Member Spotlight: JoAnn Rose

JoAnn Rose’s lifelong vocation was law enforcement. Now, she enjoys a much more tranquil life in McAlester watching old movies, preferably westerns, hopefully one starring the Duke, or the television series “Gunsmoke.” She loves to be in the kitchen trying out a new recipe, or in the garden potting flowers, although she now tires much more easily and is more limited in these activities than she once was. Rose said, “I raised three boys, and they liked to eat a lot, so I cooked a lot!”

Her sons are William, Robert and Bert, in that order. William and Robert still work full-time in a neighboring community, while Bert lives nearby in McAlester. All three visit regularly and provide informal support to Rose. Bert helps transport her to doctor appointments as needed.

Rose lives with her well-behaved little white dog, Sugar, of the “Heinz 57” variety.

Rose has received services through the State Plan Personal Care (SPPC) program since 2009. Her personal care assistant helps with things like meal preparation, housekeeping, laundry, errands, and personal care. When Rose began the SPPC program five years ago, she received about

(Continued on page 2)
Member Spotlight

Continued from page 2

seven hours of assistance per week. As her needs changed, her service plan hours increased to meet her needs. She currently receives 12 hours of care each week.

When her care needs began to increase, Rose’s DHS nurse, Wanda Furney, told her about the ADvantage program. Recently, Rose was evaluated for service eligibility and approved for enhanced services under the ADvantage program, and will be transitioning to ADvantage services with the help of her case manager.

Editor’s note: Joann Rose passed away June 21. We honor her memory.

Team Spotlight:
Wanda Furney, RN

As the theme of this quarter’s newsletter is focused in part on the State Plan Personal Care (SPPC) program, it seems most appropriate that the Team Spotlight article would be about that program’s leader, Wanda Furney, RN. Furney is a health care management nurse (HCMN) III for DHS and currently serves as the area nurse supervisor for the State Plan Care Unit (SPCU) of Aging Services’ Medicaid Services Unit. That is where Furney is now, but certainly not where she started.

Furney attended Eastern Oklahoma State College in Wilburton, Oklahoma, where she graduated in 1988 with an associate degree in nursing. She started her caregiving career working in the emergency room at the McAlester Regional Health Center. She was employed

(Continued on page 3)
Team Spotlight
Continued from page 2

as house supervisor, assisted the dialysis unit, and the endoscopy unit.

Furney began her career with DHS in December of 1998 as a HCMN-II with Region 3 of Developmental Disabilities Services (DDS). During her tenure with DDS she served on the committee that developed the very first set of Standard Operating Procedures for the nursing team. She also provided home visits for assessment of DDS members, provided training to agencies, completed PASRR assessments, and even completed audits of provider agency services and care.

Then, in April 2001, Furney joined Aging Services as an HCMN-II long-term care field nurse based in Pittsburg County. Part of her responsibilities included conducting medical eligibility assessments of applicants for the ADvantage program, SPPC program, and Medicaid long-term care in nursing facility. She also served as case manager of her SPPC members, writing their care plans, and making their 180 day visits for monitoring. In 2011, Furney was promoted to the position of HCMN-III as she accepted the role of area nurse supervisor.

In July 2013, Furney joined the team piloting the State Plan Care Unit (SPCU) in the role of area nurse supervisor to assist in the development of the unit and its team. The SPCU transitioned from pilot mode in September 2013. The purpose for the development and implementation of the SPCU is to provide better structure and consistency for the SPPC program. Furney stated, “With the aging population growing in Oklahoma and need for services increasing, this change was necessary to ensure needs continue to be met.” She said having a centralized email address and fax number has been beneficial for providers. Furney is quick to point out that the successes the SPCU is having should be directly attributed to its staff:

- Ann Hicks, RN HCMN-II
- Deborah Jordan, RN HCMN-II
- Carol Casey, RN HCMN-II
- Eva Deaton, RN HCMN-II
- Debbie Patterson, RN HCMN-II
- Debbie Riggs, RN HCMN-II
- Jacque Haskett, RN HCMN-II
- Debra Morris, RN HCMN-II

Furney lives in the country outside of McAlester with her husband of 38 years. They raise cows, and they also own and operate a business that provides plumbing, heat and air, and electrical services, and have done so for the past 34 years. Furney has firsthand experience as an informal caregiver for her mother, who turns 95 this September and continues to live independently on the adjoining property.

