

OSS Advisory Newsletter



*** INTEGRATED PERSONAL CARE (IPC)***

How to Avoid a Common Mistake in Billing for IPC Services

1. After the referred resident qualifies for IPC, the SCDHHS nurse will send a Service Provision Form to the CRCF. Keep this form in your records.
2. Attach a copy of the Service Provision Form to the TAD for the month that is reflective of the IPC Authorized Start Date. (Ex., if the Authorized Start Date is 8/6/2009, attach the Service Provision Form to the TAD you submit for August services).
3. On the TAD enter the number of days the person was only OSS in the CRCF Days and the remaining days in the IPC Column. (Ex. , if the Authorized Start Date is 8/6/2009 write in “5” in the CRCF Days column, and “26” in the IPC Days column).
4. The Service Provision Form is only attached to the TAD one time, the month service is authorized.
5. IPC services can only be billed if the resident is at the facility. If a resident leaves for one or more days, the number of “absent from the CRCF days” should be entered as OSS days on the TAD.

If you have any questions pertaining to billing for IPC services, please contact your Program Representative at 803-898-2590.

EMAIL ADDRESSES NEEDED

The SC Department of Health and Human Services is in the process of moving programs toward electronic communications. If you currently have a facility email address or a personal email address or both, we would appreciate you sending us an email from that account(s).

Please send an email from each account to:

VARN@SCDHHS.GOV

In the subject line of the email put the name of your facility and your provider number. Ex. (RC0013 - SC CRCF) Also denote whether the email is a

facility address or a personal address.

This process will enable us to maintain correct and verifiable email addresses. We greatly appreciate your help.

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Post Office Box 8206
Columbia, SC 29201-8206

803-898-2698
803-255-8209 fax
EMAIL : VARN@SCDHHS.GOV or

NON-MEDICAL ABSENCES FROM THE FACILITY

Residents participating in the OSS Program MAY NOT be absent from the facility for non-medical reasons for more than 10 consecutive days nor more than 10 total days per calendar month unless approved by a physician for therapeutic leave. Therapeutic leave may not exceed 30 consecutive days. All Physician approved leave must be submitted to the OSS Program Manager following the same procedures used for a 30 day Bed Hold for an approved medical absence.

THE NURSES CORNER

SYMPTOMS of DEPRESSION - From the desk of Linda Thomas, RN - SCDHHS Nurse Consultant

Depression may occur in relation to traumatic life circumstances, such as acute or chronic illness of self or loved one, loss of loved one, or any major change of normal life circumstances. The exact cause of depression is unknown. Currently, in medicine, it is acknowledged that a chemical imbalance occurs in the body when depression is present. It is, usually, very responsive to treatment. Untreated depression may affect normal body functions.

Symptoms of depression are not signs of “being old”. Depression may occur in teenagers, as well as in older adults. Be especially alert as the holiday season approaches.

SYMPTOMS may include:

Decreased or no participation in activities; states “to tired”, or fatigue as the reason. Remains in room most of day or in bed; “wants to be alone”.

Observed discomfort in social situations; head down, avoids eye contact, fidgety, restless - Resists or refuses visits from others.

Hopeless, dejected facial expression. Loss of pleasure in life. May be easily agitated; expresses feeling “nothing can be done, to make things better”

May overeat, oversleep or may have insomnia, or loss of appetite.

May resist caring for self or resist help from others

Progressive withdrawal from normal circle of friends, and usual activities.

Unable to make decisions. Maybe tearful, sad, agitated, or “grouchy”

Little interest in appearance: shaving, combing hair, bathing, wearing clean, non-wrinkled clothing that match in color, etc.; (loss of self esteem).

Beware of a sudden mood elevation of a calm and peaceful manner, with more energy after a period of, at least, 3-4 symptoms listed above:

Potential for suicide maybe imminent.

Suggested course to follow:

Observe and Document behaviors, weight loss, sleeping patterns, etc. and report findings to a Medical Doctor for intervention, as soon as possible.

Be encouraging, not “fussy or negative”---- Reward/ compliment “right behaviors”.

Plan walks with one or two other persons; engage help in “setting up activities”, & helping others to participate.

