# Documentation Checklist – THP SCO Care Management

## Geriatric Support Services Coordinator – Primary Owner of Level 1/Level 2

**Assessment Details: For Level 1 & 2 Members – Completed by GSSC every 6 months**
** Note that members who may be more complex should be referred to an RNCM for re-leveling

**Evaluation Task needs to be completed by the due date to be compliant.**

- **Open Evaluation Task** from My Work list
  - ✓ Document all calls within the Eval task
  - ✓ Enter Evaluation Scheduled Date/Time (* Do not check Yes to "Did member agree to assessment?" until after assessment is completed)
  - ✓ Single click on Comprehensive Assessment (CA) through the link at the bottom of the Eval Task
  - ✓ If Unable to Reach or Refused, complete Eval Task as such and issue the appropriate letter from the ➕ menu. Update Member File as UTR. *(* See below table for more UTR/Refusal information)*
- **Functional Assessment (FA)** from the ➕ menu – **Level 2 members only** (those with ADL/IADL needs)
  - ✓ Required annually – View Assessment Summary to confirm a FA has been completed in the past year
  - ✓ A new FA will also be needed for a change in the member's functional status requiring a change in HCBS
  - ✓ Complete the FA Summary to calculate HCBS hours (P – Purchased service)
  - ✓ Include in FA Notes HCBS services/hours member will receive (i.e. "Member qualifies for [#] of hours", "Member requesting [services] and will receive [#] of hours of [services]"
- Open **Activity Log** from the ➕ menu
  - ✓ **Activity Type:** Clinical Note
  - ✓ Right click on the note field and select Standard Text → SCO CM → Clinical Note
  - ✓ Under Plan of Care/Areas of Concern, document "**Verbal approval from member on Plan of Care and Service Plan**"
  - ✓ **See Documentation Guidelines for details on information to include in Clinical Note**
- **Review/Update Authorization Summary Tab**
  - ✓ Verify current services are present and in "Complete" status
  - ✓ Extend or close expired Outpatient Events as needed
  - ✓ Create shell from Outpatient Event button on Activity Log if a new service is implemented; Initiate/Change services with vendor and in SAMS
  - ✓ **If HCBS change:** Never change Hours or Service Provider on the current Outpatient Authorization.
    - Close current Outpatient Authorization and create new OPE with updated Service Plan details.
      - Don't forget to make sure the **Closed Date** and **End Date** of the Service match
      - **Reminder:** Do not close or extend any Outpatient Authorizations completed by the Pre-Cert Department (i.e. DME, medications that require PA)
- **Update Plan of Care (POC)** add Problems from CA and click View Plan of Care on Member File
  - ✓ Review Problems, Goals, and Interventions (PGIs); Barriers; and Target Dates
  - ✓ **See Plan of Care table below for Documentation Requirements on Plan of Care screen**
- **Review/Update Care Team tab** to include individuals providing care to the member or otherwise regularly contributing to the PCT
  - ✓ Include (at minimum): Member, Care Manager, GSSC, Care Coordinator and PCP
  - ✓ **See Primary Care Team table below for guidelines on the Care Team tab**
- **Verify Individualized Plan of Care (IPC)** from the ➕ menu
  - ✓ Must be sent annually or as needed with change in services; Check Letters & Attachments to confirm when last IPC was mailed
  - ✓ Review and edit as needed once OPEs are entered by SCO CM Admins
  - ✓ Change status to "Ready to Send"
  - ✓ Create IPC Cover Letter and change status to "Ready to Send"
- **Transportation** (if needed)
  - ✓ Task SCO CM Admin Group from Clinical Note:
    - **Task Type:** HCBS
    - **Task Detail:** Set up identified services
    - **Note:** type "Logisticare transportation"

**Don't Forget!**

**Before the Home Visit:**

- → Confirm HIPAA permissions via ASAP processes
- → Task **Care Coordinator** (Task Type: **Member Clinical Information Request**) to request annual History & Physical (H&P) if there is not one in Letters & Attachments
- → Review Disease Management needs
- → Review any notes in the Activity Log Summary
- → Review pharmacy claims for recent activity *(*See below table for details)*

**At the Home Visit:**

- → Member File – Check and update (use "SCO Member Summary" report to note changes during home visit):
  - ✓ Demographic changes (incl. Virtual Visit info below)
  - ✓ Rate Cell matches Care Level
  - ✓ Emergency Contact Info/AOR; Risk Level
  - ✓ Primary Owner/GSSC
  - ✓ Allergies
  - ✓ Advance Directives
  - ✓ Goals of Care
  - ✓ Immunizations/Screenings:
    - Breast cancer screening
    - Colorectal cancer screening
    - Eye exam
    - Hearing exam
    - Influenza vaccination
    - Pneumococcal vaccination
- → Update Medications/Medical History tab including Reported Diagnosis
- → **Care Team Tab** – Add Member, Caregiver, PCP, GSSC, RNCM and others as needed

**After the Home Visit:**

- → **Task SCO Clinical Consultant to review chart**
  - ✓ **Task Type:** Chart Review
  - ✓ **Notes:** Detail any pertinent information (ex. Level Change request)

