



Member Preferred Scheduling (MPS)

VSHP CHOICES Provider Webinar

Update April 5, 2012



Member Preferred Scheduling (MPS)

Member Preferred Scheduling (MPS)- the member's preferred or needed authorized schedule time for which HCBS are to be provided by the contracted HCBS provider.



- ✓ With the inception of the CHOICES program service, scheduling based on the member's preference and need has been identified as a vital component by the Bureau of TennCare.

Member Preferred Scheduling (MPS)

- CRA 2.9.6.9.2.1.8
- When services identified in the plan of care are initiated, the member's care coordinator/care coordinator team shall begin monitoring to ensure services begin and continue to be provided as authorized. This shall include ongoing monitoring via the Electronic Visit Verification System (EVV) to ensure services are provided in accordance with the member's plan of care, including the amount, frequency, duration, and scope of each service in accordance with the member's service schedule, and that services continue to meet the member's needs.

Member Service Scheduling Guidelines

- *Type of Service dictates scheduling parameters –*
 - **Attendant Care Services** must be scheduled for a particular start time
 - **Personal Care Services** can be scheduled to occur within a window of time
 - **Homemaker Services** can be scheduled to occur within a window of time or any time on a particular day
 - **Home Delivered Meals** scheduled on current protocols based on type of meal

Attendant Care- S5125

Attendant Care

- *Requirements:*

- Scheduled by shifts and according to specific time (NOT a window of time)
- Scheduling will depend on member needs and preferences
- MCOs will identify in EVV the days of the week the service is scheduled to be provided and the time
- MCOs will identify specific tasks in EVV

Missed & Late Visit Parameters

- On-time – Service is provided less than 15 minutes past scheduled time
- Late – Service is provided greater than 15 minutes and less than 60 minutes past scheduled time
- Missed – Service is provided greater than 60 minutes past scheduled time (or not at all)

Personal Care Visit- T1019

- **Personal Care Visit**

- Requirements:***

- Scheduled by days of the week and at a specific time or a window of time (e.g. before noon, noon-4 p.m., or shorter windows of time)
 - Scheduling will depend on member needs and preferences
 - MCOs will identify in EVV the days of the week the service is scheduled to be provided and the time (or window of time)

Personal Care Visit- T1019

Missed & Late Visit Parameters

- On-time – Service is provided less than 15 minutes past scheduled time/end of window of time
- Late – Service is provided greater than 15 minutes and less than 60 minutes past scheduled time/end of window of time
- Missed – Service is provided greater than 60 minutes past scheduled time/end of window of time (or not at all)

Homemaker- S5130

- **Homemaker Services**

- ***-Requirements:***

- Scheduled by days of the week
 - Scheduling will depend on member needs and preferences
 - MCOs will identify in EVV the days of the week the service is scheduled to be provided

- **Missed & Late Visit Parameters**

- On-Time – Service is provided on day scheduled
 - Late – Service is provided on day following day scheduled
 - Missed – Service is provided later than day following day scheduled (or not at all)

Home Delivered Meals- S5170

Home delivered meals (meals delivered on a daily basis)

- On-Time - Service is provided before 2 p.m.
- Late - Service is provided between 2 and 5.p.m.
- Missed - Service is provided after 5 p.m. (or not at all)

Premise:

- Assumes that meals are delivered around noon based upon a schedule, and scheduled by days of the week
- Batched entry into EVV detailing specific delivery time

Expectations of Member Preferred Scheduling

- What Can VSHP Providers Expect Regarding MPS?



Expectations of Member Preferred Scheduling (MPS)

- The VSHP Care Coordination team is currently visiting and contacting members to ensure that all HCBS are scheduled according to the member's need or preference.
- In the event that a member does not have a need or preferred schedule for which his/her HCBS should be initiated, the provider will be contacted to coordinate a time that meets the need of their staffing load.

Expectations of Member Preferred Scheduling

- As new member's join the CHOICES program, providers will be contacted to ensure the agency has proper staffing to accommodate the member's scheduling needs.
- The member's assigned Care Coordination team will communicate with the provider agency prior to creating authorizations (the scheduled time for which services are to be provided).

Expectations of Member Preferred Scheduling

- In the event that the provider agency agrees to provide services according to the member's preferred schedule, it is the expectation of the MCO that the provider is not to deviate from the member's authorized schedule. If so, please notify the MCO immediately.

