

# CHOICES

NEWSLETTER

BlueCare Tennessee CHOICES Program

OCTOBER 2015

## CHOICES Critical Incident Reporting

Your organization is required to have a process in place to provide and document initial and ongoing education to your employees who provide services to CHOICES members, including critical incident reporting.

Your policies and procedures must be adequate and inclusive of all details surrounding this process. During your site visits, the provider network manager will review each policy and procedure to determine if the details documented support the contractual agreement noted in C.R.A 2.11.3.

Critical incident reporting is required by the Bureau of TennCare and must meet certain timeframes. Please see the following **REQUIRED** timelines for critical incident reporting:

- 24-hour verbal notification to BlueCare Tennessee by calling 1-888-747-8955
- 24-hour reporting to Adult Protective Service if incident is abuse, neglect or exploitation
- 48-hour written report to BlueCare Tennessee by email to [CHOICES Quality@bcbst.com](mailto:CHOICESQuality@bcbst.com) or by fax to (615) 565-1923 or 1-855-292-3715
- 20-day full follow-up investigation

Some critical incidents can be prevented by your agency through employee and member education. The following are tips to educate your employees, and possibly members, to help prevent critical incidents.

Not all critical incidents can be prevented, and your agency must continue to report any allegations that meet the critical incident guidelines. The following is a list of suggestions, but should not be used as the

primary training for your agencies critical incident reporting.

- Ensure employees understand the difference between medication administration and medication assistance
- Remind members to place medications and valuables (including cash, debit cards, etc.) in a secure location and out of plain sight
- Remind employees to stay in sight of members while providing services when possible
- When members move, educate employees to help prevent falls by assisting the member
- Educate employees to report changes in a member's condition per your agency's policies
- Remind employees to always provide receipts for errands that they complete for members
- Educate employees to report disagreements they have with members per your agency's policies

Any allegations meeting critical incident criteria should be reported to BlueCare Tennessee within the required timeframes. Your agency should use the BlueCare Critical Incident Report form and submit within the required timeframes to [CHOICESQuality@bcbst.com](mailto:CHOICESQuality@bcbst.com) or by fax (615) 565-1923 or 1-855-292-3715. If you have questions or concerns about critical incident reporting, please email us at [CHOICESQuality@bcbst.com](mailto:CHOICESQuality@bcbst.com).

## Find Key CHOICES Program Information in the Provider Administration Manual

Learn more about BlueCare Tennessee policies and procedures for providers by using the Provider Administration Manual (PAM). The manual defines requirement details for:

- Member eligibility/enrollment
- Member benefits
- Provider roles and responsibilities
- Provider agreement requirements, i.e. solicitation is prohibited
- Provider contract/credentialing
- Billing and reimbursement
- Provider appeal process

You will also find important information and requirements about the CHOICES Long-Term Services and Supports program such as:

- Use of electronic visit verification (EVV) system (process to monitor specified services for CHOICES program)
- Participation in the person-centered care planning process driven by the member
- Collaboration with the care coordinator to ensure the plan is implemented in a timely and convenient manner for the member
- Notifying a member's care coordinator, promptly based on the member's circumstances, of any significant changes in the member's condition or care, hospitalizations or recommendations for additional services
- Monitoring and immediately addressing service gaps, including back-up staff
- Conducting background checks on employees, subcontractors and agents prior to providing services, in accordance with state law and TennCare policy
- Investigating and reporting critical incidents
- Providing current financial solvency when providing community living supports services.

## Minor Home Modification Bulletin

Providers must ensure they adhere to code regulations as outlined by the State of Tennessee when making minor home modifications. Requirements to help ensure all requests completed will meet the standard codes can be located on our website. The following are Post Quality Inspection results noted on several recent site visits.

Inspection Result (Ramps)	Code Requirement
Ramps over 30" above finished grade with three horizontal rails.	If height exceeds 30" above grade, balusters should be spaced no more than 4" apart.
Lag Bolts missing at joint attachments to post- Lag Bolts or Carriage.	Bolts must be installed and should be hot dip galvanized to prevent corrosion.
Hand railing-rough, non-continuous and not graspable.	Hand railing must be smooth, continuous and graspable. Sized in accordance with ANSI A-117.1.
Staples and nails are being used on the surface boards.	Deck screws are required on the ramp and landing surface boards. The screws shall be flush with the board surface.
Slope of ramp not 1:12 when possible to fit.	Where room exists, a slope of 1:12 is required.

