

ADvantage Point

September 2011



Aging Services Division
Oklahoma Department of Human Services

ADvantage Administration Unit

Upcoming Events

■ Case Management Trainings:

October 10-14

November 14-18

December 5-9

www.okdhs.org

S11083

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People First Language

Individuals who are older or have disabilities deserve respect for the sheer fact that they are people. People First Language identifies the person first. If the disability is relevant (usually in a medical setting) describe the disability last. A disability is simply a description of a medical diagnosis that will aid an individual in obtaining services that he or she may need. The disability is used to describe what a person has and is not used to describe the person.

The use of labels:

- Discriminates against, stereotypes, and devalues an individual
- Creates stigma that an individual is incapable of caring for themselves
- Promotes images that an individual is incompetent
- Encourages thoughts that an individual needs to be pitied, feared, or ignored
- Limits the description of a person

- Does not convey an individual's goals or capacity for achievement
- Encourages low expectations of an individual

The use of People First Language:

- Focuses on the person
- Emphasizes an individual's ability
- Views a person as a mom, dad, son, daughter, sister, brother, teacher, neighbor - not a disability
- Portrays individuals in a respectful and positive manner
- Views individuals as active Members of the community
- Communicates and reports on disabilities in an objective way

When using People First Language, we avoid using negative words that insinuate a person should be pitied. Examples of negative words are "victim of," "suffers from," "afflicted with," or "unfortunate." We should also avoid words such as "bound" or "confined." An individual is not

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tied to a wheelchair. A wheelchair provides the person with the freedom to be mobile. People First Language helps us recognize that individuals who are older or have a disability are ordinary people with hopes, dreams and goals.

Examples of People First Language:

- A person with a disability or a person
- A person who has a hearing impairment
- A person who uses a wheelchair
- An individual with an intellectual disability
- A person who communicates with a device
- An individual who walks with crutches

Kathie Snow at www.disabilityisnatural.org has written extensively on this subject. "People First Language puts the person first before the disability and describes what a person has, not what a person is." To make her point she ask, "Are you myopic or do you wear glasses? Are

you cancerous or do you have cancer?"

When you grow older or if you become disabled, how would you want people to describe you? Please be cognizant of the language used to describe people with disabilities and become an advocate for People First Language. 🌸

The International Council on Active Aging recently launched its "Changing the Way We Age® Campaign" to focus "on shifting society's perceptions of aging, and taking action to overturn stereotypes and encourage more positive, realistic views of aging." Read more about the ICAA's campaign and guidelines for effective communication with older adults at www.changingthewayweage.com

2011 Senior Day at the Capitol

The OKDHS Aging Services Division hosted its annual Senior Day at the Capitol on Feb. 28. About 450 seniors and advocates for the aging and disabled gathered at Oklahoma's state capitol building. They filled the chambers and gallery of the House of Representatives to capacity while the crowd's overflow viewed the impressive list of presenters on closed-circuit television from their representative's offices.

Opening remarks were made by Tim Hataway, chairperson for the State Council on Aging, followed by a heartfelt welcome from Rep. David Dank, R-Oklahoma City. The keynote speaker was Rev. George E. Young Sr., who serves as a Member of the Oklahoma Commission for Human Services. Esther Houser, state long-term care ombudsman, spoke on advocacy and Shirley Cox, ASD legal services developer, gave a legislative review of bills affecting aging and disabled Oklahomans slated to be heard this legislative session.

Rep. Sally Kern, R-Oklahoma City and Rep. Anastasia Pittman, D-Oklahoma City, also addressed the gathering. Rep. Jeannie McDaniel, D-Tulsa, attended the event in the House chambers. ASD Director Lance Robertson concluded the program.

Each speaker stressed the importance of helping aging Oklahomans achieve their goals of continued independence and autonomy. Afterward, seniors and their advocates met with legislators to discuss their views on legislative issues that could affect them.

Participants also had access to more than 20 exhibitors in the Capitol rotunda. Exhibitors included OKDHS Aging Services Division, Oklahoma Silver Haired Legislature, Mental Health Association of Oklahoma, Oklahoma State Council on Aging, Oklahoma Alliance on Aging and Legal Aid Services of Oklahoma, Inc.