VSHP Provider Contract Agreement

4.10 Change or Deviation in Services. The Provider shall immediately report to the Member's Care Coordinator any deviations from the authorized service scheduled.

Expectations of Member Preferred Scheduling

- What Can VSHP Providers Expect Regarding MPS As It Relates To EVV?





- All Attendant Care Services are considered late 15 minutes after the time of the scheduled service if the worker to does not call in to EVV.



VSHP Authorization in EVV: Specific Time

Authorization Schedule

General

* Service: S5125- Attendant Care
Event Code: DEF- Any (Default)
Ref. No.: D00195094
Format: Units
Maximum: 240 0 = Unlimited
Used: 80 Missed: 0

Date Range

Begin: 11/14/2010
End: 12/31/2010

Authorization Comment

Limitations E All Times Shown Are Eastern Time

Limit By: Day

Sun	Mon	Tue	Wed	Thu	Fri	Sat
0	16	16	16	16	16	0
Begin Ranges						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
00:00	08:00	08:00	08:00	08:00	08:00	00:00
23:59	08:00	08:00	08:00	08:00	08:00	23:59

Save Close

VSHP Authorization in EVV: Specific Time



- ✓ This authorization specifies 4 hours of service on M – F required to begin at 08:00 a.m.
- ✓ Notice the times in the Begin Ranges Section in Box # 1 states 08:00 and Box # 2 states 08:00a.m.

*** In this example the schedule can only begin at the start time of 08:00 a.m.- 08:00 a.m. as indicated in the authorization.

*** If the member requests this service to begin at any other time, you must contact the MCO prior to deviating from the provided authorization, and they will need to issue a one time authorization to meet the member's request.

VSHP Authorization in EVV: Time Range

Authorization Schedule Delete

General

* Service: **T1019- Personal Care Vis** ←

Event Code: DEF- Any (Default)

Ref. No.: 848406509

Format: Units

Maximum: 840 0 = Unlimited

Used: 0 Missed: 0

Date Range

Begin: 08/28/2011

End: 03/03/2012

Authorization Comment

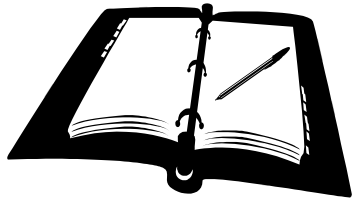
Limitations

Limit By: Day

Sun	Mon	Tue	Wed	Thu	Fri	Sat
0	16	16	16	16	16	0
Begin Ranges						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
00:00	08:00	08:00	08:00	08:00	08:00	00:00
23:59	12:00	12:00	12:00	12:00	12:00	23:59

Save Close

VSHP Authorization in EVV: Time Range



- ✓ This Authorization specifies 4 hours of service on M-F and can begin anytime between the hours of 8 a.m. and noon
- ✓ Notice the times in the Begin Ranges Section in Box # 1 states 08:00 am and Box # 2 states 12:00 p.m.

***In this example the visit can be scheduled to begin at anytime between 08:00 a.m. and 12:00 p.m. You have the flexibility here to change the schedule as necessary as long as start time remains within the authorization (Auth) begin ranges.

*** If the member requests this service to begin at any other time you must contact the MCO prior to deviating from the provided authorization and they will need to issue a one time authorization to meet the member's request.

Scheduling Authorizations for MPS

Authorization Schedule

General

* Service: S5125- Attendant Care
Event Code: DEF- Any (Default)
Ref. No.: D00195094
Format: Units
Maximum: 240 0 = Unlimited
Used: 80 Missed: 0

Date Range

Begin: 11/14/2010
End: 12/31/2010

Authorization Comment

Limitations E All Times Shown Are Eastern Time

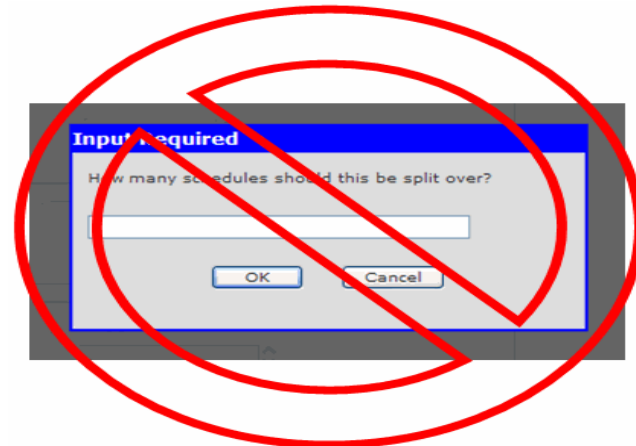
Limit By: Day

Sun	Mon	Tue	Wed	Thu	Fri	Sat
0	16	16	16	16	16	0

Begin Ranges

Sun	Mon	Tue	Wed	Thu	Fri	Sat
00:00	08:00	08:00	08:00	08:00	08:00	00:00
23:59	08:00	08:00	08:00	08:00	08:00	23:59

