Clinical Services and Equipment Needs:
What Support Coordinators Need to Know

BE **D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

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Learning Expectations for Today

1. Identifying COMP/NOW Clinical Providers and Making Referrals

2. ICST Referral Process

3. Coordinating Equipment and Supplies

4. How to Find Providers

Part 1:
Identifying COMP/NOW Clinical Providers and Making Referrals

Community Providers: Making Referrals

Start with an order for assessment and treatment from PCP.

Determine which community providers are available in the area.

Contact provider to determine if they are willing/able to accept the referral.

Making sure the order is correct

1 NO HOME HEALTH ORDERS. The order should not say "home health" or be printed on a CMS form 1500.

2 Order should note the diagnosis, medical or behavioral need supporting the assessment, indicate the clinical discipline and say "assess and treat." (See sample in Presentation Materials, page 2)

3 Support coordinators can work with provider nurses and families to obtain the order, but are ultimately responsible for verifying that orders are correct.

Finding Providers in Your Area

1 Determining whether the individual can be seen via telehealth for some or all of their services impacts which providers can accept.

2 Feeding and swallowing therapy (speech language pathology) CANNOT be provided via telehealth.

3 More information on using GAMMIS to find available providers at the end of this presentation.
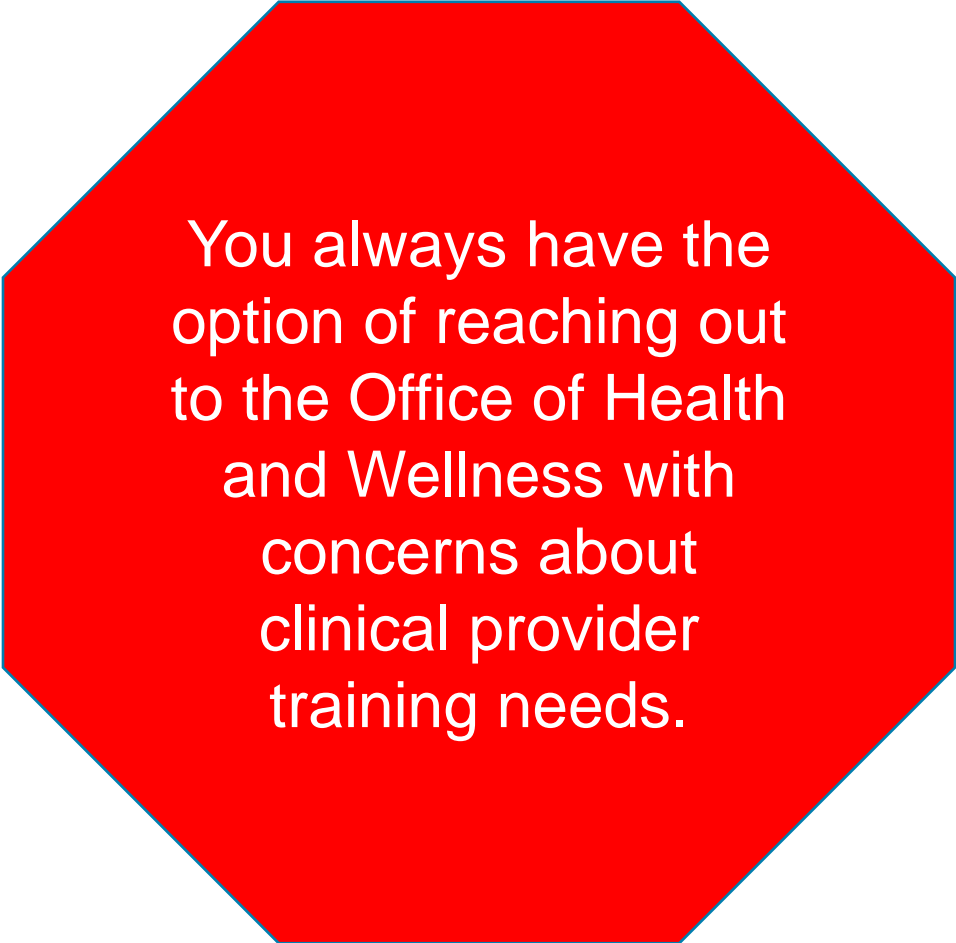
Contacting Providers

Clinical providers often have limited space on caseloads or may lack the specialization needed to support the individual.

- You should include a brief synopsis of the individual's need(s) when making the referral. Keep the information deidentified if you don't have a prior executed release.

- Determining whether that provider has a clinic location (if applicable) that the individual needs to travel to for some or all of their services is important.

- Email is generally not sufficient. For purposes of an ICST referral, sending emails to providers and not following up does not establish lack of community provider. (see following slide)

OHW shares responsibility for building community clinical provider pool. For that reason, OHW has started to review the community providers listed by SC and are reaching out to the provider to determine service barriers when referrals are not accepted.