Mark your calendars now for the next Senior Day at the Capitol on Feb. 27, 2012. 🌸

Member Spotlight: Leah Campbell

Leah Campbell is a natural-born trailblazer. In fact, she was riding horses at an age when most babies are resting comfortably in their cribs. Leah started riding horses at the tender age of two weeks and this lifelong trailblazing spirit has served her well.

Leah, who turned 33 in August, was born and raised in Altus. She was an active child who started losing her vision two weeks before her 11th birthday. At first, doctors thought Leah had Lyme disease and her vision fluctuated for the next eight months. At 15, she started having neurological symptoms and the following year doctors at the Mayo Clinic diagnosed her with a mild case of relapsing/remitting childhood MS.

Leah continued to seek more information about MS and spent years blazing trails to doctors across the nation. "When I was younger, I went to a slew of doctors trying to figure out what was wrong – a family doctor, pediatrician, pediatric neurologist, neuropathologist, pediatric immunologist, rheumatologist, Mayo Clinic pediatric neurologist, an adult MS specialist, an MS specialist in Memphis, Tenn., two MS specialists in San Antonio and an MS specialist in Oklahoma City who diagnosed me, 17 years later on May 31, 2006, with Devic's syndrome," she said.

Devic's syndrome, or neuromyelitis optica, is similar to MS and is named after Eugene Devic, one of the researchers who first identified the syndrome in 1894. According to the National Institute of Neurological Disorders and Stroke, neuromyelitis optica is "...an uncommon syndrome of the central nervous system that affects the optic nerves and spinal cord. Individuals with neuromyelitis optica develop optic neuritis, which causes pain in the eye and



Theresa and Leah Campbell

vision loss, and transverse myelitis, which causes weakness, numbness, and sometimes paralysis of the arms and legs."

Devic's Syndrome may have caused Leah's blindness and quadriplegia, but it did not stop her trailblazing spirit.

Leah was the first student with blindness to successfully graduate from Altus Public Schools and was named class salutatorian. She was a well-rounded student and very active in student council, the National Honor Society and Close-Up. She was on the Future Farmers of America officer team and served as a representative at the FFA Leadership Conference in Washington, D.C.

In the summer of 1994, Leah traveled to Lion's World Services for the Blind in Little Rock, Ark., to train in independent living skills. Afterward, she obtained her guide dog, Precious, from Pilot Dogs Columbus, Ohio.

Leah was the first student with blindness to attend Rhodes College in Memphis, Tenn. She graduated with a Bachelor of Arts in mathematics and a minor in business, maintaining a 3.24 grade point average.

"When I was younger, I went to a slew of doctors trying to figure out what was wrong ..."

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Leah still loves riding horses and is currently customizing her own equine therapy routine. In her free time she volunteers by answering a phone help line for people with disabilities. She enjoys helping others with challenges they encounter.

According to the NINDS, there is no cure for Devic's Syndrome, but there are therapies to treat an attack, reduce symptoms and prevent relapses. Leah is optimistic about her diagnosis. "Now knowing what I have, there is a treatment and I do chemotherapy every six months in an attempt to keep the disease from recurring," she said.

With the assistance of *ADvantage* services, Leah lives at home with her mom, Theresa, and her kitten, Topaze. "My *ADvantage* case manager Anita and aide Carol are awesome," Leah said.

Leah's mom is a full-time French and Spanish teacher at Altus High School. Leah's father, Don, is also a teacher and lives in Kentucky.

However, he plans to retire and return to Altus this summer. Leah's family also includes her half-brother, Pat, his wife and three children.

Leah knows a few things about blazing trails. Her advice to other *ADvantage* Members is to have patience and be persistent in seeking resources – advice she exemplifies on a daily basis.

Helpful links

Mayo Clinic: www.mayoclinic.com/
 National Institute of Neurological Disorders and Stroke: www.ninds.nih.gov/
 Lion's World Services for the Blind: www.lwsb.org/
 Pilot Dogs, Columbus OH: sites.google.com/site/pilotdogs/
 For more information about Devic's Syndrome: www.ninds.nih.gov/disorders/neuromyelitis_optica/neuromyelitis_optica.htm

Inside the AAU: Service Plan Authorization Unit

The Service Plan Authorization Unit focuses on the importance of Members receiving services in order to remain safely in their homes and active in their communities. The authorized service plan allows the Member to receive supports which empower them to live the life he or she chooses. The SPA Unit supports the case managers by reviewing the service plans to ensure accuracy and by authorizing appropriate and cost-effective service plans.

