CAREdesign NEW YORK

Provider Webinar Q&A

April 25, 2019

Will you still be emailing LOC's or will they only be available in CHOICES?
Our preferred method for sharing LOC will be in CHOICES. This allows for a secured platform and no worry about the security of the LOC being sent via email. Some LOCs will be done on paper & uploaded to CHOICES. Others will be completed directly within the CHOICES platform. Either way, the care manager will identify access to provider in CHOICES. In the event you are having a difficult time with CHOICES, reach out to the care manager and we can certainly help send in another format.

We have been told that Care Managers cannot use the "Other:" option to add valued outcomes/provider assigned goal and must use options from the dropdown menus. Is this accurate? This limits what a person can work on.
Care Managers can use "Other" if it is going to support a person-centered plan based on what the person wants to work on or wants support with.

Recently we have been told that two services (e.g. Com Hab and Day Hab) cannot work on the same POMS, valued outcome and provider assigned goal. Is this accurate? They can work on the same POMS, valued outcomes and provider assigned goal – it would just have to be listed twice – once for each provider.

Will the Life Plans template be compatible with EHR systems software?
Integration with other EHR systems is not currently supported by MediSked. *Please check with your system administrator as you may be able to upload a pdf copy of the Life Plan to the individual's record.*

How is supervisor approval noted on the life plan? You will not necessarily see it on the written Life Plan. It is electronically recorded within our system, Medisked. CDNY's process requires supervisor approval on all Life Plans.

How is it indicated on the life plan that the version we get is actually the "published" version? The Life Plan will not show the term 'published' in the plan, however in the IDT meeting attendance there is a plan approval column which will be populated if this is a published Life Plan.

Is there a more streamlined way to collect LP's from Care Design other than going through each Care Manager? The reason is because we are trying to follow up and collect these plans but it is unclear who the specific care manager is at this time considering all of the transitions.
Each care manager should be providing the Life Plan to all team members (please reference the 'What to Expect' document related to Life Plans) If you are having difficulty finding who the appropriate care manager is, please reach out to the applicable Regional Director (reference Regional Map).

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What is the relationship between frequency in the life plan and billing?
The frequency, quantity and time frame in section II and III of the Life Plan are not related to billing, but are what has been agreed upon at the Life Plan meeting as to how often the goal or support would be provided – and when it is targeted that the person may achieve a goal. Section IV of the plan under "Unit" is where you would see your billable units of service; such as "month" or "day".

Can you please review the life plan time frames when providers can expect to receive them? See attached "What to Expect" document related to Life Plans.

Does the hab provider have to have to use all assigned staff action plans listed on the LP? The hab provider is responsible for developing the staff action plan which may be informed by some of the findings in the IAM which translates over to the Life Plan. The individuals may wish to add supports or goals that did not result from the I AM or may decline some they don't wish to pursue at that time. Providers are only assigned to goals and supports based on discussion at the Life Plan meeting.

What is the minimum number of required signatures on a published Life Plan? Providers are receiving published Life Plans (as per the CM) without signatures, not even an indication of a wet signature on file. Who is required to approve the plan? There is no wet signature requirement. The only signature that is required on the Life Plan – is that of the Care Manger and it is an electronic signature. The Life Plan, however, must be "acknowledged and approved" by the individual/family and the Waiver service providers. OPWDD has not specified a format for this – but has left it to each CCO to determine their process. At CDNY we are reaching out to providers through phone and email for their approval and are then noting that in MediSked – which then appears on the life plan.

Does "approval signature" for everyone who attends the LP meeting need to be reflected in Section VI of the LP? Do these electronic (including verbal) signatures constitutes as LP approval signatures? See above answer – the plan is required to be approved via acknowledgement either verbally or in writing by the individual, family and other team members (including hab providers).

I heard that the approval only has to be from the care manager and the person but not other providers for it to be considered final. Can you clarify? See above answer – the plan is required to be approved via acknowledgement either verbally or in writing by the individual, family and other team members (including hab providers).

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Is the provider's agreement to the Life Plan assumed after 5 business days?
No approval is never assumed – the care manager has to get a verbal or written approval.

Where can we find the electronic signature of the care manager within the Life Plan? In the IDT meeting attendance section, there is approval column which will be populated and states that it is electronically signed by the Care Manager.

Could CDNY provide a list of people supported by both CDNY and our organization as well as CM contact info? Who would we need to reach out to in order to obtain this information? We can provide CM contact info, but not necessarily correspond it to the individual supported. If you are struggling with identifying the appropriate care manager for the individual you are supporting, please reach out to the Regional Director (reference the Regional Map)

We would benefit from a Care Design Chain of Command; we have a request process which involves going beyond the Care Manager if necessary. If your request requires escalation, please utilize the regional map to identify the appropriate Regional Director in your service location. If your issue continues to go unresolved, we ask that you reach out to the appropriate Assistant Vice President of Care Management (downstate or upstate – also listed on Regional Map).

How often does Care Design require their Care Managers to meet with their individuals face to face (other than Class Members who are required to be seen monthly)? The requirement is tied to the person's tier assignment which is determined by OPWDD and may change from month to month. Tier 4 requires a monthly face to face visit, Tiers 1-3 require a quarterly face to face visit & basic plan members require a face to face visit twice per year.