

DRAFT

Guide to RFI/MWU Request Prevention: An Inside Look at the World of A Waiver Specialist

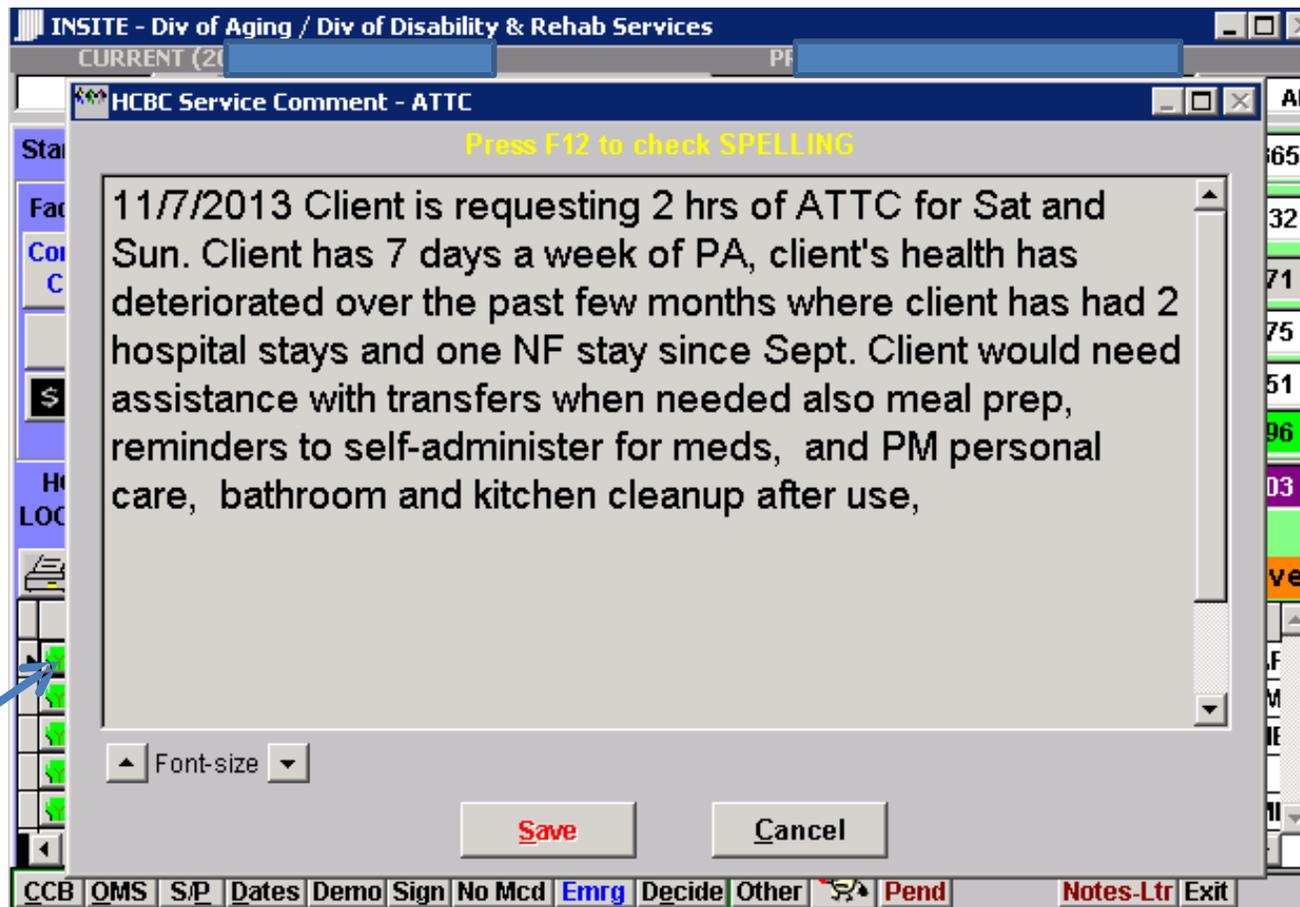
Right side shows us the most current, approved plan

The screenshot displays the INSITE software interface for comparing two plans. The left side shows the current plan, and the right side shows the approved plan. Key data points are summarized below:

Category	Current Plan	Approved Plan
Start Date	04/01/2013 thru 03/31/2014	04/01/2013 thru 03/31/2014
Days	365	365
Fac Type	IC	IC
Daily Rate	\$ 107.32	\$ 107.32
HCBC	\$ 15,483.96	\$ 13,961
Per Diem	\$ 39,171.80	\$ 39,171
OMS	\$ 22,782.87	\$ 16,244
Fac-OMS	\$ 679.13	\$ 355
Spnd Dwn	\$ 0.00	\$ 0
Liability	\$ 6,851.05	\$ 6,851
HCBC Total	\$ 38,266.83	\$ 30,205
NFC Total	\$ 32,999.88	\$ 32,676
HCBC / Day	\$ 104.84	\$ 82.75
NFC / Day	\$ 90.41	\$ 89.53
LOC	A10	A10
Update Cost	\$ 14.43	-

Service	Rate	Total Cost	Cost/Day
ATTENDANT C	4.70	4963.20	18.05
ATTENDANT C	4.79	2490.80	27.68
CASE MANAGE	100.00	900.00	3.28
CASE MANAGE	11.34	544.32	5.98
HOME DELVR I	5.32	2106.72	7.66

Comparing these daily costs often tell us right way what changes are in this update or annual – less useful when rates are increasing daily costs anyway J



These Service Comment fields are a great place to summarize the need for this particular service and a great place to include a schedule breakdown (can often copy and paste from the Preliminary Care Plan Comments on your e-screen).

This is first place we might see signs of a PA not mentioned in your comments.

INSITE - Div of Aging / Div of Disability & Rehab Services

CURRENT ()

AD Slot Assign \ Edit Slot Blank Slot AD

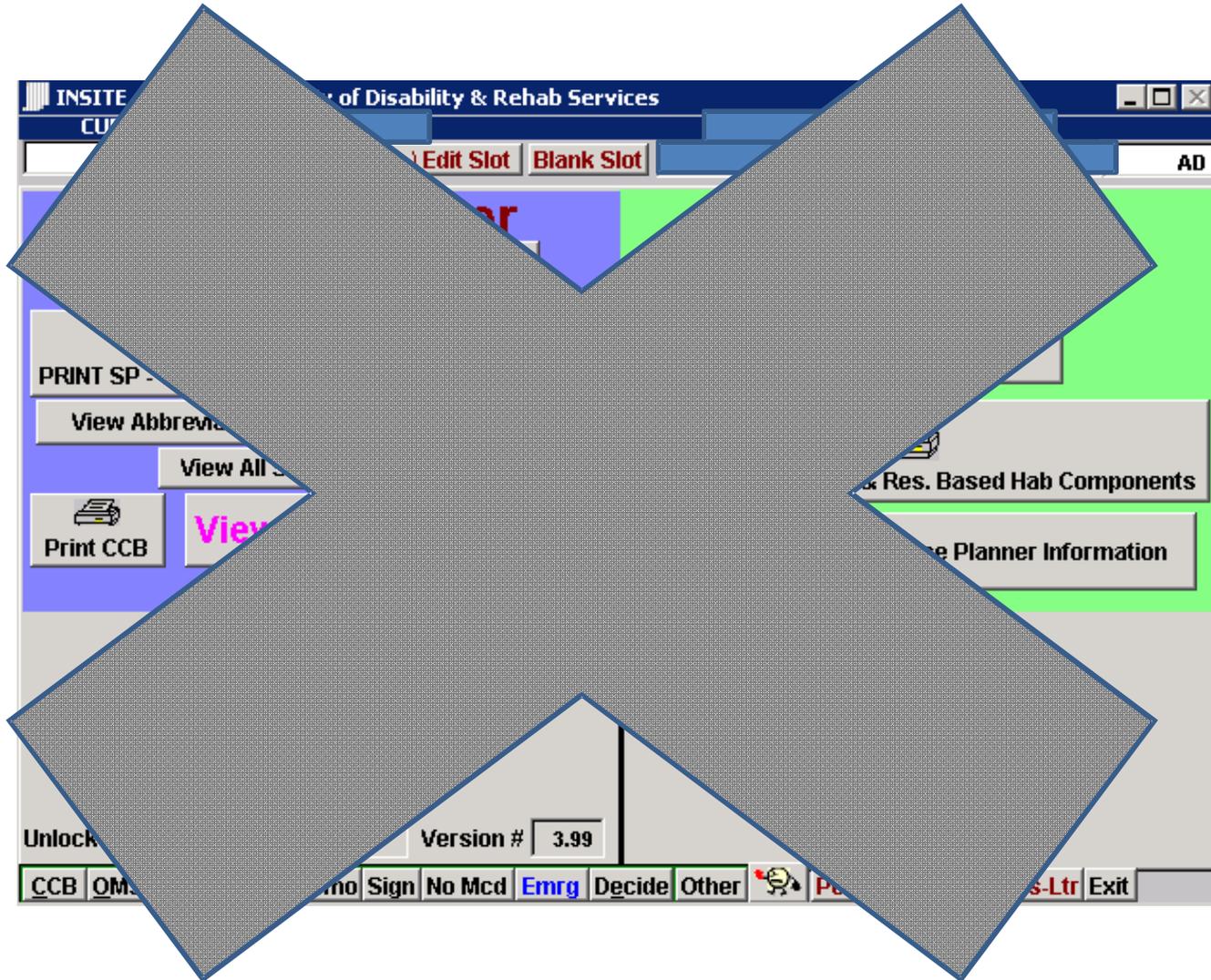
In-Home-Other Medical Service Costs-CCB Total				In-Home-Other Medical Service Costs-CCB Total			
Units	Rate	Total	Service	Units	Rate	Total	Service
517.19	37.07	19172.39	HOME HLTH AIDE	0.96	9.95	9.55	OPTOMETRIC SERVI
62.76	8.06	506.01	LAB / X-RAY	126.96	36.42	4623.83	HOME HLTH AIDE
5.40	31.92	172.36	PHYSICIAN	21.96	2.45	53.87	LAB / X-RAY
1.08	0.70	0.76	OTHER MEDICATION	0.96	25.26	24.25	OTH NEEDED SVCS
24.00	42.23	1013.51	SKILLED NURSING	2.88	30.66	88.31	PHYSICIAN
5004.54	0.38	1917.84	SHIPPERS	12.00	53.52	642.23	SKILLED NURSING