The SPA Unit consists of 13 team Members under the supervision of Lisa Reuter, programs supervisor. In addition to regular duties, five SPA team Members assist with CD-PASS service option plans and two assist with the Assisted Living service option plans. The SPA staff ensures the central components of an AD Service Plan are present, identify health and safety issues and verify legal requirements

of the plan. The SPA Unit is responsible for reviewing new service plans, reassessment plans, addendums and corrections. They also communicate with providers to answer questions or to cover service plans that are incomplete or inaccurate, making certain that the correct payor source and Service/HCCPC codes are identified for *ADvantage* Program paid services, durable medical equipment and supplies.

The SPA staff works diligently as a team to ensure service plans are processed within a five-day turn around time so Members may receive needed services. The SPA Unit's commitment is driven by their core values of Member-centered focus, mutual respect and support, competency, responsibility, detail-orientation, timeliness, efficiency, accuracy, team drive and staff/provider development. 🌿

AAU Team Spotlight: Lisa Reuter, SPA Programs Supervisor

Lisa Reuter and the ADvantage Service Plan Authorization Unit make a great team in assuring the health and welfare of ADvantage Members. She supervises 13 employees in the SPA Unit. Authorizing appropriate and cost-effective service plans is all in a day's work for Lisa and her team. She loves the people and providers she works with and constantly sings their praises.

Lisa's empathy is evidenced through her life and career choices. She started helping her mother with hospice at the age of 10 and continued until she was 16 and became a certified nursing assistant. Lisa's career path also includes working in a hospital as a skilled nurse in orthopedics, followed by five years as a physician's substitute at a plasma center. She has also worked in home health as a personal care assistant and as a home health branch manager for two years.

Because of her compassion and desire to help on a statewide level, Lisa joined the ADvantage Program in 2006 as a service plan clinical analyst and became a programs supervisor for the SPA Unit in 2008. Lisa says she was drawn to the ADvantage Program because of the compassion people have to help the Members and truly finds the job rewarding. She also works with Assisted Living Services option, is a contact for the Medically Fragile Waiver Unit and serves on the AAU safety committee.

Lisa was born and raised in Nebraska with two sisters and one brother. She moved to Tulsa in 2004 with her fiancé, Brannon, and her family. She has been blessed with two children, son Coty, 17, and daughter, Cortney,



Lisa Reuter started helping her mother with hospice at the age of 10. Her compassion and desire to help on a statewide level led her to become an ADvantage Program service plan clinical analyst in 2006.

14. Lisa has a strong sense of family and says her favorite thing to do is to spend time with her wonderful children and fiancé and just "chill." Lisa's belief in continuing education has led her to pursue a degree in nursing from Tulsa Community College. 🌸

In-Home Care Workers Have Heart

The 2011 Personal Care Assistant Conference, hosted by the OKDHS Aging Services Division, was held March 10, in Norman. The conference, supported by the sponsorship of many of our provider agencies, was held to recognize and honor hard-working personal care assistants for their incredible dedication, generosity and bravery in caring for, and providing services to, our aging and disabled population.

This year's conference theme was "In-Home Care Workers Have Heart." Lance Robertson, director of OKDHS Aging Services Division, opened the conference with a heartfelt welcome and remarks of appreciation for the meaningful work of all in-home care workers. Representatives from a variety of provider agencies attended including 87 in-home care workers.

Kelli Davidson, OKDHS Aging Services Division, served as chairperson of the conference and master of ceremonies for the awards presentations. There were 57 PCAs nominated for outstanding service to our Members.

Amy Miller and Karolyn Miller shared recognition and a \$300 cash prize as co-winners of the "Extra Mile Award." Camden Sparks and Rebecca Moore, both of Mays Plus, tied for the "Above and Beyond Award." Each received trophies and \$300. Darlene Smith of Sans Bois received \$500 and a trophy declaring her the "Best of the Best." Tracey Helms from Oak View Health Services was named 2011 "PCA of the Year." She received a trophy and a \$1000 cash award.

Terry Lynch, guest speaker, started the morning with "Above and Beyond: A Son's Thanks to Caregivers." Lynch owns the consulting business Strategies for Independent Aging and is the author of "But I Don't Want Eldercare!"

