Upcoming Events

- Senior Day at the Capitol, Feb. 23, 2015
  [http://www.okseniorday.com/]
- 40th Annual Oklahoma Conference on Aging,
  May 5-7, 2015
  [http://www.okagingconference.com]

ADvantage Case Management Orientation Training

- March 9–13
- April 6–10
- May 11–15
- June 1–5
- July 6–10
- Aug. 3–7
- Aug. 31–Sept. 4
- Oct. 5–9
- Nov. 2–6
- Dec. 7–11

For more information or to register, contact Provider Questions via Smarter Mail, [https://aau.okdhs.org/Login.aspx]

MSU Regional Provider Training

- Reg. 3, Norman – Feb. 26
- Reg. 2, Lawton – Feb. 27
- Reg. 4, McAlester – March 5
- Reg. 1, Enid – TBD
- Reg. 5, Tulsa – April 22

To register for this training, visit [http://events.oucpm.org/advantage]

Member Spotlight:
Mildred Melson

The first thing you notice about Mildred Melson is her smile. It is that warm, inviting type of smile that sparkles in her eyes and brings dimples to her cheeks as she welcomes you into her home. Within minutes, it is easy to see why she has many friends that she has been close to for more than 50 years.

Melson was born 73 years ago in McAlester, Oklahoma, and except for four years spent in Pennsylvania in the 1950s she has lived her entire life in the Sooner State. “I didn’t

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2015 Senior Day at the Capitol

Senior Day at the Oklahoma State Capitol will take place on Monday, Feb. 23, 2015. This is a free event for older Oklahomans and professionals in the field of aging to:

- Learn about legislation and issues affecting older Oklahomans
- As constituents, share your ideas, needs and concerns with your state senators and representatives
- Visit with nonprofit and governmental agencies to learn about their services

Online registration ended Feb. 6. On-site registration is available. For more information, visit [http://www.okseniorday.com/].
like Pennsylvania,” she laughed, “too much snow and ice!” After Pennsylvania, she and her younger sister moved to Jenks with their mother and she has lived most of the time since then in close proximity to the little country-style house she now rents near downtown.

Melson went to school in Jenks, just two blocks from her current home. After her marriage, she and her now ex-husband ran a barber shop and lawnmower shop in town, with Melson helping out on the lawnmower side. But for most of her life, she worked as a nurse’s aide in nursing facilities.

“Back in those days you didn’t have to go to school to be a nurse’s aide,” Melson chuckled. “You hired on and learned the job as you went. Of course, that’s how I’ve always learned the best. All I had to do was watch and then I could do it myself. Now, of course, the aides have to go to school and be certified, but those of us who were already working for some time only had to go up to Oklahoma City and pass the test to get our certification.” Melson worked in nursing homes throughout Tulsa, Jenks, Bixby and Sapulpa; a career she followed for 40 years.

In the last decade of her mother’s life, Melson became her primary caregiver. They shared the home where Melson now lives alone. For many years, Melson worked full-time nights and cared for her mother during the day, until it became necessary for her mother to enter a nursing facility for physical therapy. Melson still spent time with her every day at the nursing facility. The Kirk of the Hills church built a ramp up to their front porch in the hopes that her mother would return home. Unfortunately, her mother passed away without ever coming back home to live. Now, as Melson’s arthritis worsens, she makes use of the ramp herself to bypass the steep porch steps.

Divorced for over 30 years, Melson never remarried. Laughing once again, she declared, “I had my mother to take care of. I didn’t need a man to take care of, too!” Even though she had no children of her own, she has a large and close-knit family. “I helped my sister raise her two girls. I now have four grandnieces and nephews, and one great grandnephew.” She also has one remaining aunt and “cousins all over the place.” She visits with friends and family multiple times every day, most often by phone, and her landlord (one of those 50+ year friendships) is always nearby, ready to lend a hand or take Melson shopping or to the doctor.

Melson has always loved crafting of all types, and now spends much of her free time making items to sell at Christmas or for her landlord to sell at an annual craft sale in July. She displayed a beautiful wreath made of fabric scraps and a “snow baby” that was in process. Her biggest selling items, she said, are her snow babies and snow queens; 8-12-inch figurines she creates out of Styrofoam shapes and canning jars covered in quilt batting. She also loves to crochet. Due to her arthritis, she cannot do as much as she used to, but she still crochets potholders as gifts and for sale.