Display Paid Claims from EDS OMS Comments

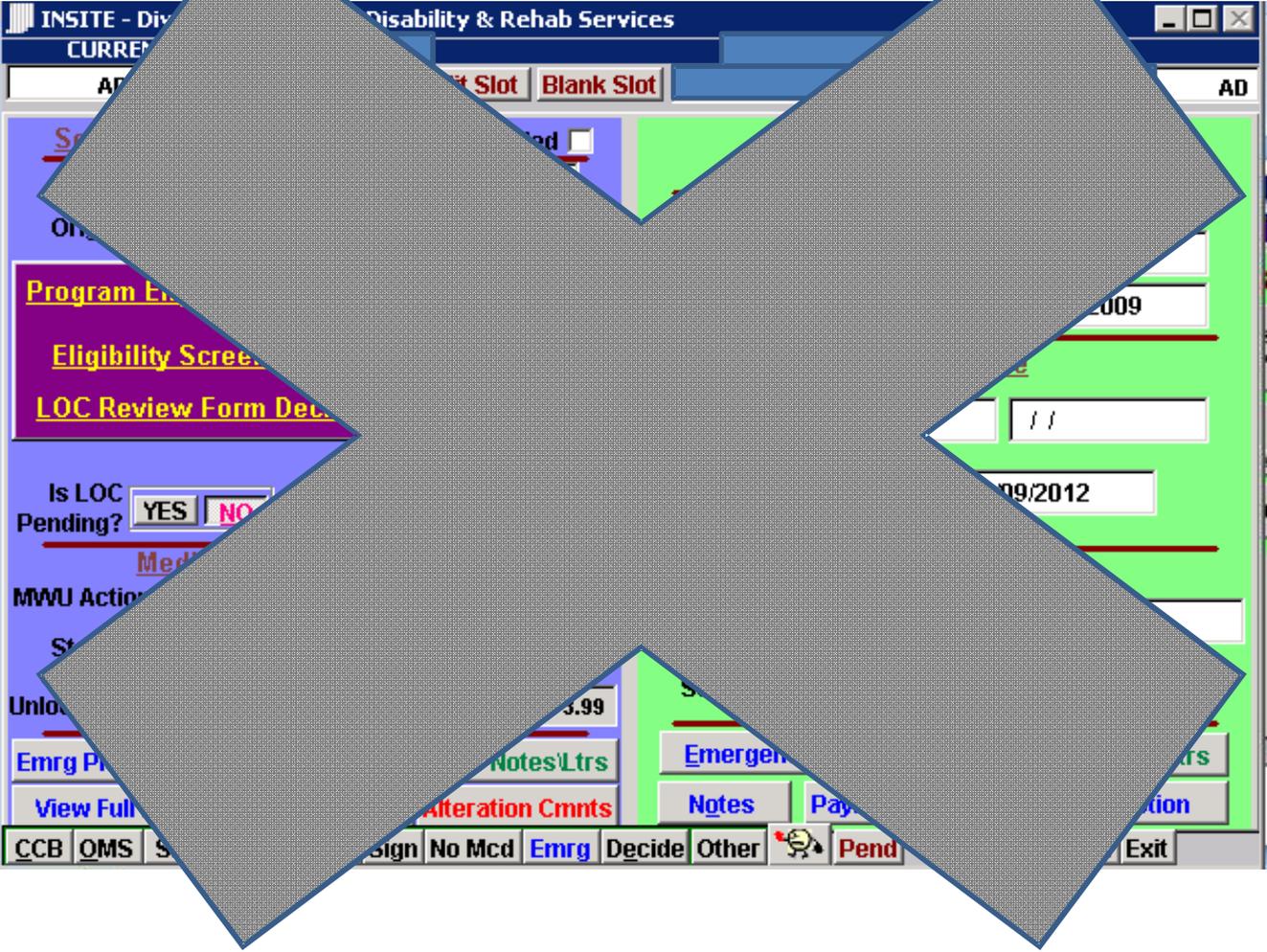
Facility - Other Medical Service Costs-CCB Total				Facility-Other Medical Service Costs-CCB Total			
Units	Rate	Total	Service	Units	Rate	Total	Service
62.76	8.06	506.01	LAB / X-RAY	0.96	9.95	9.55	OPTOMETRIC SERVI
5.40	31.92	172.36	PHYSICIAN	21.96	2.45	53.87	LAB / X-RAY
1.08	0.70	0.76	OTHER MEDICATION	0.96	25.26	24.25	OTH NEEDED SVCS
				2.88	30.66	88.31	PHYSICIAN

CCB OMS SP Dates Demo Sign No Mcd Emrg Decide Other Pend Notes-Ltr Exit

We don't use this screen other than the unlock code is available to us if needed.



Some shortcut buttons here, again the unlock code, but generally not a screen we rely on much.



We can review case notes here

Here and at other points we can enter client processing and see screens more as you do; however, it can be slow to open and is a whole extra set of screens to navigate through.

From here we review the LOC form to see that it is completed correctly (including waiver transfer status if applicable; review e-screen here as well)

Or we can go straight back to the e-screen from here

A NO in this spot indicates to us that the case manager may be seeking a denial.

INSITE - Div of Aging / Div of Disability & Rehab Services

Plan Start Date: 04/01/2013 End Date: 03/31/2014 AD

PLAN OF CARE Right Click on Yes / No For Help

Client \ guardian signed Yes No

Case Manager Signed Yes No

COST COMPARISON BUDGET Right Click on Yes / No For Help

Client signed: Freedom of Choice Yes No Choice of Providers Yes No

Case Manager asserts there are no known conflicts of interest Yes No Conflict Guidance

Providers have been notified of the content of this CCB. Yes No

Auto / expedite approve this CCB if it qualifies Yes No

Some updates make small changes in monthly units. When fairly minor changes are made, new signatures are NOT required. However, either the guardian or client must be contacted.
I certify NEW signatures NOT required but client / guardian has been contacted by telephone, e-mail or face-to-face visit. Yes No

We would see CHOICE services here if client was on CHOICE and being transferred to waiver. If waiver services are different from CHOICE, we would be looking for some justification for that.

The screenshot displays the INSITE software interface for the Div of Aging / Div of Disability & Rehab Services. The window title is "INSITE - Div of Aging / Div of Disability & Rehab Services". The main menu includes "CURRENT", "AD", "Slot", "Assign \ Edit Slot", "Blank Slot", and "AD".

There are two side-by-side panels, each with a table titled "Other Non Medicaid \ Non Waiver Services & Costs".

