

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

Emergency situations can happen anytime and anywhere so it's important to prepare ahead of time to mitigate the situation. As we near the end of a somewhat quiet 2009 Hurricane season, here are some things that assisted living administrators can review to prepare for other disaster situations and next year's hurricane season.



The best defense is a good offense. All Licensed Community Residential Care facilities have developed a disaster plan, which should be a "living document". Think of your plan as always being in "draft form" with on-going updates occurring as the situation dictates. When a disaster strikes, you usually don't have time to pull the plan off the shelf, blow off the dust and start reviewing it.

Do you have an alternate shelter site selected that is located in another geographical area, in case your city/town is without power for several days?

Do you have a map for alternate shelter locations in case you need to take an alternate transportation route?

Do you have redundant communication systems (i.e. land line phone, cell phone, email, blackberry, pager, etc.) to assure you will receive warning notifications in a timely manner and have you up dated your employee call-down list?

It's better to have and not need, then to need and not have. The South Carolina Emergency Management Division and the American Red Cross have excellent lists for supplies and disaster kits on-line. Develop your disaster kit to meet the needs of your residents and staff.

If you have to evacuate residents from your facility for several days or weeks, what will you do if/when residents run out of prescription medications?

What if you can't contact the attending physician or the local pharmacy because they had to close and haven't re-opened for service?

It's a good idea to make a copy of current prescription(s) before giving it to a pharmacy to be filled. In the event that you must evacuate the facility, a resident would have verification of the order and may be able to have the prescription refilled at another location. Even if a resident has a supply of medication, the medication might be lost or accidentally contaminated during the evacuation.

If you are evacuating to an alternate shelter site, don't forget to place medications and medication records in a convenient place during transport so they will be readily available if needed.

United we stand, divided we fall. "Disasters affect our lives like no other phenomena...they can generate a sense of anxiety that can destroy our peace of mind." If this negative stress is left unmanaged, it can severely damage a person's mental and physical health and create feelings of depression and hopelessness. Stress can also worsen many medical conditions. We each heal at our own pace. We each have different needs and different ways to cope. But recognizing and handling stress properly can become something healthy. Being ready for a disaster is a part of maintaining your independence. Here are some ideas for consideration in helping to manage disaster stress:

Encourage a personal support network among residents. Let everyone share their feelings and let them know they are not alone.

Give each person a specific job task (even something minor) during the disaster that will allow them to focus on something productive and help them feel useful.

Schedule regular physical activity or exercise to work out tension.

Although we may not know when a disaster will strike, preparing in advance, exercising the disaster plan and working together will make it much easier to cope with an emergency situation. For more information on disaster preparedness, visit the following websites:

www.scmd.org/Prepare/index.html

www.fema.gov/hazard/index.shtm

www.redcross.org