Furney and her husband have raised two daughters. One of them is an OSBI agent and the other a dental hygienist. They enjoy attending their twin 8-year-old grandsons’ baseball games. Furney is a Red Cross and Medical Reserve Corp volunteer, and she serves as secretary and scholarship chairman for her high school alumni association. Recently, Furney has acquired and enjoys riding her Harley Davidson trike.

“With the aging population growing in Oklahoma and need for services increasing, this change was necessary to ensure needs continue to be met.”

— Wanda Furney, on development and implementation of the SPCU
Inside the MSU: 'State Plan Personal Care'

With daily operations and oversight by the Oklahoma Department of Human Services (DHS) Aging Services’ Medicaid Services Unit, State Plan Personal Care (SPPC) is a Medicaid program that assists individuals with their daily living activities at home. A personal care attendant assists the Member with tasks like bathing, grooming, getting in and out of bed, toileting, meal preparation and light housekeeping.

Individuals apply for SPPC benefits through their local DHS office. Eligibility for services is determined by evaluation of income (based upon maximum income, resource and payment standards) and upon the individual’s current physical condition. SPPC services are available to persons of all ages who qualify financially and medically.

Today’s SPPC program originated from different programs within DHS and has undergone many changes in its evolution to the current Medicaid-funded program within DHS Aging Services. 

- In March 1970, the Non-Technical Medical Care (NTMC) program was established for the medically needy in the Medical Unit of the DHS Family Support Services Division (FSSD).
- In 1977, the Home Maintenance Aid (HMA) unit was created in FSSD to assist categorically needy families and individuals needing assistance with daily living tasks in order to maintain a home.
- In 1984, the HMA unit was moved to the Support Unit of the newly-created Aging Services Division (ASD) while NTMC remained in the FSSD. Although housed in ASD, HMA and NTMC continued to serve individuals in all age categories of eligibility, including those under 19 years of age.
- In 1998, NTMC joined ASD.
- In 1995, NTMC was renamed the Personal Care Unit.
- In 1999, FSSD, ASD and Field Operations worked together to transition all remaining HMA Members into the ASD Personal Care Unit, subsequently referred to as State Plan Personal Care. These services were coordinated by each county nurse who worked with the multiple provider agencies contracted to

(Continued on page 5)
Inside the MSU *
Continued from page 4

provide services in each county. The provider agencies initiated services from care plans that were developed by the DHS nurse.

• In 2004, reforms were implemented to comply with the Oklahoma Home Care Act changes. The agency service model transitioned into the Service Authorization Model (SAM) moving the care plan development to the provider agencies selected by the Member to provide services.

• In November 2012, Aging Services Director Lance Robertson announced the merging of the HCBS Unit with the ADvantage Administration Unit (AAU) under singular leadership.

• In May 2013, Megan Haddock assumed the role of Medicaid Services Director. In preparation for the increased need for services from the “Baby Boomer” generation, Aging Services’ leadership began looking at options to optimize the state’s resources.

• SPPC services were moved from the individual county nurse coordination into a centralized unit called the State Plan Care Unit. This specialized unit was created in September 2013 to provide better communication, improve case processing and facilitate services to members.

In 2015, the Oklahoma Department of Human Services will celebrate its 45th year of providing in-home services to categorically needy individuals and families.

Expanding Services

Assisted Living Service Option

North County Assisted Living in Collinsville, Oklahoma, has completed the ADvantage contract process and has accepted its first ADvantage Member resident. An Assisted Living Case Management training is being planned for August in Tulsa.

To serve Members seeking the ADvantage Assisted Living Service Option, or who are currently living in a contracted ADvantage assisted living, you must have an assisted-living-certified case manager and an assisted-living-certified case manager supervisor to serve these members. If you do not currently have assisted-living-certified staff, the case needs to be transferred to an agency that does. The ADvantage Administration is unable to process any service plans or addendums for agencies that do not have certified staff.

