

CHOICES

NEWSLETTER

BlueCare Tennessee CHOICES Program

OCTOBER 2016

Helping Members Transition from a Nursing Facility to Community

BlueCare CHOICES strives to focus on a person centered approach when providing CHOICES services. The BlueCare CHOICES Transition Coordinator assists Nursing Facilities (NF) and members to transition to the community. The Transition Care Coordinator will:

- Perform assessments on NF members identified and interested in transitioning to the community.
- Discuss the CHOICES program with members to assess the potential and desire to transition to the HCBS setting. Review the potential transitions with the facility social worker/discharge planner to proactively work on a plan and ensure facility is in agreement with a safe transition.
- Frequently reviews the member's progress and continue discussions about the transition home when appropriate. Make referrals to Behavioral Health and/or Population Health to assist with providing ongoing care and education support to the member to begin at discharge.
- Explore natural support systems and community resources to assist with any unmet needs and/or natural supports and makes referrals to the Consumer Advocate for further assistance.
- Considers if placement in a community based residential alternative setting (CBRA) is appropriate for functional level of need and member's income.
- Offers informed choices to the individual regarding the services and supports they receive and from whom, so that the final setting is the member's choice.
- Evaluates if the Consumer Directed Companion Care is an option with member and member representative and also explore with member who could come and live with them.
- Makes referrals to qualified, contracted providers after discussion and approval with member.
- Makes frequent visits to the member after the transition based on members need to evaluate the transition process, identify any unmet needs and assist the member.

Preparing Your Staff for Emergencies

As we enter the final quarter of 2016, it's a good time to review and update your plans and processes for an emergency or disaster.

CHOICES Care Coordinators routinely complete a home safety monitoring checklist, and review the steps the member and/or representative should take in the event of an emergency and those that differ from the standard emergency protocol. An emergency plan includes, but may not be limited to:

- A safe place to take shelter
- A back-up safe place if it becomes necessary

- Identifying, when possible, two ways out of every room in case of fire
- A preparedness plan specific to each member based on health condition

You can assist members by:

- Reminding them to put fresh batteries in flashlights, PERS, and smoke alarms
- Reviewing their list of contact names and phone numbers for accuracy
- Reviewing the backup plan in case help is needed



Training Requirements for Direct Support Staff Working in the ECF Choices Program

Adequate and appropriate training for your staff can make a big difference when it comes to supporting ECF CHOICES members with intellectual and/or developmental disabilities. Providers must ensure their staff members are competent in these areas before they assist members.

The training requirement for staff completing direct supports with members is approximately 67.5 hours. This investment in training ensures staff have all the tools needed to make them successful in supporting the member in achieving their goals.

The following trainings can be located and completed in Relias:

- HIPAA: The Basics
- Infection Control: The Basics
- Employment Support Focused Learning

These trainings must be completed in person or as a group:

- First Aid
- CPR with Abdominal Thrust
- Medication Administration (as necessary)
- Principles and Practices of Effective Direct Supports: The Role of the DSP
- Disability Awareness and Cultural Competency
- Person-First Language
- Alternate Forms of Communication
- Person Centered Planning for Individuals with Developmental Disabilities
- Environmental Safety for Individuals with I/DD
- Disability Overview
- Assisting People with IDD in Choice Making
- Making Personal Growth and Dignity Possible: A New Approach to Risk
- Training Specific to the Person's Plan
- Abuse and Neglect Prevention
- Documentation of Service Delivery
- An Introduction to Behavioral Health
- Federal HCBS Setting Requirements and Member Experience
- Connecting People with Disabilities and the Community

If you have questions about training, please contact your assigned Provider Network Manager.

Preventing Falls Can Help Save Lives

Tripping over a door step or slipping on steps is a painful occurrence for anyone, but the resulting injuries for people in the CHOICES population can be devastating or even deadly. According to the Centers for Disease Control and Prevention, more than one in four older adults fall each year and falls are the leading cause of fatal and nonfatal injuries among this age group. Nationwide an older adult dies every 20 minutes because of a fall.