John Booker shared his expertise about the Direct Care Alliance, Inc.'s Voices Institute and state initiatives. Booker has been a CNA for more than 30 years and a Member of the DCA's board of directors since 2000. He is founding director of the National Association of Direct Care Workers of Color Inc., and founding

president of the Indiana Care Givers Association. He has also authored essays and editorials published by the National Clearinghouse on the Direct Care Workforce and Nursing Homes Long Term Care Management magazine.

Helen Hanson, a CNA and graduate of the DCA's Voices Institute, and Leonila Vega, Esq., a civil rights attorney specializing in elder and disability law, co-presented on national policy initiatives.

The afternoon presentations, "Meeting IHCW's Everyday Challenges," were given by Dr. Mac McCrory. McCrory is a principal partner in

Development by Design, Inc., an adjunct instructor at the Spears School of Business at OSU and author of more than 25 professional publications, including his newest book, "Fight the Good Fight."

The afternoon concluded with a panel discussion on "Finding Solutions for IHCW's

Outstanding PCAs

- Ida Eskew of Health Care Innovations Private Services
- Kathy Hargrave of Mays Plus
- Regina Kenieutubbe of Gentiva Health Services
- Brenda Mayes of Peters Agency
- Neva Harcrow, Stacie McDonald, and Vicky Janway of Med-Corp Plus
- Kathy Newton of Oxford Health Care
- Amanda Flynn of Little Dixie Home Health.

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Oklahoma ABLE Tech:

Oklahoma's Assistive Technology Program

Oklahoma ABLE Tech is a federally-funded statewide assistive technology program located on the campus of Oklahoma State University in Stillwater. ABLE Tech's mission is to improve the access to and acquisition of assistive technology for individuals with disabilities. There is a tremendous variety of assistive technology available today. ABLE Tech provides a way for individuals with disabilities, their family Members, service providers or other advocates to connect to assistive technology information, demonstrations and short-term device loans to compare a variety of devices before purchasing.

Individuals, their providers or advocates may visit or contact a device demonstration center located throughout the state. Information available at the centers includes:

- Hands-on exploration of assistive technology
- Information on the latest technology
- Low-tech solutions and adaptations
- Vendor sources

In addition to the demonstration center located on OSU's Stillwater campus, ABLE Tech also partners with several programs in Oklahoma City, Tulsa and Stillwater. Detailed information on device demonstration centers can be found on the Oklahoma ABLE Tech website at the end of this article.

ABLE Tech also operates a short-term device loan program that allows Oklahomans to borrow assistive technology at no charge.

The device loan program allows individuals and those assisting them to:

- Ensure compatibility between the device and user
- Have back-up equipment while waiting for equipment to be repaired
- Have a device while waiting for the arrival of new equipment

The device loan duration varies from two to six weeks. Assistive devices are available for hearing, vision, education, recreation, communication, computer access, aids for daily living and environmental adaptations. A complete inventory of equipment available for loan may be reviewed on the ABLE Tech website linked below.

Other services offered through ABLE Tech include:

- Equipment exchange website, The Oklahoma Equipment Exchange, where individuals may list assistive devices they no longer use and wish to sell or give away
- Low-interest bank loans for the purchase of assistive technology through BancFirst
- Information on assistive technology by calling a statewide, toll-free number 1-888-885-5588, www.ok.gov/abletech

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Everyday Challenges" with Rep. Joe Dorman, D-Rush Springs; Patty Holderman, LCSW; Laree Reidenbaugh, OKDHS; Tom Dunning, ASD programs administrator, Home and Community Based Services, OKDHS; and Direct Care Workers Alliance Members Vega, Hanson, Booker and Lynch.

The 2011 conference recognized all of Oklahoma's in-home care workers for truly having a heart for our aging and disabled population. While it is hard to imagine how this year's conference will be outdone, it is certainly with great expectation that we look forward to the 2012 PCA Conference. 🌿

36th Annual Oklahoma Conference On Aging, “Real World, Real Aging”

More than 1,300 seniors and professionals from across the state attended the 36th Annual Oklahoma Conference on Aging “Real World, Real Aging,” held May 10-12 at the Embassy Suites Hotel and Conference Center in Norman. The conference was hosted by the OKDHS Aging Services Division.

