

AGENDA

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TOPICS

Addressing skin integrity care in the individualized plan of care

Information in the individualized plan of care (IPC) must portray a comprehensive picture of the participant so the providers working with them understand how to deliver services and supports around their individualized needs and preferences. Please ensure that skin integrity care is well explained in the IPC so that providers have a clear understanding of the participants needs and how to best care for them. For example, explain the need for assistance with personal care and specify what areas of the body need special attention. Outline how often the provider should check areas of skin that have integrity issues to ensure that there isn't breakdown, irritation, swelling, discoloration, open sore development, lumps, bruising, etc. Provide guidance on when staff should report concerns to the health care professional and list the medications that should be used to address issues that have been identified.

Remote supports

The Home and Community Based Comprehensive and Supports Waivers (DD Waivers) were renewed and became effective on April 1, 2019. When these renewals went into effect, remote support was added as a supervision option for participants receiving Basic Daily, Level 3, and Level 4 tiers of Community Living Services (CLS). Remote support is not available to participants receiving Level 5 or Level 6 tiers of CLS. Remote support is defined as the use of technology to help participants of the DD Waivers attain or maintain independence in their homes, and minimize the need for paid staff interventions.

The Division of Healthcare Financing (Division) is excited to offer this option for participants who can benefit from this service. However, before this supervision option can be added to a participant's IPC as part of CLS, there are some specific and important steps that must be taken. These steps are clearly outlined on the Remote Support Requirements document, which is located on the [Forms and References Library](#) page of the Division website, under the *References/Tools* tab. Additionally, a Frequently Asked Questions (FAQ) document is available on the Service Definitions and Rates page of the Division website.

Before remote support can be added as a supervision option, the participant must be assessed by the plan of care team, and all health and safety concerns must be addressed, using Remote Support Risk Assessment form provided by the Division, which can be found on the [Forms and References Library](#) page of the Division website, under the *Forms* tab. This assessment must be comprehensive, and all plan of care team

members must participate. The plan of care team must develop an individualized Remote Support Protocol for the participant, including response, contact, and emergency information.

Additionally, the plan of care team must identify other participants in the setting who may be affected by the remote support. Informed consent must be obtained from each of these individuals, and that consent must be documented on the Circle of Supports screen in the Electronic Medicaid Waiver System (EMWS), under the *Housing* tab. Restrictions to the right to privacy rights must also be addressed in each individual's IPC.

The case manager must indicate that the participant intends to use remote support in two areas of the IPC. First, select that remote support is used on the Circle of Supports screen in EMWS, under the *Housing* tab. Second, answer Yes to the question "Does this plan include remote support?", which is found on the Needs and Risks screen in EMWS, above the list of support areas. The assessment and protocol must then be uploaded as part of the IPC.

Before a provider can offer remote support as a supervision option, they must meet specific system and operating guidelines, as well as established standards. Evidence of required policies, procedures, and practices must be submitted to the Division, and the Division must approve remote support as an enhanced service delivery option, before the provider can offer the service.

For complete information on remote support, please review the guidance documents provided by the Division. If you have questions regarding remote support, please contact your Provider or Participant Support Specialist.

Notifying psychologists of billing span

Please remember that all DD Waiver assessment billing spans are now created using the T2024 billing code. When the case manager uploads the assessment report into EMWS, a new task will populate that requires the case manager to upload the invoice for the assessment. Once the invoice is received, the Participant Support Specialist (PSS) will create the billing span, and send a task back to the case manager via EMWS. Please note, when the task that includes the billing date is received, the case manager must notify the psychologist that they may now bill for the date provided, using the T2024 billing code. If the case manager doesn't notify the psychologist that the billing line has been created, the psychologist will not know that they are cleared to bill for the assessment.

Financial eligibility and cancellations of case closures

Initial Medicaid Financial applications are not automatically sent out by the Long Term Care unit. When the financial task populates in an applicant's case in EMWS, case managers should assist the applicant with obtaining and completing the application. Requests for financial applications should be directed to the Medicaid LTC unit at 1-855-203-2936. If an active participant's financial renewal is due, please assist as needed with this as well. Cancellations of financial closures cannot be acknowledged by the LTC worker until a determination is made. Please coordinate cancellations carefully with the LTC worker before submitting a cancellation task.

LT-101 assessment update

The LT-101 assessment is only good for 90 days when eligibility for an individual with an acquired brain injury (ABI) is being determined, or when an IPC for an individual with an ABI renews. For plan renewals, if the last LT-101 is older than 90 days, a new LT-101 must be completed before the renewal plan will

populate in EMWS. If you are contacted by a Public Health Nurse for assistance in setting up an appointment with the participant for an LT-101, please assist them as needed.

New Extraordinary Care Committee forms

The Extraordinary Care Committee (ECC) Request form and ECC Checklist have been updated and are available on the Forms and Reference Library of the Division website. Please begin using the new forms now for any upcoming ECC requests. Additionally, Chapter 46, Section 15 of the Department of Health's Medicaid Rules states *"Before submission, the participant's plan of care team shall meet and come to a consensus that an ECC request is necessary and other support or resource options have been explored."* An ECC Consensus form is available as an optional tool to ensure that the team has met and agrees that the ECC request is necessary.

Informed consent

If a participant has a right restricted, please use the Rights screen to explain how the participant's informed consent was obtained. This can be a couple of sentences explaining how the restriction was discussed with the participant and whether the participant agrees or not. If the participant has a guardian, the restriction may be included in the plan even if the participant doesn't agree with it, as long as all requirements established in Chapter 45, Section 4(h) of the Department of Health's Medicaid Rules have been met. In this case, the case manager should explain how the participant's dignity and respect will be maintained. If a participant doesn't have a guardian, they must agree with the restriction or it may not be added to the plan.

Required email addresses and internet connection

Chapter 45, Section 5 of the Department of Health's Medicaid Rules establishes qualifications for each waiver service, and outlines rules for all waiver providers, including case managers. Chapter 45, Section 5(a)(iv) states that all individual waiver providers, subcontractors, and provider employees offering direct services shall *"Have a valid email address, internet access, and the means to upload documentation into a Division designated portal."*

The providers email address, as well as all contact information listed in the provider portal, must be up-to-date. It is the responsibility of all providers, including case managers, to read and provide appropriate response or action, based on the content of the communication, regardless of if it comes in the mail, as an email, or as a task in EMWS or the provider portal of IMPROV. If you have questions regarding the information sent in the communication, please contact a Provider or Participant Support Specialist, the Division staff member who sent the communication, or the person specifically identified as the person to contact.

New EMWS log-in process

The new log-in process and server move for the EMWS system will be rolling out this month. This process will require users to set up a new log-in to EMWS. To do this, users will use the email address that they currently have associated with their EMWS account as their new log-in.

If you have a Google or Microsoft email address, you will be able to use that email address and the associated account password to log in, which will decrease the number of passwords you need to remember. If your email address is not a Google or Microsoft hosted email address, you will need to set up your account with an email address and a EMWS specific password.

As part of this system upgrade we are reducing the number of usernames and passwords you need for the system. You will now be able to use one username for different roles. This means you can have one

account, but can have multiple roles. You still have the option to have different accounts. For instance, if you are a public nurse administering LT-101 assessments, and also provide case management services, you can have a different username for each of these roles if that is more appropriate.

Please note that, if you are a case manager who also has access to the provider portal, you will still be able to use the same login for both EMWS and the provider portal.

WRAP UP

Next call scheduled for March 9, 2020