Know the Risks of the People You Care For

Working together with your staff to develop ways to keep the member's environment safe will help prevent falls. The list below includes examples, but does not contain every fall risk.

Health Conditions - People with certain diseases like Parkinson's or Multiple Sclerosis have an increased risk for falls.

Medication - Know the side effects of the medications members take, especially the ones that cause dizziness.

Vision Problems - Encourage members and their caregivers to check into programs for the visually impaired, ensure they have a regular eye exam and that their glasses are clean and fit properly.

Member's Home Environment - Make sure: pathways are free of any clutter or obstructions, rugs are secured to the floor or have non-slip backing, shoes fit well and have a rubber sole, bathroom floors and tubs are not slippery.

Background Checks are a Requirement for Potential and Current Employees

Federal and State laws require all providers to conduct and document criminal background checks on employees who care for or provide home and community based services to CHOICES and ECF CHOICES members. The documentation should also check the following registries: Tennessee Abuse Registry, Tennessee Felony Offender Registry, National and Tennessee Sexual Offender Registry, and List of Excluded Individuals/Entities (LEIE).



Achieving Compliance with the Home and Community- Based Setting Rule

As a BlueCare Tennessee CHOICES and Employment and Community (ECF) CHOICES provider, we appreciate the efforts you've made toward compliance with the Home and Community Based Services (HCBS) Settings Rule. Provider network managers and representatives from the Bureau of TennCare are conducting heightened scrutiny onsite reviews. The Centers for Medicare and Medicaid (CMS) indicates that the most important measure of how Home and Community Based Services (HCBS) providers are complying with the standards is the member's experience. For each member, the standards guarantee:

- Integration with and full access to the community
- Choice of the setting where services & supports are provided
- Rights to privacy, dignity, respect, and freedom from coercion and restraint
- Independence to make life choices

When a provider owns or controls the member's residential setting, there are additional requirements, such as:

- Protection from eviction, even if the member selects another provider for service
- The member must have a legally enforceable lease/ agreement that meets state and local laws regarding tenants and landlords, same as if renting a house or apartment outside of HCBS programs
- Privacy rights to include lockable bedroom doors
- The ability to decorate personal living space, same as if renting a house or apartment outside of HCBS programs
- Freedom and support for members to control their own schedules and activities
- Access to food 24/7, not just snacks
- Members have control of selecting food, storing food in their room, eating in their room, and deciding when to eat
- The right to receive visitors at any time, including overnight
- Physical accessibility inside and outside of the home

Each MCO has the responsibility to review modifications to the HCBS settings rule including potential rights restrictions, restraints and inappropriate use of psychotropic medications for CHOICES and ECF CHOICES members. The purpose of the review is to ensure that our members receive services and supports that are in compliance with the HCBS Settings Rule. A Settings Compliance Committee was developed in each

MCO to complete these reviews. Providers can call, email or talk to the Care Coordinator about concerns or requests. BlueCare's Committee meets at least monthly which allows the Care Coordinators to present the providers' concerns or requests for review. At a minimum, the Committee members include clinical leadership from BlueCare (a psychiatrist, a psychologist, and a pharmacist), member advocates, and the Care Coordinators. Others may participate, as needed.

BlueCare CHOICES and ECF CHOICES Care Coordinators refer concerns/requests for review by the Committee any time:

- A Plan of Care or Behavior Support Plan for a member includes any restriction of the member's rights
- An emergency rights restriction was implemented (but not included in a written plan)
 - Example: The member was walking into busy traffic, and the staff manually restrained him.
- The member is prescribed:
 - Four (4) or more psychotropic medications
 - Two (2) or more psychotropic medications from the same class (e.g., antidepressants)
 - Psychotropic PRN medications

The Committee reviews the requested modification to the Settings Rule (also known as a rights restriction or a restraint) or the potential for chemical restraint by psychotropic medication. If the modification is justified, the Committee will identify the timeline for re-review (e.g., 3 months, 6 months, and 12 months). If the modification is not deemed justified, the Committee may make recommendations as to the need for further data to justify the restriction or the need for attempting less restrictive alternatives. Recommendations for follow-up may also be needed. Providers may receive contact from the Behavior Supports Director and/or provider network manager to explain the Committee's concerns or decisions. Prescribers may receive outreach from the Behavioral Health Director to consider ways to reduce the potential for chemical restraint.