CD-PASS Service Option

Ten counties were added to the Consumer-Directed Personal Assistance Services and Supports (CD-PASS) service option area in March, making it available in 19 counties. Additional expansions are planned for fall 2014, with plans to expand statewide by 2016. The targeted counties for the fall expansion are: Atoka, Bryan, Choctaw, Coal, Latimer, Leflore, McCurtain, Pontotoc and Pushmataha.

The specific date of the next expansion and all associated Consumer-Directed Agent Certification training events for case managers will be announced by ADvantage bulletin. A full listing of current counties served can be viewed at http://www.okdhs.org/programsandservices/aging/adw/docs/cdpas.htm.
Closures, Reactivations, Suspends and Resumes

The terms “suspend,” “closure,” “resume” and “reactivation” may sound similar, but in the ADvantage world they have very different meanings. The information below is meant to clarify these ADvantage terms and to supply you with the information you need to ensure you are communicating with the AA effectively.

Closures — A Member’s case can close for a variety of reasons. These include financial and medical ineligibility, which are determined by DHS; voluntary withdrawal by the Member; long-term care or intermediate care facility (ICF) nursing facility placement; case manager unable to locate the Member; Member moved out of the state; Member or Member’s home is unsafe for the provider; death of the Member and other rare reasons. The AA does not determine when to close a Member’s case. Notifications of closures come from the case manager, county DHS social worker, DHS nurse or disenrollment committee.

When a case manager submits a Discharge Evaluation (Form 02CB015E/ADv15) to close a Member’s case, the form must be signed by the case manager. If requesting a closure due to the long-term care or ICF placement in a nursing facility, the case manager must list the name, location and telephone number of the nursing facility on the Discharge Evaluation. When submitting a Discharge Evaluation to report the Member is not able to be located, the case manager must list what they did to try locating the Member. When requesting closure due to the Member moving out of state, the case manager should list the Member’s new address and telephone number if known. Please note that we do not close a Member’s case due to moving within the state; we expect the case manager to coordinate a transfer of service to the area to which the Member is moving.

When a provider feels that a Member or Member’s home is unsafe for the provider, they need to report this to the AA. This will be looked into by the AA Escalated Issues team and be reviewed by the disenrollment committee if appropriate. In order for the AA to close a Member’s case due to the Member or Member’s home being unsafe, the request for closure must come from the disenrollment committee. When reporting the death of a Member, the discharge date listed on the Discharge Evaluation must be the actual date of death and not the date the case manager became aware of the Member’s passing. Other reasons for closure will be assessed as they arise.

The case management agency should be aware that just because they submit a Discharge Evaluation does not necessarily mean that a Member’s ADvantage case will close. The reason for the closure request may be referred to Escalated Issues to complete further research. The AA will also call and verify the status of a Member in a nursing facility. If the Member is in “skilled” status, the Member’s ADvantage case will not be closed.

(Continued on page 7)
Suspend and Resumes
Continued from page 6

Reactivations — When a Member who previously received ADvantage services is approved to receive ADvantage services again, the opening of the Member’s case is called a reactivation. There are several different types of reactivations. The type of reactivation is determined by how long the Member’s case has been closed. When a Member’s case has been closed for less than 30 days, the current service plan is reopened and the case manager notifies all providers to resume services. Any break in eligibility is reflected on the 6g. The case manager and all providers should pay close attention to the new authorized services dates and number of authorized units, as they may change due to a break in eligibility. When a Member’s case is reactivated after a Member’s case has been closed for more than 30 days, but less than 90 days, the Member’s T1016 Case Management, T1002 Nursing Assessment/Evaluation, and T1019 Personal Care services are reopened, but for only 30 days. The case manager must go out as soon as possible to conduct an inter-disciplinary team meeting (IDT) and submit an addendum for all needed services for the Member. When a Member’s case has been closed greater than 90 days, the reactivation is treated like a new case and a new service plan must be submitted by the case manager.

