

Care Management File and Care Plan Maintenance

SCO Community Care Manager Webinar
March 2020

Purpose

- To remind and reinforce with staff through examples, how Community Care Managers should be maintaining SCO member Plans of Care and the Member File in CaseTrakker
- Plan of Care should be updated with each assessment
- As we continue the ongoing effort to have accurate and up to date Plans of Care for SCO members, the SCO Clinical Managers are monitoring POCs weekly. This is occurring through the CMS Internal Validation “clean period.” Clinical Managers will request edits/corrections to POC during this time.

Update the Problem List (after each assessment)

- Add any new problems with date identified and source (pharmacy/medical claims, H&P review, etc.) Add the source if other than assessment.
 - Note: Care Coordinators should be tasking the Care Manager when new H&P arrives.

Update the status of the existing problems

- Active
- Inactive
- Stable/Monitoring

What matters most? I want to walk again.

Problem list: per member and H&P 10/2/2019

Active: 3/3/2020
unsteady gait/falls/RAKA
pain
DM
Dep ADL's

Chronic/stable monitoring: 3/3/2020

- Anemia
- Anxiety
- Arterial thrombosis
- Arthritis
- Right shoulder
 - BPH (benign prostatic hyperplasia)
 - CAD (coronary artery disease)
- SIP GAnG, LIMA to LAD, SVG to first appears marginal, SVG to right
- Cervical disc disorder

Update What Matters Most to the Member

“What matters most” should be re-addressed with each assessment and updated in the Notes section on the Plan of Care as needed.

Reviewed and Approved by RN 

Yes 3/16/2020

What matters most - "To be able to stay in home and take care of my animals" ←

Problem List - source: H&P 8/13/19 and member reports 3/16/20 ←

8/13/19 - CHF Active

8/13/19 - Dyspnea on exertion Active

8/13/19- LBBB (stable/monitoring)

8/13/19 - HTN (stable/monitoring)

8/13/19 - Hyperlipidemia (stable/monitoring) New medication Atorvastatin added without incident 2/2020

1/1/16 - Schizophrenia Active

7/8/19 - falls - Active

7/8/19 - chronic pain (stable/monitoring)

12/11/19 - biventricular defib implant St. Elizabeth's Dr. Wiley - active

When you “review and approve,” this includes the whole POC including this section.

Reconcile Problem List with Plan of Care

- Ensure all active problems are reflected on the POC
 - Each **active** problem should have an associated Problem, Goal and Intervention (PGI) on the POC

If a problem is no longer active, and there is no active intervention or goal, then the problem should be closed.

The screenshot displays a medical record interface. On the left, a 'Problem' form is shown with three sections: 'Problem Priority' set to '1', 'Problem' with a dropdown set to 'Other' and a text field containing 'Anxiety', and 'Problem Status' with a dropdown set to 'Closed' and an arrow pointing to it. On the right, a list of medical conditions is displayed, including 'What matters most? I want to walk again.', 'Problem list: per member and H&P 10/2/2019', 'Active: 3/3/2020', 'unsteady gait/falls/RAKA', 'pain', 'DM', 'Dep ADL's', 'Chronic/stable monitoring: 3/3/2020', and a bulleted list of conditions: Anemia, Anxiety, Arterial thrombosis, Arthritis, Right shoulder, BPH (benign prostatic hyperplasia), CAD (coronary artery disease), SIP GAnG, LIMA to LAD, SVG to first appears marginal, SVG to right, and Cervical disc disorder.

Adjust Priority of Problems

- Reset the priority of problems based on member's current needs
 - **Note:** There should only be one problem per priority. One #1, One #2, etc.

Problem Priority		
Date Changed	Changed By	Value
10/16/2019 5:08:31 PM	pb8329	2
6/5/2019 2:06:27 PM	pb8329	1
4/24/2019 11:08:16 AM	pb8329	

Update the Goals

- As Goals expire and/or are met/not met – please be sure to update Intervention accordingly.
- If short term Goal expires and long-term Goal remains open, the Problem can stay open – add another short term Goal (within long term goal date range).
- NO Problem should be open for more than **one year**.
- If a Goal/Intervention is being initiated, then the Goal should not be indicated as Met/Not Met as Goal is brand new.
- As Goals expire or are due to expire before the next assessment, be sure to address the Goals or Task yourself to address them before they expire.