- Complete **EOEA Risk Level Assessment**
- Collect completed **MassHealth Permission to Share Information (PSI)** (if needed)

**Assessment Details: For Level 3 and 4 Members – Completed by GSSC Annually**
** Behavioral Health Care Manager is the Primary Owner of Level 3; RN Care Manager is the Primary Owner of Level 4 & Secondary Owner of Level 3 **

**Evaluation Task needs to be completed by the due date to be compliant.**

- **Open Evaluation Task** from My Work list
  - ✓ Document all calls within the Eval task
  - ✓ Enter Evaluation Scheduled Date/Time (* Do not check Yes to "Did member agree to assessment?" until after assessment is completed)
  - ✓ Single click on Comprehensive Assessment (CA) through the link at the bottom of the Eval Task
  - ✓ If Unable to Reach or Refused, complete Eval Task as such and issue the appropriate letter from the menu. Update Member File as UTR. *(* See below table for more UTR/Refusal information)*
- Open **Activity Log** from the menu
  - ✓ **Activity Type:** Clinical Note
  - ✓ Right click on the note field and select Standard Text → SCO CM → Clinical Note
  - ✓ Under Plan of Care/Areas of Concern, document "**Verbal approval from member on Plan of Care and Service Plan**"
  - ✓ **See Documentation Guidelines for details on information to include in Clinical Note**
- **Review/Update Authorization Summary Tab**
  - ✓ Verify current services are present and in "Complete" status
  - ✓ Extend or close expired ASAP Outpatient Events as needed
  - ✓ **If member needs additional services:** Task RNCM for approval
    - **Task Type:** HCBS
    - **Task Detail:** Determination
  - ✓ Initiate/Change services with vendor and in SAMS
  - ✓ **If HCBS change:** Never change Hours or Service Provider on the current Outpatient Authorization.
    - Close current Outpatient Authorization and create new OPE with updated Service Plan details.
      - Don't forget to make sure the **Closed Date** and **End Date** of the Service match
      - **Reminder:** Do not close or extend any Outpatient Authorizations completed by the Pre-Cert Department (i.e. DME, medications that require PA)
- **Review Plan of Care (POC)** add Problems from CA and click View Plan of Care on Member File
  - ✓ Review Problems, Goals, and Interventions (PGIs); Barriers; and Target Dates
  - ✓ Note any changes or areas of concern in the Clinical Note under "Plan/Areas of Concern/Next Steps" and **Task** BHCM and/or RNCM (as applicable) from Clinical Note
  - ✓ **See Plan of Care table below for Documentation Requirements on Plan of Care screen**
- **Review/Update Care Team tab** to include individuals providing care to the member or otherwise regularly contributing to the PCT
  - ✓ Include (at minimum): Member, Care Manager, GSSC, Care Coordinator and PCP
  - ✓ **See Primary Care Team table below for guidelines on the Care Team tab**
- Complete **EOEA Risk Level Assessment**
- Collect completed **MassHealth Permission to Share Information (PSI)** (if needed)

**Don't Forget!**

**Before the Home Visit:**
- → Confirm HIPAA permissions via ASAP processes
- → Review any notes in the Activity Log Summary

**At the Home Visit:**
- → Member File – Check and update (use "SCO Member Summary" report to note changes during home visit):
  - ✓ Demographic changes (incl. Virtual Visit info below)
  - ✓ Rate Cell matches Care Level
  - ✓ Emergency Contact Info/AOR; Risk Level
  - ✓ Primary Owner/GSSC
  - ✓ Allergies
  - ✓ Advance Directives
  - ✓ Goals of Care
  - ✓ Immunizations/Screenings:
    - Breast cancer screening
    - Colorectal cancer screening
    - Eye exam
    - Hearing exam
    - Influenza vaccination
    - Pneumococcal vaccination
- → Update Medications/Medical History tab including Reported Diagnosis
- → **Care Team Tab** – Add Member, Caregiver, PCP, GSSC, RNCM and others as needed

**After the Home Visit:**
- → **Task** BHCM or RNCM (as applicable) to review the record from the **Activity Log Clinical Note**
  - **Task Type:** Chart Review
  - **Notes: Be sure to call out any changes/ questions** regarding POC, Medications/Diagnoses or any other issues

**Grievances**

Open an **Activity Log** from the menu
- ✓ **Activity Type:** Grievance Note
- ✓ For Documentation Template: Right click on the Note field and select Standard Text → SCO CM → Grievance Note
- ✓ Copy and paste Completed note into an email and send to **A&G_Coordinator_Team@tufts-health.com**

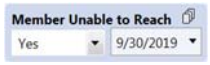
## Unable to Reach (UTR) / Out of Area (OOA) / Refused – Quarterly Evaluations

**Don't Forget – Overall Recommendations:**

- ✓ **If the phone number is not in service –** Call the PCP or check SAMS for an alternate phone number. Email SCO_Enrollment@tufts-health.com to update CaseTrakker
- ✓ **Additional research may be conducted** to attempt to find member contact information, including researching Telephone Directories, checking claims data and contacting pharmacy or other providers working with the member, and/or organizing visits to the member's home with current in-home vendors
- ✓ **All attempts** to contact the member or to find alternate contact information must be documented in the Eval Task or an Activity Log
- ✓ **IPC** still needs to be completed and mailed annually, even if the member is UTR
- ✓ **Plan of Care** must be updated to include UTR/OOA/Refused Problem/Goals/Interventions (PGI)

