RDSS Activity Definitions: 2013 Changes

Presented To Transfer
AAA Supervisors and Staff

8-20-13

Department of Human Services,
Aging and People With Disabilities

Agenda

- Introductions/Purpose
- RDSS Update
- RDSS Changes
- RDSS Sample Days

RDSS Activity Definitions

- Medicaid
- Supplemental Nutritional Assistance Program (SNAP)
- Oregon Project Independence (OPI)
- Older Americans Act (OAA)
- Other Federal, State and Local

Mandatory State Plan Services

- Inpatient Hospital
- Outpatient Hospital
- Federally Qualified Health Centers
- Laboratory and X-Ray
- Nursing Facility for adults over 21
- Early and Periodic Screening, Diagnosis, and Treatment for children under 21
- Family planning services and supplies
- Physician's Services
- Home Health Services
- Pregnancy-related services
- Nurse Midwife & Nurse Practitioner Services

Optional Medicaid State Plan Services

- Med/Remedial - Licensed Practitioners
- Private Duty Nursing
- Dental and Dentures
- PT/OT/Speech, Hearing, Language
- Drugs, Prostheses, Glasses
- Rehabilitative Services
- Services in Institutions for Mental Disease for those under 21 or over 65
- ICF/MR Services
- Other NF services
- Personal Care
- 1915(j) Independent Choices
- PACE
- 1915(k) Community-First Choice

K Plan Services

- Medicaid State plan optional service
- Personal/Attendant Care services in HCBS settings (In-home, ALF, AFH, RCF, etc.)
- 300% SSI group requires waiver service (Case Management) to access 1915(k) services
  - All service clients will receive waivered CM
- Serves APD/DD population under single Medicaid authority

Coding Changes

- **9F - Administrative Case management**
  - No longer used
- **9G - Non-Waivered Case Management**
  - Nursing Facility, State Plan Personal Care, PACE, Independent Choices, Initial waiver case management- intake, initial SPL, initial service plan
- **9H - Waiver Case Management**
  - Ongoing waiver case management
- **16A - Relative Foster Home licensing**
  - Removed – do not use

Other Changes

- Food Stamps changed to SNAP
- Revised definitions of case management
  - Waiver and Non-waiver
- Clarified APS coding when assisting Medicaid-eligible and potentially eligible individuals
- Removed initial CAPS assessments from Medicaid Program Eligibility (1) and moved to non-waivered case management (9G)
- Increase to 6 sample days beginning October 2013.

RDSS Code Tracking Form

Eligibility / Re-Eligibility Determination

1. Medicaid
2. Food Stamps

Non-Medicaid State Programs

3A. Oregon Project Independence (OPI)
3B. Other Non-Medicaid State Programs

4. Older Americans Act
5. Other Programs
6. Medicare Modernization Act Part D (MMA)

Other Activities

18. Paid Break
19. Paid Leave
20. Non-Paid Leave
21. Training
22. General Administration

Administrative Activities

Outreach

7A. Medicaid
7B. SNAP
7C. OAA
7D. MMA
7E Other

Initial Screening

8A. Medicaid
8B. SNAP
8C. OAA
8D. MMA
8E. Other

Medicaid Program

9A. MMIS
9B. SPMP
9C. PAS
9D. OHP
9E. Medicaid Admin
9G. Non-Waiver Case Management
9H. Waiver case management

Money Follows The Person

10. MFP Transition Activities (On The Move Program)

SNAP

11A. SNAP Issuance
11B. SNAP maintenance
11C. SNAP Fraud/OVP
11D. SNAP QC
11E. SNAP Administration
11F. SNAP Case Management

Oregon Project Independence

12A. OPI Case Management
12B. OPI Other

Older Americans Act

13A. OAA Case Management
13B. OAA Other

Other State or County- Funded Programs

14A. Federal Programs
14B. Other State Programs
14C. County Programs
14D. Other Programs

Adult Protective Services

15A. APS Screening, Assessment, Consultation
15B. APS Investigations/ Reports

Adult Care Home Licensing & Training

16B Non-relative

Home Care Work Activities

17A. HCW Recruitment
17B. HCW Other

Login Link…

- http://aaa.mesd.k12.or.us/admin/?module=login

Non-Waivered Case Management

- 9G Non- Waivered Case Management-
  - o Case Management services furnished to assist individuals residing in nursing facilities or assist individuals in gaining access to needed
    - State Plan Personal Care,
    - Independent Choices,
    - PACE services, and
    - 1915(c) case management waivered services,

Non-Waivered Case Management

- Initial Eligibility-
  - Initial assessment for service eligibility (Nursing Facility, State plan personal care, 1915 (j) (Independent Choices), 1915(k), PACE services, and 1915(c) waiver case management).
  - Reassessments for individuals in waivered services should be coded as <u>waivered case management</u>. Only the initial service eligibility assessment is billed to non-waivered case management.

Non-Waivered Case Management

- Ongoing Case Management-
  - Assessment and periodic reassessment of individual needs, using the CAPS tool, to determine the level of need for nursing facility services, State Plan Personal Care, PACE services
- Development (and periodic revision) of a specific care plan for non-waivered individuals based on the information collected through the assessment.

Non-Waivered Case Management

- Case Management may include:
  - Contacts with individuals that are directly related to the identification of the eligible individual's needs and care, for the purposes of helping the eligible individual access services,
  - Identifying needs and supports to assist the eligible individual in obtaining services, providing case managers with useful feedback, and
  - Alerting case managers to changes in the eligible individual's needs
- Ongoing Case Management and other outreach activities for current Medicaid recipients not receiving waivered case management who have additional unmet needs:
  - providing information and discussion regarding further utilization of Medicaid,
  - Service plan modifications and
  - Service plan changes.

Waiver Case Management

- **9H -** Case Management services furnished to assist individuals, eligible under the 1915(c) APD Waiver, who reside in a home or community setting, in gaining access to needed medical, social, educational, and other services:
  - Periodic reassessment of individual needs, using the CAPS tool, to determine the need for medical, educational, social, or other services.
  - Note: The initial service eligibility assessment is billed to 9G non-waivered case management.
- Ongoing case management activities include:
  - Taking client history;
  - Evaluation of the extent and nature of recipient's needs (medical, social, educational and other services and completing related documentation;
  - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Waiver Case Management

- Ongoing development and periodic revision of a specific care plan that:
  - Is based on the information collected through the assessment.
  - Specifies the goals and actions to address the medical, social, educational and other services needed by the individual;

Waiver Case Management

- Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including
  - activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
  - Includes activities such as ensuring active participation of the eligible individual, and working with the individual (or the individual's representative) and others to develop goals; and
  - Identifies actions needed to respond to the assessed needs of the eligible individual.

Waiver Case Management

- Interviews and discussions with the individual or the individual's provider about poor quality services or concerns about safety/well-being
- Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual.

Waiver Case Management

- Contact may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, including at least one monthly indirect and one quarterly direct contact, to help determine whether the following conditions are met:
  - Services are being furnished in accordance with the individual's person-centered service plan.
  - Services are adequate.
- If there are changes in the needs of the eligible individual, necessary changes are made to the service plan.
- Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers

SPD Contact For RDSS Questions…

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