

October 01, 2010

OSS Advisory Newsletter



VOLUME — FY 2010—10

*** MANDATORY ***

Electronic Remittance Advice Package and Bulletins

The South Carolina Department of Health and Human Services no longer distributes hardcopy remittance advice packages and related edit correct forms through the mail. Distributing remittance advices and associated edit correction forms through the online Web Tool is a more secure and cost effective manner for providers to receive this information.

Please contact the EDI Support Center at 1-888-289-0709.

The EDI Support Center will be able to assist you by sending you a Trading Partner Agreement (TPA) for completion that outlines the requirements for electronic transfer of Protected Health Information (PHI) between SCDHHS and your facility. The TPA is also available at:

<http://www.scdhhs.gov/hipaa/Forms.asp>

Thank you for your continued willingness to provide quality care and services to the beneficiaries of the South Carolina Optional State Supplementation Program and the Medicaid Program. If you have any questions about the TPA, training opportunities for this new feature, user ID's or passwords, please contact the EDI Support Center at the above number.

To sign up and receive electronic bulletins, you must go to:

<http://bulletin.scdhhs.gov>

And subscribe to the Provider listserv.

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Post Office Box 8206
 Columbia, SC 29201-8206

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

How to Download, Complete and Transmit the 2010 RCF/IPC COST REPORT Using Your Computer

Each facility participating in the OSS and/or IPC Program is required to submit a standardized cost report, developed by DHHS, which reflects all income, operating costs and resident day information of the facility.

Facilities operating the entire 12-month period from July 1, 2009 to June 30, 2010 must complete this cost report.

A. Download Instructions:

1. Go to web address <http://www.scdhhs.gov/insideDHHS/Bureaus/InformationTechnologyServices.asp>
2. Under Software Downloads, click 2010 RCF-IPC Cost Report
3. Choose SAVE
4. Type a FILE NAME, preferably your Provider Number which begins with RC followed by 4 numbers. Ex. RC0369
5. Click SAVE and the file is now on your computer

B. Completion Instructions:

1. Complete the applicable yellow spaces on the CostReport tab of the file
2. Once you finish all of the 13 pages, SAVE the file again using the same file name you used in A. 4.

C. Transmitting Instructions:

1. Go to web address <https://secure.dhhs.state.sc.us/seniorscp/upload.html>
2. You are about to view pages over a secure connection. Click OK
3. Information you exchange with this site cannot be viewed... Do you want to proceed? Click YES
4. Click BROWSE
5. Choose the cost report file you saved
6. Click OPEN. The file path and name now appear on the Upload Screen
7. Type the remainder of the information requested
8. Click UPLOAD FILE

The 2010 RCF/IPC Cost Report was **due no later than September 1, 2010**. Failure to submit this information by the deadline has resulted in the immediate withholding of your facility's payments.

A letter was mailed approximately July 2, 2010 to the RCF/IPC facilities required to file a 2010 RCF/IPC Cost Report. If you have not received your letter but feel you are required to submit a 2010 RCF/IPC Cost Report, contact Gwen Henderson at (803) 898-1017 or Hendgwen@scdhhs.gov ; or Pete Riyad at (803) 898-1019 or Riyad@scdhhs.gov for verification. You will not be exempt from filing the 2010 RCF/IPC Cost Report due to not receiving a letter.

If you do not have internet access, you may contact Gwen Henderson at (803) 898-1017 or Hendgwen@scdhhs.gov to request the 2010 RCF/IPC Cost Report form be mailed to you. Please leave your name along with the facility name/address/contact number. No other RCF/IPC Cost Report form will be accepted.

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Preventing Subtle Forms of Elder Abuse

What is Elder Abuse?

Over one million older adults in America have been mistreated by someone who they depended on for care. Mental and physical ailments among people in residential care facilities make them easy targets for abuse. Elder abuse involves any intentional act that causes harm to an older adult. Elder abuse may be subtle, which can make it difficult to detect. The purpose of this article is to bring awareness to the subtle forms of elder abuse so that your facility may take the steps toward preventing them.

Subtle or Unintentional Forms of Abuse

Although major forms of elder abuse include physical, emotional, sexual, exploitation, or neglect, more subtle forms exist as well. The more subtle acts of elder mistreatment may not directly impact residents' physical health, but may have implications for their quality of life and/or dignity. Quality of life and dignity issues come into play when residents feel disrespected or devalued.

- Treating residents like children – A common dignity issue that occurs among older populations is the tendency to be treated like children. This is often unintentional, but no less humiliating for residents.
- Bringing problems from home to work – Staff may be experiencing stress and/or frustrations at home, and take those feelings out on residents. It is critical that staff be able to effectively separate their home lives from their work lives.
- Forgetting that residents are individuals – It is easy to get caught up in the jobs we are tasked to complete and forget that residents are individuals with thoughts and feelings that must be respected.



Preventing Elder Abuse

There are a few simple things that managers can do to prevent elder abuse in their facilities.

- Listen to your residents - If a resident is complaining about a particular employee or family member, take complaints seriously and monitor the situation. If you suspect that abuse may be present, intervene.
- Educate your staff - It is important that staff knows how to recognize elder abuse. Raising awareness not only encourages staff to report incidents, but also makes staff more sensitive to their own interactions with residents.
- Listen to your staff - If staff members report suspected abuse, do not ignore or punish them. Instead, positively respond and take prompt action. Also, protect the identity of reporters.
- Encourage relationship building - Encourage staff to build relationships with residents. If relationships are good, then staff members are more likely to respect residents' choices.
- Allow flexibility in scheduling - Allow staff to have some level of flexibility in scheduling direct care tasks in accordance with residents' needs and desires.
- Advocate for residents—If you suspect that a family member is engaging in some form of abuse toward a resident, advocate for that resident.