**Unable to Reach (UTR):**

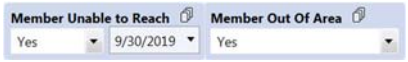
1. Document 3 separate call attempts (different dates/times) within the Eval Task
2. Complete Eval as "UTR" before the due date
3. Issue UTR Letter
4. Mark member as UTR with date on the Member File




5. Check that the next Eval Task is assigned to yourself with a due date of 90 days (Level 3 & 4) or 180 days (Level 1 & 2); If necessary, task SCO Clinical Consultant to change Eval due date
6. Add/Update UTR PGI to the Plan of Care
7. Discuss with Clinical Manager members who are UTR for 6 months or more

**If the member is UTR because they are Out of Area (OOA), follow UTR process and:**

1. **Email SCO Enrollment** to start the OOA process (cc: Clinical Manager)
2. In addition to marking member UTR with date on Member File, change OOA to "Yes"




3. Update member's Plan of Care to include OOA, and notify DME/ASAP/ and other vendors to suspend all supplies/services
4. If member returns within 6 months, **email SCO Enrollment** to stop the OOA process and provide updated contact info
5. If member does not return within 6 months, email SCO Enrollment to remind them member has been OOA for 6 months

**Refused Assessment:**

1. Document calls within the Eval Task
2. Gently remind the member that assessments are required as part of their participation in SCO
3. Complete Eval Task as "Refused"
4. Check that the next Eval Task is assigned to yourself with a due date of 90 days (Level 3 & 4) or 180 days (Level 1 & 2); If necessary, task SCO Clinical Consultant to change Eval due date
5. Add/Update Refused PGI to the Plan of Care

→ If member refuses assessment after 30 days:
- ✓ Follow steps 1-5 above
- ✓ Issue a 30 Day Refusal Letter

→ If member refuses assessment after 90 days:
- ✓ Follow steps 1-3 above
- ✓ Issue a 90-180 Day Refusal Letter
- ✓ Continue to outreach every 90/180 days to schedule assessment
- ✓ Discuss member with SCO Clinical Consultant/PCP/PCT to determine reason(s) for refusal and solutions

## CaseTrakker (CTD) Icons

**Please note that icons and options may vary depending on your permissions.**
Beside each icon is a description of where it is typically found and what happens when you click on or hover over each.

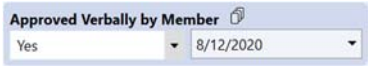
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
|  | **Top Left –** Click to add work (Tasks, Activity Logs, Letters, etc.) |  | **Top Left –** Journal; Use to search all items in Member File |  | **Top Left –** Note & Event Viewer |  | **Top Left –** Save (to save and continue working) |  | **Top Left –** Save and Close (will close the record) |
|  | **Top Left (some screens) –** Signature; CM will be asked to re-enter password and record will be locked |  | **Top Left –** Refresh to update the screen |  | **Top Left –** Reports; Options vary by screen and permission |  | **Within Certain Records –** Click to create a Task linked to that record |  | **Within Certain Records –** Shortcut to the Member File |
|  | **Within Certain Fields –** Hover to see the history of this field |  | **Top Right –** Maximize screen to fill CTD window (other screens stay along the bottom) |  | **Top Right –** Minimize screen to fit with all CTD screens in window |  | **Top Right –** Click to "pop" screen into a new window; CTD runs behind |  | **Top Right –** Close screen |

## Plan of Care

**The member's Plan of Care should be reviewed and updated at each assessment and as needed between assessments per the Problems/Goals/Interventions (PGI) Due Dates.**

**Click the** View Plan of Care **button on the Member File to access the Plan of Care screen.**

**After reviewing POC with member <u>at each visit</u>, update Approved Verbally by Member fields at the top of the screen.**




**Problems:**
- ⇨ Designate as Active or Closed
- ⇨ Prioritize top 3 (1=Most Important)
- ⇨ Aim to have Problems resolved and Closed within 1 year

**Goals:**
- ⇨ There should be at least one **Long-term Goal** (due in the next year) and one **Short-term Goal** (due by next assessment)
- ⇨ Designate as Met or Not Met if the Target Date is expired
- ⇨ If Goal is Not Met – Existing Interventions need to be updated and closed, and/or new Interventions need to be added
- ⇨ Goals should be **SMART**: Specific, Measurable, Applicable to the member, Realistic, and Time-bound

**Interventions:**
- ⇨ If the status of an Intervention is Closed, it is because the Intervention is:
  1. Complete, with successful implementation, or was not met
  2. Add a note to all Interventions with a description of why it is closed (ex. Successful; Member unable to achieve; etc.
  3. Be sure to add Initials and Date to end of note