On May 10, adults age 60 and older participated in Senior Day, a free event, which started with a continental breakfast and included health screenings, chair massages, more than 20 workshops and lunch. Special guests OKDHS Director Howard Hendrick and Marjorie Petty, director of the U.S. Health and Human Services Region Six, gave remarks during the luncheon. Winners of the seniors’ poetry contest were also announced.

The Senior Day keynote speaker was Barbara Holmberg, wellness author, co-founder of Qi Life Coaching and nurse practitioner with 25 years of women’s health experience. Holmberg’s humorous topic was titled “Aging Gracefully, the Battle with Nose Hair.”

On May 11 and 12, the conference’s Professional Days featured sessions for experts in aging, health and social services, students, advocates, state officials and corporate representatives. Workshop session topics ranged from caregiving and senior rights to healthy aging, mental health, community living and professional development. Jim Miller, columnist and creator of “Savvy Senior,” a media/information service devoted to baby boomers, senior citizens and the families who support them, was keynote speaker for Professional Days. His topic was titled “Good Things for Seniors.”

The conference included a Senior Resource Fair with more than 60 exhibitors, a film festival and the 2011 Achievement in Aging awards.

Poetry Contest Winners

Women’s Division:

- **First place**
Lou Ann Carey, Vian
- **Second place**
Marjorie Hobbs, Marietta
- **Third place**
Delvine Nally, Tulsa
- **Honorable mention**
Patricia Cooper, Duncan

Men’s Division:

- **First place**
Glen Burkhalter, Granite
- **Second place**
Cecil Phillips, Broken Arrow
- **Third place**
Ancil Simmons, Bernice
- **Honorable mention**
J.W. Brantley, Broken Bow

2011 Achievement in Aging Awards Recipients

- **Outstanding Program**
Love and Marshall County RSVP
Marietta
- **Outstanding Professional**
Marie Trenary
Ponca City
- **Lifetime Achievement in Aging**
Rachel Boggess
Edmond
- **Lifetime Achievement in Aging**
Judy Leitner
Oklahoma City

ASD's Redetermination Unit for Medical Eligibility

The Redetermination Unit is part of ASD's Home and Community Based Services. Staff includes:

- Maggie Mugg, nurse programs assistant administrator
- Kim Sanders, administrative assistant
- Rhonda James, area nurse
- Deborah Robison, back-up area nurse and nurses:
 - Carolyn Kitchens
 - Lisa Watson
 - Jennifer Parker
 - Sherry Vaughn
 - Lien Truong
 - Becky Wingard
 - John Wedel

Redetermination Unit nurses review each annual reassessment (UCAT Part III) completed by Oklahoma case managers for level of care medical eligibility. This performance measure is a CMS requirement in order for Oklahoma to maintain and continue providing the *ADvantage* Waiver Program. The Redetermination Unit nurse reviews the UCAT Part III to determine if the documentation supports the case manager's recommendation and assigned scores. The documentation is then compared to OAC 317:35-17-2 criteria to verify Nursing Facility Level of Care medical eligibility.

If the Redetermination Unit nurse cannot make a recommendation based on the UCAT Part III, additional information or clarification may be requested from the case manager. Cooperation and prompt reply (within 72 hours) from the case manager will facilitate the least possible disruption in the process. However, if the UCAT Part III does not support a recertification finding and adequate additional information cannot be obtained from the case manager, the only option for the Redetermination Unit nurse is to recommend denial for the *ADvantage* Program and request the local OKDHS nurse go back into the home to reassess

and complete another UCAT Part I and Part III. The local OKDHS nurse makes a recommendation to the area nurse who makes the final decision based on OAC 317:35-17-2.

The OKDHS Aging Services Division wants to ensure every Member who meets eligibility remains in the *ADvantage* program. Thorough and accurate documentation by the case manager supporting the assigned scores and recommendation is imperative. Not everyone will meet Nursing Facility Level of Care requirements and may be referred for other services such as the State Plan Personal Care Program. Additionally, it is critical that the UCAT Part III reassessment is received at AAU in a timely manner to allow sufficient time for level of care verification prior to the end of the current certification period. Many people will utilize the assessment long after it is

completed and submitted to AAU. The UCAT Part III must paint a comprehensive picture of the Member including his or her supports and needs. It also paints a picture of the case manager's efforts to assist the Member to remain healthy, safe

and as independent as possible in the community.