Save Close



Scheduling Authorizations for MPS

General -- Webpage Dialog

https://rhome.sandata.com/Client/ScheduleManager.aspx?refID=429&mode=2&adID=6327&serviceID=T1019&startDate=01/17/2010&umToGenerate=

Schedule Generation From Authorizations Generate

Schedules + X

Week Of	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
01/17/2010	17	18	19	20	21	22	23
		T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	
01/24/2010	24	25	26	27	28	29	30
		T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	
01/31/2010	31	1	2	3	4	5	6
		T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	T1019: 09:00 - 10:00	

Details All Times Shown Are Central Time

Service: T1019- Personal Care Visits

Time In: Miles: TT Bill:

Time Out: Supplies: TT Pay:

Bill Type: 01- Hourly Pay Type: 01- Hourly

Staff:

Comments:

Apply Changes Cancel Changes Delete Template Apply To All Templates

Time In: Time Out: Mass Apply Times

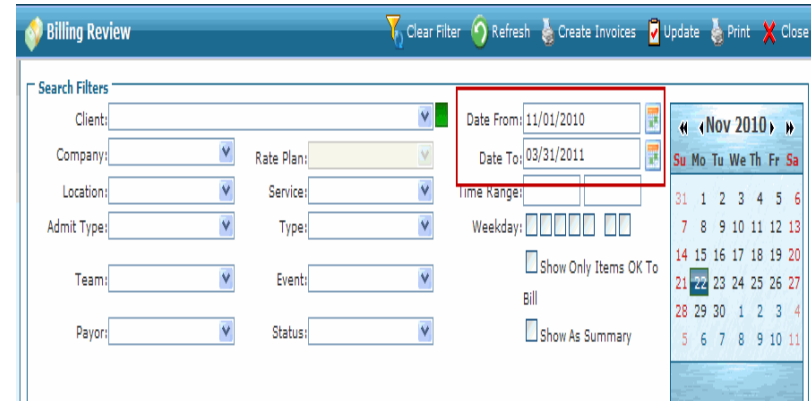
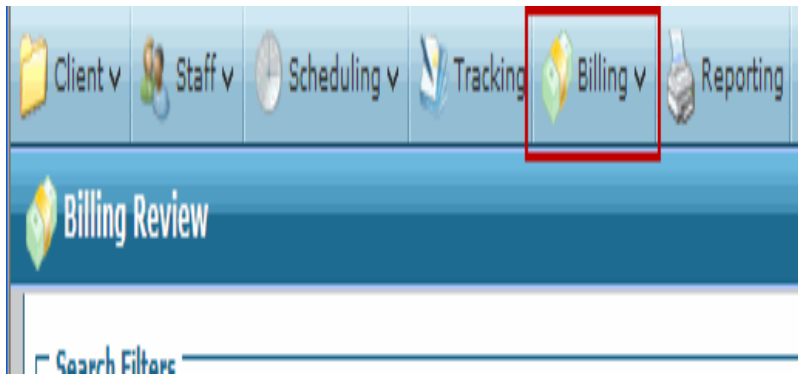
Staff: Mass Apply Staff

2. Whiteboard

Schedule Generation from Authorizations Calendar or "Whiteboard"

- At this point, follow your normal scheduling guidelines through the point that the schedules are committed

Correcting Future Dated Schedules affected by MPS



Correcting Future Dated Schedules affected by MPS

4. Review Schedules

The screenshot shows the 'Billing Review' interface with various search filters and a table of scheduled visits. The filters include Client, Company, Location, Admit Type, Team, Payor, Rate Plan, Service, Type, Event, Status, Date From, Date To, Time Range, and Weekday. The table below shows three rows of scheduled visits with columns for Date, Client, ChartID, Service, EC, IN, OUT, TZ, Qty, Units, Rate, Amt, Copay, Supplies, Status, Override, and Auth No.

