



Initiation of Home and Community Based Services (HCBS)

CaseTrakker Dynamo Outpatient Event
Process for GSSCs


Process Overview: Care Manager Responsibilities

- Develop a Treatment Plan in collaboration with the member, based on their needs
- Identify Home and Community Based Services (HCBS) that require notification
- Determine that the Treatment Plan is in agreement with the member's request for services, for example:
 - Member requests Laundry services, and
 - Case Manager assesses that the member needs these services, and
 - Care Manager creates a treatment plan to support this need
- Identify current providers and confirm current services

Process Overview: Care Manager Responsibilities

- Communicate THP SCO Treatment Plan verbally to member/provider (as appropriate)
- Document Treatment Plan and communication in Activity Log with Clinical Note
- Create an Outpatient (OP) Event in CaseTrakker Dynamo (CTD)
- Review and revise the treatment plan:
 - Post-hospitalization
 - As needed with changes in condition
 - At least annually

Notifications: Create the OP Event

Open the member's file. Click the  button, then Work, then Outpatient.



Mary Poppins's Member File | Last Updated: 9/12/2017 1:23 PM

- Recent Items
- Assessments
- Work
- Items By Type

- Activity Log
- Attachment
- Inpatient Stay
- IP Prior Authorization
- IPC
- Outpatient
- Task

Notifications: Create the OP Event

- You will be required to fill out specific information about the OP Event, including:
 - Request Intake Type
 - Request Intake Date/Time*
 - Service Start Date
 - Request Type*
 - Requestor
 - Primary Diagnosis
 - Referring Provider
 - Servicing Provider

* Request Intake Date/Time and Request Type will automatically set the Due Date for Turnaround Time (TAT) tracking purposes

Referring and Servicing Provider

- Referring Provider selection:
 - Enter the PCP's name
- Servicing Provider selection:
 - For services provided via the ASAP vendor network, enter ASAP name as the Servicing Provider
 - **NOTE:** Enter the servicing vendor's name in the "Comments" section
 - For services not provided via the ASAP vendor network, enter the servicing vendor's name as the Servicing Provider
 - For example, if the member is receiving Adult Foster Care services from Caregiver Homes, enter Caregiver Homes as the Servicing Provider

Referring Provider



Daffy Duck
7788 Acme Rd
Boston, MA 02447

Par - Family Practice
Ph: (617) 555-8447
Fx: (617) 555-8423

Servicing Provider



ELDER SERVICES OF
THE MERRIMAC
280 MERRIMACK ST
STE 400
LAWRENCE, MA 01843 Fx:

**Par - Aging Services
Access Point (Asap)**
Ph: (978) 683-7747

OP Event Comments

- Enter comments to document any pertinent information that is not recorded elsewhere in the OP Event
 - Include the Servicing Provider's name here if the service is provided via the ASAP vendor network
 - **NOTE:** After the first save, this Comments section will be locked
 - To add comments after the first save, click the "Amend Text" button
 - Enter your notes, then click "Save"
 - You will then be prompted to enter your password

Service Detail

- To create a Service Detail, click the “Add Services” button
- You will be required to fill out:
 - Service Type
 - Service Detail
 - Start Date
 - Requested Units

Service Type	Service Detail		
Community-based Services	Home Delivered Meals		
Start Date	End Date	Requested Units	Requested Frequency
9/25/2017		7 Units	per week

Services beyond recommended threshold

- If you cannot make a Treatment Decision on your own and need to pass the request on to the SCO Clinical Consultant or Clinical Manager:
 - Click the green check mark at the top of the OP Event
 - Assign Task to the SCO Clinical Consultant or Clinical Manager
 - Task Type – Clinical Manager Review
 - Enter Notes regarding the request, for example: “Member requires 10 hours of HM per week, please see Functional Assessment”
 - Click Save and close the task

Completing the Event

- Once the service has been entered, set the status to "Complete"
 - You will be required to enter "Notification Given to Member Type", however, notification is not required for these services
 - Select "No Notification Required"
 - Click the Save button

A screenshot of a service entry form. At the top right, there is a "Status" dropdown menu with a green checkmark icon above it, and the word "Complete" is selected. A red arrow points from the checkmark to the "Status" label. Below the status is a "Next Review Date" dropdown menu. In the middle of the form, there is a section titled "Date/Time of Effectuation" with a date and time field. Below that is a section titled "Extension Needed" with a dropdown menu. Below that is a section titled "Notification Given to Member Type" with a dropdown menu showing "Notification Not Required". A red arrow points from the "Status" dropdown to the "Notification Given to Member Type" dropdown. Below that is a section titled "Notification Given to Provider Type" with a dropdown menu. The form is titled "Outpatient-Poppins" at the bottom.

Tasking to set up HCBS via the ASAP

- RN Care Manager – for services provided via the ASAP
 - Click the green check at the top of the OP Event (next to Status) or from your Clinical Note
 - Assign Task to the GSSC
 - Task type – “HCBS – Set up identified services”
 - Click Save and close the Task
 - Send GSSC copy of Personal Care Plan if requesting PC services
- GSSC
 - Enter required information into SAMS
 - Notify the vendor to initiate services
 - Enter an Activity Log to indicate services were initiated

What if the member doesn't agree with my Treatment Plan?

- Instead of using words such as “approved” and “denied”, the CaseTrakker Activity Log must use words and phrases such as “supports” and “does not support”
 - Examples:
 - “The member was advised that the Treatment Decision **supports** the request.”
 - “The member’s responsible party was advised that the Treatment Decision **does not support** the request.”

What if the member doesn't agree with my Treatment Plan?

- If the Treatment Decision does not support the request, include in your note that the member disagrees with your Treatment Plan
- You must offer to assist the member in contacting Customer Relations (CR) to formally request an Organization Determination (OD)
 - CR Phone: (855) 670-5934
 - **Document** in CaseTrakker
 - Example: "Offered to contact Customer Relations with the member to formally request an Organization Determination from the plan."

Changes to Notifications

- If a service changes (increases, decreases, or is discontinued), the SCO Care Manager is responsible to:
 - Set the status of the existing notification to “Closed”
 - Create a new notification with the new treatment plan information