Units	Total	Payor	Service

Below each table is a section labeled "Total of those costs" with a text box containing the value "0.00".

The bottom menu bar contains the following items: CCB, QMS, S/P, Dates, Demo, Sign, **No. Mcd** (circled in blue), Emrg, Decide, Other, Pend, Notes-Ltr, Exit.

Quick look at some of the CCB comment fields without actually opening the CCB.

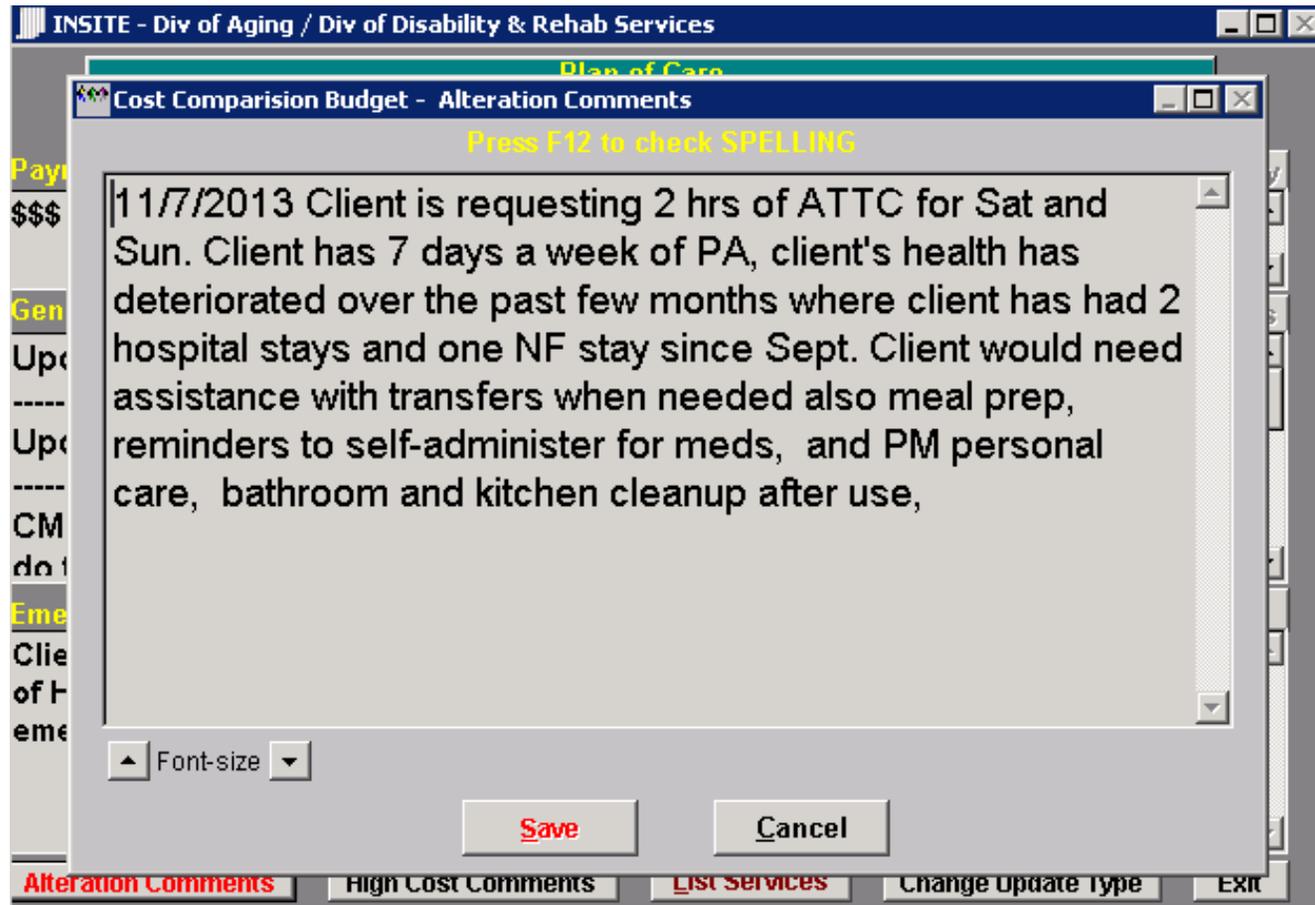
The screenshot shows the 'INSITE - Div of Aging / Div of Disability & Rehab Services' window. At the top, there is a 'Plan of Care' section with buttons for 'Problem', 'Goal', and 'Objective'. Below this are several comment fields:

