

December 13

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Effective Communication Vital to Timely Service

You've seen it before. Lack of communication between agencies. The bottom line? Member services are delayed.

Case Management Agencies and Home Care Agencies are having to communicate more than ever with the elimination of CHCs.

Tips For Handling Communication Issues Between Agencies

What do I do if a delay in service is occurring because of a lack of communication between me and another agency staff?

Inform your supervisor/administrator of the situation and ask for their assistance to resolve the delay. At times, agency administrators and supervisors must step in to help resolve communication issues so Member services are not delayed.

What if my agency supervisor/administrator has tried to resolve the delay to no avail?

Contact provider?@ltca.org for assistance in resolving the communication issue and promoting timely service delivery.



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Service standards, surmervish standards. What's the big deal?

When service plans, reassessments or addenda are late the following can occur:

- Member satisfaction decreases
- Without services, Members could potentially be forced to enter a nursing facility
- Personal Service Attendants (PSA) who are employed through the ADvantage CD-PASS service option do not receive a timely paycheck
- Home Care and Case Management providers do not receive payment or receive inappropriate payment that must be refunded
- OHCA cannot accurately report on service authorizations
- PCAs and ASRs who use the Interactive Voice Recognition (IVR) system cannot report on services provided

December 13

Page 3

Key Standard Expectations

10 Days **New Plans** Case Management Standard #10

- Begin Case Management and/or Skilled Nursing assessment and evaluation as indicated on the ADv4
- Supervisor service plan reviews are designed to look at appropriateness to meet Member needs, plan accuracy & completeness
- Case Management providers are required to have policy and procedures in place to assure submission of service plans within 10 business days of receipt of ADv4.
- Home Care providers are expected to actively participate in the service planning process to assure time lines are met
- Case Management and Home Care providers should have policy and procedures in place to assure that an authorized plan (ADv6g or ADv6gsp) are received back in the office within 7 days of submission

14 Days **Reassessment** Case Management Standard #8

- Standards require the reassessment be submitted 14 days prior to the current service plan end date
- Case Management providers are required to have policy and procedures in place to assure submission of service plan reassessments
- Home Care providers are expected to actively participate to the service planning process to assure time lines are met
- In the event a reassessment is late, providers are expected to provide the service and follow agency policies and procedures to assure that an authorized plan (ADv6g or ADv6gsp) is received back in the office within 7 days of submission

10 Days **Addenda** Case Management Standard #12

- Case Management providers are required to have policy & procedures in place to assure submission of the addendum within 10 days of identified need for service plan changes.
- Home Care providers are expected to actively participate in the service planning process to assure time lines are met
- Services begin on the date listed on the Addendum. This is the date that will be used for authorization
- Issues concerning authorization will, at a minimum, be covered from the initial addendum date to the date the final determination was made
- Case Management and Home Care providers should have policy and procedures in place to assure that an authorized plan (ADv6g or ADv6gsp) received back in the office within 7 days of Addendum submission
- Refer to the April 25, 2005 bulletin CM-05:02 concerning *Modifications to the ADvantage Service*