Clinical Providers Needing Training

You always have the option of reaching out to the Office of Health and Wellness with concerns about clinical provider training needs.

OHW team members can provide training to community clinical providers on a number of topics, including side-by-side mentoring:

- How to manage telehealth
- Working with DME vendors on equipment
- Managing COMP/NOW SME and SMS requests (what the SC needs from the clinical provider)
- Developing staff instructions
- Processes for referrals, assessments, treatment notes

Although OHW works with clinical providers in the enrollment process, we are not always able to discover every training need. If you find a clinical provider who needs some training to accept a referral, please let us know.

Next Steps after Identifying a Provider

If more than one provider is available, offer choice.	COMPILE necessary documentation	Complete ISP Version Change & add selected provider to PA.	Monitor for ongoing service needs.

Offering Choice

If more than one willing and competent clinical provider is identified, the individual and/or their legal decision-maker will need to choose which provider to use.

- Individual and/or their decision-maker should have the option to speak with a representative at the clinical provider.

- Provide informational materials, including website of all available providers.

- Document selection in support notes.

COMPILE Supporting Documentation

With ISP VC

- Initial Order
- Standard Cover Letter (See Presentation Materials, page 3)

To Clinical Provider

- Initial Order
- Release of Information
- HRST
- ISP
- Telehealth Consent (if applicable, see Presentation Materials, page 35)

Can provide records by granting access in IDD Connects

Complete ISP Version Change

1 Per DHBDD Policy 02-444 Attachment A, PT, OT, SLP and nutrition can be requested via ISP Version Change without a clinical assessment (such as nursing)

2 Use Standard Cover Letter. Check boxes and fill out yellow areas as applies to the situation (initial vs. interim request).

3 Attach order.

Monitoring for Ongoing Service Needs

Once funding is added to PA and provider for clinical service is selected, Support Coordinator is responsible for:

- Monitoring to ensure that service starts.

- Review documentation from assessment and service visits.

- Determine if clinical provider is developing a plan of care for additional services.

- If Plan of Care is developed and new Plan year is more than six weeks away, complete an ISP VC to add services for the interim period.

- Ensure that clinical provider is involved in annual ISP process per policy 02.438.

Monitoring (Continued)

Support coordinators should be monitoring the status of clinical therapy services at a minimum at the frequency you are required to complete visits with that person.

- For example, if visits are required quarterly, support coordinator should be in contact with clinician at least quarterly.

- Support Coordinator should request, receive, and review copies of clinical documentation (assessment reports, visit notes, staff instructions, etc.) (See 02-434 B(2)).

- Support Coordinator should monitor implementation of any plan or intervention developed by the clinician (e.g., showering guidelines, mealtime guidelines, positioning plan, etc.) during visits.

Part 2:
ICST Referrals

Making Referrals to ICST

Process begins ONLY AFTER determining that no community provider is available.

Complete ICST Referral Form and submit to mailbox.

Provide supporting information or clarification to Regional Nurse Manager

Reminder about Available Community Providers

Support Coordinators are expected to document efforts to secure a community provider on the ICST referral form.

- Unanswered emails are not sufficient.

  - May have gone to provider's SPAM folder.

- Remember that you should be providing a brief synopsis of the service need to allow the provider to make an informed decision.

  - e.g., speech therapy for communication, physical therapy for wheelchair assessment, nutrition services due to recent history of unexplained weight loss.

Complete ICST Referral

Make sure the form is completely filled out.

- Attach a current order for the service.

- Submit to ICST Mailbox icst.referrals@dbhdd.ga.gov.

- See sample form in Presentation Materials, starting at page 4.

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ICST CLINICAL REFERRAL REQUEST

☐ **ADA Individual**   ☐ **Non-ADA Individual, HRST of 5/6**   ☐ **Non-ADA Individual, HRST 4 or less**

Region: ☐ One   ☐ Two   ☐ Three   ☐ Four   ☐ Five   ☐ Six

Priority Level: ☐ 1 – Stable   ☐ 3 – Priority, within 40 days;   ☐ 5 – Immediate action, within 3 days/72 hours

                     ☐ 2 – Emerging   ☐ 4 – Urgent, within 20 days;

DEMOGRAPHIC INFORMATION:

Full Name:	Preferred Name:
Street Address:	PO Box:
City:	State/Zip:
Primary Phone:	Other Phone:
DOB:	

Support Coordinator:	Agency:	Contact:
Residential Provider Contact:	Agency:	Contact:
Residential Provider House:	Agency:	Contact:
Day Program:	Agency:	Contact:

BRIEF NARRATIVE OF PRESENTING ISSUE:

WHAT HAS BEEN DONE TO RESOLVE ISSUE?