**Tasking from the Plan of Care:**
- ✓ Use the ✅ from the Plan of Care screen
- ✓ Task Type: **Plan of Care**
- ✓ **If you are tasking yourself**, you may adjust the due date to when you plan to follow up. **If you are tasking another team member**, leave the due date as the same day (they may adjust the due date, but this ensures they will see the Task). Include a brief explanation of what the member needs, as well as any other pertinent information that will be helpful.
  - o **When tasking other team members** (Community Health Worker, GSSC, Behavioral Health CM, Nurse Practitioner, Pharmacy Technician, etc.), please **collaborate** on the member's Plan of Care and **document** your collaboration with an **Activity Log** (Activity Type: **Plan of Care**)

**GSSC Documentation:**

Key Points for documentation:
- → **Review Plan of Care (member's Goals and Interventions)** at each visit, and be sure to include in an Activity Log (Activity Type: **Plan of Care**) the person(s) responsible for specific Interventions
- → Assess and document **member's safety concerns** at each visit
- → Include documentation of **BH issues and exacerbations** if noticed or expressed by member
- → Document **all coordination and communication** with the Primary Owner (RNCM or BHCM) in an Activity Log (Activity Type: **Plan of Care**)
- → **Task** Primary Owner from the Plan of Care Progress Note using ✅ and Task Type: **Plan of Care**
- → The Primary Owner will update the Plan of Care ***(GSSC is not to edit the Plan of Care for Level 3 (AD/CMI) or Level 4 (NHC) members)***

**For Level 3/Level 4 members:** If the GSSC is assigned an Intervention, they will copy and paste the **Plan of Care Note Template** to document the progress made through that Intervention towards the Goal in an **Activity Log** (Activity Type: **Plan of Care**):

**GSSC Plan of Care Progress Note *(repeat Goal bullet points as needed)***
**Date:**
**Observation:**

**Member Centered Goals Addressed:**
**Goal 1:**
- **Health promotion/education provided:**
- **Member response:**
- **Plan (Please include responsible person, date/time of next planned visit):**

**Goal 2:**
- **Health promotion/education provided:**
- **Member response:**
- **Plan (Please include responsible person, date/time of next planned visit):**

## Care Team Tab

The Care Team Tab is used to record who is assisting with the member's care and the role that they are playing. Some of these roles are also listed on the Member File screen, however, that does not show historical or detailed data at a glance.

- ✓ **Who** should be included?
  - ✓ At a minimum, roles highlighted on the right should be added for all community-based members
- ✓ **What** should be documented?
  - ✓ **Comments**: Include relationship to member (if not clear in **Involvement**); Problem(s) this Care Team member is addressing; When adding a **Term Date**, indicate why Care Team member is ceasing involvement
- ✓ **When** should someone be **added** to the Care Team?
  - ✓ If they are a regular contributor to the PCT
  - ✓ If they are an RN Supervisor overseeing the member's POC *(use CM Support Staff and specify name)*
  - ✓ If they are providing care to the member (ex. Specialist, HHA, PCA,)
  - ✓ If they have been assigned follow up to the member's POC
  - ✓ If they have been identified by the member as someone important to their care
- ✓ **When** should someone be **removed** from the Care Team?
  - ✓ If their position on the PCT is being assigned to another employee
  - ✓ If the member is re-leveled, so there is an RNCM vs. an RN Supervisor overseeing the member's POC
  - ✓ If they are no longer providing care to the member
    - Document whether member Goals were met or if there was a clinical decision to cease care
  - ✓ If they have completed their follow up to the member's POC
    - Document whether member Goals were met or if there was a clinical decision to cease intervention
  - ✓ If the member requests that they be removed from their Care Team
    - Discuss with the member their concerns and offer alternatives if necessary

**Involvement** – Roles loaded into CaseTrakker

- Appeals and Grievances Support
- Behavioral Health
- Care Coordinator
- Care Manager
- CM Support Staff
- Community Partner/ Resource
- CSR *(Customer Service Representative)*
- Delegated/ Contract Vendors
- Dementia Care Consultant
- Disease Manager
- DM Support Staff
- External Case Manager
- Family Member
- Friend/Neighbor
- GSSC *(Geriatric Support Services Coordinator)*
- Guardian
- Health Educator
- Healthcare Proxy
- Home Modification
- Medical Director
- Member
- Nurse Practitioner
- Nutritionist
- Occupational Therapist
- PCP *(Primary Care Provider)*
- Personal Care Assistant
- Pharmacist
- Physical Therapist
- POA *(Power of Attorney)*
- Provider
- Provider Relations
- Quality Staff
- Representative
- RN Supervisor
- SCO Clinical Consultant
- Secondary Case Manager
- Significant Other
- Social Worker
- Specialist
- Speech Therapist
- Spouse
- Transition Coordinator
- UM Staff

## Durable Medical Equipment and SCO Contracted HCBS

***Byram***
Raquel Navedo
Email: tuftsordering@byramhealthcare.com
***Use for all Atrius members**

***Charm***
Caitlyn Maloney – Direct: 781-829-9813 x161
THP Dedicated line 888-586-4190
Email: cmaloney@charmmedical.com

***Mom's Meals***
Email: Intake@MomsMeals.com
**Care Management contact:** Colleen Miller
**Cell:** 201-240-0217 **Email:** colleen.miller@momsmeals.com

1. **Task** SCO CM Admins to create OPE with Mom's Meals as the Servicing Provider
2. **Complete** and **Email** Referral Form to Mom's Meals Intake
3. **Save** and **Attach** Referral Form in **Letters & Attachments** in Member File in CaseTrakker