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CONTINUED: Achieving Compliance with the Home and Community- Based Setting Rule

Any time the Settings rule for a particular member needs to be modified, **the following steps are required before a modification to the Settings Rule is made:**

- You must first try other strategies (that comply with the rule) and document that they didn't work.
 - Data collection and specific descriptions of behavior must justify the modification to the rule.
- You must ensure that the modification to the rule will not cause harm to the member.
- The specific part of the rule that won't be followed must be included in the service plan, along with the reason why
 - **Example:** A member with severe, brittle diabetes may need restriction from access to food 24/7.
- Member supported or representative must agree. They have the right to say no.
- A plan for fading the modification/restriction/restraint must be clarified.
- The CHOICES or ECF CHOICES Care Coordinator must be notified of the need to present the request to the BlueCare Settings Compliance Committee for review. The provider can contact the Care Coordinator by phone, email or speak to them in person.
- Review from the Committee results in a recommendation to make the requested modification to the rule.

Please note: Applying a modification to the Settings Rule without following these steps is considered noncompliance with the Rule. If you have to apply a modification in a specific emergency situation to protect the safety of the member or others, **notify the member's CHOICES or ECF CHOICES Care Coordinator immediately** for a discussion as to whether or not the modification should be requested as a part of the Plan of Care to maintain safety. In addition, the Coordinator will place the emergency rights restriction on the agenda of the next scheduled meeting of the Settings Compliance Committee for review.

If you have any questions about the Settings Compliance Meeting, please contact Dr. Stacey Dixon, the Behavior Supports Director, at Stacey_Dixon@bcbst.com.

Submitting Duplicate Claims Delays Payments

BlueCare Tennessee recently conducted a quality review of Home and Community Based Services (HCBS) submitted through the Electronic Visit Verification (EVV) system and identified a number of duplicate payments based on duplicate claim submissions.

It is very important to notify BlueCare of any overpayment you receive. You may call BlueCare provider service at 1-800-468-9736 to report an overpayment or you can submit a corrected bill through Sandata.

You can monitor and manage your organization's remittances by utilizing the online claims data on Blue Access. Please remember, all services are subject to post-payment review, as well as recoupment for overpayments.

Duplicate Claims Drive Denied and Delayed Payments

During the recent quality review of BlueCare HCBS providers, denied claims for August 2016 were 61 percent higher than in July 2016. Of those denied claims, about 72 percent were due to duplicate submissions. If you resubmit a claim because you have not received payment or a response regarding your payment, you may slow down the claims payment process and cause a claim to suspend for review.

How to Avoid Duplicate Claims Submissions

Any claim submitted for the same member, service and date that was included with a previous claim is considered a duplicate submission. (This does not include corrected claims.) If you do not receive a response from your original claim submission, please take the following steps prior to submitting a duplicate claim:

- Access your remittance reports and verify that the claims transmitted and were accepted.
- Review EVV database and validate that member, service rendered, and attestation of authorized services are accurate.
- Ensure dates of service are accurate based on authorized services in accordance to the Plan of Care or Person Centered Support Plan (PCSP).
- Don't automatically submit another claims, wait at least 30 days of your initial submission(s).
- Contact BlueCare provider service at 1-800-468-9736 for assistance.



Reminder: New Enhanced Respiratory Care Codes for Nursing Facilities

As a contracted BlueCare Tennessee provider, you should have also received the updated ERC Quality Improvement Plan that went into effect July 1, 2016. Please note the important dates and actions outlined in the plan that were implemented in July.

The changes include specialized rates of reimbursement for Chronic Ventilator Care, Ventilator Weaning, Sub-Acute Tracheal Suctioning and/or Secretion Management Tracheal Suctioning. You will be forwarded newly updated provider agreements with the new ERC language and processes for delivering these services.