Update the Interventions

- Interventions on the POC need to be updated with each assessment.
- For example, if an Intervention was initiated after the last assessment, and the Goal is still open, then the Intervention status should be updated to “**Ongoing**”.

Intervention Status		
Date Changed	Changed By	Value
3/3/2020 5:16:51 PM	km6590	Ongoing
12/5/2019 12:52:37 PM	km6590	Initiated

Note: Interventions can only be assigned to INTERNAL Care Team members, such as Primary Care Managers, NP, GSSC, CHW, BH Clinician etc.
(Ensure Interventions are “Tasked” to appropriate team member.)

Update the Care Team Tab

Care Team Tab should be kept current; changes in GSSC, PCP, Care Manager, etc. need to be documented there.

07/08/2019	Care Manager	Pamela	Bastis	1/1/2016 12:00:00 AM	1/1/1900 12:00:00 AM	
07/08/2019	Member	Shirley	Rodriquez	1/1/2016 12:00:00 AM	1/1/1900 12:00:00 AM	
10/16/2019 ←	Specialist	Bruce	Kriegel	10/16/2019 12:00:00 AM	1/1/1900 12:00:00 AM	Cardiologist
08/07/2019	PCP	Yun	Xia	1/1/2016 12:00:00 AM	1/1/1900 12:00:00 AM	
12/23/2019 ←	Specialist	Dr.	Wiley	1/1/1900 12:00:00 AM	1/1/1900 12:00:00 AM	Surgeon - biventricular defib

Update the Review and Approved by Member field

- The Care Manager should update the date of “Review and Approved by Member” with each assessment.
- If member UTR/Refused, leave date as the date of the last face to face assessment.

Reviewed and Approved by Member

Yes	▼	12/23/2019	▼
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Update Review and Approved by RN Field

- For Level 1 and 2 members do not update this field. RN Supervisor will update during annual POC review



The screenshot shows a form field with the title "Reviewed and Approved by RN" and a copy icon. Below the title is a dropdown menu with "Yes" selected and a date field with "12/23/2019" entered.

- Level 1 and 2: GSSC tasks the SCO Clinical Consultant, who reviews the record.
- Level 3: It is the primary Care Manager's job (RNCM) to review the assessment results and update the Service Plan and POC accordingly.
 - GSSC task the SCO Clinical Consultant after each assessment and the RNCM "if" there are any changes or concerns

Mailing the IPC

- The IPC with the IPC Cover Letter and Member Summary are mailed on an initial and annual basis (or when there are significant changes to POC or Service Plan)
- Do not mail the IPC/IPC cover letter when *routine/minimal* changes are made to the POC

NOTE: All IPCs were mailed for the purpose of the “Plan of Care Remediation Project”

Reminders:

- Short term Goals: No longer than 6 months
- Long term Goals: No longer than 12 months
- **DO NOT extend dates:** If Goal is not met by the due date, then you need a new Goal
- Do NOT prioritize goals. (*Problems not goals are prioritized.*)
- DO NOT USE THE DROP DOWN list in CaseTrakker for Goals. (Re: they do not contain SMART Goals.)
 - If you need a PGI list – see your manager.

Special Circumstances: PGIs

UTR (Unable to Reach) and Refused

- UTR and/or Refused Problems should be for 2, 3 or 6 months, depending on status
 - Refused – Must receive a phone call & letter
 - Per agreement on Feb. 19: If a member no-shows, late cancellation or member cannot be scheduled before due date, Eval Task will be changed to “Refusal” and letter is not required
 - Must be documented in Eval Task Notes why assessment is refused (i.e., “Member no-show on eval date”)
 - UTR – Must receive 3 call attempts & letter before assessment due date
- Once a member has been reached or returns to service area, UTR/Refused Problems should be **Closed and reprioritized**

COVID-19

- Document call attempts in Eval Task.
- Document Evaluation Method (phone/visit) in every Eval Task.
- Document in *Notes section of Eval Task* if assessment is – telephonic, teleconference, UTR, Refused, No-shows or any other special circumstances.

