
- Oral hygiene
- Hair care including clipping of hair
- Shaving (exception of diabetic clients)
- Hand and foot care (no nail clipping of diabetic clients)
- Intact skin care
- Application of cosmetics

Safety

- Identify and eliminate safety hazards
- Practice health protection and cleanliness
- Waste disposal and household tasks
- Provides assistance with correspondence and bill paying.

Mobility

- Proper body mechanics
- Use of assistive devices

Nutrition

- Meal planning and preparing
- Clean–up

Elimination

- Bedpan, bedside commode, toilet
- Incontinent or involuntary care
- Emptying urine collection and colostomy bags

Transportation

- Escorting in community to appointments, grocery / pharmacy, community activities or other activities that are therapeutic in nature or assist with developing and maintain natural supports

Quality Assurance of HHA Documentation

RN or designee (clinical assistant) is responsible for reviewing the HHA documentation

- HHA QA should be completed every 30 days

- Notes are reviewed from previous QA to present date on the week of scheduled patient visit

- Enter QA note and label communication type as **QA**.

- Ensure HHA documents tasks on the daily visit sheet/Telephony as ordered per service plan

  - Ensure HHA is giving the number of baths/week ordered on service plan

  - Ensure HHA is completing **all** tasks on service plan or entering comment explaining why task was not completed

  - Ensure services are appropriate for PA services- Are bathing and personal care performed every shift?

- If bathing is routinely declined in HHA cases, RN should re-educate the patient/HHA on the purpose of HHA services and document education

Quality Assurance of HHA Documentation continued……

- Clinical assistant/RN will note anything documented under unusual findings and note things such as DVS's that are missing CG/patient signature

- If clinical assistant or HHA documents anything requiring follow up, **RN must enter a follow up education note**

- Follow up note can be a brief note to document RN spoke with HHA/SN for re-education, RN spoke with patient to confirm any unusual findings (new wound, med change, etc.), etc.

- Complete follow up visit if necessary- ex: HHA documents a fall/skin change

- Document date/time PCP was notified of any changes (if applicable)

- If HHA needs re-education about documentation (checking unusual findings, etc.)- document re-education in Matrixcare and tag the caregiver as 'related entity'

- If a clinical assistant is out and another CA doesn't have the capacity to pick it up the RNCM is responsible for their clients during that time.

- Zendesk articles about how to review DVS's or Telephony for QA:

  - [MatrixCare: DVS & Telephony Review – Help at Home Knowledge Center](#)

Quality Assurance of Skilled Nurse Documentation

RN reviews SN documentation to ensure SN services are provided as ordered

- SN QA should be completed weekly (flowsheets must be uploaded within 14 days of shift worked)

- SN QA- Enter QA note and label communication type as **QA.**

- RNCM will review flowsheets weekly for completeness and to ensure SN services are provided per MD order.

  - Medications and treatments must be given as ordered. Ex: Meds admin on time per MAR, feeding amount, rate, etc. given at time written on POC orders, etc.

  - Ensure documentation is complete- MRN on each sheet, SN documentation is completed every 2 hours, report is given to appropriate person and caregiver signed SN flowsheet where needed

  - Supplemental orders written by SN as needed

  - Unusual findings reported to PCP and RNCM

- Upload flowsheets, MAR's, etc. in appropriate POC attachments. Flowsheets must be uploaded in chart within 14 days of shift. RNCM should write their initials and date form was reviewed on flowsheets, MAR's, etc.

RN Audit Follow Up Process Change

- Corporate Nurse Auditor, Christine Newell, will be assisting with follow up after RN CM chart audits
  - Christine will verify follow up is charted so our audits help improve issues instead of noting similar issues repeatedly.
  - Christine will help us make sure missing documentation noted on RN CM audits is present in the chart. As we all know, if it was not documented, it was not done.

- QA nurses will send RN audit results as usual and CC Christine so she can verify that "urgent" follow up items are charted/uploaded.
  - QA nurses will highlight urgent items on the audit. These are typically items like: missing BAA's, updated code status, POC addendum orders that need to be sent, etc.

- Christine will follow up with RN CM, QA nurse, Nurse Manager (BM until 3/10), and/or Administrator if follow up items are not present when she reviews the charts.
  - Christine will be checking that missing audit items are uploaded within 2 weeks after the RN CM audit is sent out.