If you have questions about billing and reimbursement issues, contact your Provider Network Manager.

Enhanced Respiratory Care Improvement Plan - HCPCS and Modifiers	
ERC	Codes & Modifiers
Sub-Acute Tracheal Suctioning	31899 (no modifier)
Secretion Management Tracheal Suctioning	31899 (SC modifier) *New Service
Chronic Ventilator Care	94004 (no modifier)
Ventilator Weaning	94004 (cease use of 22 and use modifier SC)



Use EVV to Help Document Timely and Proper Service to Members

Timely and appropriate service is vital to CHOICES and ECF CHOICES member, which is why your employees are required to use the Electronic Visit Verification (EVV) System to check-in and check-out when they deliver services. This process also helps document each service and time it is delivered or if a service was not delivered. A service delivered late could be considered missed if the delivery is much later than scheduled or does not meet the scheduled timeframe.

Attendant Care is typically scheduled by day for a specific time, but may be scheduled based on the needs of the member, either for a window of time not to exceed four hours.			
Service Scheduling Guidelines	On-Time	Late	Missed
Start time (ex. 8 a.m.)	Service begins no later than 15 minutes past the scheduled start time	Service begins later than 15 minutes past the scheduled start time but no later than 60 minutes past the scheduled start time	Service begins later than 60 minutes past the scheduled start time, or service not provided at all.
Window of time (ex. between 7 and 8 a.m. or between 7 and 11 a.m., with no window of time greater than four hours)	Service begins no later than 15 minutes past the time specified within the window of time to be the scheduled start time	Service begins later than 15 minutes past the scheduled start time but no later than 60 minutes past the time specified within the window of time to be the scheduled start time	Service begins later than 60 minutes past the scheduled window of time, or service not provided at all.
Personal Care Visits are scheduled by day and may be scheduled based on the needs of the member, either for a specific time or a window of time.			
Service Scheduling Guidelines	On-Time	Late	Missed
Start time (ex. 8 a.m.)	Service begins no later than 15 minutes past the scheduled start time	Service begins later than 15 minutes past the scheduled start time, but no later than 60 minutes past the scheduled start time	Service begins later than 60 minutes past the scheduled start time, or no service is provided
Window of time (e.g. between 7 and 10 a.m. or 7 a.m. and 5 p.m., as appropriate)	Service begins no later than 60 minutes after the scheduled window of time	Service is provided on the day scheduled, but initiated later than 1 hour after the scheduled window of time	Service is provided later than the day scheduled, or no service is provided



How Are We Doing?

As a valued BlueCare provider, we welcome your feedback and would like to hear from you. If there are questions and/or concerns regarding a process or if there is an individual that you'd like to give "kudos" please submit your voice to our CHOICESProviderRelations@bcbst.com.

We look forward to hearing from you.

CHOICES Provider Network Managers

Manager	Region	Phone	Email
Bianca Merrell	East Tenn.	(423) 535-5900	bianca_merrell@bcbst.com
Jonathan Miller	East Tenn.	(423) 854-6001	jonathan_miller@bcbst.com
Middle Tenn.		CHOICESProviderRelations@bcbst.com	
Ashley Hill	West Tenn.	(901) 544-2136	ashley_hill@bcbst.com

ECF CHOICES Provider Network Managers

Manager	Region	Phone	Email
Dana Scott	East Tenn.	(423) 535-5982	dana_scott@bcbst.com
Vivian Williams	West Tenn.	(901) 544-2484	vivian_williams@bcbst.com
Keshanna Brents	Middle Tenn.	(615) 760-8792	keshanna_brents@bcbst.com

CHOICES & ECF CHOICES Home Modification Specialists

Manager	Region	Phone	Email
Steve Hargis	East Tenn.	(423) 535-6925	steve_hargis@bcbst.com
Blake White	West Tenn.	(901) 562-3277	john_white@bcbst.com
Stephanie Ray	Middle Tenn.	(615) 490-1515	stephanie_ray@bcbst.com