The image displays two screenshots of a software interface for recording evaluation tasks. Each screenshot shows a form with two columns: 'Evaluation Type' and 'Evaluation Method'. In both, 'Ongoing' is selected for 'Evaluation Type' and 'Phone' is selected for 'Evaluation Method'. Below these is a 'Notes' section. In the top screenshot, the note reads: 'Telephonic Assessment Completed with member due to COVID-19 pandemic. ~ Pam Bastis Clinical Manager'. In the bottom screenshot, the note reads: 'Teleconference via Facetime assessment completed with member due to COVID-19 pandemic ~ Pam Bastis Clinical Manager'. Black arrows point to the 'Ongoing' and 'Phone' dropdown menus in both screenshots, and to the 'Notes' text area in both.

Evaluation Type	Evaluation Method	Notes
Ongoing	Phone	Telephonic Assessment Completed with member due to COVID-19 pandemic. ~ Pam Bastis Clinical Manager
Ongoing	Phone	Teleconference via Facetime assessment completed with member due to COVID-19 pandemic ~ Pam Bastis Clinical Manager

COVID-19 – Examples of PGIS

COVID - 19	Member is able to verbalize signs/symptoms of COVID 19 virus by target date.	RNCM educated member to screen themselves and caregivers for symptoms including: Sick with fever (higher than 100.3F) or newly developed respiratory illness, such as cough, shortness of breath or sore throat. Recent international travel from affected geographic areas and /or close contact with a person diagnosed with COVID 19 in past 14 days.
COVID - 19	Member will stay in home if they experience symptoms of acute respiratory illness by target date.	RNCM educated member to screen themselves and caregivers for symptoms including: Sick with fever (higher than 100.3F) or newly developed respiratory illness, such as cough, shortness of breath or sore throat. Recent international travel from affected geographic areas and /or close contact with a person diagnosed with COVID 19 in past 14 days.
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM reinforced the practice of good daily hygiene with member and caregivers.
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM educated member/cg to wash hands often with soap and water for at least 20 seconds. If soap and water unavailable, use alcohol based hand sanitizer with at least 60% alcohol
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM educated member/cg to cover a cough or sneeze with tissue and dispose of tissue
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM educated member/cg not to touch eyes, nose or mouth without first carefully washing their hands.
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM educated member/cg to properly clean all frequently touched surfaces on a regular basis using everyday cleaning products
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM educated member/cg to avoid sharing dishes, drinking glasses, eating utensils or towels
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM educated member/cg to wash dirty dishes in a dishwasher or by hand, with warm water and soap
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM educated member/cg to wash laundry in standard washing machine with warm water. It is not necessary to separate laundry used by a; client from other household laundry
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM educated member/cg that in order to avoid germs, do not shake dirty laundry or "hug" dirty laundry to your chest to carry it.
COVID - 19	Member will experience no signs/symptoms of the COVID 19 virus by target date.	RNCM provided member education regarding COVID 19 per mass.gov/2019coronavirus .
COVID - 19	Member will adhere to the social distancing guidelines by target date.	RNCM educated member on ways to limit person to person contact, leverage technology where appropriate. Maintain 6 feet between person to person contact.
COVID - 19	Member will not experience worsening signs/symptoms of emotional health d/t stress about new virus by target date.	RNCM educated member that emotional reactions to stressful situations, such as new viruses, are to be expected. Feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal. If symptoms become worse, last longer than a month or if they are struggling to participate in daily activities, have them reach out for support.
COVID - 19	Member will avoid unnecessary out of state or international travel and avoid large gatherings or crowds by target date	RNCM educated member and cg to limit unnecessary travel and to cancel large and do not attend gatherings of more than 10 people.
COVID - 19	Member will verbalize understanding that 211 has been activated as a resource for information regarding COVID- 19 by target date. (If member resides in Boston 311)	RNCM educated member that 211 is open 24 hours a day, 7 days a week. All calls are free and confidential. Interpreter services are available in multiple languages.

The background features two large, stylized human silhouettes in a medium blue color. Each silhouette consists of a circular head and a rounded, open-bottom body. The word "Questions?" is centered in white text between the two figures.

Questions?