

Healthcare Coordination

SERVICE DEFINITION

Healthcare Coordination consists of overall health assessment, education and assistance provided by a registered nurse to those waiver participants with identified health risks, who, as a result of their intellectual disability, have a limited ability to identify changes in their health status or to manage their complex medical conditions. These individuals have medical needs that require more healthcare coordination than is available through their primary healthcare providers to assure their health, safety and well-being.

This service will ensure that there is communication between primary care physicians, medical specialists, and behavioral health practitioners, and will provide a resource person to communicate with direct support staff and consumers and train them to follow through on medical recommendations enabling the participants to live in the least restrictive setting possible with the greatest level of independence.

The RN Healthcare Coordinator will complete an onsite comprehensive nursing assessment on each eligible individual and develop an integrated healthcare management plan for the person and his/her support staff to implement. This service shall provide the clinical and technical guidance necessary to support the individual in managing complex healthcare services and supports to improve health outcomes and prevent or delay admission to a licensed group home or nursing facility.

The level of technical coordination related to interpretation and monitoring of health issues requires clinical expertise provided by a registered nurse. Support provided includes, but is not limited to, the following: train/retrain staff and consumers on interventions; monitor the effectiveness of interventions; coordinate specialists; evaluate treatment recommendations; review lab results, monitor, coordinate tests/results; review diets; communicate with the case manager and consumer; participate in individual plan meetings and discharge planning as needed.

This service may be self-directed (i.e., purchased from a qualified individual practitioner) or purchased from a qualified provider agency. No part of this coordination may be delegated to a Licensed Practical Nurse.

SERVICE SETTINGS

This service originates from the individual's home and is delivered in the community as described in the treatment/support plan in the person's Individual Plan.

GENERAL SERVICE LIMITATIONS

This service is available to individuals who live in their own homes with less than 24 hour support. See the Authorization Guidelines section below for more detailed criteria for individual eligibility for Healthcare Coordination services. Direct nursing services are **not** permitted and may not be billed as part of this service.

SERVICE UTILIZATION AND AUTHORIZATION GUIDELINES (replaces HCBS Consolidated Waiver Operations Manual 2009)

The intensity of supports provided by the RN Healthcare Coordinator will vary depending on the complexity of the individual’s needs.

Authorized hours of service will be based on the person’s LON scores. Additional non-annualized (1x) can be authorized by PRAT. Hours that exceed the annualized authorization (approved by PRAT) must be submitted to the regional Utilization Resource Review committee for prior approval.

LON Score --health/medical score 4 or higher -- score of 6 or higher for combination of: health/medical and either the behavior (home) or psychiatric (home) domains, whichever is higher.	Authorized hrs. of service per year
Score of 4-6	24 hrs.
Score of 7-9	36 hrs.
Score of 10-14	48 hrs.

QUALIFIED PROVIDER OR SELF-DIRECTED STAFF REQUIREMENTS

A Registered Nurse (RN) licensed in the State of Connecticut with at least two years of nursing experience and relevant experience with people served by DDS or individuals with behavioral health needs.

A criminal background check, DDS Abuse/Neglect Registry check and Sex Offender Registry check are required. When an individual self directs, these checks are done by the person’s Fiscal Intermediary; if the service is purchased through an agency, the provider is responsible for conducting these checks for their employees.

Unit of Service and Method of Payment

Hourly Fee. The basis of payment for services is a quarter-hour unit of direct service time. Billing should be rounded to the nearest 15-minute interval. Healthcare Coordination services will be reimbursed only if provided by a RN Healthcare Coordination provider who meets the described qualifications and has been approved by Operations Center or their designee. Direct nursing services are **not** permitted and may not be billed as part of this service.

RATE FOR SERVICE FOR QUALIFIED PROVIDER OR SELF-DIRECTED

The rate for this service is \$71.71 per hour *Individuals who Self-direct may negotiate a rate up to \$71.71 per hour.* The smallest unit of service is 15 minutes.

The healthcare assessment must be done using a standardized DDS assessment tool, the *Nursing Health and Safety Assessment*. This assessment is expected to be performed on-site and to consist of a visual assessment and review of available clinical and other documentation, with a written report provided by the RN Healthcare Coordinator. This assessment may be billed up to 3 hours. A coordination review that includes clinical chart/documentation review, communication with the person/staff, and plan revision may be billed at no more than one hour.

