

## HEALTHCARE COORDINATION (HCC) for INDIVIDUALIZED HOME SUPPORTS

### 1) What is Individualized Home Supports (IHS)?

IHS provides assistance with the acquisition, improvement and/or retention of daily living skills and provides necessary support to achieve personal habilitation outcomes that enhance an individual's ability to live in their community as specified in the plan of care. This service includes a combination of habilitation and personal support activities as they would naturally occur during the course of a day. No more than 1/3 of the total time spent with an individual may a staff provide personal support activities. This service is not available for use in licensed or CRS settings. IHS **may be** delivered in a personal home (one's own or family home) and in the community. Payments for IHS do not include room and board. IHS may not be provided at the same time as Group Day, Individualized Day, Supported Employment, Respite, Companion Supports, Continuous Residential Support and/or Individualized Goods and Services. HCC cannot be provided if there are sufficient direct care/team nursing hours to meet the HCC needs.

### 2) What is Healthcare Coordination (HCC)?

HCC is intended for those waiver participants who receive less than 24 hours/day of individualized home supports. It is a service for individuals with identified health risks, who, as a result of their intellectual disability, **have limited ability to self-identify changes in condition or to manage their complex and changing medical needs**. These participants have medical needs that require more healthcare coordination than is available through their primary healthcare providers to assure their health, safety, and well-being. Some specific tasks include Nursing and related health assessments, education, and assistance with the coordination of healthcare by a **Registered Nurse**.

### 3) What are the criteria to determine if a person qualifies for HCC?

- Overall health clinical condition of the individual
- 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.
- Whether or not nursing supports are already in place. If nursing supports are already in place HCC may not be the better route. HCC cannot be provided if there are sufficient direct care/team nursing hours to meet the HCC needs.
- If the individual does not have a nurse available to them via the agency that supports them or active VNA involvement for skilled nursing need then HCC may be an option.

### 4) The LON score requirements for initiating HCC, appear to be too high. How is this being addressed?

Only a small number of individuals have utilized HCC hours for any length of time. Therefore, this data is not yet available. DDS continues to collect data regarding the LON score, requests for HCC, and dollars allocated in order to better understand the relationship between the LON and HCC.

**5) Can you receive HCC in a CRS or CLA?**

No. Health care monitoring is included in the cost of care for each individual in these settings.

**6) What supports can be provided through HCC waiver service?**

HCC may include (this is not an exhaustive list):

- a) Communication between various health care providers, VNA, hospice, primary care physicians, medical specialists, consultations, behavioral health practitioners, direct care staff, and/or family members.
- b) Complete a comprehensive nursing assessment on each participant and develop an integrated healthcare management plan for the participant and his/her support staff to implement.
- c) Provide necessary clinical and technical guidance to manage and coordinate complex health care services
- d) Educate staff on interventions, monitoring the effectiveness of interventions, coordination of care with specialists, recognizing and communicating changes in condition, evaluating treatment recommendations, reviewing lab results, documentation of medical providers, monitoring, coordinating tests/results, and reviewing diets
- e) Assist individuals or organize care related to changes in condition through navigation of health care systems.

**7) What supports can NOT be provided by through HCC?**

The following services CANNOT be billed HCC:

- a) Direct care nursing
- b) Services in an IHS setting that can be provided through Medicaid, Title 19 insurance (i.e. Home Healthcare Agency skilled nursing services).
- c) Service as an on-call nurse
- d) Education that requires consistent regular on-going training such as the education and training required for medication certification oversight.
- e) Delegation to staff.
- f) Administering treatments or medications on an ongoing basis.
- g) Prepouring medications

**8) In IHS, if there is a Homecare Agency Nurse and a HCC RN, will the Home Healthcare Nurse complete DDS required reports?**

Home Healthcare Agencies are not required to complete DDS forms/reports. However, Home Healthcare Agencies are required to establish a memorandum of understanding/coordination of care agreement with the service recipient which outlines the specific role and responsibilities of all care providers (see attached for example).

When the Home Healthcare Agency initiates services, they complete a nursing assessment; however, they also complete an assessment with each visit, a “visit form”, (except for visits limited to medication administration). The Home Healthcare Agency completes a 485 form (Doctors Orders) every 60 days. The Home Healthcare Agency nurse will provide a copy of that form to providers upon request.

**9) What is the required documentation for compensation for HCC?**

- a) Must document the delivery of services for each date of service
- b) The documentation must include:
  - date of service,
  - the start time and end time of the service for each date,
  - a signature of the person providing the service,
  - documentation of the reason for the service,
  - the outcome
  - follow-up actions.
  - For individuals who hire their own provider directly, the employer of record (individual or family) must sign the time sheet to verify the provider worked the hours reported on the time sheet and provided the support noted in the service documentation.