To assist the case manager in completing the UCAT Part III with the required information, the UCAT Assessor Manual was revised in May. It will soon be available on the AAU website and is available now via email request to Kim Sanders at Kim.Sanders@okdhs.org. UCAT assessor refresher training will also be offered around the state for case managers. The first training was held in Enid on July 14. For information or registration, contact Donna Munyon at Donna.Munyon@okdhs.org or Debra Robison at Debra.Robison@okdhs.org. Refer any questions to Rhonda James, R.N., HCMN III at 918-776-8090. 🌸

"The UCAT Part III must paint a comprehensive picture of the Member including his or her supports and needs."

Case Management Units: Billable vs. Non-Billable

As a case manager you may have asked, “How do I know which case manager activities are billable?” Case managers perform multiple levels of assistance to our *ADvantage* Members every day. While most of these activities are billable, some are not. The AAU has experienced a sharp increase in Service Plan Addendums requesting additional Case Management units which prompted our clinical staff to take a close look at case manager progress notes. We would like to share our findings but first let’s review some basic policies regarding case management services:

OAC 317:30-5-763 states the following:

Services included in the *ADvantage* Program are as follows:

(1) Case Management.

(A) Case management services are services that assist a Member in gaining access to medical, social, educational or other services, regardless of payment source of services, that may benefit the Member in maintaining health and safety. Case managers initiate and oversee necessary assessments and reassessments to establish or re-establish waiver program eligibility. Case managers develop the Member’s comprehensive plan of care...Case managers initiate the addition of necessary services or deletion of unnecessary services, as dictated by the Member’s condition and available support. Case managers monitor the Member’s condition to ensure delivery and appropriateness of services and initiate plan of care reviews...

(B) Providers may only claim time for billable case management activities described as follows:

(i) A billable case management activity is any task or function defined under OAC 317:30-5-763(1)(A) that only an *ADvantage* case manager because of skill, training or authority, can perform on behalf of a Member;

(ii) Ancillary activities such as clerical tasks like mailing, copying, filing, faxing, drive time or supervisory/administrative activities are not billable case management activities, although the administrative cost of these activities and other normal and customary business overhead costs have been included in the reimbursement rate for billable activities.

In summary, the only billable activities are ones that are the core functions of case management including assessment, planning, implementation, monitoring and reassessment. Billable case management activities must be related to services which directly benefit the Member.

Some problem areas were identified during the clinical review of case manager notes. The following were found as examples of non-billable activities and billable activities determined to be excessive units, not eligible for reimbursement.

Non-billable: Units billed for chart audits, chart reviews, etc. These activities are considered administrative and are included in overhead costs. The case manager is expected to review the chart at the time of each monitoring call or visit in an effort to determine that appropriate services are in place.

Non-billable: Billing for time required to correct errors in Service Plan development or certification requests whether requested by case manager supervisor or AAU.

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Non-billable: Time billed for visits/phone calls with Member or family that are unrelated to Member's Service Plan.

Excessive: Multiple brief phone calls completed on the same day but billed at one unit each with additional time billed for documentation of each call. Call time plus documentation time should be combined to reflect total number of units i.e., four calls at seven minutes per call would be billed as two units.

Excessive: Lengthy visit forms completed by case manager during monitoring visits followed by lengthy narrative progress notes with time billed for both activities represents duplication of activities and units billed. Narrative notes often reflect the use of "template" or "copy and paste" type of documentation.

Excessive: Multiple units billed for completion of monthly "high risk summaries, high risk conferences" specifically on Members that are questionably high risk.

