ADW Q & A Call - March 15, 2016

1.   We currently have 2 ADW clients and 1 CC client that have 2 aides in the morning specifically for bathing because they need 2 aides to get the bathing done due to client being unable to support weight, in wheelchair, and/or using a hoyer lift to get them up to do bathing.

I was told that we may not be able to bill the same amount of hours for both aides to be there because it is like "double dipping". We do not go over the total hours allowed per day for their level of service. How should we be billing this?

Answer: With the new ADW manual, Personal Attendant services are specified as a 1:1 services in Section 501.17.1 so this type of service provision may no longer be possible. If you are currently billing a 2:1 ratio, please contact BoSS with the person's name and Medicaid number and written documentation of permission from BMS to use 2:1 services for this participant. Without the documentation, it is definitely not possible to provide services in this manner now.

2.   We are using blue ink when writing our assessments. Blue ink does not copy as well as black ink. Can RN's and CM's use black ink for their assessments?

Answer: Yes.

3.   What are you supposed to do if the documents you scan and upload are not legible, but the original document is legible? (Due to copies are poor quality.)

Answer: I am assuming you scanned and uploaded the document to CareConnection. If you know that the images are illegible, then you would make sure that whatever you scanned into CareConnection was also sent in a legible form to whomever else needs it. For example, if you scanned the signed completed Service Plan in CareConnection and it is illegible, then you would make sure you got a legible copy to the PA agency and to the ADW participant.

4.   Can you please clarify question 121 in the questions and answers? I was unable to listen to the Q&A in Feb due to having to be at a PAS appointment, so please disregard this if this question was addressed.

During the Q&A in January, I was able to listen in. I was under the impression that the 6 month span was verbally corrected to run December to June, NOT December to May as it is listed in the Q&A's. If I remember correctly, Arlene said she was mistaken and she counted it up differently. Can you please clarify the correct way we should be figuring this up?

We used to have to put the specific date the assessment was done and go from there for the 6 month period.

EXAMPLE: You were in the home Dec 7 2014 and complete both the CM & RN assessments so the Service Plan and POC dates would be as follows: 12/07/2014 to 06/07/2015. Then, some changes were made to the manual and we no longer had to put the specific date of the assessment, just use the current month. So that changed the way the next 6 month span would look like.

EXAMPLE: The next review was done 06/03/2015. The updated SP and POC were then written per the new changes as follows: June 2015 to December 2015

So now this person will always have reviews done in June and December unless they have an unusual circumstance like being admitted to a facility.

Is this correct?

Answer: Yes.

5.   We had a participant whose regular caregiver quit. We have used fill-ins and are currently waiting on a fitness determination to place the new caregiver. The participant was totally out of food and had a termination notice for her electric. We sent a caregiver out specifically to transport the participant to the food pantry and a few other places to receive help on her electric bill. There was no personal care involved in this but the participant needed this help. How should we address this on the PAL? Thanks.

Answer: The exact information that you put into the question would need to go on the PAL. Since there is not enough room on the PAL to document all of this information, you can attach a sheet of paper that has this information on it.

Questions/Comments from the call:

Question a. What if you have repeatedly asked another agency for documentation on a participant?

Answer: Contact the management at the agency to seek assistance with getting their CM or RN to produce the documentation in a more timely manner. If that does not yield the desired result, contact BoSS and we will work with BMS to get the information.

Question b. A new PAL was uploaded to the BMS website. Can we still use the old one?

Answer: Yes. Some providers had asked to have that form in landscape versus portrait orientation, and you may use either one.

<div align="center">

BMS/BoSS additional information

</div>

NOTE: Several questions have come up since the nurses have started doing validation and site reviews for all ADW providers. As a result, BMS has issued the following clarification regarding the necessary compliance with section 501.2.2 section E regarding the physical office being compliant with ADA requirements. The State ADA Coordinator said that bathrooms should be "handicap accessible to maximum extent feasible."   Call lights are not required in bathrooms. Hand rails/grab bars and universally accessible sink handles are required in bathrooms. The business must be accessible to a person using a wheelchair, crutches, walker, etc. by having a ramp and concrete walkways leading to the ramp (meaning no gravel or grass walkways will be acceptable). The doorways should also be wide enough to accommodate a wheelchair, if at all possible. The bathroom should also have sufficient room for a person to maneuver in a wheelchair (acceptable is a 60 inch diameter turning space or a t-shaped turning space). If you rent a place for your business

that does not meet these requirements, call your landlord and negotiate the required changes. When trying to decide if your business meets the necessary requirements for ADA, apply the test of 3 P's: the participant must be able to Park, Participate and Pee. These three things should be able to happen for the individual without being "carried" up or down stairs or over gravel or mud.

ADDITIONAL NOTE: New method for posting Q and A. In future postings, the Q and A will be posted by month and will only include information from 11/1/15 onward due to having a new policy manual.