Melson’s large country kitchen shows evidence of how much she still loves to cook and bake when she can. She learned to cook from her mother, who for many years cooked at a local restaurant. “I’ve never learned to cook for one. When I get hungry for my mother’s kind of food, I’ll throw on a pot of beans and make a pan of cornbread and a skillet of fried potatoes and then end up eating it for several days until I’ve had enough. I can’t cook every day. Nowadays, most often when I do start a project in the kitchen my aide has to finish it up when she comes.”

The aide she speaks of is her ADvantage PCA, who has been with her from day one, eight years.

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ago. Melson first heard of the ADvantage program almost 10 years ago from a friend who was receiving services. “It took me nearly two years to get on the program, but I’m glad I did.” When the new Conflict Free Case Management Rule went into effect and Melson had to make a change, the choice was easy for her. “I liked my old case manager just fine, but I had to keep my aide. She’s been with me from the start and she knows my ways.” Her new case manager “is just great!” Melson declared. “She talked me into getting this,” she said as she pulled her PERS necklace out of the neck of her blouse, “and got it for me from ADvantage. I feel safer now, knowing if I fall again I won’t have to just sit here until somebody comes to check on me.”

Her advice to those thinking about the ADvantage program? “If you need it, get it! Even if you only need a little help, apply and see what happens.”

Melson said she only needed a little help when she first started out. She just couldn’t “keep up with things” the way she used to, so her aide came out once a week to help her clean house. “The longer I have been on ADvantage, the more I have needed. I’ve had both knees replaced; I’ve had cataract surgery; and my arthritis has gotten worse. I have had a lot of falls. Talk to your case manager and as you need more help; they will get you more help.” Her aide now comes six days a week and helps her with personal care, laundry and meal preparation, as well as the housework.

“Without ADvantage, I’d be in a nursing home now; there’s nobody who could come take care of me like my aide from ADvantage does.”

Team Spotlight:
Rhonda James, RN

Rhonda James, RN, HCMN III, is the area nurse for the Redetermination Team with DHS Aging Services. She is responsible for maintaining CMS requirements and state compliance concerning the annual redetermination of medical level of care for Members in the ADvantage Program. She supervises a professional nursing staff of six HCMN IIs. James began her nursing career in 1988 with ICU, surgery and ER. She went from operating room supervisor in the hospital to the new thing of the early 1990s: Medicare home health. She was an RN case manager and later became co-owner of a Medicare agency that continues to serve Oklahomans today. She started with DHS in 1999 and worked as an HCMN II until promoting to area nurse with the Redetermination Unit in August 2009.

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James has a passion for the elderly and thinks everyone should have the opportunity to live out life at home for as long as is safely possible. She shared her home and was primary caregiver for many years to her 101-year-old nana until her recent admit into a nursing facility. James continues to share her home with her 72-year-old mother, her 22-pound American Bobtail, Diego, and Brussels Terrier, Tinker Bell. She believes in her heart that nursing is a gift of healing and her hope is to inspire others to be and do the best they can both in their personal and professional roles. James insists on being an efficient and productive nurse and helps MSU-AA with training new certified case managers. She loves to teach, especially if she has a captive audience. She loves life, laughter and wants to be an inspiration and positive person to others. Her expectation is to retire with honors from DHS.

Expanding Services:
CD-PASS and Assisted Living

The most recent expansion was completed Nov. 1, 2014, increasing the number of counties where CD-PASS service option is available to 28. Plans are underway to expand to all remaining counties by mid-year 2016. The next expansion group (date to be determined) will be the remaining 29 counties in DHS Regions 1 and 5, which cover the northern half of the state. Expansions will be released by provider updates to providers in the affected counties, along with registration information for training days available to case managers preceding each expansion group.