SERVICE DOCUMENTATION

As individual services are provided in the person's own home or the community, the provider documents the delivery of services for each date of service. The documentation includes the date of service, the start time and end time of the service for each date, a signature of the person providing the service, and documentation including the reason for the service, the outcome, and follow up activities. The person receiving the service or their legal representative has the option of signing the provider documentation form. For individuals who hire their own provider directly, the employer of record must sign the time sheet to verify that the provider worked the hours reported on the time sheet and provided the support noted in the service documentation. The registered nurse is also required to document all health care coordination activities in nursing notes.

IDENTIFICATION OF INDIVIDUALS WITH COMPLEX HEALTH NEEDS AND ELIGIBILITY FOR HEALTHCARE COORDINATION SERVICES

DDS has developed the following guidelines to assist in the identification of waiver participants who are receiving less than 24 hour supports in their own home, who have complex health needs, and for whom this service was intended and designed.

The RN Healthcare Coordinator role is designed to coordinate strategies to address the complex health care needs and identified health risks of an individual waiver participant by providing comprehensive assessment of overall health status, coordination of healthcare including a healthcare management plan, and education regarding health conditions and issues involving safety and well-being.

Individuals with predetermined LON health and/or behavior scores which document complex health condition(s) or the need for considerable health supports are eligible for ongoing Healthcare Coordination services. The LON scores capture key information about an individual's overall health status, his or her medical or healthcare support needs, and behavioral health or psychiatric concerns. This information also translates into the need for preventive and acute care health training for the individual and his or her support staff. An individual's most current Level of Need assessment should be reviewed by the case manager and others as needed, to ensure that the information contained in the LON accurately reflects the individual's existing health status.

Waiver participants who live in their own home with less than 24 hr. support who have a LON score of score **4 or higher** for health/medical OR a score of **6 or higher** for combination of: health/medical **and** either the behavior (home) or psychiatric (home) domains, whichever is higher are eligible for Healthcare Coordination services.

HOW TO OBTAIN HEALTHCARE COORDINATION SERVICES

Planning and support teams may recommend Healthcare Coordination for individuals who are eligible based on their LON scores. The team must revise or update the person's Individual Plan (IP) to include the need for an *IHS Nursing Health and Safety Assessment* in the Assessment section of the plan and the team should describe the individual's need and objective for the service in the *Action Plan*. The team must include Healthcare Coordination in the *Summary of Supports and Services* or *IP.6*, indicating the amount and frequency of service to be provided **up to** the amount available to the person based on his or her LON score and the **authorization guidelines**. The RN Healthcare Coordinator will assess the person's need for the service and based on the authorized amount of service in the IP, will develop an integrated healthcare management plan for the individual and his/her support staff to implement. Recommendations for additional services beyond the authorized amount must be submitted to PRAT for review and approval by the regional Utilization Resource Review committee. If PRAT recommends denial of the request it will be sent to the Central Office Waiver Policy and Enrollment Unit for a decision.

Individuals who receive IHS under a provider contract:

For individuals who are eligible for Healthcare Coordination and receives IHS under a provider contract the resource manager to add a service authorization for the IHS provider which includes funding for *IHS Nursing Health and Safety Assessment* and Healthcare Coordination Services for the person based on the approved plan. The IHS provider shall ensure the service is provided by a qualified provider.

Individuals who receive IHS funded through a fiscal intermediary:

For individuals who eligible for Healthcare Coordination and self-directs IHS or receives IHS from a qualified provider paid by a **fiscal** intermediary, the case manager should amend the plan and individual budget to include funding for the *IHS Nursing Health and Safety Assessment* and Healthcare Coordination Services up to the amount available to the person in the service authorization guidelines. The resource manager will add a service authorization for the Healthcare Coordination provider based on the approved plan.

STATEMENT OF CREDENTIALS:

Providers of this service approved by the DDS Central Office Operations Center or their designee(s) shall use the designation "Healthcare Coordination RN," in addition to the statement of any other credentials when providing Healthcare Coordination services.

