HCBS Phase Transition Training Desk Reference

Healthy Connections Prime

Updated December 8, 2016
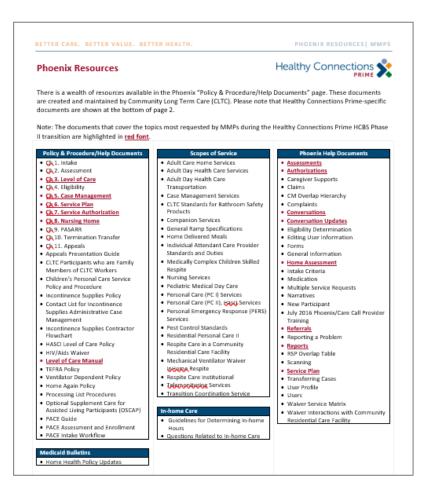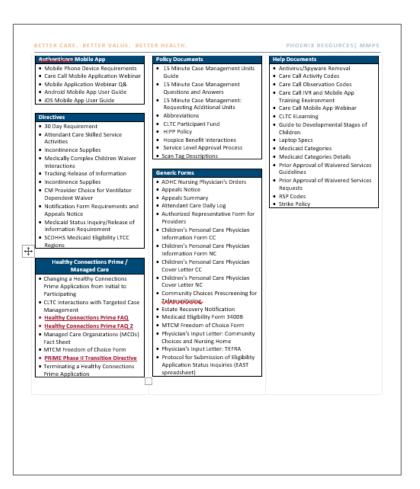
Agenda

- Overview of Online Resources

- Process Overview

- Dashboard Review

- Level of Care Assessment

- Level of Care Assessment Review – CICO

- Waiver Service Plan

- Service Plan – CICO Signature

- Service Level Authorizations

- Authorization – Termination
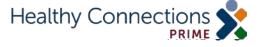
- Conversation Tool

- Miscellaneous

Healthy Connections
PRIME

Overview of Online Resources

Resources available on "Policy & Procedure/Help Documents" page

Left Document

Phoenix Resources

Healthy Connections PRIME

There is a wealth of resources available in the Phoenix "Policy & Procedure/Help Documents" page. These documents are created and maintained by Community Long Term Care (CLTC). Please note that Healthy Connections Prime-specific documents are shown at the bottom of page 2.

Note: The documents that cover the topics most requested by MMPs during the Healthy Connections Prime HCBS Phase II transition are highlighted in red font.

Policy & Procedure/Help Documents
- 1. Intake
- 2. Assessment
- 3. Level of Care
- 4. Eligibility
- 5. Case Management
- 6. Service Plan
- 7. Service Authorization
- 8. Nursing Home
- 9. PASARR
- 10. Termination Transfer
- 11. Appeals
- Appeals Presentation Guide
- CLTC Participants who are Family Members of CLTC Workers
- Children's Personal Care Service Policy and Procedure
- Incontinence Supplies Policy
- Contact List for Incontinence Supplies Administrative Case Management
- Incontinence Supplies Contractor Flowchart
- HASCI Level of Care Policy
- HIV/Aids Waiver
- Level of Care Manual
- TEFRA Policy
- Ventilator Dependent Policy
- Home Again Policy
- Processing List Procedures
- Optional Supplement Care for Assisted Living Participants (OSCAP)
- PACE Guide
- PACE Assessment and Enrollment
- PACE Intake Workflow

Medicaid Bulletins
- Home Health Policy Updates

Scopes of Service
- Adult Care Home Services
- Adult Day Health Care Services
- Adult Day Health Care Transportation
- Case Management Services
- CLTC Standards for Bathroom Safety Products
- Companion Services
- General Ramp Specifications
- Home Delivered Meals
- Individual Attendant Care Provider Standards and Duties
- Medically Complex Children Skilled Respite
- Nursing Services
- Pediatric Medical Day Care
- Personal Care (PC I) Services
- Personal Care (PC II), HASCI Services
- Personal Emergency Response (PERS) Services
- Pest Control Standards
- Residential Personal Care II
- Respite Care in a Community Residential Care Facility
- Mechanical Ventilator Waiver In-home Respite
- Respite Care Institutional
- Transportation Services
- Transition Coordination Service

In-home Care
- Guidelines for Determining In-home Hours
- Questions Related to In-home Care

Phoenix Help Documents
- Assessments
- Authorizations
- Caregiver Supports
- Claims
- CM Overlap Hierarchy
- Complaints
- Conversations
- Conversation Updates
- Eligibility Determination
- Editing User Information
- Forms
- General Information
- Home Assessment
- Intake Criteria
- Medication
- Multiple Service Requests
- Narratives
- New Participant
- July 2016 Phoenix/Care Call Provider Training
- Referrals
- Reporting a Problem
- Reports
- RSP Overlap Table
- Scanning
- Service Plan
- Transferring Cases
- User Profile
- Users
- Waiver Service Matrix
- Waiver Interactions with Community Residential Care Facility