For easy access, make this link to the [Provider Administration Manual](#) one of your favorites.

## Tips for Prompt Claims Processing

Our goal is to process your BlueCare Tennessee CHOICES claims and reimburse you as quickly as possible. Whether you use Sandata's Electronic Visit Verification software (required for certain services), an approved vendor or our web portal to bill us directly, submitting complete and correct claims helps us pay you in a timely manner.

If you or someone on your staff needs training about filing electronic claims, please contact your Provider Network Manager for assistance.

### Key Claim Filing Reminders

- **Timely Filing** – Submit claims within 120 days of the date of service or 60 days from the date of the original BlueCare Tennessee rejection notice, whichever is later.
- **Corrected Claims** – Submit corrected claims within 120 days from the provider remittance date of a claim.
- **Claims Reference Guide** – Use this resource to help you with billing guidelines, denial codes, timely filing and more. [View the guide here.](#)
- **Approved Third-Party Vendors** - If you are billing through a third party vendor, please ensure all of the information is appropriate to the provider ID and services rendered such as taxonomy, provider ID, diagnosis code, etc. This is most common for long-term care, which has a different taxonomy code that differentiates from the skilled nursing facility provider ID.
- **Electronic Funds Transfer (EFT)** – BlueCare Tennessee accepts electronic funds transfer (EFT) enrollment through CAQH Solutions, which offers a universal enrollment tool for providers that offers a single point of entry for adopting EFT and ERA. The CAQH process facilitates compliance with the 2014 EFT/ERA Administrative Simplification mandate under the Affordable Care Act, eliminates administrative redundancies and creates significant time and cost savings. Enrollment information is available on the [CAQH Solutions website.](#)
- **BlueAccess<sup>SM</sup>** – View your remittance advice in real time in the secure section of our website. To ensure you have access to BlueAccess, please log in to [bluecare.bcbst.com](http://bluecare.bcbst.com). Click the “Register Now” link located in the BlueAccess section on the website and follow the simple instructions to obtain a user ID and password.
- **Timely Payment** – Our goal is to process clean CHOICES claims within 14 days of receipt. We strive to meet and even exceed this goal. This standard is monitored by the Bureau of TennCare. A clean claim does not require any additional information, adjustment or alteration by the provider of the services in order to be processed and paid. As a reminder, claims typically take 24-48 hours to appear in our processing system after submission.

## CHOICES Provider Spotlight: Silver Angels

One of BlueCare Tennessee's greatest honors is to recognize our contracted providers for their commitments to the program and high quality of care, as well as their continued concern for our members.

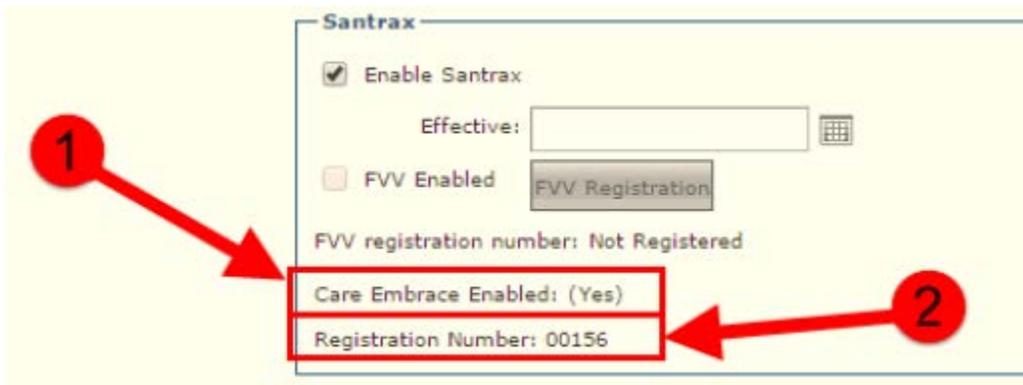
This month's honor is awarded to Silver Angels for outstanding all-around performance. Silver Angels is a state-wide provider that delivers meals to members' homes and helps ensure that Personal Emergency Response Systems are set up and monitored. Silver Angels was selected not only for their dedication to the program, but their tenacity and willingness to follow program guidelines.

