

# Seniors and People with Disabilities' Community Health Support Program Policy and Procedure Manual



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# Introduction

The *Seniors and People with Disabilities (SPD) Community Health Support Program (CHSP) RN Provider Policy and Procedure Manual* serves as an authoritative resource for use in conjunction with OAR Chapter 411 Division 048 for the registered nurse (RN) participating in the CHSP through contractual agreement with the Oregon Department of Human Services (DHS) and enrollment as a Division of Medical Assistance Programs (DMAP) provider.

The RN participating in the program provides community client health evaluation and education to eligible clients and/or education to their care providers on necessary community health supports for a known chronic condition(s) to allow the client to continue to live in their own home or a foster home setting.

CHSP services support SPD programs by identifying and facilitating cost-effective community health supports to Medicaid service-eligible seniors and individuals with physical and developmental disabilities. This service is designed to assist the client and care provider in maximizing the client's health status and ability to function at the highest possible level of independence in the least restrictive community based setting.

## **CHSP RN Provider Rules Link**

[Chapter 411, Division 048 Community Health Support Program](#)

# Community Health Support Program Criteria

## SPD Clients Eligible for CHSP Services

The RN participating in CHSP is able to evaluate the community health support needs of seniors, individuals with physical and developmental who are eligible to receive Long Term Care Services per OAR Chapter 411 Division 15 *Long-Term Care Service Priorities for Individuals Served* and OAR Chapter 411 Division 320 *Community Developmental Disabilities Program*.

CHSP RN services are provided only to the SPD clients living at home or in foster home through the referral of a SPD funded case manager. The following identifies *client service eligibility* for CHSP RN provider services by setting:

- The SPD client living in their own home who receives one of the following services:
  - Chapter 411 Division 034 *Personal Care Services*;
  - Chapter 411 Division 030 *In-Home Services*; and
  - Chapter 411 Division 330 *Comprehensive In-Home Support for Adults with Developmental Disabilities*.
  
- The SPD client living in a foster home licensed or certified under:
  - Chapter 411 Division 360 *Adult Foster Homes for Person with Developmental Disabilities*;
  - Chapter 411 Division 436 *Foster Homes for Children with Developmental Disabilities*;
  - Chapter 411 Division 050 *Licensure of Adult Foster Homes* (excluding Adult Foster Homes for ventilator dependent residents); and
  - SPD funded children living in Children Adults and Family certified child foster homes.

## SPD Clients Not Eligible for CHSP Services

CHSP services are not provided to clients living in the following settings:

- Nursing Facilities;
- Assisted Living Facilities;
- Residential Care Facilities;
- 24-Hour Residential Services for Children & Adults with Developmental Disabilities; or
- Support Service for Adults with Developmental Disabilities.

CHSP services are not provided to clients eligible for the following SPD programs:

- Clients enrolled in Oregon Project Independence (OPI); or
- Clients receiving short-term diversion crisis services for persons with developmental disabilities. Central Office may grant an exception to this policy if it has been determined that the client's crisis foster home placement will become the client's permanent foster home. The clients' case manager/services coordinator must request an exception from Central Office.

## CHSP RN Service Limitations

The “Statement of Work” in the most current DHS/SPD RN contract **and** Oregon Administrative Rule Chapter 411 Division 048 define CHSP RN services.

The following identifies five distinct services that the CHSP RN can provide to clients and their care providers.

### **1. Community RN Health Evaluation with RN Service Plan Development**

The *Community Client Health Evaluation* consists of a written evaluation by the RN that identifies a client’s functional health status, community health support needs and health goals related to the individuals’ chronic health care condition.

This is accomplished by the RN collecting data specific to the reason for the client referral, known chronic health conditions the client presents with, identification of the client’s health-related life-style strengths, key health related beliefs, behaviors, or conditions that put the client at risk, and service provider strengths and abilities in providing health supports to the client. Data is also collected to evaluate the safety of the client’s living environment.

The evaluation includes a medication review that evaluates the client’s ability to obtain medications, safely take their medications, recognize and report desired medication outcomes and undesirable side effects or adverse drug reactions, safely store medications, and obtain medication refills.

