

# PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

## *South Carolina – Care Call*

### **Issue: Automated provider monitoring system**

#### **Summary**

The State of South Carolina implemented a state-wide automated monitoring system whose real time data allows for monitoring and verification of the providers delivering services under the state's home and community-based services (HCBS) waivers. The toll-free number allows providers to check-in and check-out as they deliver services in a participant's home, while the database interfaces with claims data to minimize fraudulent billing. The database has empowered waiver service recipients and has provided significant cost savings for the state. In addition, the database serves as a quality management tool for case managers.

#### **Introduction**

Like many states, South Carolina struggled with an efficient way to monitor and verify that providers are indeed providing services in a participant's home as prescribed in the participant's care plan. Traditionally verification was done through an inefficient paper-based system, which required participant's to sign a daily activity log to certify the number of hours the provider was in the home. Often times, however, participants reported problems with providers leaving early, arriving late or not providing the service at all, and participants reported that they felt pressured to fill in the scheduled hours on the time sheet.

In response to participant complaints and in an effort to increase overall efficiency, South Carolina created Care Call, a real-time electronic monitoring system that contains information about participants, their providers and the services they received. This report briefly describes South Carolina's Care Call system, how it was implemented, how it operates among the separate waivers and the effects of the system. This document is based on interviews with state and local staff, as well as on written descriptions of the projects.

#### **Background**

The South Carolina Division of Community Long-Term Care (CLTC) oversees four HCBS

waivers in the state that serve over 12,000 frail, aged and/or disabled people. The state Department of Health and Human Services (DHHS) contracts with providers to serve these individuals in their homes. Prior to Care Call, there was no direct supervision of in-home services provided under any of the waivers and anecdotal evidence, including participant reports, suggested that there were some significant problems with providers. The difficulty of monitoring providers in the home, as well as other provider issues, such as costly and inefficient billing methods, prompted the state to implement the South Carolina Care Call system.

#### **Intervention**

Care Call is an electronic database system, which requires that the provider calls a toll-free number as soon as they enter and again when they leave a participant's home. The provider identifies themselves by entering a unique provider identification number. When the provider calls in, the Care Call system automatically verifies that the telephone number he/she is calling from matches the home telephone number listed for that participant and then records the visit's start and end times.

**Care Call is a real-time electronic monitoring system.**

Care Call is used under all waiver programs, including South Carolina Choice, the state's self-directed service pilot program. If the Choice

provider is paid hourly, s/he uses Care Call the same as any other provider. If the provider is being paid a flat fee, s/he calls in only once per task. Because participants in this waiver have a budget of six months and can vary their levels of service within a week as long as they stay within that budget, they have increased flexibility. To help them manage their budgets, participants in this waiver receive monthly balance reports and may also access their up-to-date information on the Care Call website at any point.

For those providers serving adults in adult day care (ADC), the system only requires that providers make one phone call at the end of each day for each person that was served that day. For ADCs however, there is no way to verify that the participant is actually at the ADC site.

Once a week the data from the Care Call system is automatically transferred to South Carolina's Medicaid Management Information System (MMIS). This data serves as the providers' claim information and makes billing easier for

**Care Call can interface with the state's Medicaid Management Information System (MMIS).**

providers since they no longer have to bill themselves. At the same time, the system allows the state to identify any improper billing. The system also supplies provider agencies with weekly logs of their claim, so that they may verify the information with their staff as well. The system may be accessed electronically at any time by the provider through the Care Call website.

Finally, the Care Call database also functions as a quality monitoring system. Case managers may track and make sure providers are in the home on-time and for the entire period of time as documented in the participant's care plan. Case managers can access the website at any time and can quickly identify instances that may indicate poor care or diminished quality of life for the participant (e.g. provider arriving at the wrong time of day). As a requirement of the waivers, case managers contact the participant a minimum of once a month and are required to review a participant's Care Call report within five days of contacting the participant. Any unusual pattern requires the case manager to consult the

participant and if the participant is not satisfied the case manager must call the provider. Case managers also call in to Care Call to signify that either a telephone or an in-person visit was made.

### Implementation

South Carolina implemented Care Call in a pilot region in October 2002. In late 2002, 6,000 providers were trained in the system and Care Call went statewide January 2003. The system was initially used only for nursing services, personal care, attendant care, and companion services in the state's HCBS waivers – all services that people receive in their own home for a set period of time. It was expanded in 2004 to adult day care services, case management, and all services provided under South Carolina Choice.

Because state staff had been contemplating this system for several years and had already laid the groundwork for it, the transition was relatively smooth. For example, staff had regularly mentioned the possibility of such a system at annual conferences for waiver providers. In addition, for several years prior to implementation, provider contracts required providers to cooperate with an electronic monitoring system if one was developed. This meant that there was no need to change provider contracts. The state contracted with a private contractor, GovConnect, which also provides, through a subcontract, fiscal management services for the self-directed waiver in South Carolina. Once a contractor was selected, the state implemented Care Call in less than a year.

### Impact

Staff report that Care Call has empowered participants to call their case manager more often if a provider misses a visit. In addition, service delivery to the participant is reported as higher. Staff suspect the system takes burdens off case managers which allows them to spend more time looking into the quality of a participant's support rather than whether services were provided or not.

Administratively, Care Call's ability to interface with the state's MMIS system eliminates the use

of paper time cards and allows Medicaid to be billed on behalf of providers automatically.

From a fiscal standpoint, Care Call has resulted in cost savings for the state. Much of this is because South Carolina is now paying by smaller increments of time (six minute increments) and the state pays less if the provider arrives late or leaves early. The state saves money by not having to enter hard copy claims into MMIS as they did before, though the state has not tracked this savings. Staff report that the state has saved more money than it spent on the contract to develop Care Call. Savings initially were ten percent of money billed through Care Call and is now about 6–7 percent. The state is pleased that cost savings are down, because this implies that participant are getting a higher proportion of billed services.

Provider reaction to the system has been mixed. While some providers say they are losing money, some providers report liking Care Call

because they suspected aides were being untruthful and this system enables them to more easily identify poor performing employees. Some providers also report that Care Call has eased their scheduling and payroll burden.

An added benefit to the state is the capacity of the system to run a number of additional reports. For instance, with this system, the state has the potential to analyze worker turnover and retention rates, and how many people work for multiple agencies. The state has not had the available staff time to pursue such reports, however.

### **Contact Information**

For more information about Care Call, contact Roy Smith, Director of the Division of Community Long-Term Care, at (803) 898-2590 or [SmithRoy@dhhs.state.sc.us](mailto:SmithRoy@dhhs.state.sc.us). Online information about Care Call is available at <http://www.dhhs.state.sc.us>.

### **Discussion Questions:**

**What groundwork needs to be in place to assure a smooth implementation of such a system?**

**What additional quality applications could an automated monitoring system have?**

One of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series is available online at CMS' web site, <http://www.cms.hhs.gov/promisingpractices/>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.