Right Document

Authenticare Mobile App
- Mobile Phone Device Requirements
- Care Call Mobile Application Webinar
- Mobile Application Webinar Q&
- Android Mobile App User Guide
- iOS Mobile App User Guide

Directives
- 30 Day Requirement
- Attendant Care Skilled Service Activities
- Incontinence Supplies
- Medically Complex Children Waiver Interactions
- Tracking Release of Information
- Incontinence Supplies
- CM Provider Choice for Ventilator Dependent Waiver
- Notification Form Requirements and Appeals Notice
- Medicaid Status Inquiry/Release of Information Requirement
- SCDHHS Medicaid Eligibility LTCC Regions

Healthy Connections Prime / Managed Care
- Changing a Healthy Connections Prime Application from Initial to Participating
- CLTC Interactions with Targeted Case Management
- Healthy Connections Prime FAQ
- Healthy Connections Prime FAQ 2
- Managed Care Organizations (MCOs) Fact Sheet
- MTCM Freedom of Choice Form
- PRIME Phase II Transition Directive
- Terminating a Healthy Connections Prime Application

Policy Documents
- 15 Minute Case Management Units Guide
- 15 Minute Case Management Questions and Answers
- 15 Minute Case Management: Requesting Additional Units
- Abbreviations
- CLTC Participant Fund
- HIPP Policy
- Hospice Benefit Interactions
- Service Level Approval Process
- Scan Tag Descriptions

Generic Forms
- ADHC Nursing Physician's Orders
- Appeals Notice
- Appeals Summary
- Attendant Care Daily Log
- Authorized Representative Form for Providers
- Children's Personal Care Physician Information Form CC
- Children's Personal Care Physician Information Form NC
- Children's Personal Care Physician Cover Letter CC
- Children's Personal Care Physician Cover Letter NC
- Community Choices Prescreening for Transportation
- Estate Recovery Notification
- Medicaid Eligibility Form 3400B
- MTCM Freedom of Choice Form
- Physician's Input Letter: Community Choices and Nursing Home
- Physician's Input Letter: TEFRA
- Protocol for Submission of Eligibility Application Status Inquiries (EAST spreadsheet)

Help Documents
- Antivirus/Spyware Removal
- Care Call Activity Codes
- Care Call Observation Codes
- Care Call IVR and Mobile App Training Environment
- Care Call Mobile App Webinar
- CLTC ELearning
- Guide to Developmental Stages of Children
- Laptop Specs
- Medicaid Categories
- Medicaid Categories Details
- Prior Approval of Waivered Services Guidelines
- Prior Approval of Waivered Services Requests
- RSP Codes
- Strike Policy

Healthy Connections PRIME

Healthy Connections
PRIME

phoenix

Process Overview

Scenario 1: New Healthy Connections Prime member (and new to the waiver process)

Healthy Connections **PRIME**

Scenario 1 Waiver Process

Notes
- In Phoenix help documents and resources: (1) the Waiver Case Manager is called the "ongoing Case Manager" or simply "Case Manager", and (2) the State Case Manager is also called the "Case Manager II.
- LOC refers to "Level of Care"

1. Referral
- Referrals will be received by CLTC Centralized Intake area through sources such as: the applicant, physician, or MMP staff.
- Centralized Intake will process the referral.

2. Eligibility and LOC Determination
- If individual meets necessary financial and medical criteria, then the application is released to a Nurse Consultant in an Area Office by COB the day following the completion of the referral processing.
- The Nurse Consultant must conduct the initial assessment within 10 business days of case assignment. The LOC determination must be made by two Nurse Consultants within 3 business days of LOC assessment completion.

3. Waiver Enrollment

- If an individual meets LOC criteria, the Nurse Consultant transfers the case to the State Case Manager within 5 business days of the participant being determined medically and financially eligible for the waiver (Note: in rare situations, a participant may require another financial eligibility determination following a LOC determination).
- The State Case Manager will:
  - Enroll the applicant in the waiver
  - Develop the Initial Service Plan within 7 business days from enrollment date
  - Contact the member/primary contact to confirm or obtain Provider Choice for the Waiver Case Manager and providers for any other identified service needs within 7 business days from enrollment date
  - Make referral(s) to the Waiver Case Manager and other service providers in the order of preference and establish initial services

Healthy Connections PRIME

4. Case Transfer Notification

- The Waiver Case Manager must accept the referral in Phoenix within 48 business hours. (The State Case Manager will receive a Phoenix notification when the referral is accepted or declined.
  - Note: If the selected Waiver Case Manager does not respond with 48 business hours, the Phoenix system will proceed to the next Waiver Case Manager choice.)
  - If CLTC suspends a provider, the provider cannot accept new clients and will not show up on the provider choice list. Plans will be made aware of this from the daily update files. When the suspension ends, the provider's status returns to active.

- The Waiver Case Manager then must contact the State Case Manager and the MMP Care Coordinator (in person or by phone) within 2 business days to complete a case transfer conference.