Assisted Living Update
Assisted Living continues to work with facilities around the state in order to increase the availability of this service in more counties and to more Members. Notifications about newly contracted facilities will be released by provider updates to providers in the affected counties. AL training is planned for March; the exact day has not been announced.
Inside the MSU: 
Redetermination Unit

History
In 2007, the Centers for Medicare and Medicaid Services (CMS) mandated changes to our practice for evaluating medical level of care from six months up to three years, to an annual requirement. Policy was drafted at that time to utilize the annual reassessment Uniform Comprehensive Assessment Tool (UCAT) Part III, which is completed by the provider agency certified case managers as the documentation to base level of care (LOC) decisions for first and second year determinations. The DHS LOC nurse would complete the initial assessment and the third year reassessment, make a recommendation and send to the Area nurse for the final level of care determination.

The Redetermination Unit was implemented in September of 2008. It was originally designed to facilitate a process for handling only annual reassessments for the first and second years and was comprised of five DHS LOC nurses, an area nurse and an administrative assistant. At that time, the DHS LOC nurses were still conducting the initial assessment and the third year reassessment for all ADvantage Members. In October 2010, DHS Aging Services modified the redetermination process so that every annual reassessment UCAT Part III completed by the certified case managers would be utilized to make the annual medical level of care decision. This is still the practice to date.

Today, the RU is comprised of six DHS LOC nurses, one area nurse, one administrative assistant and one nurse program assistant administrator.

Purpose
The main goal of the Redetermination Unit (RU) is to conduct an annual reassessment UCAT Part III review for each active ADvantage Member and to make a new medical eligibility determination decision for on-going services prior to the expiration of the current service plan and medical certification. The redetermination process begins with the ADvantage-certified


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case manager completing the reassessment UCAT Part III and submitting it to the Medicaid Services Unit-ADvantage Administration (MSU). Once MSU receives the new service plan packet, the UCAT Part III is made available through the WMIS database for review by the RU nurse. The RU nurse reviews the reassessment UCAT Part III completed by the case manager. There may be times the RU nurse cannot make a recommendation based on the documentation in the UCAT Part III and will call and/or fax the certified case manager for additional information to support their assigned scores and recommendations. In order to avoid unnecessary delay in services to the Member and to ensure the Member’s health and welfare, the certified case manager must submit any additional information requested by the RU nurse to the MSU within 72 hours.

Intent
It is the intent of the Redetermination Unit to assist all involved with the ADvantage Waiver Program in making an accurate level of care decision to the best of our ability. They seek to assure ADvantage Waiver criteria are followed using our current policy: 317:35-17-2. They encourage the certified case managers to call any member of the RU if they need assistance or have questions. Their names and contact information are included on the ADvantage website and they would love to be of assistance.

“We want everyone to have the opportunity to remain in their homes forever, and yet we know that isn’t always possible. However, with the ADvantage Waiver Program, the dedicated nurses, case managers and support staff, we are doing our best to make this happen for as long as possible. The Redetermination Unit currently receives approximately 1,300 Members to review for medical level of care per month. We expect our reviews to increase as the baby boomers continue to mature. We will be waiting to offer assistance,” said Rhonda James, RN HCMN-III, Redetermination Unit area nurse supervisor.

Redetermination Unit Directory: [http://www.okdhs.org/programsandservices/aging/adw/docs/RCU.htm](http://www.okdhs.org/programsandservices/aging/adw/docs/RCU.htm)

“We want everyone to have the opportunity to remain in their homes forever ... we are doing our best to make this happen for as long as possible.”

—Rhonda James
Paper Trail: Recommendations to Avoid Delays

• The Paperwork Isn’t Finished Until the Signatures are On It

There continues to be a significant volume of documentation being submitted to the MSU without all of the required signatures. Please remember that Service Plan Cost Sheets (02CB011E) and Service Plan Cost Sheet Addendums (02CB012E) must be signed by the Member, case manager and case management supervisor before they can be processed for authorization. Capturing all three of these signatures prior to submission to the MSU will help prevent a delay in the processing of the documents.

Please note that an addendum may be submitted without a Member’s signature only in the event that a service, supply or equipment is being added to the Member’s plan. However, during the next visit to the Member’s home, the case manager will need to obtain the Member’s signature on the original form. The case manager and case manager supervisor’s signatures are still required for processing. Most other ADvantage forms and documents require, at minimum, the Member’s and the case manager’s signatures to be processed. Taking the time to review documentation one final time before copies are made and envelopes are sealed to ensure signatures are present will inevitably save time and rework energy.