Suspends — Suspending and resuming services are different than case closures and reactivations. When a Member is not “living” in their home, a case manager should submit a Provider Communication (02CB009E/ADv9) to the AA and all providers notifying them that the Member is in suspend status and for the providers to suspend all services to the Member. The case manager should submit a Provider Communication to report the suspend status of a Member when a Member is in the hospital, inpatient rehabilitation, skilled nursing facility, or when the Member goes on vacation. When a Member’s case is in suspend status, the Member’s ADvantage case remains open, but providers should not provide services. Currently, the only exception to this is transitional case management services that are needed to ensure the Member successfully transitions back home from the hospital or nursing facility. It is critical that the case manager notifies the AA and all providers as soon as they are aware of the Member’s suspend status, to avoid billing and claims issues for providers. When reporting a suspension due to a nursing facility placement, the case manager must list the name, location and telephone number of the nursing facility on the Provider Communication.

If a Member has been listed as being in suspend status 90 days or longer, the Member’s name shows up on a report that is received bi-monthly at the AA. When this happens, the provider is sent a secure email that requests updated information on the Member. As soon as they are able, the case manager should submit a Provider Communication, Discharge Evaluation or Voluntary Withdrawal (Form ADv2), as appropriate, to update the Member’s status at the AA. If the Member status should remain as suspend status, this should be noted on a new Provider Communication. If the Member’s placement changed (for example, the Member discharged from the hospital but entered a nursing facility), this information should also be reported to the AA by means of a Provider Communication. Please note that the AA will not close a Member’s case when a Discharge Evaluation is submitted due to a Member being in the hospital over 90 days.

(Continued on page 8)
Suspending and Resuming
Continued from page 7

**Resumes** — As soon as a case manager is aware the Member has returned home, he or she is to submit the original Provider Communication reporting the suspension to the AA and all providers so they are aware to resume services. The case manager should update the form with the exact date the Member returned home, which may not be the date services resume.

We hope this information has been helpful to you and has answered questions you may have had. If you have additional questions, please contact Provider Question.

To obtain copies of the forms listed above, visit [http://www.okdhs.org/programsandservices/aging/adw/docs/formdirectory.htm](http://www.okdhs.org/programsandservices/aging/adw/docs/formdirectory.htm).

**Links**

- **02CB009**: [http://www.okdhs.org/NR/rdonlyres/02692EFA-44EA-45FA-A1CB-5D5A8404B3C7/0/02CB009E.doc](http://www.okdhs.org/NR/rdonlyres/02692EFA-44EA-45FA-A1CB-5D5A8404B3C7/0/02CB009E.doc)

---

**SAVE THE DATE!**

Being a GRANDfamily — a free conference for grandparents raising grandchildren and other relatives raising children.

Sept. 24, 2014
8 a.m.-3:30 p.m.
Crossings Community Center
2208 W. Hefner Road
Oklahoma City, Oklahoma

Visit [www.okgrandfamily.com](http://www.okgrandfamily.com) for more information and to register.
The old saying goes, “No job is finished until the paperwork is complete.” Here at the Medicaid Services Unit-ADvantage Administration (AA), we go one step further. No paperwork is complete until it has all the required signatures (and initials). Here are some important things to remember:

- Service Plan Cost Sheets (Form 02CB011E/ADv6e) and Service Plan Cost Sheet Addendums (Form 02CB012E/ADv6e1) must be signed by the Member, the case manager (CM) and the CM supervisor before they can be authorized by AA. If any of the three signatures are missing, the document will be set aside and the CM notified. Processing cannot begin until the signatures are obtained and the corrected documents transmitted to AA.

  Note: One exception to the above rule is that an addendum adding or increasing a service may be submitted and processed without the Member’s signature, but it will be conditionally approved pending obtaining the Member’s signature at the CM’s next home visit.

- Service Plan Cost Sheets and Addendums require the Member to initial and date the bottom of each page.

- Reassessment UCAT III’s must be signed by the CM completing the UCAT. A typed signature is not sufficient.

  Remember: Except for Provider Communication forms (02CB009E/ADv9), all ADvantage forms require the CM’S signature, most require the Member’s signature and many require the CM’s supervisor’s signature.

  The best rule to follow? If the form contains a signature line, obtain the appropriate signature!

To obtain copies of the forms listed above, visit http://www.okdhs.org/programsandservices/aging/adw/docs/formdirectory.htm.