Healthy Connections PRIME

Scenario 1 Waiver Process (cont'd)

5. Case Transfer to MMP

- The MMP Care Coordinator will work with the Waiver Case Manager. The Waiver Case Manager will:
  - Conduct an Initial Visit within 30 days of enrollment date
  - Complete the Home Assessment and Caregiver Supports

  Note: Refer to the Community Choices Policy and Procedures Manual, Chapter 5 (Case Management) for additional activities

- <u>Waiver Case Manager's Responsibilities If There Are Changes</u>
  - Work with the member and his or her family to determine additional needs
  - Make changes to the Service Plan, to include new services and modifications
  - Obtain/confirm Provider Choice for newly identified service needs

  If there are significant changes, a re-evaluation may be needed, including a new LOC assessment and service plan.

6. Finalize Service Plan

- The Waiver Case Manager will amend or confirm the Initial Service Plan based upon the Initial Visit.
- All documentation must be completed within 3 business days of the activity.

7. MMP Reviews Service Plan

- The MMP Care Coordinator will review/approve the services submitted by the Waiver Case Manager. This occurs on the same day or next day in most cases. If additional information is needed, the Waiver Case Manager may have to provide additional information and approval/denial may be delayed.*
- The MMP Care Coordinator will enter comments in the "Comments" section as appropriate.

* See the *Scan Tag Types* slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.

Healthy Connections PRIME

Ongoing Responsibilities

- MMP Care Coordinator will monitor the plan for each member on a regular basis and review/approve subsequent Prior Approval requests in the service level request section of the Service Plan in Phoenix

- The Waiver Case Manager will complete the LOC reassessment and Service Plan within 365 days from the last assessment in Phoenix (sooner if there has been a change in the LOC).

- The Waiver Case Manager will create Prior Approval requests.

- The MMP Care Coordinator will review and approve or deny the requests, sign and date the Service Plan, and save the plan*.

* See the *Scan Tag Types* slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.

Scenario 2: New Healthy Connections Prime members (already enrolled in a waiver)

Scenario 2 Waiver Process Notes

Notes

- 6 month continuity of care period. Services, providers, and service authorization levels are maintained (unless there is a change in service needs)
- Existing documents:
    - Initial LOC assessment
    - Initial LOC determination
    - Enrollment
    - Initial Service Plan
    - Service provision form

Scenario 2 Waiver Process

1. Case Transfer Notification

- After enrollment, the MMP sends the members to Phoenix via API. If there is an existing CLTC record, the Healthy Connections Prime team will verify the records match. Once processed by the Healthy Connections Prime team, the member becomes visible to the MMP's dashboard.
- The MMP Care Coordinator must contact the Waiver Case Manager within 2 business days to complete a case transfer conference.

During the six month continuity of care period, the MMP Care Coordinator will work with the Waiver Case Manager to join the network or enter a single case agreement.
- **If Waiver Case Manager is in network:** Proceed to Step 2.
- **If Waiver Case Manager is not in network**

Interested in contracting

Refer them to the MMP's contracting representative

Not interested in contracting

- The member will be transitioned to a in-network provider. Contact the member/primary contact to confirm or obtain new choices within 7 business days
- Make referral(s) to the Waiver Case Manager in the order of preference and continue services
- Note: If CLTC suspends a provider, the provider cannot accept new clients and will not show up on the provider choice list. Plans will be made aware of this from the daily update files. When the suspension ends, the provider's status returns to active.

Healthy Connections PRIME

Scenario 2 Waiver Process (cont'd)

3. Case Transfer to MMP

The MMP Care Coordinator will work with the Waiver Case Manager. If/when there are changes in the member's needs (for example, discovered as part of the Comprehensive Assessment that the MMP conducts on its new members), refer to the "Waiver Case Manager's Responsibilities If There Are Changes" table I Scenario 1.

5. Finalize Service Plan

6. Review Service Plan

7. Monitoring and Re-evaluation

Same as Scenario 1

Healthy Connections
PRIME

phoenix

Dashboard Review

Administrative View

As user with Administrator access, you may access all cases assigned to your Healthy Connections Prime plan. This includes members assigned to you directly as well as members assigned to members of your care coordination team. Users who do not have administrative rights will ONLY see members assigned to them.   When you log into Phoenix, your Administrator dashboard will now appear as follows:

View Caseloads

The first tab called 'My Caseload' filters and shows cases assigned directly to you. This view includes the following:
- My Participants – Shows all members (waiver and non-waiver)
- My Waivered Participants – Filters by participants with waiver services
- My Prior Authorization Approvals – Shows Prior Authorizations to be approved by Care Coordinator

View Activities Due by Waiver Participant

An important feature of this dashboard is its ability to show what activities are due for Waivered Participants. By clicking on 'My Waivered Participants' from the dropdown menu under the 'My Caseload' tab, you can see:

- Activities Due
- Date of Completion
- Next Quarterly Visit
- Next Re-evaluation due

View Team Caseload

As an Administrator for your Healthy Connections Prime program, you can also view and manage the caseload of Care Coordinators within your team. Under the 'My Plan' tab, click 'Prime Care Coordinators For My Plan', to view your team's caseloads along with other items.