In addition to serving CHOICES members, Silver Angels helps to eliminate hunger in Tennessee by providing meal boxes to families in need. The aging are served at senior centers throughout many counties in our state with fun events, such as bingo. We salute this provider in making members their priority.

## Steps to Confirm Activation of Member’s EVV Device and Reporting Problems

You can confirm that your client’s EVV device is active by checking the system. Go to the Santrax section of the device by following this path: Client → Chart → General.

It must display: **Care Embrace Enabled: (Yes)** and **Registration Number: XXXXX**, like in the example below.



If the system is active, here are a few issues that should be reported if they are not working:

- Caregiver schedules not appearing on the device
- Connectivity issues
- Username and password errors (after being set up in Sandata)
- Devices that do not power on (after being charged)

EVV Providers with caregivers that find the device is not activated or having problems should report the problems to:

- **Sandata’s BlueCareConnect Support Line 1-855-389-4843**
- **BlueCare GPS Tech Assistance 1-866-276-0588**

Both numbers need to be called to report issues. Providers will receive ticket IDs from Sandata and BlueCare Tennessee. These service tickets are vital to track and resolve issues with the GPS device.

## Community Living Support

Community Living Supports (CLS) is a community-based residential alternative service for seniors and adults with disabilities that includes options for community residential independence through community integration. CLS helps ensure residents' choices and rights and must adhere to the new HCBS setting rule.

We are seeking qualified providers who want to contract with BlueCare Tennessee CHOICES. Provider eligibility for the program includes the following guidelines:

- The CLS1 provider is licensed and contracted by the Department of Intellectual and Developmental Disabilities (DIDD) as a Mental Retardation Semi-Independent Living Services Facility in accordance with licensure regulations.
- The CLS2 provider is licensed and contracted by the DIDD as a Mental Retardation Semi-Independent Living Services Facility in accordance with licensure regulations.
- CLS3 provider is licensed and contracted as a Mental Retardation Supported Living or Residential Habilitation Facilities provider by the DIDD in accordance with licensure requirements.

To learn more about or to begin the contracting process, please email your group's information to: [CHOICESProviderRelations@bcbst.com](mailto:CHOICESProviderRelations@bcbst.com).

A CHOICES provider network manager will contact you to help guide you through the process, which includes providing your organization's financial solvency by completing the Financial Z-Score Tool.

## New Home and Community Based Settings Rule

### *What is an HCBS Setting?*

A Home and Community Based Setting (HCBS) setting is a setting, "that is integrated in and supports access to the greater community. It provides opportunities to seek employment and work in competitive integrated settings, engage

in community life and control personal resources. It helps ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services."

No matter what setting our members choose to receive their care, the new rule is to help ensure the setting each member chooses is non-institutional in nature and that members are able to live and work in their communities. Our care coordinators work with members to provide them with multiple settings to choose from that match their needs, preferences and available resources. These CHOICES include settings that are not disability-specific.

### *What Is NOT an HCBS Setting?*

The rule sets guidelines about what qualifies as an HCBS setting. CMS has determined that the following are **NOT** HCBS Settings:

- Nursing Homes
- Hospitals
- Institutions for Mental Disease (IMD)
- Intermediate care facilities for individuals with intellectual disabilities
- Facilities or homes located in a public or privately-operated building that provides inpatient institutional treatment
- Located on the grounds of, or right next to, a public institution
- Has the effect of **isolating** members who receive Medicaid-funded HCBS from the broader community of people who do not receive Medicaid funded HCBS

### *What Does the HCBS Settings Rule Mean for the Provider Community?*

As your caregivers provide services to BlueCare CHOICES members, there are some key points to be mindful of when the services are geared towards a "person-centered plan":

- Integration with the community: No matter what the member's setting is, that setting is their home. As individuals, when in our respective homes, we are a part of a greater

community. Members are no different. Though they may need some additional support, each member should have access to the benefits of their surrounding community. As a BlueCare provider, you are a vital partner in educating our members of all of the benefits of their respective communities.