Provide Supporting Information

The Regional Nurse Manager who reviews the ICST Referral may have additional questions:

- May be aware of an area provider not listed as contacted.

- Clarification of information provided on the form.

- Clinical service requested might not be appropriate for ICST.

  - Clinicians on the team provide gap services only. No direct therapy services can be provided.

  - In some cases, may need to establish a non-Waiver provider to work in conjunction with ICST clinician (e.g., swallowing and feeding assessment)

Part 3:
COMP/NOW SME and SMS Funding Requests

Durable Medical Equipment

Term refers to equipment that:

- Meets an identified medical need

- Can withstand repeated use

- Has a useful life of at least two years

In COMP/NOW Waivers, the term is Specialized Medical Equipment (SME).

Refer to *Durable Medical Equipment for Adults in COMP/NOW Waivers* in the Presentation Materials starting at page 7.

Medical Supplies

Term refers to supplies that:

• Meet an identified medical need; and

• Can only be used once or a limited number of times/amount of time.

In COMP/NOW Waivers, the term is Specialized Medical Supplies.

Examples: Sensory items; adapted utensils and cups for mealtime, adult incontinence briefs, enteral nutrition supplies.

DME/SME Order Road Map

Individual has a support need that leads team to believe equipment may be necessary to meet the need.

Team consults primary care provider (PCP). Order for clinical therapy assessment is written.

The support coordinator attempts to find a community clinical provider (OT, PT or SLP) to complete assessment. If no provider is available, referral can be made to ICST.

Clinical Provider conducts assessment and determines equipment needs.

If equipment is needed, clinical provider will work with a DME vendor to obtain a quote for the equipment, including all components for complex, customized items.

Process from this point forward DEPENDS ON FUNDING.

SC/ISC and/or clinician notify DME vendor that funding is approved. Equipment is ordered and paid for.

SC/ISC develops and submits ISP Version Change for SME funding for equipment. (See DBHDD Policy #02-444)

If DME is not funded by MEDICAID/MEDICARE or other source, DME provider gives clinician quote with Medicaid allowable price for equipment. Clinician verifies quote and provides to SC/ISC with assessment.

If MEDICAID/MEDICARE or private insurance is paying, DME vendor takes the lead on paperwork and ordering.

SC/ISC and clinician work together to obtain PCP order and additional quotes.

DELIVERY of the equipment is scheduled. DME vendor should deliver equipment at a time when clinician can attend in person or via telehealth. Clinician will provide any training needed and may create staff instructions.

COMP/NOW SME and SMS Funding Access

COMP/NOW SME and SMS funding can be accessed when it is determined that Medicare, Medicaid, or another payor will not fund the item.

In the case of ICST referrals, the team clinicians handle assembly of supporting documentation. Community clinicians are not funded to do this.

- Community clinicians are responsible for recommending model, size, and accessories (if applicable) for equipment and supplies and they are responsible for being available upon delivery to train supporters.

- Community clinicians have no responsibility related to obtaining funding for equipment and supplies. Where no other funding exists, the support coordinator is responsible for requesting Waiver SME or SMS.

Components of SME/SMS Funding Request

Support Coordinator is responsible for COMPILING:

1. Letter of Medical Necessity (LOMN) or Assessment Report documenting why the item is necessary

2. Physician's Order (generally obtained after LOMN is available)

3. One Medicaid-discounted quote for the item.

4. Two additional quotes (can come from manufacturer's price sheet or catalog).

Note: Make sure the final price used for the ISP VC includes Medicaid-discounted price, tax and shipping, if applicable. Ask OHW for help if needed.

ISP Version Change

SME or SMS funding (whichever applies) should be requested via ISP VC.

- Attach the LOMN, physician's order and quotes.

- Use a cover letter to include authority for accessing Waiver as payer of last resort (See *Durable Medical Equipment for Adults in COMP/NOW Waivers* in the Presentation Materials starting at page 17 for samples of cover letters for SME.)

If you have attached the correct documentation, there should not be a problem with approval of the version change and addition of the funding to the PA.

Coordinating Delivery of Equipment

Once funding is approved, notify three parties:

- The COMP/NOW provider responsible for payment

- The DME Vendor

- The clinician

Ideally, these three should work together with SC/ISC to have the equipment ordered and delivered and to make sure staff are trained.

OHW staff meets regularly with DME equipment vendors to work on issues with the interface of our systems. Please notify us if you encounter any problems with the ordering/delivery steps.

Part 4:
Finding Providers Using Georgia Collaborative Provider Search

Ga. Collaborative Provider Search www.georgiacollaborative.com

Provider Search

Refine Your Search

Our contact information:

nicole.arsenault@dbhdd.ga.gov
karen.cawthon@dbhdd.ga.gov

QUESTIONS?