Healthy Connections Prime Sample

Click here and you will have a more in-depth view of upcoming activities for your team.

View Team Prior Authorization Approvals

As an administrator, you can also view 'Prior Authorization Approvals For My Plan' within your care coordinators' case load. In order to do this, click 'Prior Authorization Approvals For My Plan' under the 'My Plan' tab.

Healthy Connections Prime Sample

View Team Prior Authorization Approvals (Continued)

Within this dashboard, you are able to view all notifications for participants in your dashboard. You can view these by clicking the 'Notifications' tab.

Creating an LOC Assessment

- From the Participant's dashboard, click "**Assessment**"

- Click "**Create a New Assessment**"

Creating an LOC Assessment

- From the "Assessments" screen, select program from drop box. **Note: Only the programs with an open "Application" will be displayed as a choice**

- Enter date in the "**Assessed on**" Field

- Click "**Phone Assessment**", if you are doing a Phone Assessment. **Note: Selecting Phone Assessment will show different tabs on the Assessment section**

- Click "**Create Assessment**" Note: LOC Assessments are tailored to the program (i.e. HIV has all sections, NHT has less sections)

Creating an LOC Assessment

- The "**Assessment**" screen contain tabs and sub tabs
- On the Assessment screen, **ALL** the red lights for each tab must be green in order to have a completed LOC assessment

Creating an LOC Assessment

- At the bottom of each Assessment tab, there are two options:
  - ➢ "**Save**"- Save function allow users to save data entered, make edits, visit other sections, and complete the LOC assessment at a later time. **Note: The lights will remain red until the section is "Save and Complete"**
  - ➢ "**Save and Complete**" - Saves data on each completed Assessment tab. The lights will turn **green** when the section is "**Save and Complete**" **Note: Edits can be made to Assessment tabs until the LOC Assessment is signed and saved**

LOC Assessment-Medical

- Under the **Medical** tab of the Assessment, there are 3 sub tabs:

  - •"**Diagnoses/Conditions**"
  - •"**Treatments and Therapies**"
  - •"**Risk Factors**"

- Any previous information will be displayed

- Comments can be made in the "**Comments**" section

- Enter appropriate information for each sub tab then click "**Save**" or "**Save and Complete**" for each sub tab

LOC Assessment-Skin/Nutrition

- Under the "**Skin/Nutrition**" tab of the Assessment, there are 2 sub tabs:
  - ➤ **Nutrition**
  - ➤ **Skin Condition**

- Previous information will be displayed if any

- Comments can be made in the "**Comments**" section

- Enter the appropriate information for each sub tab then click "**Save**" or "**Save and Complete**" for each sub tab

- Under the "**Skin Condition**" sub tab, a front and back diagram of the human body is available to mark any skin condition

  ➢ Click on skin condition below then mark on the body where the occurrence is present. **Note: Whatever Skin condition is marked on the body, it MUST be selected on the Skin Condition menu below**

- Previous information will be displayed if any

- Comments can be made in the "**Comments**" section

- When finish, click "**Save**" or "**Save and Complete**"

LOC Assessment-ADLs

- Under the **ADLs** tab of the Assessment, there are 7 sub tabs:
  - ➤ **Transfer**
  - ➤ **Locomotion**
  - ➤ **Bathing**
  - ➤ **Dressing**
  - ➤ **Toileting**
  - ➤ **Eating**
  - ➤ **Bowel/Bladder**

- Enter the appropriate information in the fields. **Note: A rating MUST be entered for each ADL in order for an LOC assessment to be complete**

LOC Assessment-ADLs

- Select the appropriate "**Rating**" and/or "**Conditions**" for each "**ADL**" sub tab

- Previous information will be displayed if any

- Comments can be made in the "**Comments**" section

- Click "**Save**" or "**Save and Complete**" Note: "**Save and Complete**" function will turn the lights **green**

- Under the **ADLs** tab of the Assessment, there are 7 sub tabs:
  - ➢ **Communication**
  - ➢ **Vision**
  - ➢ **Memory**
  - ➢ **Cognitive**
  - ➢ **Mood/Behavior**
  - ➢ **Problem Behavior**
  - ➢ **MSQ**
- Enter the appropriate

  information in the fields.

Healthy Connections
PRIME

- Previous information will be displayed if any

- Comments can be made in the "**Comments**" section

- Click "**Save**" or "**Save and Complete**" **Note: "Save and Complete" function will turn the lights green**

- Under the **IADLs** tab of the Assessment, there is only 1 sub tab:

  ➢ **IADL**

- Enter the appropriate information in the fields.

