



HHS

Health Options[®] *for Life*

HHS, Health[®] Options

Provider Network Webinar 2011

Welcome!



Presenters

- Kim Motter – Director of Quality
- Terry Gray – Clinical Supervisor
- Karla Wagner – Provider Network Manager



Webinar Instructions

- ❑ During the presentation all participants will be muted
- ❑ When we are ready for questions at the conclusion of the presentation we ask that you click on the raise your hand button.
- ❑ We will turn your microphone on to ask your question.
- ❑ The Webinar will be recorded today

Agenda

- ❑ Claims Receipt
- ❑ PDN Note Sharing
- ❑ Priority Classification
- ❑ Critical Incident
- ❑ No Show Report
- ❑ Emergency Back-up
- ❑ Emergency Preparedness
- ❑ Provider Tools
- ❑ Q & A
- ❑ Wrap Up



Claims Receipt

- Contract Changes – payment will be issued within 30 days of receipt of a clean claim.
- Claims must be submitted within 90 days of the date of service.
- New Claims Fax Number –

(616) 954-1524



PDN Note Sharing

- Comment Section on the authorization will include
 - A modifier (TD for RN) and (TE for LPN)
 - The specific task the PDN should furnish
 - PDN is to contact the waiver agent to report changes in a participants condition and/or treatment plan

Sample Authorization

HHS, Health Options
2100 Raybrook Street SE
Suite 203
Grand Rapids MI 49546
(800) 447-3007

Date: 12/01/2011

Confirmation of Service

Name: A+ NURSING INC
Address: 1125 E MILHAM
Address: SUITE A
City State Zip: KALAMAZOO, MI 49002

Participant: 05 TEST

Date Of Birth: 01/01/1921

SSN: 000000005

Program: TEST04 TEST - DO NOT USE

Request Date: 12/01/2011
Certification Reference Number: 000002036-00-06
Service Type: Private Duty Nursing
Authorization type: Priority 2
Provider/Facility: A+ NURSING INC

Diagnosis: 250.00 DIABETES UNCOMPL TYPE II

Certification Decision

1 Code: T1000 Units: 56 Intv: weekly Freq: 4 Fund: Reason:

Start Date/Admit: 10/01/2011 Stop Date/Discharge: 12/31/2011 Total Units: 56

Comments:
T1000 modifier TE. LPN to set up and monitor medications weekly due to impaired fine motor skills.
Please notify CM with any concerns. CM Vickie RN 954-1500 or Jeanne SW 954-1500. - tgray 12/1/2011
3:59:42 PM

Priority Classification

- ❑ Priority is based on the participant's health care needs, living situation and self-care needs.
- ❑ Scheduled services must be arranged to ensure that participant's are serviced according to the priority level assigned.
- ❑ Priority 1 participant's must receive services as authorized by the case manager.
- ❑ Priority 1 participant's must receive priority over 2 or priority 3 participants.

Exhibit 4

**HHS, Health Options® Long Term Care Programs
Priority Classification System**

HHS, Health Options® Long Term Care Programs Case Management staff will establish for each client, a priority classification ranking that will classify the need for delivery of services at exact times and on exact day/dates as authorized by the program staff. The Staff will communicate the client's priority ranking to each provider at the time of the service referral/arrangement. This classification may also be found on the Confirmation of Services (COS). The priority ranking will be subject to Case Manager review and possible revision on an on-going basis.

This classification ranking will assist the provider in planning for unforeseen circumstances that may interfere with delivery of services. Unforeseen circumstances may include inclement weather emergencies, disaster conditions, transportation failures, illness of staff affecting service provision to the client, etc. The following sections detail the criteria and structure the provider's options in scheduling accordingly.

Client Priority Classification	Service Priority
<p>Priority Status I If service is not delivered as authorized, the client's health and welfare would be at immediate risk. Criteria for classification include one or more of the following:</p> <ul style="list-style-type: none"> ➤ Terminal illness ➤ Dementia ➤ Bedfast or non-ambulatory without assistance ➤ No capable or willing informal caregiver ➤ Diabetic requiring meal preparation ➤ Incontinence ➤ Skin Lesions 	<p>Priority Status I Priority I clients must receive delivery of service as authorized by the case manager, irrespective of unforeseen staffing circumstances. Priority I clients shall receive preference over Priority III clients for delivery of services as authorized.</p>
<p>Priority Status II If service is not delivered as ordered, client's health and welfare would be at risk. Criteria for the classification include one or more of the following:</p> <ul style="list-style-type: none"> ➤ Wheelchair bound requiring only partial assistance with transfers ➤ Ambulatory but intermittently confused ➤ Lives alone and has an inconsistent or unstable support system ➤ Informal caregiver works during time of service delivery ➤ Informal caregiver at risk and needs relief 	<p>Priority Status II Priority II clients shall receive preference over Priority III clients for the delivery of services when staffing emergencies interfere with providing services to both clients at the same time.</p>
<p>Priority Status III If service is not delivered as ordered, the client's health and welfare could be at risk. Criteria for this classification include one or more of the following:</p> <ul style="list-style-type: none"> ➤ Can partially meet own needs ➤ Has a responsive informal support system, even if living alone, that could be mobilized on a short term basis ➤ Caregiver needs relief, but could provide care 	<p>Priority Status III Priority III clients shall receive services in the amount and frequency authorized, but may have the time of day or week altered to assure service delivery to a Priority I or II client in the event of unforeseen circumstances resulting in a staffing emergency.</p>