- **Choice:** Each member has the right to choose the setting where they live from available options based on the member's available resources.
- **Rights:** Every member has the right to privacy, dignity, respect and freedom from coercion and restraint. It is important to never belittle a member.
- **Independence:** Each member is entitled to make their own life CHOICES. This ranges from their daily activities to how they decorate their living space. As independent individuals, they should be able to dictate as many aspects of their life as their condition allows.

### **Residential Providers**

In addition, there are some aspects of the HCBS Settings Rule that will only apply to Assisted Care Living Facility (ACLF) and Community Living Support (CLS) providers:

- **Protection from eviction:** There must be a legally enforceable agreement, such as a lease, in place that meets the legal standards both locally and statewide pertaining to landlords and tenants. This lease must protect the member from eviction just as it would for anyone who does not receive CHOICES services.
- **Privacy Rights:** Each member must be able to lock the door to their private living space. The member must have a say in which staff members have keys to their space. At the very least, the member must have a say in who their roommate is if they do not have their own private room. They must also have the freedom to furnish and decorate as they please.

- **Freedom of Choice:** Each member must be able to choose their schedule, activities and have access to food 24 hours per day. This includes being able to eat when and where they please and having the ability to store food in their rooms. They must be able to participate as they wish in community activities, including having access to public transportation.
- **Right to Receive Visitors at Any Time:** Each member must be able to have visitors anytime they choose, including overnight. However, they must do so within the parameters of their lease agreement to protect against guests moving in.
- **Physically Accessible:** Each member should have physical access to their setting both inside and outside. Accommodations should be made to ensure ease of access for every member (Example: Wheelchair ramps, widened doorways, etc.).

### **Modifications to the Rule**

Our primary goal is always to help ensure the health and safety of every BlueCare Tennessee member. In implementing the HCBS Settings Rule, some of the mandates could pose health/safety risks to certain members. Circumstances such as these could present a need to modify the HCBS Settings Rule for the protection of those individuals. To do this the following steps must be followed:

- Other strategies that comply with the rule must be tried and must be documented that they did not work.
- The specific part of the rule that needs modification must be documented in the member's person-centered plan of care.
- The member or the member's authorized representative must agree to the modifications.
- Providers must ensure that the modification does not cause harm to the member in other areas.

- Providers must collect data to document that the modifications are working.
- The care coordinator must reassess the member periodically to ensure the change is still necessary for the health and safety of the member.

\*\*\*\*Note: The only part of the rule that cannot be modified under any circumstances is physical accessibility. All settings must always maintain physically accessible.

The HCBS Settings Rule is an intricate piece of legislation. It has several parts, but all of the parts work together to ensure that each

member is able to live the life that they choose. This population thrives on feeling like they have a purpose and that they are a part of something greater. Through the services that you provide, members have enhanced protections as they pursue goals, work and contribute to their communities. We must all continue to work together to empower our members to be their best.

The HCBS Settings Rule is evolving. We will continue to keep you up-to-date about any changes.

### Questions?

Please contact the provider network manager in your region if we can help you with any questions about the CHOICES program.

Provider Network Managers			
Manager	Region	Phone	Email
Bianca Merrell	East Tenn. – South Region	(423) 535-5900	bianca_merrell@bcbst.com
Jonathan Miller	East Tenn. – North Region	(423) 854-6001	jonathan_miller@bcbst.com
Jeff West	Middle Tenn. – South Region	(615) 565-1937	jeffrey_west@bcbst.com
Vinny Cardi	Middle Tenn. – North Region	(615) 565-1907	vincent_cardi@bcbst.com
Ashley McDonald	West Tenn. – East Half/Shelby County M-Z	(901) 544-2136	ashley_mcdonald@bcbst.com
Sherry Metts	West Tenn. – West Half/Shelby County A-L	(901) 544-2459	sherry_metts@bcbst.com