LOC Assessment-IADLs

- Previous information will be displayed if any

- Comments can be made in the "**Comments**" section

- Click "**Save**" or "**Save and Complete**" **Note: "Save and Complete" function will turn the lights green**

- The Review Section is a reminder to the user to visit Participant Information, Medication, Caregiver Supports, Home Assessment and Budget section. **Note: These sections may have an impact on the Participant's Level of Care**

- Click "**Save**" or "**Save and Complete**" **Note: "Save and Complete" function will turn the lights green**

- Selecting "**Save and Complete**" function in the Assessment "**Review**" section is confirming that the sections have been visited

LOC Assessment-
Source of Information/Level of Care

- The "**Level of Care**" section is locked until all lights are **Green** in the Assessment

- Under the **Source of Information/LOC** tab of the Assessment, there is only 1 sub tab:
  - ➢ **General**

- Enter the appropriate Source of Information

- A recommended Level of Care is displayed.
  - ➢ **Note: A different Level of Care may selected.**

- Enter "**Level of Care**"

- Enter "**Level of Care Date**"

Note: The recommended LOC is located at the top of the signature screen. The LOC is determined using an algorithm based on a national model of standards. Please see Chapter 3 of the Community Choices Policy and Procedure Manual for more information on LOC.

Healthy Connections PRIME

phoenix

LOC Assessment Review - CICO

LOC Assessment

- Any LOC Assessment that is incomplete will be displayed

- Incomplete LOC Assessment options are:
  - Edit
  - View PDF
    - **Viewing PDF files requires a password (The Participant's CLTC Number)**

- The LOC assessor fills out the "**Assessor Signature and Date**" field then the reviewer (Care Coordinator) fills out the "**Review Signature and Date**" field. **Note: The LOC assessor can not complete the LOC assessment until the reviewer signs in the "Review Signature and Date" field.**

- Once the LOC assessor and Reviewer (Care Coordinator) has signed and dated, click "**Save**" or "**Save and Complete**" **"Save and Complete" function will turn the light green.**

- LOC exceptions: Not using the recommended LOC may require a 3rd signature from Central office. The waiver case manager will email CLTC to request an exception and request the signature once the assessment is updated with the new LOC.

Note: The reviewer will change the LOC date to reflect the date of approval if it is not the same date entered by the CM. For example, the CM may sign off on 8/22 but the CC doesn't sign off until 8/23. The LOC date will need to be changed to 8/23.

Healthy Connections
PRIME

LOC Assessment Signature

- The LOC Assessor and Reviewer do not have to sign the LOC Assessment from the same computer.

- Once the LOC Assessor signs the "**Assessor Signature and Date**" field then the Reviewer can open the LOC assessment and sign the **"Review Signature and Date"** field from another computer

- Once the **"Review Signature and Date**" is signed, click **"Save and Complete"**

The dashboard shows MMP Care Coordinators assessments that need their signature but it is recommended for Waiver Case Managers to contact the MMP Care Coordinators via Conversation tool as well.*

* See the *Scan Tag Types* slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.

Healthy Connections
PRIME

- Once LOC Assessment is completed, the options are:
  - ➢ "**Review"**
  - ➢ **"View PDF"**
  - ➢ **"Create Service Plan**", "**Edit Service Plan**" or "**View Service Plan**"

- On the carousel, click "**Assessment**" **Note: A current LOC assessment must be completed in order to create a service plan.**

- Click "**Create Service Plan**"

Creating a Service Plan

- Enter date in the "**Effective Date**" field then click "**Create Service Plan**"

Creating a Service Plan

- Under the Service Plan, there are 8 sub tabs:

  - **Medical**
  - **Skin/Nutrition**
  - **ADL**
  - **Psychosocial**

  - **IADL**
  - **Caregivers**
  - **Home Assessment**

- Under each sub tab, there are 2 options:
  - **View**
  - **Edit**

Note: Sample provided illustrates a personal care authorization.

Creating a Service Plan

- Under the Service Plan, there are 3 sections
  - ➢ Problems/Goals **Note: Added Problems can be shown or hidden by clicking "Show Problem" button**
  - ➢ Interventions
  - ➢ Add/Custom Problems/Interventions

Creating a Service Plan

➢ Under the Service Plan, each "**Problem/Goal**" section has a **red** light that **MUST** turn **green** by selecting the appropriate Actor(s) in the "Intervention" section. **Note: Selecting actor(s) in the "Intervention" section plays a role into the referral/authorization process.**

➢ Click "**Save**" the light for the sub tab will turn **green**

Service Plan

- All services must be prior approved before authorizing

- Click "**Complete**" tab

- Enter number of units for service
  - ➢ **Justification must be entered for each service that is authorized**

- Assessor will sign the "**Assessor Signature and Date**"

- Click "**Save**"

Healthy Connections PRIME

phoenix

Service Plan – CICO Signature

➤ Reviewer enter approved Hours/Units in the "**Reviewer**" section

➤ Reviewer enter comments in the "**Comments**" section

➤ Reviewer sign the "**Reviewer Signature and Date**" then Click "**Save**"

Note: Reviewer in this scenario is the CICO.

The dashboard shows MMP Care Coordinators service plans that need their signature but it is recommended for Waiver Case Managers to contact the MMP Care Coordinators via conversation tool as well.

Please refer to the Community Choices Policy and Procedure Manual Chapter 7 (Service Authorizations) for additional information on which services require approval via Phoenix.