***LogistiCare***

***For Members:***

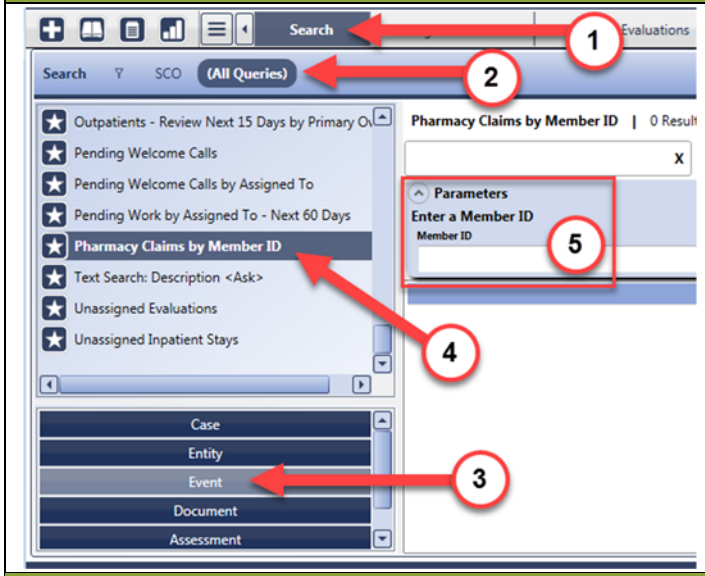
- **To Schedule a Ride:** 855-251-7092
- **Assistance with a Previously Scheduled Ride:** 855-251-7093

***Care Management Staff only:***

- **Facilities/Exceptions:** 855-483-6530
- **Standing Orders:** 866-779-6330

**Contact SCO CM Admin Team for any member questions/difficulties with DME providers.**

## Pharmacy Claims Review




**Pharmacy Claims should be reviewed with the member and/or caregiver at each assessment.** This is a list of the most recent medications picked up at the pharmacy for the member.

**To Search:**

1. Select **Search** from the top row of tabs
2. Select **All Queries**
3. Select **Event** in the Search Types (under the Search List)
4. Select **Pharmacy Claims by Member ID** from the Search List
5. Enter the member's **SCO ID Number**, which starts with an S (Search will return partial matches)

Use the filter to sort the results.

## Medication Abbreviations

### Route

| | | | |
|---|---|---|---|
| **PO** | by mouth | **PR** | rectal |
| **SL** | sublingual (under the tongue) | **PV** | vaginal |
| | | **Topical** | for creams |
| **IM** | intramuscular | **Inhalation** | for inhalers, O2, CPAP, etc. |
| **SQ** | subcutaneous (under the skin; i.e. insulin) | **Enteral Tube** | tube feeding |
| **IV** | intravenous | | |

### Frequency

| | | | |
|---|---|---|---|
| **PRN** | as needed | **QID** | four times a day |
| **QH** | every hour | **5D** | five times a day |
| **Q2H (to Q8H)** | every 2 hours (to every 8 hours) | **QOD** | every other day |
| | | **QWK** | every week |
| **QD** | every day | **2WK (to 6WK)** | twice a week (to six times a week) |
| **BID** | twice a day | | |
| **TID** | three times a day | **1M or 2M** | every month/2 months |

## Tasks (GSSCs)

For **PC, PCA, ADH, AFC, GAFC Approval** or **RN Review of Level Change:**

- ✓ From ✅ in **Clinical Note:**
  - ✓ **Task** the **SCO Clinical Consultant** to review
  - ✓ SCO Clinical Consultant will **Task** for RN assignment (if appropriate) or send to RN already assigned to the member

**Don't Forget!**

- All actions taken by the Care Manager should be ***documented*** in an **Activity Log** and ***signed*** by the CM
- When contacting a member to schedule a Comprehensive Assessment, document all calls in the **Evaluation Task**. (They will copy to Activity Log Summary automatically.)
- When documenting **Disease Management** activities, the Activity Log must be created using Create Activity Log in Disease Management. (They will copy to Activity Log Summary automatically.)
- When creating **Tasks**, always leave the status in **Pending**. Only change to **Complete** when the action is complete.
- ***Do not*** reassign a task when replying – Always create a new **Task**

