



Visiting Nurse Care Coordination Updates

August 21st, 2019

CCSP Management Team: 404-222-2417 or CCSP@vnhs.org

Laura Prough, Executive Director of Community Care

Suzanne Salak, CCSP Program Manager

Sean Stankovich, CCSP SW Team Lead

Andrea Ellison, CCSP SW Team Lead

Holly Owens, CCSP SW Team Lead

Chuck Pettit, QA Manager

Taesha Ward, CCSP Program Manager Rome Office (Please contact for all CCSP Nursing needs for the Rome and Atlanta Offices, temporary until permanent contact is assigned.)

VNHS-CCSP Staffing Updates:

Tiffeny Thomas, CCSP Medicaid Specialist

Elizabeth Poydras, CCSP Social Worker

Tracie Seng, CCSP Social Worker

Vida Njoku, CCSP Social Worker

Departures:

Helena Sharp, CCSP Nurse

Christine Linde, CCSP Social Worker

Stephen Vale, CCSP Social Worker

Medicaid Reminders:

DFCS has a 45-day determination period for applications. After the 45-day mark, the Care Coordinator (CC) follows-up with DFCS every two weeks and the Care Coordinator will communicate with the providers on the status of the application. Please contact Care Coordinator first for Medicaid status update. We depend on DFCS to give us updates on where they are in processing the applications. If clients receive these, they are encouraged to contact us to let us know so we can assist/guide if further steps are needed.

Medicaid application for each client is submitted by VNHS within 5 business days after the LOC is signed by the Medical Director.



As of July 1, 2018, clients have the option of waiting for Medicaid approval before starting services. This is because Case Management is now a billable service. The choice to begin services or not in the absence of a Medicaid approval is the client's choice. Clients who go for very long periods of time with only Case Management as a service are still at risk for termination.

Email address for Medicaid of Visiting Nurse CCSP is ccspmedicaid@vnhs.org. Please allow 5 business days for a reply.

We are sending lists to each District regularly to highlight cases that are over the 60-day mark. We are on District calls each week. We are seeing movement more quickly with newer cases. We are focusing escalations for PMAOs from 2018 and Retros that need to be made.

Billing:

Karen Davis is the Billing Specialist. Please make sure everyone who conducts billing at your agency is aware of this form and process. Indicate which service you are asking about specifically if your company has more than one service they can bill for. This process **only exists for the Atlanta Region**; do not send billing requests about other regions. Please remember you cannot bill for a PMAO client. You are able to check the portal to see the Medicaid status for each Client. Once the request is sent, we have 5 business days to respond. Always include name for Client in email (also helpful to include Case number or Medicaid Number if you have either).

Please do not email Karen Davis directly about any billing request. Send all billing request to ccspbilling@vnhs.org with the request form. Other staff are now assisting in processing billing requests. Sending your request to ccspbilling@vnhs.org ensures that it will be processed in the shortest amount of time.

SAFs are now being built at the time the Provider confirms acceptance of the CL. Please make sure you are responding within 24 hours when you get the brokering paperwork. It is best to inform the Brokering Specialist and the CC (respond back to email sent at the time of brokering). If we do not get confirmations, this backs up the billing process on our end and gets you the SAFs later.

Brokering:

Patricia Gratereaux is the Brokering Specialist. She is handling Initial Brokers and Rebrokering.

Before rebrokering occurs, a case conference should be offered to the family, in order to discuss concerns with the providers. Client or Caregiver can decline, but this must be offered to the family by the CC. Rebrokering will not occur unless this is offered. You should be notified by the Care Coordinator of last date of service.



VISITING NURSE HEALTH SYSTEM

When brokering packet is sent, you have 24 hours to accept or deny, then the family will be asked to choose a new Provider.

There is no more rotation list. Clients have to choose their provider for all services. Randomized lists are given to the Clients in order for the Provider to be chosen. If a Provider made a referral to the ARC, the ARC will note this if confirmed by Client, and then that Provider will be sent the brokering packet. Please note, sometimes multiple Providers refer the same client. Client will confirm of Provider choice at the time of assessment with VNHS staff.

Contacting VNHS/CCSP:

Please make sure you are keeping up with needed documentation timely, as we continue to get requests of multiple CPRs needed at one time from various time periods. Make sure you have all recent CPRs/CCNFs. Past documentation will not be sent past 6 months prior, unless Care Coordinator did not follow process correctly originally. If you are having issues getting documentation please reach out to the team leads to explore why this is occurring. Case management does not have access to any other systems but Harmony; we cannot pull documents from AIMS or any past system used for documentation. We have 24 hours to response to a request. If this time frame is not being followed, please let a lead know. Please make sure you are sending requests to the right case management agency.

Care Coordinators by Team Lead:

Sean Stankovich – Molly Cannington, Yelena Adkison, Brittany Rice, Rachel Christian, Paulette Slawson, Delorse Mathews, Laquisha Atkinson, Kristen Roland, Keeva Granger, Ben Smith

Andrea Ellison- Santosh Jhanji, Tamara Green, Edna Lockett, Bukie Adenugba, Cathy Wilson, Eboni Woodson, Janay Thompson, Elizabeth Poydras, Tracie Seng, Vida Njoku

Holly Owens –Kala Baker, Demetria Donald, Sonny Fyनेface, Erica Phillips, Jason Slaughter, Shaneji Ward, Peggy Hawk, Tyvishia King, Erica McCoy, Kimberly Lockett