Healthy Connections PRIME

Service Plan- CICO Signature

- The Assessor and Reviewer do not have to sign the Service Plan from the same computer.

- Once the Assessor signs the "**Assessor Signature and Date**" field then the Review can open the Service Plan and sign the **"Review Signature and Date"** field from another computer

- Once the **"Review Signature and Date**" is signed, click **"Save"**

- **CICOs refer to slides 77-89 for Community Choices Level of Care Policy and Support**

* See the **Scan Tag Types** slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.

Healthy Connections
PRIME

Service Plan Review

- From the "**Service Plans**" section, options are:
  - ➢ View
  - ➢ Edit
  - ➢ View PDF
    - ➢ **Viewing PDF files requires a password (The Participant's CLTC Number)**

Service Authorization

- If a service is not included in the service plan it CANNOT be authorized.

- If you need to authorize a service that is not included in the service plan, you need to edit the service plan to include interventions and actors for service.

- For electronic referrals, the schedule on the authorization defaults to what was in the referral and can be changed

- When a referral for ramps is accepted, **the case manager will not do the service authorization until the work has been completed and a Ramp Completion Form as been Received from the provider.**

- Once the work has been completed, **the case manager will complete the authorization and include the rate**

- Refer to the Community Choices Policy and Procedure Manual Chapter 7 (Service Authorizations) for additional information on restrictions and caps. For example:

  - $7,500 lifetime cap for Environmental Modification Service

  - Once in a lifetime and $1,000 lifetime cap for Nursing Home Transition services

  - 1 raised shower chair every 2 years

- See the Scan Tag Types slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.

  - Example: Participant or Landowner Consent Form is needed for all the environmental modification services, except heaters, fans or air conditioners. This form should be uploaded into Phoenix and tagged appropriately

Healthy Connections
PRIME

Authorizations

- Once Proposed Provider accepts the referral, an authorization can be completed (example below is a personal care authorization, fields will vary depending on the type of authorization)

- From the Participant's dashboard, click "**Waiver Supports"**

- On the "**Waiver Supports**" screen, click "**New Authorization**"

Authorizations

- Select service from the drop down list then click "**Next**"
  - **Only services that were in the Service Plan as Interventions will be displayed**

- Select Proposed Provider then click "**Next**"

Authorizations

- Enter number of "**Units (Hours)"** and select time(s) of the day the service will be performed (**Morning, Afternoon, Evening**)

- Enter any instructions or comments in the "**Notes**" section

- Enter Start Date

- Enter End Date if the service is time limited

- Click "**Create Authorization**"

Authorizations

- Summary of the Authorization will be displayed

- Authorizations options are (**Preview**, **Terminate & Create New Authorization**, or **Terminate Authorization** or **Send to Provider)**

- Review Authorization then click "**Send to Provider**"

- Notification will be sent to Provider and Authorization will be displayed on Provider's Dashboard

<u>Authorizations</u>

- Clicking the "**Preview**" button will allow the user to view the Authorization is a password protected PDF file
  - **The password to view the PDF file is the Participant's CLTC number**

- Clicking the "**Terminate & Create New Auth**" button will allow the user to terminate current authorization and create a new authorization

- Clicking the "**Terminate Authorization**" button will allow the user to terminate current authorization

- Clicking the "**Send to Provider**" button will allow the user to complete authorization and send a notification along with the authorization to the Provider

Healthy Connections
PRIME

Healthy Connections
PRIME

phoenix

Authorization - Termination

Authorizations - Terminations

- From the Participant's dashboard, click "**Waiver Supports**"

- From the "**Open Authorization**" tab, click "**View**" under the selected authorization for termination
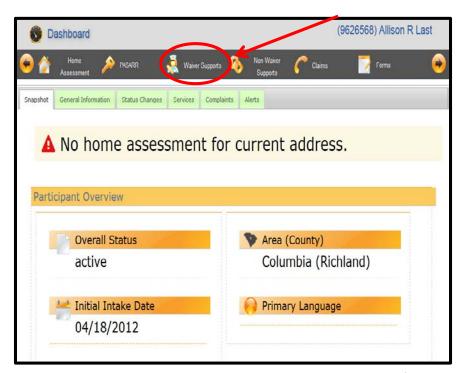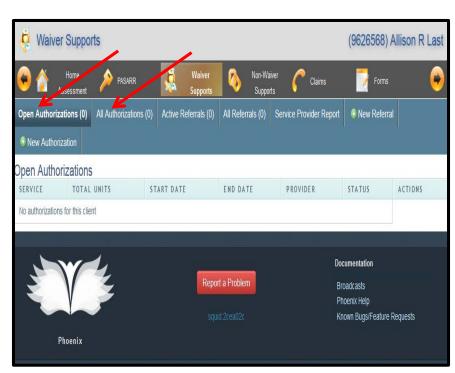
Authorizations - Terminations

- To Terminate an authorization, click "**Waiver Supports**"