## HCBS Outpatient Events (Authorization Summary Tab)

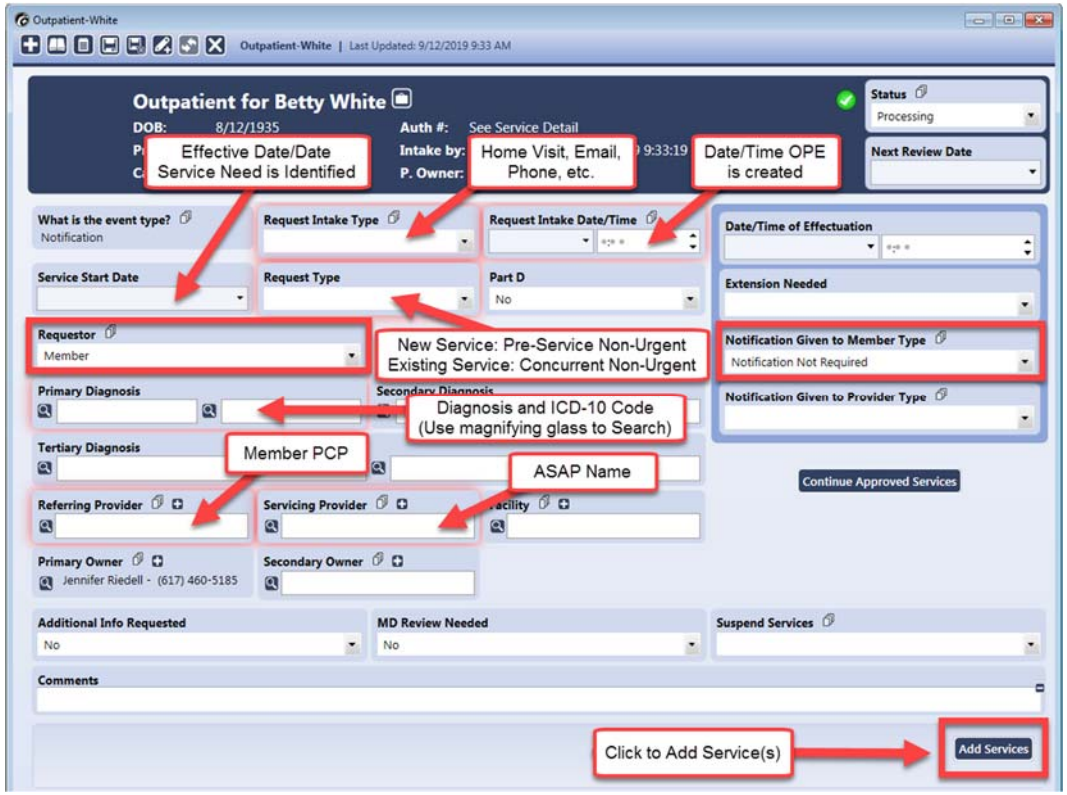
⇨ GSSC can add up to 7 hours/week of many HCBS to the Treatment Plan
⇨ **RN Review required** for ADH, AFC, GAFC, PC, and PCA
⇨ Create Outpatient Event from menu: Work → Outpatient

**OPE Shell Fields (right):**

- Request Intake Type: Home Visit, Email, Phone, etc.
- Request Intake Date/Time: Date/time the OPE is created
- Service Start Date: Effective date/Date service need is identified
- Request Type: Concurrent Non-Urgent (if joined with the service) or Pre-Service Non-Urgent (if new service)
- Requestor: Member
- Primary Diagnosis: Diagnosis and ICD-10 Code (use to search)
- Referring Provider: PCP name (use to search)
- Servicing Provider: ASAP name
- Notification Given to Member Type: Notification Not Required

Click **Add Services** for each HCBS Service. Details for each provided below.

Change **Status** to **Complete** when you are finished.