APPLICATION PROCESS AND QUALIFYING PROVIDERS:

To be included on the list of providers qualified to deliver Healthcare Coordination Services, both individual practitioners and provider agencies must apply to the Central Office Operations Center for review and approval. Approval will be based on the criteria specified in the DDS HCBS Waiver Application and this document. A list of qualified providers will be maintained by the DDS Central Office Operations Center and will be available on the DDS website.

Initial Application

Provider Agencies that wish to become qualified providers of Healthcare Coordination services

Existing provider agencies of Individualized Home Supports or CLAs, in good standing with DDS for at least one year, may become qualified providers of Healthcare Coordination services by submission of:

1. A letter of intent describing the services they intend to provide, any special population to be served and geographic areas they intend to serve.
2. Application to Amend Services form (*This should be #1.*)
3. A procedure on how staff providing this service will initially be trained and kept current on following procedures.
4. A procedure on clinical oversight and ongoing educational training.

A. New provider agencies according to PR 007 Qualifying Providers, agencies that wish to become qualified providers of Healthcare Coordination services must meet the qualifications for this service and must complete all the requirements for a new qualified provider as specified in the Components of a Complete Enrollment Packet. In addition, the following must also be submitted on the clinician(s) who will provide this service for the agency.

1. Résumé or Curriculum Vita and university diploma.
2. A copy of current professional clinical license or certificate (as applicable).
3. Three current letters of reference and contact information—at least one of which is from a clinician familiar with the applicant's professional work and which references evidence of positive outcomes for individuals resulting from interventions designed and implemented or overseen by the applicant.

The application will be reviewed by an Operations Center designee (i.e., the Director of Health and Clinical Services or a Director of Health Services) prior to being granted Qualified Provider status.

Individual Practitioners who wish to become qualified providers of Healthcare Coordination services must meet the qualifications for this service and be reviewed by an Operations Center designee (i.e., the Director of Health and Clinical Services or a Director of Health Services) prior to being granted Qualified Provider status.

All applicants shall submit the following:

1. Provider Application
2. Assurance Agreement to deliver services according to criteria specified in the DDS HCBS Waiver Manual and this document; maintain required documentation and follow relevant DDS policies and procedures for all employed providers of this waiver service.

3. Provider Agreement
4. An acknowledgement of Receipt of the DDS False Claims Act Policy and Procedure
5. Confidentiality and HIPAA Assurance Agreement
6. A copy of incorporation papers (as applicable)
7. List any other people with ownership or shares in the corporation (as applicable)
8. A letter of intent describing the services the applicant intends to provide, any special population to be served and geographic areas the applicant intends to serve.
9. Résumé or Curriculum Vita and university diploma. Résumé should highlight the individual's entire professional experience and the qualifications that directly impact their ability to provide the desired service.
10. A copy of current professional clinical license or certificate (as applicable).
11. Three current letters of reference that clearly identify who the reference is for and the name, phone number and address of the individual supplying the reference. At least one reference should be from a clinician familiar with the applicant's professional work and that references evidence of positive outcomes for individuals resulting from interventions designed and implemented or overseen by the applicant.
12. Submit a certificate of insurance or certificate of insurability demonstrating professional liability insurance of a minimum of \$500,000 per occurrence and \$1.5 million in aggregate. Will provide documentation of such coverage annually and upon request.

Maintaining Qualification Status

- A. It is the responsibility of all qualified providers to submit updated agreements and documentation of credential maintenance (i.e., license renewal) to DDS in a timely manner.
- B. Notify DDS of any changes to the provider's email address.
- C. Notify DDS of any changes to the name of the corporation.
- D. Qualified providers that provide Behavioral Supports or Healthcare Coordination must notify DDS when a clinician fails to meet the licensing or certification requirements and/or the clinician leaves the employ of the provider. Failure to comply with this requirement may result in the removal from the list of approved providers of services. Under no circumstances can a provider bill a Fiscal Intermediary or DDS for Behavioral Supports or Healthcare Coordination performed by an unqualified, unlicensed and/or non-certified clinician.

It is the responsibility of all qualified providers to submit updated agreements and documentation of credential maintenance (i.e., license renewal) to DDS in a timely manner. Failure to do so will result in removal from the list of approved providers for Healthcare Coordinator Services.

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