- From the "**Waiver Supports**" screen, click "**Open Authorizations**" or "**All Authorizations**"

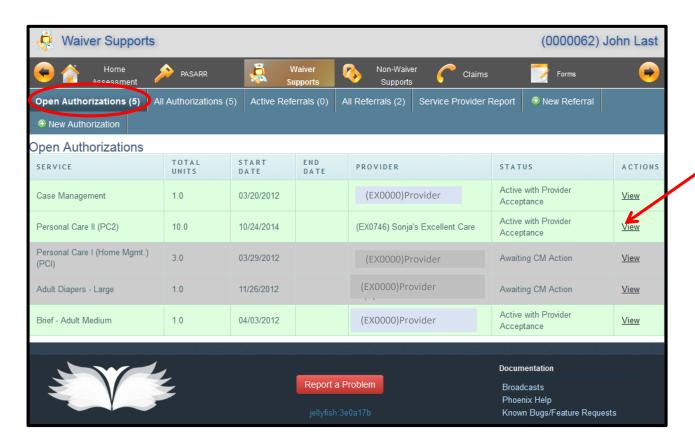*Note: Case Managers terminate authorizations and will continue to do so for Healthy Connections Prime.*
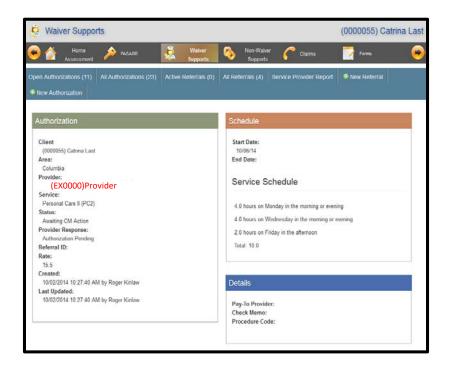
Authorizations - Terminations

- Select the authorization to terminate by clicking "**View**"
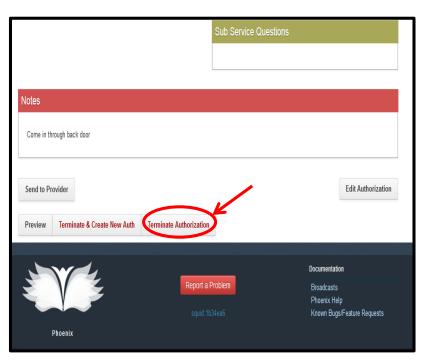
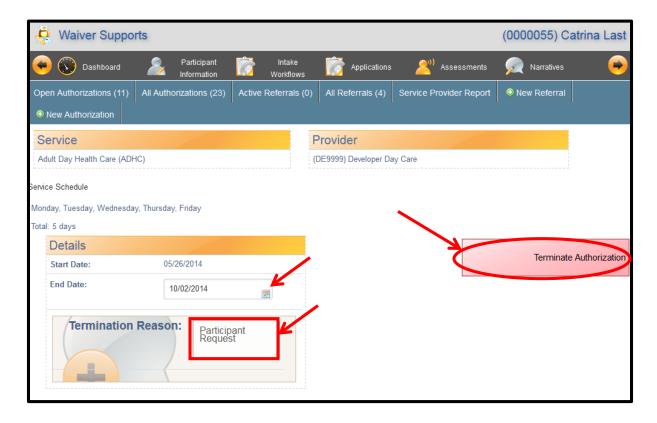- Click **"Terminate Authorization"**

Authorizations - Terminations

- Enter date in the "End Date" section

- Enter Reason in the "**Termination Reason**" comment section

- Click "**Terminate Authorization"**

Authorizations - Terminations

- Terminated Authorizations will be displayed under "**All Authorizations**" tab

Initiating a Conversation

Waiver Case Manager and Care Coordinators can use the Conversation tool to communicate. Start a new conversation by clicking the speech icon next to the participant's name.

Sending a Message

- Select the provider from the drop down list
- Subject field will be prefilled; subject line can be edited
- Click "Add Party" to include another authorized user to the conversation
  - Select user from drop down list
- Type comments in the "Message" section then click "Send"

Note: Users assigned to a participant have the ability to communicate with a participant's assigned providers and vice versa.

Conversation participants can only be someone associated with the care of that member (e.g., provider, CM, CC, CLTC Admin Staff, Prime staff if it's a Prime member)

Healthy Connections PRIME

Viewing Conversations

- From the "Narrative" section, Conversation(s) will be displayed. Click Checklist drop down arrow to view comment(s)
- Clicking the delete button (trash can), will hide the conversation from other users

Responding to a Conversation

To respond to a conversation, click the Conversations icon from the dashboard

Conversation Notes

- These conversations may also be viewed in the inbox.

- Conversations are not archived unless a user initiates the action.

- After you archive a conversation, you will need start a new conversation for future communications.

- You may want to archive a conversation so they are removed from your inbox.

- The dashboard will show notifications of reevaluations, new service plans, new service authorizations that require a MMP Care Coordinator's approval. However, it is recommended for Waiver Case Managers to contact the MMP Care Coordinator via the Conversation tool also.