Just Say “No” to Staples

The MSU team asks that you “Just say ‘no’ to staples” when preparing documentation for submission to the MSU. All staples must be removed from incoming documentation before it can be processed, which results in extra work time for staff, a waste of staples, and unnecessary delay in Members receiving timely services. Overlooked staples are unkind to the image-scanning equipment, not to mention the fingertips of our team. Paperclips are preferred. Also, please make certain that every document page has Member identification, including the Member initials and I.D. number at minimum, in case individual pages get separated.

Form 02CB011E: http://www.okdhs.org/NR/rdonlyres/7F07D99E-1D8D-455B-8B12-E8D5DCD068B7/0/02CB011E.doc
Form 02CB012E: http://www.okdhs.org/NR/rdonlyres/3C18A7AB-EBCB-4CED-B8AB-1A724BF04FAE/0/02CB012E.doc
Conflict-Free Case Management Update

The Medicaid Services Unit—ADvantage Administration (MSU-AA) continues to process ADvantage service plans under the new Conflict-Free Case Management (CFCM) regulations from the Centers for Medicare and Medicaid Services (CMS), which became effective March 17, 2014. Under the new rules, all ADvantage Member service plans must reflect that the Member is not receiving case management services from the same agency that is providing any other ADvantage service to the Member. As a result, ADvantage Member Service Plans may not have the T1016 service code and another service code billed by the same contracted ADvantage provider agency. The only exception, which will rarely occur in certain areas of the state, may be when only one provider choice is available for a given service in the Member’s county of residence.

As of July 15, 2014, all service plans submitted to the MSU-AA required the services backup plan, form 02CB014E (ADv300). In the event the service plan was submitted without the required backup plan, the case management service line was not authorized until the back-up plan was received at the MSU-AA.

The Attestation of Conflict-Free Case Management form became required for all service plans, effective Aug. 1, 2014. All addendums submitted for a change in the service provider or service addition(s), were required to have the attached form if the requested service provider had not been previously authorized. This form is not available online at this time; however, you may request it through Provider Questions via SmarterMail at aauproviderquestion@aau.okdhs.org.

Note: For service plan addendums requiring an increase or addition of services with a currently authorized provider, Attestation of Conflict-Free Case Management form will not be required.

All new and reassessment service plans received at the MSU-AA on or after Oct. 1, 2014, not in compliance with the Conflict-Free Case Management rules noted above, will not have case management authorized until the service plan is received meeting all compliance requirements.

Please refer to the July 2, 2014, provider update for more information regarding CMS Final Rules implementation.

Form 02CB014E (ADv300): http://www.okdhs.org/NR/rdonlyres/924B3853-09AF-4D58-8FA9-9BBAB8714424/0/02CB014E.doc

Smarter Mail: https://aau.okdhs.org/Login.aspx

Services Backup Plan Update

Case managers are responsible for ensuring service delivery to Members is not affected as a result of the status of the case management service line. The Member or Member’s legal agent must sign and agree to the Services Backup Plan, form 02CB014E (ADv300). On this form, three levels of backup must be identified. If informal support is not available, this can be noted on the form.

**First tier backup**
The provider agency furnishing staff support on an on-call basis as necessary. For CD-Pass Members, the personal services assistant (PSA) may not be listed as their own backup support. While an agency may be listed in the event a specific PSA is absent, the primary PSA is not an appropriate backup for themselves. The first backup could be a second PSA, an informal support, or, as a last resort, the home care agency. Additionally, the PSA may not be listed as a backup for the advanced personal services assistant (APSA) tasks. This is out of the scope of the ADvantage Program Personal Care Assistant Service Standard.

**Second tier backup**
Member’s informal support who has agreed to provide the service in the event it is needed. If no informal support is available, please document in this area.

**Third tier backup**
The Member’s case manager, who may arrange temporary, alternative community services or supports.

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Form 02CB014E (ADv300): [http://www.okdhs.org/NR/rdonlyres/924B3853-09AF-4D58-8FA9-9BBAB8714424/0/02CB014E.doc](http://www.okdhs.org/NR/rdonlyres/924B3853-09AF-4D58-8FA9-9BBAB8714424/0/02CB014E.doc)

Smarter Mail: [https://aau.okdhs.org/Login.aspx](https://aau.okdhs.org/Login.aspx)