Date	Client	ChartID	Service	EC	IN	OUT	TZ	Qty	Units	Rate	Amt	Copay	Supplies	Status	Override	Auth No
11/03/2010	Amoyave, Jean	C9720644-AC	\$5130-05 DEF		07:37	09:30	C	8.00	8	\$5.11	\$40.88	\$0.00	\$0.00	02- Confirmed		
11/03/2010	Jones, ELIZABETH	B0002063-AC	\$5150-05 DEF		07:30	09:21	C	7.00	7	\$4.07	\$28.49	\$0.00	\$0.00	02- Confirmed		
11/03/2010	PER, BEATRICE	B0002059-AC	\$5150-05 DEF		06:50	08:00	C	5.00	5	\$4.07	\$20.35	\$0.00	\$0.00	02- Confirmed		

- ✓ Review the schedules and then compare to the authorizations to determine if they are still within the allowable days of the week as well as the Auth begins range. Correct as necessary by changing the day and/ or time of the scheduled visit to meet the requirements of the authorization with member preferred scheduling.

- What Can VSHP Providers Expect Regarding MPS From The Provider Inquiry Specialist (PIS)Team?



Member Preferred Scheduling Service Delivery

- VSHP monitors member preferred scheduling via the EVV system on a daily basis via the following reports:
 1. Authorizations Not Yet Scheduled Report- PIS will contact their assigned providers weekly regarding authorizations that the provider has yet to schedule.
 2. No Show Report/Dashboard- PIS will contact their assigned providers multiple times daily in the event the assigned staff worker does not check in for the scheduled service according to the authorized time.

Member Preferred Scheduling Service Delivery

3. Missed and Late Visits Report- each MCO reports to the Bureau of TennCare all Missed and Late Visits. The PIS will contact their assigned providers regarding any and all missed and late visits daily in the event that the provider has not already indicated to VSHP that they are deviating from the members Plan of Care (POC).



VSHP Provider Contract Agreement

4.9 Backup Staff. The Provider shall provide backup for Provider's own staff if Provider is unable to fulfill the assignment for any reason. Moreover, the Provider shall ensure that backup staff meets the qualifications for the Covered Service.

Back-Up Plan: VSHP

A written back-up plan is a required component of the POC for all CHOICES members receiving non-residential HCBS in their own homes.

The back-up plan specifies unpaid persons as well as paid contracted providers (as needed) who are available and have agreed to serve as back-up to deliver needed care in situations where regularly scheduled HCBS providers or workers are unavailable, or do not arrive as scheduled for services.

Back-Up Plan: VSHP

According to the TennCare Long Term Program Rules, a CHOICES member or his representative may not elect, as part of the back-up plan to go without services.

VSHP, as the assigned MCO, has to ensure that all members receive services as authorized according to the members POC.

Any deviations from the members POC must be reported to the MCO prior to the scheduled services or immediately upon notification to the provider agency!!!

What does the “Back-Up Plan” process mean for

Schedule changes will not be approved for the reasons listed below.

1. Staff worker cannot provide services as authorized for any unforeseen reason.
2. Member refuses alternate provider agency staff worker.
3. Inclement Weather- depends on the specified service.

Attendant Care- must be provided as authorized. Back-up plan must be implemented by MCO.

Personal Care Visit- must be provided as authorized. Back-up plan must be implemented by MCO.

Homemaker- schedule can **be** changed as member prefers.






What does the “Back-Up Plan” process mean for

In the event the provider agency deviates from the members specified authorizations, without prior approval from the MCO, payment will not be received for the unauthorized services provided.

VSHP Provider Contract Agreement

4.2 Member’s Authorization To Vendor (ATV). All providers shall ensure that services provided are ordered in the ATV. All ATVs shall describe the products or services (regardless of funding source) to be furnished, the frequency and duration of each product or service, and the provider type required to furnish each product or service. All services shall be furnished pursuant to an approved written ATV. The Provider shall not bill for products or services furnished prior to the issuance of the ATV or products or services not included in the ATV.

Provider MPS/Education Timeline 2012

	Task	Due Date
	Provider Training via webinar regarding MPS	February 16-17, 2012
	Care Coordination Teams will begin implementing MPS as it relates to the authorizations in EVV	February 20, 2012
	100% Implementation of MPS for all CHOICES members	March 16, 2012
	Joint MCO Provider EVV Refresher Town Hall Meeting	March 7-28, 2012
	Coming Soon... Provider Score Cards	2 nd -3 rd Quarter 2012

Thank you