Healthy Connections
PRIME

Accessing Reports

- Provider Activity Report: Click on Reports, Claims, Provider Activity

- Passcode to open the file is username (all lowercase)

- Passcode for PDFs of participant docs is the participant CLTC number

Scan Tags Types

- **Appeals-** Notice of Appeals and Hearings, Pre-Hearing Conference Summaries, Appeal Decisions, Orders of Dismissal
- **Application Withdrawal Form-** Application withdrawal form
- **Applications-** Written referrals for our program and applications/referrals to other programs/agencies
- **Assessments-** Assessment (1718), HIV Physician's Form (1718A), CPCA Physician's Information Form, Physician Input Letter, LOC Exceptions letter, tele-monitoring pre-screen
- **Attendant-** Attendant logs
- **Consents-** Program consent form, photograph consent, release of information requests/ authorizations
- **Eligibility-** Form 3400B or Form 3400D (Statement of Transfer of Assets Form), Completed Medicaid applications received in area offices, Medicaid Estate Recovery Form, MMIS/ RSP screenshots
- **Environmental Modification-** Project photographs, landowner consent, participant homeowner consent, Environmental Modification bids.
- **Hospital Documentation-** Supporting documentation received from hospitals for LOC requests
- **MD Orders-** Nutritional Supplement orders, Respite Care Orders, PDN orders, Vent Waiver Orders
- **Nursing Facility Documentation-** Supporting documentation received from nursing facilities for LOC requests
- **PASARR –** PASARRs (Level I screenings) completed by other entities
- **PASARR Level ll-** DMH and DDSN final determinations, MR social history, MI social history, Psychiatric Evaluation, History and Physical, MD payment forms, Mini Mental State Exam
- **Provider-** Service Provider Choice Forms, Enhanced Pest Control bids
- **Locus-** Participant Service Choice Forms
- **Rights and Responsibilities-** CPCA and Waiver
- **Other records/documentation-** Invoices/ bills related to CLTC Participant
- **Fund Requests**
- **TEFRA-** Supporting documentation Packet and cover letter received from Eligibility
- **Other-** Written external complaints received by mail/fax, hard copy level of care certification form 185 (special situations), DDSN service plans, CPCA service plans

> **See the Scanning document in Phoenix Help Documents for a walkthrough of the Scanning process.**
> Note: With exceptions of the Consent Form or Participant Service Choice Form, the information packet of supporting documentation for an assessment received from a nursing facility or Hospital, may be scanned as one document under "Hospital Documentation" or "Nursing Facility Documentation." The Consent Form is to be scanned to the "Consents" scan tag and the Participant Service Choice Form is to be scanned to the "Locus" scan tag

Healthy Connections PRIME

Payment Categories Legend

PCAT	DESCRIPTION	SHORT NAME
10	MAO (NURSING HOMES)	MAONH
11	TRANSITIONAL MEDICAID ASSISTANCE	TMA
12	OCWI (INFANTS UP TO AGE 1)	INFANT
13	MAO FOSTER CARE/SUBSID. ADOPT	FCSA
14	MAO (GENERAL HOSPITAL)	MAOGH
15	MAO WAIVERS -HOME & COMMUNITY	MAOWV
16	PASS-ALONG ELIGIBLES	PASALG
17	EARLY WIDOWS/WIDOWERS	EWW
18	DISABLED WIDOWS/WIDOWERS	DWW
19	DISABLED ADULT CHILDREN	DAC
20	PASS ALONG CHILDREN	PAC
31	TITLE IV-E FOSTER CARE	IV-EFC
32	AGED, BLIND, DISABLED (ABD)	ABD
33	ABD NURSING HOME	ABDNH
40	WORKING DISABLED	WD
48	QUALIFIED INDIVIDUALS	QI
50	QUAL.DISABLED/WORKING INDIV.	QDWI
51	TITLE IV-E ADOPTION ASSISTANCE	IV-EAA

PCAT	DESCRIPTION	SHORT NAME
52	SLMB	SLMB
54	SSI NURSING HOMES	SSINH
55	FAMILY PLANNING (WAIVER)	FP
56	PROVISO CHILDREN (ISCEDC/COSY)	PROVIS
57	KATIE BECKETT CHILDREN - TEFRA	TEFRA
59	LOW INCOME FAMILIES	LIF
60	REGULAR FOSTER CARE	RFC
70	REFUGEE ENTRANT (REFUG ASSIST)	REFUG
71	BREAST AND CERVICAL CANCER	BCCP
80	SSI	SSI
81	SSI WITH ESSENTIAL SPOUSE	SSIES
85	OPTIONAL SUPPLEMENT	OSS
86	OPTIONAL SUPPLEMENT & SSI	SSIOSS
87	OCWI (PREGNANT WOMEN)	OCWIPW
88	OCWI (CHILDREN)/PHC	PHC
90	QUALIFIED MEDICARE BENEFICIARY	QMB
91	RIBICOFF CHILDREN	RIBCOF

Healthy Connections PRIME