**OPE Services** *(refer to HCBS guidelines for additional directions)*:

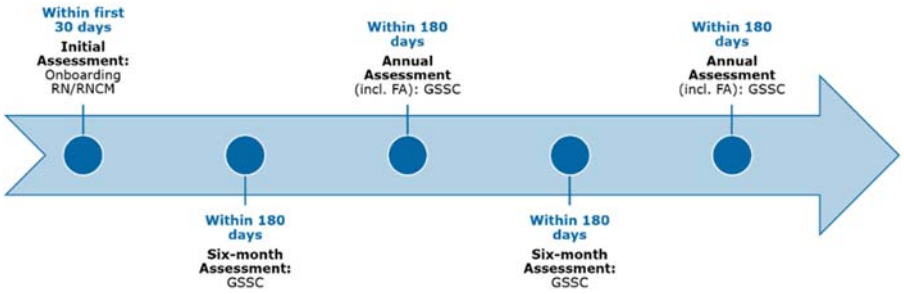
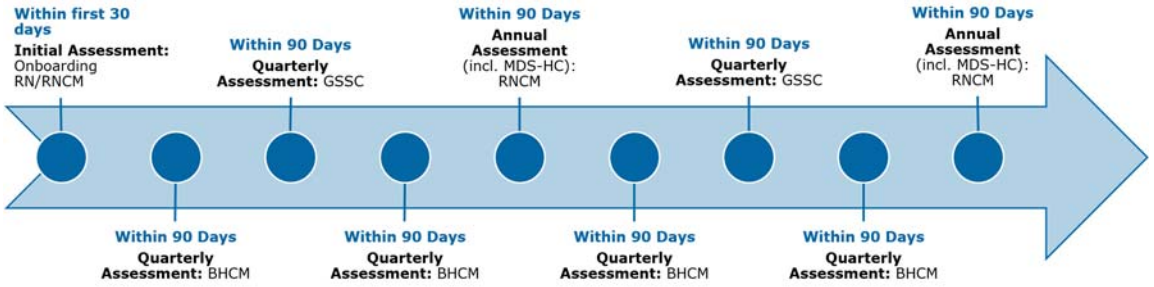
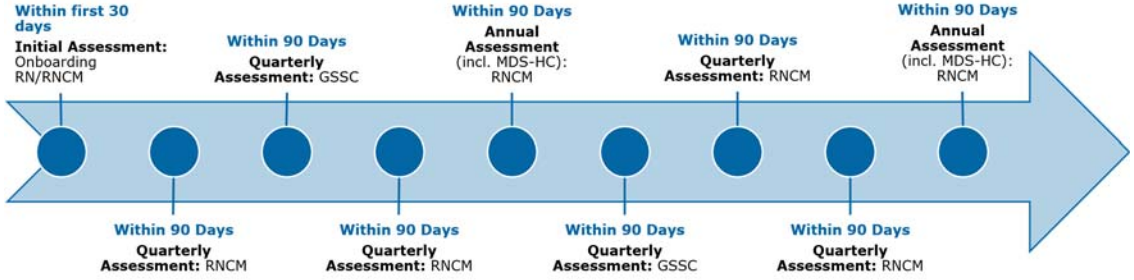
| HCBS | Referring Provider | Servicing Provider | Service Type | Service Detail | Amount Requested | Requested Frequency | Notes |
|---|---|---|---|---|---|---|---|
| **Chores/ Heavy Chores** | PCP | ASAP | Community-based Services | Chores(Light)<br>Chores (Heavy) | # units | once | 1 unit = 15 minutes<br>*Task SCO Clin.Consultant to approve more than 7 hrs/more than 1x* |
| **Companion** | PCP | ASAP | Community-based Services | Companion | # units | per week | 1 unit = 15 minutes<br>*Task SCO Clin.Consultant to approve more than 7 hrs* |
| **Grocery Shopping & Delivery** | PCP | ASAP | Community-based Services | Other: Grocery Shopping | # units | per week | 1 unit = 1 trip<br>*Task SCO Clin.Consultant to approve more than 1 trip/wk* |
| **Meals on Wheels** | PCP | ASAP | Community-based Services | Home Delivered Meals | # units | per week | 1 unit = 1 meal<br>*Task SCO Clin.Consultant to approve more than 14 meals/wk* |
| **Homemaker** | PCP | ASAP | Community-based Services | Homemaker | # units | per week | 1 unit = 15 minutes<br>*Task SCO Clin.Consultant to approve more than 7 hrs* |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Laundry** | PCP | ASAP | Community-based Services | Other: Laundry | # units | per week | 1 unit = 10 lb bag<br>*Task SCO Clin.Consultant to approve more than 1 bag/wk* |
| **PERS** (1 shell: up to 2 services) | PCP | ASAP | Community-based Services | Personal Emergency Response System (Monthly) | 1 PMPM | per month | If Cellular or Fall Detection PERS note in field |
| | PCP | ASAP | Community-based Services | Personal Emergency Response System (Install) | 1 Unit | once | Include only for those new to PERS |
| **Personal Care (PC)** | PCP | ASAP | Community-based Services | Personal Care | # units | per week | 1 unit = 15 minutes<br>***Requires** approval and Care Plan from RNCM before requesting* |
| **Transportation** | PCP | Logisticare | Other | Other: Non-Emergency Transportation | 4 Units | per month | 1 unit = 1 way trip<br>2 round trips per month = 4 units |

| **Important Links** |
|---|
| **INTERNAL ONLY – Do not share with members/caregivers** |
| **CaseTrakker:** https://sco.tufts-health.com/<br>⇨ Don't forget to right click on the CaseTrakker Icon while it is running to "Pin to Taskbar" |
| **ASAP Landing Page:** https://tuftshealthplan.com/provider/training/sco-training-and-education/tufts-health-plan-sco-asap-resources<br>⇨ Username: Provider; Password: thpsco2014 |
| **THP SCO Prior Authorization List:** https://tuftshealthplan.com/documents/providers/lists/sco-pa<br>⇨ For a list of items/procedures requiring a Prior Authorization (PA) from the Plan (does not include drugs requiring PA) |
| **Tufts Health Plan Compliance Contacts**<br>⇨ Fraud Hotline for use by members, vendors, providers or others outside the company: 1-877-824-7123 |
| **Reporting Elder Abuse and Neglect:** https://www.mass.gov/reporting-elder-abuse-neglect<br>⇨ Information from the Executive Office of Elder Affairs to report known or suspected elder abuse<br>⇨ If you report elder abuse or neglect, or suspect elder abuse or neglect, **consult with your manager as well** |
| **Accessible by Members/Caregivers** |
| **Member Documents and Forms:** https://www.tuftsmedicarepreferred.org/<br>⇨ Be sure to click the "Senior Care Options (HMO-SNP)" tab for the correct documents and forms |
| **Find a Doctor:** https://www.tuftsmedicarepreferred.org/tufts-health-plan-doctor-search<br>⇨ Search "Tufts Health Plan Senior Care Options Directory" – Also includes Dental Care Providers, EyeMed Vision Care Providers and Network Pharmacies |
| **Formulary (Drug) Search:** https://www.tuftsmedicarepreferred.org/drug-coverage |