**Links**

02CB011E: http://www.okdhs.org/NR/rdonlyres/7F07D99E-1D8D-455B-8B12-E8D5DCD068B7/0/02CB011E.doc
02CB012E: http://www.okdhs.org/NR/rdonlyres/3C18A7AB-EBCB-4CED-B8AB-1A724BF04FAE/0/02CB012E.doc
02CB009: http://www.okdhs.org/NR/rdonlyres/02692EFA-44EA-45FA-A1CB-5D5A8404B3C7/0/02CB009E.doc
Helpful Tips: Avoid SPRs - Part II

You have just received an ADv6g, and you see on it the dreaded words: “Not Authorized: See attached SPR.” This means more work for everyone and can lead to service delays. Wouldn’t you love to know the “secret” to receiving a “clean” ADv6g each and every time? This four-part series, based on the criteria used by the ADvantage Clinical Review team, is designed to help remove the mystery from service plan authorization.

In part one we gave handy tips on what is expected in service plan goals regarding disease management and personal emergency response systems (PERS). In part two, we describe what is expected to be addressed in goals for personal care, advanced supportive and restorative (ASR) assistants, and respite care.

1) T1019 Personal Care — Submit complete goals.
   - Include a breakdown of the tasks and their hours/units in a clear, neat and legible manner.
   - Ensure units requested on Cost Sheet equal the hours/units described in the goals.
   - Make certain the hours/units requested are appropriate amounts for the tasks being performed. For example, an 800-square-foot home would not usually require five hours of light housework per week.
   - If an unusual request is made, document its necessity clearly and concisely in the goals. For example, “Mrs. Jones is incontinent of bowel and bladder and has multiple accidents daily. She lives alone and due to her arthritis and cannot do her own laundry. For the health and safety of the Member, assistance is required with laundry three times per week, one hour each time.”

2) T1019TF ASR — Submit complete goals.
   - Include tasks with the hours/units and frequency listed for each task.
   - Include monthly oversight of the ASR aide by a G0154 ADvantage nurse on the Cost Sheet and in the goals.

3) T1005 Respite – Submit complete goals.
   - Identify 24/7 caregiver by name.
   - Explain the reason respite is required. Is it so the caregiver may attend personal or medical appointments that cannot be scheduled while the PCA is in the home? Or is respite needed to avoid impending caregiver burnout?
   - Include action steps for the Member, caregiver and respite aide to follow during respite. Note: ADvantage-paid respite is only for the Member’s caregiver who provides 24-hour safety supervision.

If you use this series of articles as a checklist before submission of Service Plans and Addendums, you will be on your way toward banishing those SPRs!
The Aging Services Quality Assurance Team recently begun publishing online the results of annual provider audits. After 10 years of data collection, the idea was posed that publishing audit results would empower Members to make an informed decision when selecting a provider agency.

During medical eligibility assessments, applicants are required to choose a home health and case management provider agency, or have the provider agency selected for them in a “round robin” process. The Members often ask the DHS nurse, who performs medical eligibility assessments, “Which agency should I choose?” To eliminate the perception of bias, DHS nurses are not allowed to provide their opinions or make recommendations of specific agencies. Prior to the publishing of the Provider Report Cards, word-of-mouth was the only form of research available to help Members select a provider agency.

Using other Web-based report cards as a template, such as the Reaching for the Stars day care report card and the Medicare Nursing Home Compare, DHS developed an online audit report card to allow the public to view provider agency audit scores. ADvantage Members can now make decisions based upon data collected by the Quality Assurance team.

The Provider Report Card webpage empowers Members to select the provider agencies that best fit their needs. The Member's right to choose is important and this new tool will give them the resources and information necessary to make an educated decision about provider agencies.

To view the Provider Report Cards, visit the ADvantage webpage at http://www.okdhs.org/programsandservices/aging/adw/, then click on the link under “Related Links.” There is also a link under “Online Services” on the Aging Services page.

**Links**

http://www.okdhs.org/programsandservices/aging/arc/default.htm
http://www.okdhs.org/programsandservices/cc/stars
http://www.medicare.gov/nursinghomecompare/