April 25

ADvantage | in-focus '08

Dedicated to promoting success in the AD*vantage* Program

To Fax or Not to Fax?

Ever wonder when you should fax a Service Plan packet and when you shouldn't? You're not alone. Here are five facts about faxing to help you decide before you push the send button:

1. Fax only those plans, addendums or corrections that truly require *priority* processing based on the Member's health and welfare needs. Such examples could include:

    - New Service Plans requiring same-day authorization
    - Service Plan Addendums requesting additions to an existing Service Plan that requires same-day authorization
    - Corrections or responses to conditions requiring same-day review and authorization

    When requesting same day authorization, please include a fax cover sheet or an ADv 9 to communicate the specific reason for the priority request. This information helps speed the review along.

3. Documents received through the fax are often difficult to read, are often missing pages and may result in duplicate processing when the hard copy is received in the mail. Is it absolutely necessary to fax the document or can it be mailed or delivered? Please send routine packets (Service Plans, Reassessments, Addendums) through the mail or hand deliver.

4. If AD*vantage* Operations requests you submit a document via fax, please attach the specific SPR with the document. This prevents wasted time in searching for the purpose of the fax.

5. The AD*vantage* Operations fax number is 918-879-5334.

LTCA
Long Term Care Authority–Oklahoma

Quarterly Provider/Director Meeting

The quarterly Provider/Director meeting will be held on April 30, 2008 from 10:00 am—12:00 pm in room C-47 of the Sequoyah Building. Proposed agenda items can be given to Kelli Davidson by April 29th at 405-522-2501 or e-mailed to Kelli.Davidson@okdhs.org

Conference Connection

The Emerging Face of Alzheimer's
Across the Lifespan: Early-onset, Early Stage and Early End of Life

June 5, 2008
Renaissance Hotel
Tulsa, Oklahoma

Sponsored by the Alzheimer's Association

Register on-line at:
www.alz.org/alzokar/in_my_community_events.asp

or call 1-800-272-3900 or 918-481-7741 for more information

Oklahoma's 2-1-1 Collaborative

Get connected. Get Answers. Oklahoma's 2-1-1 Collaborative is designed to assist all citizens in accessing services and identifying available community resources. The following map outlines the seven 2-1-1 provider areas in Oklahoma:

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Policy Refresher: Spouse or Guardian as Paid Caregiver

When a Member's spouse or guardian will be serving as the paid caregiver through the AD*vantage* Program, then OKDHS Aging Services Division must authorize the arrangement. Policy 317:30-5-761-(6) (A) (B) (C) (D) directs that a guardian or spouse of a Member can be the paid caregiver under the following conditions:

- The Member is offered a choice of providers and documentation demonstrates that either no other person is available, OR
- Available providers are unable to provide the necessary care to the Member, OR
- The needs of the Member are so extensive that the spouse or legal guardian is prohibited from working outside the home.

Spouses or guardians serving as the paid caregiver cannot begin serving the Member until approval has been given through OKDHS Aging Services Division. If the Member agrees, then agency personal care attendants may be used until approval is given.

To begin the approval process, documentation of the requirements should be e-mailed to provider?@ltca.org or faxed to Contract Administration at 918-879-1270.

As directed by policy, documentation is needed to support that the service:

i. Meets the definition of a service/support as outlined in the federally approved wavier document;

ii. Be necessary to avoid institutionalization;

iii. Be a service/support that is specified in the individual service plan;

iv. Be provided by a person who meets the provider qualifications and training standards specified in the waiver for that service;

v. Be paid at a rate that does not exceed that which would otherwise be paid to a provider of a similar service and does not exceed what is allowed by the State Medicaid Agency for the payment of personal care or personal assistant services;

vi. Not be an activity that the spouse or legal guardian would ordinarily perform or is responsible to perform. If any of the following criteria are met, assistance or care provided by the spouse of guardian will be determined to exceed the extent and/or nature of the assistance they would be expected to ordinarily provide in their role as spouse or guardian:

   (I) Spouse or guardian has resigned from full-time/part-time employment to provide care for the Member, or

   (II) Spouse or guardian has reduced employment from full-time to part-time to provide care for the Member; or

   (III) Spouse or guardian has take a leave of absence without pay to provide care for the Member; or

   (IV) Spouse or guardian provides assistance/care for the Member 35 or more hours per week without pay and the Member has remaining unmet needs because no other provider is available due to the nature of the assistance/care, special language or communication, or intermittent hours of care requirements of the Member.

In addition, the spouse or legal guardian who is the paid caregiver needs to comply with:

   (i) not provide more than 40 hours of services in a seven day period;

   (ii) Planned work schedules must be available in advance to the Member's Case Manager, and variations to the schedule must be noted and supplied two weeks in advance to the Case Manager unless change is due to an emergency;

   (iii) maintain and submit time sheets and other required documentation for hours paid; and

   (iv) be documented in the service plan as the Member's care provider.

For more information on this policy, visit www.sos.state.ok.us/exec_legis/exec_leg_home.htm.

LTCA will send the documentation to OKDHS Aging Services Division for review and decision. OKDHS Aging Services Division will contact LTCA when approval is given, then LTCA will contact the Case Manager.

Reporting activities which demonstrate that increased monitoring has occurred are required of Case Managers. Documentation of the monitoring should be sent to AD*vantage* Operations at least quarterly to assure the health and safety of the Member.

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