**10) What is the required documentation for clinical care for HCC?**

The RN providing HCC should complete quarterly assessments, fall assessments, if indicated, self-medication assessments, and the Health and Safety assessment, focus nurses notes.

**11) What steps does the team take if someone is believed to meet criteria for HCC?**

Planning and support teams may recommend Healthcare Coordination for individuals who are eligible based on their LON (Level Of Need) scores. The case manager will request the HCC service through PRAT (Planning & Resource Allocation Team)

**1. The team must**

- a) Revise or update the person’s Individual Plan (IP) to include the need for an IHS Nursing Health and Safety Assessment, Fall Risk Assessment, and any other necessary nursing assessments, in the Assessment section of the plan.
- b) Include the individual’s need and objective for the service in the IP Action Plan. The individual’s need should be documented in the Health section of the IP2 Personal Profile. An objective for obtaining the IHS Nursing Health and Safety Assessment and an objective for the Case Manager to request HCC services from PRAT should be entered into the IP5.
- c) Once approved, ensure that Healthcare Coordination is included 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. A new objective can be entered into the IP or included in a person’s 6 month IP Progress Review form.

- d) Submit a request to Regional PRAT committee for HCC hours based on LON score.

LON 4-6 – 24 hours (annual)  
LON 7-9 – 36 hours (annual)  
LON 10-14 – 48 hours (annual)

## **2. The RN Healthcare Coordinator will**

- a) assess the person's need for the service and based on the authorized amount of service in the IP,
- b) develop an integrated healthcare management plan for the individual and his/her support staff to implement.
- c) Communicate changes in condition/care delivery needs to the treatment team and to the qualified agency provider in the manner established by these two entities.
- d) Provide written documentation via nursing assessments, nursing notes or reviews of care rendered.

### **12) How do we ensure the individual's needs are being met?**

It is the responsibility of every member of the care delivery team to ensure the health and well-being of the individuals served. The team, coordinated by the case manager, makes sure HCC is prescribed in the plan and is consistent with the needs of the individual.

The RN providing HCC is responsible for providing the specific HCC tasks based on the needs of the individual. The provider agency is also accountable for the total well-being of the individual. The provider agency and the HCC provider must clearly outline who is responsible for the specific elements of care. This is especially important if the HCC is not provided by a nurse employed by the private agency. It is imperative that each entity clearly outline the method for information sharing and the frequency for which communication should occur. The minimum frequency should be at least the six month review and the annual IP.

### **13) What are the quality controls to support this change?**

DDS is currently considering the most effective method for quality assurance monitoring for this service.

### **14) HCC is such a small component of the services provided, why are we focused on HCC?**

Due to the changes in rate setting and the unbundling of nursing from programming services, DDS projects a significant increase in the use of HCC.

### **15) What do you do if more HCC hours are needed due to a change in condition?**

- a) Additional short term non-annualized hours (1x) over the reserve and emergency hours can be authorized by-resource management.

- b) Hours that exceed the annualized authorization must be submitted to PRAT and the provider will receive additional non-annualized hours for the year. No authorizations for hours over the LON hours are to be submitted to URR (Utilization Resource Review).
- c) If PRAT recommends denial of the request it will be sent to the Central Office Waiver Policy and Enrollment Unit for a decision.

***(Case managers assist families in each of these processes)***

**16) What is the Safety Net rate?**

The Safety Net rate is a monthly amount available only to private providers that provide IHS supports to an individual living independently on their own. The safety net rate is paid as long as a unit of IHS support was provided for the month. The Safety Net rate is to reimburse providers for:

- a) Providing 24 hour (on-call) accessibility of staff.
- b) Providing emergency supports.
- c) Maintaining an individual's entitlement funding and Medicaid benefits, etc.
- d) Assisting in maintaining adequate housing.

**17) Can we use the safety net to cover assessments completed for HCC?**

For the individual receiving IHS, the provider is responsible for making sure all necessary assessments are completed regardless of the LON score and regardless of whether the individual has HCC. If the individual does not have HCC, the assessment are completed through a variety of options, including contracted nursing agency, agency employed RN, the primary care provider etc. If the individual has HCC, the provider may choose to have the HCC complete these assessments. If the assessments are completed through the HCC waiver service, payment for this service can be paid out of the safety net.

**18) How will nursing hours be reimbursed?**

Providers will be issued a contract service authorization for Healthcare Coordination. The providers will input the service hours into the WebResDay on-line attendance program. The reimbursement will be included in the monthly contract payment process.

**19) If a medical appointment needs to be done and it is several hours over the planned hours, would that be reimbursed through the safety net?**

No, Staff that accompany participants to medical appointments are providing direct care and should be billed at the IHS rate for the total number of hours provided to the individual.