- Please remember- audits are not punitive. They are how we ensure our charts are survey ready.

- This process will help everyone. Christine is very knowledgeable and open to suggestions if the process needs to be adjusted.

RN Audit Follow Up Process Change

ABOUT Christine

As a Nurse Auditor with the Survey Readiness Team, Christine is responsible for assisting branches in IN, MI and MO with survey readiness to maintain accreditation. The survey readiness efforts include policy revisions, chart audits for evaluation of nursing documentation, review of staff orientation requirements, staff education. Christine also assists the Branch managers, along with the State quality leads, with streamlining processes, creating tools, and implementing strategies to assist with meeting state and regulatory compliance.
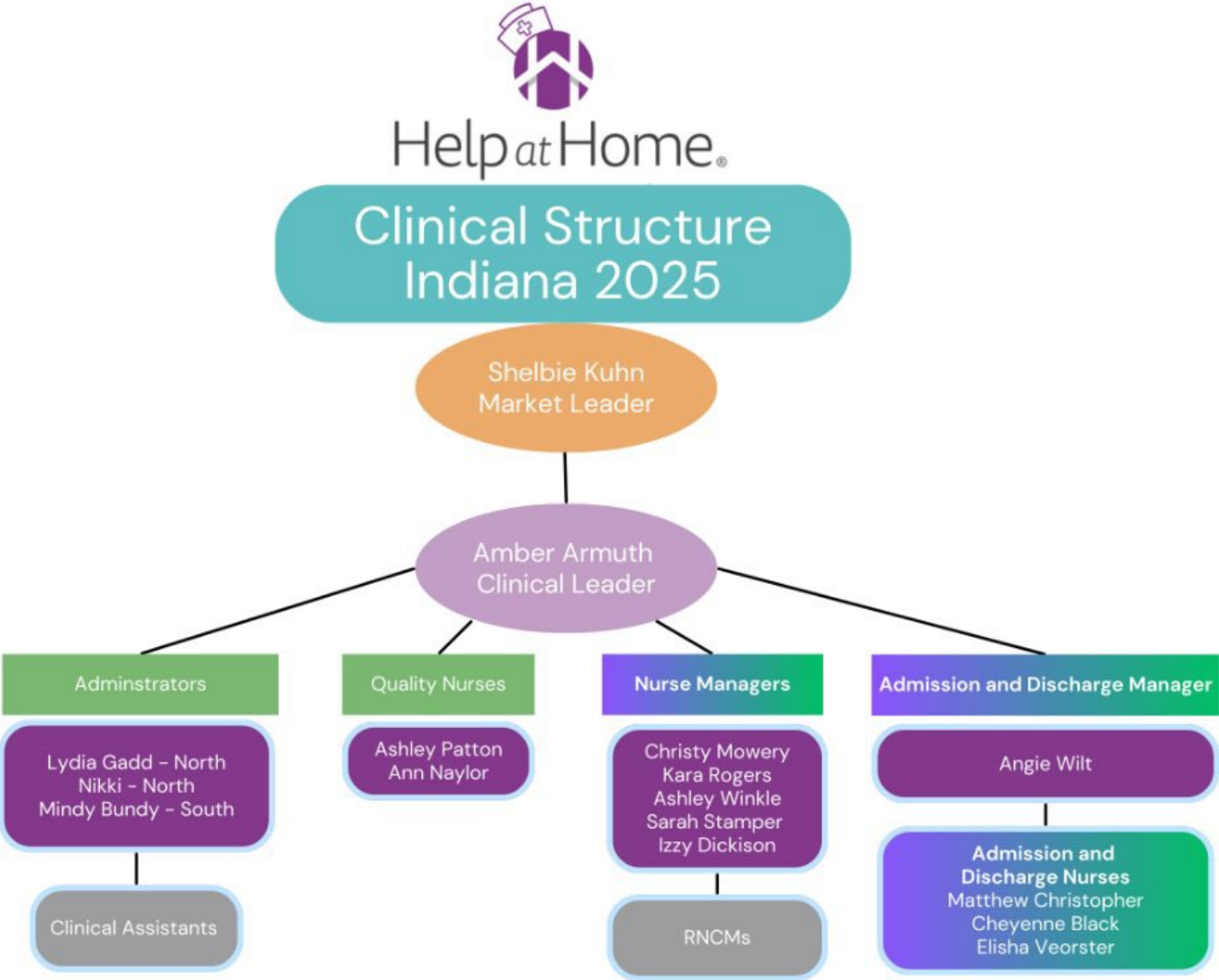
Prior to joining Help at Home, Christine most recently worked for Amedysis Health Care in Fort Wayne, IN as Clinical Manager. She was responsible for managing clinical Medicare services for all clients and ensuring that suggested visits are maintained and meet the needs of the clients, reviewing all assessments for accuracy (including OASIS), supervised multiple skilled professionals including RN, LPN, HHA's and PT, OT and ST therapists, providing education and completing competencies. Christine has over 18 years of nursing experience. She started her nursing career working on Med Surg floor in a hospital setting. She moved into Home Health in 2010 when her and her family were relocated to Valparaiso for her husband's job. She started with Help at Home in Valparaiso as Clinical Manager and then transferred to the Michigan City office in 2012 as Clinical Supervisor. Christine has worked in Home Health since 2010 and has held the following positions; Administrator, Director, Supervisor and Clinical Manager. In Christine's spare time she likes to Read, work on crafts, work in her flower beds, spend time with her husband, her two Shih Tzu's and her 3 granddaughters.

