

## **ADW Q & A Call - February 16, 2016**

1. Do we still need to give a copy of the member user guide to those coming onto the program? It is outdated and mentions WVMI throughout.

***Answer: BoSS has updated the document and it is located on the BoSS website under Document Center/Program-Specific Documents/ADW Quality Assurance Documents/Version 3: ADW Recipient User Guide.***

2. Does the provider need to be having the participants sign the same informed consent you use at the annual medical re-evals or can the provider just get their company informed consent signed?

***Answer: Companies are at liberty to develop their own consent forms for their ADW participants. Companies can also use the form you reference in your question.***

3. Should we continue to hand out the “Member User Guide” and ensure a signature receipt that is kept in the person’s chart?

***Answer: Although it is best practice to hand out and document the receipt of the ADW Recipient User Guide, it is not required by policy. It is also very helpful if you later have to request closure due to persistent noncompliance or unsafe environment because it proves that the ADW recipient received the information.***

4. One agency mailing original forms (PAL) to another agency does not make sense. It is customary for the company to keep their originals and send a copy to the other agency and the person. This practice is common with many entities such as MPOA – the person usually has the original, unless they’ve lost it, and distributes copies to agencies, MD, etc. The same with bank loans. The bank keeps all original documents. Could this be a mistake in the manual that needs corrected?

***Answer: As per clarification issued on 1/26/16, each creating entity can keep their original documentation in their own records including the Service Plan.***

5. Should the HMA keep a copy of the CMA initialed receipt verifying they received the PAL update? Also, can the updated PAL be used immediately or does the HMA need to use the initialed CM verification one for PA’s to complete?

***Answer: The updated PAL can be used immediately and does not require the CM’s signature before it is enacted. The CM will sign it and upload the PAL update into***

**CareConnection. Once it has been uploaded to CareConnection, the PA agency should print it out and use it as the PAL that the PA will complete. I know this means that for some period of time (hopefully short) the PA will be using the un-initialed PAL and then after the CM gets it uploaded, the PA will switch.**

6. Since the med list is not part of the assessment, does this mean it does not need redone at each review (6 month and annual) and we should just keep it current as meds change? And do we need to give CMA a copy of the med list?

**Answer: You would do it as part of the initial assessment with a new ADW recipient and then just keep it updated as medications change. Since it is an unofficial part of the Service Plan, you should give a copy to the CMA.**

7. Is faxing transfer documents to the newly selected agency alright? The manual says to upload docs into CareConnection, but when we get the notification, the member has already transferred and we cannot access their chart to upload anything.

**Answer: Yes, faxing transfer documents to the newly selected agency is acceptable.**

8. How hard would it be to have a notification for potential closures (when APS unable to schedule PAS)?

**Answer: At this time, changes are not planned for CareConnection but, according to APS Healthcare staff, one way to find members who are moved to Potential Closure is to Search\_Member by eligibility status of "Member Potential Closure." A routine check of this will notify providers of those who are currently in that status.**

**Search Members**

Member Search

First Name:

Guardian First Name:

Medicaid #:

Date of Birth:

County:   
Barbour   
Berkeley   
Boone   
Braxton   
Brooke   
Cabell   
Calhoun

Date of Activation:

Date of Last PAS:

Eligibility Status:

9. Who uploads the PAL updates into CareConnection? Or does it need uploaded if there are changes?

***Answer: Since the Case Manager in the traditional service delivery model is the last person to initial it and because the Case Manager is responsible to upload documents into CareConnection, the Case Manager will upload the PAL update into CareConnection.***

10. The PAS does not have a client name on top and pages are not numbered. Easy to get mixed up. Can you add?

***Answer: I am assuming you mean the PAS that you print out of CareConnection. In that case, APS Healthcare asserts that the pages are numbered. At this time, changes are not planned for CareConnection and so the client name will not be on the top of each page of the PAS.***

11. On RN (person centered assessment, page 8), "Dental" is on Integumentary and should be on the GI/GU section. Can you change?

***Answer: Yes. We are working on that now. Thanks for bringing it to my attention.***

12. When a CM receives an updated PAL and they date it and initial it, does it need uploaded into CareConnection? Whose responsibility is it to upload (CM or Waiver RN)? And does RN need to keep that initialed copy from the CM in the HMA chart?

***Answer: It is CM's responsibility to upload the PAL update into CareConnection. Yes, RN should keep the initialed copy from the CM in the PA agency chart.***

13. Can APS Healthcare accept a diagnosis from a family nurse practitioner on a Service Level Change Request?

***Answer: Yes.***

### **Questions/Comments from call**

Question a: When the PAL is updated and initialed by the Case Manager and uploaded into CareConnection, does the CM need to send it to the Personal Attendant agency?

***Answer: The CM should notify the Personal Attendant agency that it has been updated and uploaded into CareConnection because there is no notification generated just by attaching documents.***

Question b: When we do PAL updates, do we have to sign on the space above the Wellness Scale (page 4)?

**Answer: No. It is signed on the front where it asks if this is a change in hours, days or services.**

Question c: In the dark boxes above the Description of Services, can we write the day of the week above where they initial that services were completed?

**Answer: Yes.**

Question d: In reference to question # 90 and dual service coordination, does the ADW CM, ADW RN, and PC RN all have to attend all meetings with the participant?

**Answer: The ADW CM, ADW RN and PC RN must attend the ADW Service Plan meeting and the PC Planning Meeting.**

Question e: And does the CM attend the Personal Care six-month and annual evaluations?

**Answer: Yes.**

Question f: Regarding question # 96, where it states that for dual services, the Personal Care RN is to use the ADW assessment instead of doing their own, this makes me uncomfortable. Could that endanger the Personal Care RN's licensure standards?

**Answer: No. It would not endanger the PC RN's license to accept the assessment of another fully licensed professional (ADW RN). And yes, the PC RN will still use the ADW RN's assessment to complete the PC Plan of Care. If, for some reason, the PC RN felt that the ADW RN missed something on her/his assessment, then that should be discussed with the ADW RN and the ADW CM.**