GENERAL PRINCIPLES OF USING THE PRIORITY CLASSIFICATION SYSTEM

1. The provider is responsible for assuring that all clients receive services as authorized by the HHS Long Term Care Program Staff. The priority classification system should not be used as a replacement for sound staffing planning in the acceptance of HHS client referrals.
2. The provider must notify the client who is to receive a new caregiver, or a change in service appointment, of the change prior to implementing the change.
3. The provider must report the change in service appointment times to the HHS Case Manager. When disruption of service is to extend beyond one day, the provider must notify the Case Manager of the client(s) affected, the reason why the service order is disrupted, and how subsequent service orders will be affected.
4. The provider should not change the client's time or date of service more than one time per week without prior authorization from the HHS Long Term Care Program Staff.
5. At no time should this classification be used by the provider to alter weekly service units in order to serve another client. The authorized units of service should be performed as ordered unless an unforeseen circumstance occurs. If services are disrupted, the HHS Case Manager should be notified as soon as possible.

Critical Incidence

- ❑ Definition – *incidents, events, or occurrences that jeopardize the health and welfare of a consumer.*
- ❑ Michigan Department of Community Health (MDCH) requires and individual identifying a critical incident to act upon the incident and report the incident.

Critical Incidents

- ❑ Critical Incidents are events that occur which jeopardize the health, welfare and safety of our program participants

- ❑ Critical Incidents include:
 - Exploitation
 - Illegal Activity in Home
 - Neglect
 - Physical Abuse
 - Provider No Shows, bed bound or critical need participant
 - Sexual Abuse
 - Theft, of anything
 - Suspicious or Unexpected Death that is also reported to law enforcement
 - Verbal Abuse - Verbal or threatening behavior by provider/live in person
 - Worker Consuming Drugs/Alcohol on Job

Critical Incident Notification

- HHS is responsible for investigating all reported critical incidents within 2 business days of notification
- This does not negate the responsibility of the provider to contact law enforcement or Adult Protective Services when necessary based on identified unsafe conditions (Refer to Health, Welfare and Safety PowerPoint for additional information)

Critical Incidents

- ❑ HHS reports all received Critical Incidents to MDCH
- ❑ Providers need to notify HHS of any identified issues by utilizing the Complaint form located on the provider tools website
- ❑ Please include what your organization has done to investigate, report and/or mitigate

Critical Incidence

- Incident Reports must include:
 - What the incident is
 - Who reported the incident
 - What was done to investigate the incident
 - Follow up for resolved/ unresolved incidents

No Show Reporting

- ❑ No Show is defined as any scheduled service unit that is not received by a program participant
- ❑ MDCH requires MI Choice Waiver Agents to track and report No Shows as critical incidents
- ❑ Communication of No Show events is critical
- ❑ Prevention of No Shows is our goal together

Emergency Back-up

- ❑ Providers need to have Emergency Back-Up plans in place
- ❑ This includes participants with a paid family caregiver
- ❑ Participants have the right to have uninterrupted care
- ❑ Participants have the right to refuse a back-up plan

Emergency Preparedness

- Emergency Preparedness includes:
 - Organization preparedness
 - Weather Closing
 - How will participants scheduled for services receive services?
 - Notifying HHS
 - Emergency Back-up Plans Activated
 - Knowing the location of participants
 - Protection of Protected Health Information
 - Business Recovery

Provider Tools

□ HHS Website

- www.hhshealthoptions.org
- Click on Resources
- Select Provider Tools
- The list of items will be expanding
- Request for items to be published can be forwarded to Karla Wagner



Questions and Answers

?

?

?

?

Wrap Up

- Thank You....
 - For your time
 - For your partnership
 - For your commitment to quality

- Have a great Holiday Season!



HHS, Health[®] Options,

HHS, Health Options
2100 Raybrook, S.E., Suite 203
Grand Rapids, MI 49546
Phone: 616-956-9440

www.hhshealthoptions.org





HHS

Health Options[®] *for Life*