Christine Newell RN
Nurse Auditor

Help at Home. 10

Restructure Updates

Help at Home

Clinical Structure Indiana 2025

Shelbie Kuhn
Market Leader

Amber Armuth
Clinical Leader

Adminstrators
- Lydia Gadd – North
- Nikki – North
- Mindy Bundy – South

Clinical Assistants

Quality Nurses
- Ashley Patton
- Ann Naylor

Nurse Managers
- Christy Mowery
- Kara Rogers
- Ashley Winkle
- Sarah Stamper
- Izzy Dickison

RNCMs

Admission and Discharge Manager
- Angie Wilt

Admission and Discharge Nurses
- Matthew Christopher
- Cheyenne Black
- Elisha Veorster

Nurse Manager Territory

Kara Rogers: Jasper, Bedford, New Albany, Evansville

Christy Mowery: Columbus, Seymour, Bloomington, Terre Haute

Sarah Stamper: Greenwood, Indianapolis, Richmond

Ashley Winkle: Anderson/Muncie, Winchester

**Izzy Dickison:** Lafayette and Northern office expansion

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………..

- Teresa Beal (Winchester)
  - "commitment to teamwork", "strong sense of responsibility", "compassionate approach", "willingness to go above and beyond"

- Elisha Veorster (Evansville)
  - "great attitude and resource to others", "excellent documentation", "always willing to help with admissions to grow"

- Amber Burden (Muncie)
  - "team player", "hit the ground running", "never turns down helping someone", "growth focused", "always has a positive attitude"

- Nancy Dauby (New Albany)
  - "wonderful, compassionate, hardworking nurse", "terrific documentation", "exceptional chart audits", "never complains", "always takes the time"
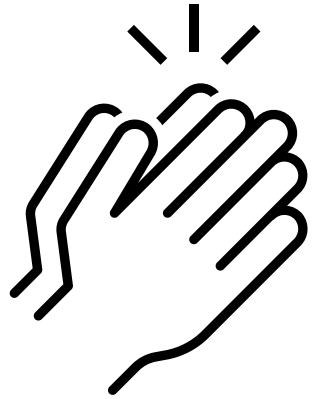
Q1 2025 Winner……….

Angie Wilt (Winchester)

- Angie goes above and beyond for all her clients, coworkers, and Help at Home as a whole. Angie worked for Help at Home for 7 years before obtaining her NP license and practicing for a year before coming back to Help at Home because she missed us and her clients so much! Angie came back in April 2024 and hit the ground running from day 1. In just 8 months (May-December), Angie completed the most admissions in the STATE. Not only has Angie ensured that we are helping more and more clients and growing our hours across the state, but Angie is also an amazing asset to her co-worker's by answering questions, helping with Matrix documentation, and anything else they may ask of her. Angie is always willing to lend a hand, and I have never known her not to have a smile on her face and have the most positive attitude through anything thrown her way!

Thank you, Angie, for all that you do for your clients, peers, caregivers, and coworkers around you!