| **MassHealth Redeterminations (GSSCs)** | |
|---|---|
| ✓ SCO Clinical Consultant will create an **Activity Log** (Activity Type: **MassHealth**) with details from SCO Enrollment and **Task** (Task Type: **MassHealth**) the GSSC to offer the member assistance<br>✓ GSSC will reach out to the member to offer assistance<br>✓ GSSC will document all outreach attempts and assistance offered in an **Activity Log** (Activity Type: **MassHealth**) and **Task** (Task Type: **MassHealth**) the SCO Clinical Consultant for questions and when complete with Redetermination<br>✓ GSSC will keep **Task** from SCO Clinical Consultant in "**Pending**" status and continues follow-up until member regains MassHealth Standard | **Don't Forget!**<br>⇨ **Task** the **SCO Clinical Consultant** (Task Type: **MassHealth**) when completed<br>⇨ Member will be in **Pending** status<br>⇨ **MassHealth Enrollment Center (MEC):** 508-828-4600, Options 5, 3, 1 |

| **If you are conducting a Virtual Visit via Webex, Zoom, FaceTime or Google Duo**<br>Refer to *Job Aid – Virtual Visit for Senior Products CM* for full instructions on conducting Member Virtual Visits | | |
|---|---|---|
| **Scheduling the Visit** | **Before the Visit** | **During the Visit** |
| ▪ Document the member's Virtual Visit capability as a **Contact** in the Member File:<br>▪ **Status**: Active<br>▪ **Contact Type**: Other: Virtual Visit<br>▪ **Effective Date**: Date information confirmed<br>▪ **Name**: Virtual Visit<br>▪ **Notes**: Document member's capabilities as follows<br>o **Device**: *Apple, Android, Laptop or None*<br>o **With**: *Data, Internet, Both or N/A*<br>o **Consents?** *Yes, No*<br>o **Preferred App?** *No Choice, Webex, Zoom, Facetime, Google Duo*<br>o **Needs Interpreter?** Yes, No<br>o **Barriers?** *None, Language, Tech Proficiency, Health Literacy, Dexterity, Cognitive, Vision, Hearing, Other (explain)*<br>o **Email**: (required for Webex and Zoom)<br>o **Cell#**: *(Facetime and Google Duo require either Email or Cell#)*<br>o **Special Instructions**: *(i.e. Information around family member assisting)* | • Review the member's file thoroughly and write down the key points you want to discuss during the Virtual Visit.<br>▪ **Virtual Visits are not to exceed 45 minutes**. You <u>will not</u> have time to read through the entire Comprehensive Assessment with your member.<br>• Call the member up to one hour prior to ensure the member is ready for the session and talk the member through if necessary.<br>▪ When an interpreter is needed, schedule the session to begin 15-20 minutes in advance so the interpreter can log on and help the member with video setup, if needed.<br>▪ Ask the member to confirm their device is charged or plugged in.<br>▪ Address barriers such as slow internet connections (which may cause images to temporarily freeze) and member concerns around data use.<br>• Advise the member to take the virtual visit from a quiet, private place<br>• If someone else is present with the member and wishes to join the visit, ensure you have obtained the member's consent. If the member is ambivalent about providing consent then consider suggesting that the virtual visit be rescheduled.<br>• Set expectations on any background noise: i.e. barking dog, construction.<br>• Be sure to remind the member that you may be able to hear other conversations in the area. | • Keep the virtual visit as brief and focused as possible. Be prepared to stop the virtual visit and complete your assessment using the phone if technical issues become too distracting.<br>• Speak at a pace that is easy to understand and avoid rushing.<br>• Use language that is understandable to patient.<br>• Ask open-ended questions to encourage the member to share more information. *(i.e. Instead of asking "Are you checking your blood sugar before every meal?" consider asking "How often are you testing your blood sugar?")*<br>• Organize your questions from general to more specific.<br>• Ask for graded responses *(i.e. "On a scale of 1-10")* rather than yes/no.<br>• Ask about the member's understanding of their symptoms and incapacities, how they respond and the impact on their life.<br>• Utilize the "teach-back" method when appropriate to convey instructions. |
| **Don't forget to include in your Clinical Note for the Virtual Visit:** | • **Conducted by Virtual Visit**<br>• **Member consented to Virtual Visit**<br>• [if applicable] **Member consented to have caregiver/family attend Virtual Visit** | |

| Member Assessment Schedules | |
|---|---|
| **Level One / Level Two**<br>• Assessed by an Onboarding Nurse or RNCM during first 30 days of enrollment<br>• Assessed at least every 180 days by GSSC (Primary Owner); Functional Assessment required for members receiving HCBS<br>• **Evaluation Task needs to be completed by the due date to be compliant** |  |
| **Level Three**<br>• Assessed by an Onboarding Nurse or RNCM during first 30 days of enrollment<br>• Assessed at least every 90 days by BHCM/RNCM; Stable members may also be assessed by GSSC annually to confirm HCBS<br>• MDS-HC required annually by RNCM<br>• **Evaluation Task needs to be completed by the due date to be compliant** |  |
| **Level Four**<br>• Assessed by an Onboarding Nurse or RNCM during first 30 days of enrollment<br>• Assessed at least every 90 days by RNCM; Assessed by GSSC annually to confirm HCBS<br>• MDS-HC required annually by RNCM<br>• **Evaluation Task needs to be completed by the due date to be compliant** |  |