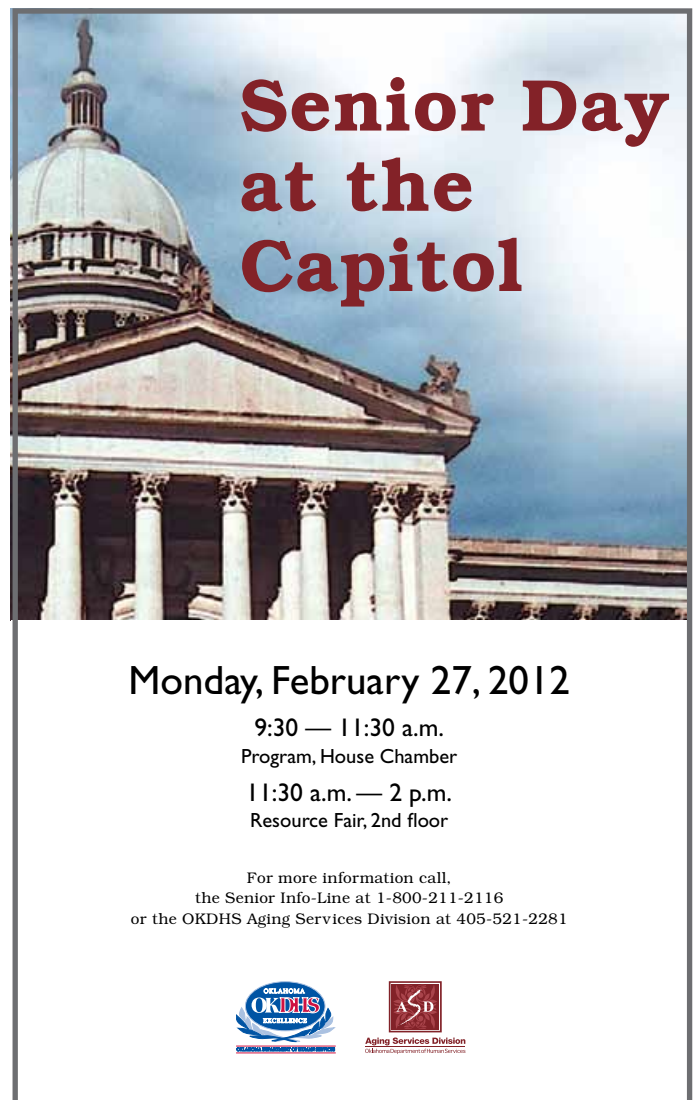
Excessive: Agencies that "require" case managers to make monthly home visits to every Member regardless of Member status. Per *ADvantage* Case Manager Standard Number 11 "the case manager monitors the Service Plan based on the community potential and health status of the Member." Every Member may not require nor desire to have a monthly visit. Monthly phone calls with quarterly home visits may be very appropriate for some Members.

Excessive: Billing for weekly home visits following a change in status is certainly appropriate, however billing for continued weekly visits for the same Member long

after documented stabilization is considered excessive.

Excessive: Multiple units billed for review of 6gs; numerous units billed for completion of an ADv9 (Provider Communication form), i.e. one unit billed and then an additional unit billed for documentation of these activities.

As always, each and every one of us is responsible for ensuring the appropriate use of Medicaid dollars. It is the responsibility of each case manager to use billable units wisely and appropriately. 🌿





**Senior Day
at the
Capitol**

Monday, February 27, 2012

9:30 — 11:30 a.m.
Program, House Chamber

11:30 a.m. — 2 p.m.
Resource Fair, 2nd floor

For more information call,
the Senior Info-Line at 1-800-211-2116
or the OKDHS Aging Services Division at 405-521-2281

The Paper Trail: Copies Only Please

Contrary to best practice procedures, providers continue to submit original documents to the AAU. Referencing the Provider Information Bulletin #CM-06:30 issued on June 26, 2006 and effective on July 1, 2006, the AAU would like to remind providers to submit only copies of *ADvantage* documents to the AAU.

Provider agencies are the designated recordkeepers of the Member's master file and all original documents signed by, and/or pertaining to, the Member should be housed in the provider's file. Provider agencies' files are auditable and could receive demerits for missing or illegibly copied documentation.

When sending documents to the AAU, it is preferable that providers submit no later than second-generation copies, since a document becomes exponentially more difficult to read when copied or faxed more than twice. When the document arrives at the AAU, it is scanned into disc imaging. The scanned image is only as legible as the document from which it was scanned.

It is the current expectation that documents submitted to the AAU either be mailed or hand-delivered. Priority service plans can be faxed if clearly indicated on the document as a priority and legitimate justification is attached. Please keep in mind when faxing a document, the legibility of the document suffers from yet another generation of copying and anything highlighted on the document will print from the fax as solid black and cannot be read. Thank you for your attention to these details. ❁

Tips for sending documents to AAU:

- **Send copies only - original documents stay in the provider's file**
- **First-generation copies (copy of original) are preferred**
- **Second-generation copies (copy of copy) are acceptable if clearly legible**
- **Mail or hand deliver documents to AAU**
- **Priority service plans can be faxed if they are a priority and justification is attached**
- **When faxing, use legible documents without highlighted text**