- Payment History**: Enter / Edit Payment History. Content: \$\$\$ Claims pulled from EDS for period 06/17/2012 - 05/19/2013 \$\$\$
- General Comments Regarding CCB**: Enter / Edit General CCB Comments. Content: Update for Rate Changes effective 01/01/2014; Update for Monthly CMGT service effective 07/01/2013; CM spoke to client who told CM the aides are there in the morning and they do fix client iell-o and nudding but are not there for dinner Client now
- Emergency Backup Plan**: Enter / Edit Emergency Backup Plan. Content: Client lives in an apt and has home care 14 hrs of HOHE; 6 hrs of ATTC, and 4 hrs of HMK. Family checks on client and client is able to dial 911 in case of an emergency. Client also has Lifeline for safety.
- Alteration Comments**: High Cost Comments; List Services; Change Update Type; Exit

A blue circle highlights the 'Emergency Backup Plan' header, and a blue arrow points from it towards the explanatory text at the bottom of the slide.

Back up plan should address emergencies, including the failure of a support worker to appear when scheduled to provide necessary services when the absence of the service presents a risk to the participant's health and welfare.

Your alteration comments on an update CCB should include a description of the change you are making and the justification for it. An updated schedule can be helpful depending on the change being made.



Justification for a change needs to be based on some change in the circumstances of the client or their caregiver or some new information.

INSITE - Div of Aging / Div of Disability & Rehab Services

CURRENT ([redacted])

AD Slot [redacted] Assign \ Edit Slot Blank Slot [redacted] AD

To render your decision press the 'Prepare Decision' button and a decision letter to the case manager will automatically be prepared.

Reason On Hot List % CHG LAST APVD
 Rt Click Here for Explanation Prepare Decision Letter

DART Case Activity

The waiver specialist can approve, deny, or request additional information (known as an RFI or a MWU request).

If you need more information on this CCB or if you need to merely record information about your review of the CCB, press ==>

Requests for Info/Memo for File ICLB Transition Internal Notes

Automatically deny this CCB if response to request for information is overdue? YES NO

CCB OMS S/P Dates Demo Sign No Mcd Emrg Decide Other Pend Notes-Ltr Exit

From here we can view any incident reports (waiver only).

The screenshot displays the INSITE software interface for the Division of Aging and Disability & Rehab Services. The window title is "INSITE - Div of Aging / Div of Disability & Rehab Services". The main menu includes options like "Annual Plan Rates", "RDT Tool", "Dart Info", "Client Processing", "CCB Edit Exemptions", "IndianaAIM Data", "Rate Scoring", "Benchmark Computations", "Compare CCB to \$ Costs", "DART Case Activity", "Incident Reports", "Set Directed Care Check List", "Adult Foster Care Check List", "Manually Adjust RHSS \ DAYS Data", and "Change Update Type". A blue circle highlights the "Incident Reports" option, and a blue arrow points from the text above to it. Below the main menu, there are sections for "Assessment for Combined Case Management (ACCM)", "Level of Service Evaluations" (with sub-options for Assisted Living, Adult Day Service, and Adult Foster Care (A&D)), and "Insert OMPP Level of Care Approval Case Note". The bottom status bar shows various system indicators and buttons like "Pend", "Notes-Ltr", and "Exit".

Viewing Incident Reports

Client: [Redacted]

ID#	Date	Notes	Follow Up
[Redacted]	09/18/2013	Incident Description:	----- Follow-Up Note -----

Reported By: [Redacted] Closed On: 09/20/2013 10:10

Notes	Follow Up
Incident Description: PC from Home Care agency letting CM know client was admitted to the hospital on 9/13/2013. PC to Hospital who said client was discharged to NF yesterday for short	----- Follow-Up Note ----- --> Submitted Date:09/20/2013 07:55:57 AM --> Investigation notes: CM was notified client was admitted to the

Action Type	Details
Apparent Cause	Medical Condition
Incident Type	Admission to NF / Rehab
Incident Type	Significant Medical Event
Resources Utilized	Hospital Admission, Inpatient