For in-home settings where someone other than the client (a family member or a care provider) administers the client’s medications to them, the medication review will also identify and evaluate the care provider’s ability to obtain medications for the client, safely administer medications to the client, recognize and report desired medication outcomes and undesirable side effects or adverse drug reactions, safely store medications, and obtain medication refills.

In foster care settings where medications are administered to the client, the medication review will identify and evaluate the foster provider’s ability to safely administer medications to the RN provider’s client.

The RN evaluates data collected for the Community RN Health Evaluation and arrives at *reasoned conclusions* regarding the client's community health status and unmet community nursing needs. Reasoned conclusions are what the RN arrives at after applying nursing knowledge, critical thinking and community-based clinical nursing judgment to the evaluation data. Formerly known as *problem statements* or *problem list*, these reasoned conclusions provide the foundation for the RN provider's RN Service Plan.

The *RN Service Plan* must clearly identify specific CHSP RN services that will be provided and are consistent with assisting the client in meeting their health goals. Additionally, the RN Service Plan must clearly identify when (frequency) the RN will be providing services in the client's home or foster home. The RN Service Plan is intended to provide clear communication for the client's case manager, the client and the client's caregivers regarding the CHSP RNs role with the client.

## **2. Teaching-Family**

*Teaching – Family* is defined as providing health education and training to the client and members of the client's immediate family. This includes providing education on how to meet the client's community health support needs by:

- Evaluating the client's and their family's understanding of the client's chronic condition and providing any necessary education;
- Assure client and family understand clients' health care needs;
- Assure client and family understands how to access medical care;
- Teaching the client and their family members how to perform tasks of nursing care; and
- Teach the client and family what to do in an emergency.

## **3. Delegation/Teaching Non-Family**

*Delegation/Teaching Non-Family* is defined as providing health education and training to the client's care provider(s). This includes providing education on understanding the client's chronic conditions and how to meet the client's community health support needs by:

- Evaluating the caregivers understanding the client's chronic condition and providing any necessary education;
- Assure caregiver understands how to support the client's health care needs;
- Teaching and delegating tasks of nursing care; and
- Teach the caregiver what to do in an emergency.

#### **4. Monitoring Visit**

*Monitoring Visit* is defined as visiting the client's home to implement the RN Service Plan. Monitoring Visits can also include counseling and/or communication with other providers, agencies or client care team members.

Monitoring Visits can include assessment to support the teaching and delegation of nursing tasks for existing clients. Monitoring Visits include updating the RN Service Plan.

#### **5. Re-evaluation**

*Re-evaluation* is a comprehensive written re-evaluation of client due to a substantial change in client health status, a change in their living environment, or to support the delegation of a task of nursing care.

Data recorded in the reassessment will support the reason for the re-evaluation. Re-evaluation includes updating the RN Service Plan.

Re-evaluation always includes a medication review as described for the Community RN Health Evaluation.



## Excluded Services

The following is a list of services not included (excluded) in CHSP and cannot be performed by the CHSP RN provider. These activities exceed the scope of the CHSP RN provider's contract and the CHSP RN Provider service limitations set forth in OAR 411-048-0000 through 411-048-0130:

- Local office case management services;
- Exceptional Needs Care Coordination services;
- Any service that is in lieu of any medical care that should be provided by a client's primary care practitioner, other licensed health care provider, or urgent/emergency care services;
- Direct hands on nursing care;
- Supervision of caregiver staff including certified nursing assistants or certified medication aides;
- Participate in any corrective action activities;
- Participate in any licensing activities;
- Participate in any protective services investigations;
- Provide client welfare checks;
- Review or "check-up" on the services of another RN;
- Perform case manager assessments;
- Perform Pre-Admission Screenings;
- Perform eligibility determinations;
- CHSP RN services are not to be used when RN services are being funded within a client's service payment; and
- CHSP RN providers are not to be used in SPD licensed Adult Foster Homes providing services to clients on ventilators.

# CHSP RN Provider Client Referral Process

## General Description

Each local office is responsible to develop a process by which client evaluation referrals are communicated to CHSP RNs. If there are no RNs in a county area to refer a client to, referrals may be made to RNs in other geographic areas.

RNs can accept or decline referrals based on client geographic location, current client case loads and available hours for new client referrals, practice expertise with adults and/or children. Client referrals cannot be refused based on client ethnicity, disability or diagnosis.

A referral that is accepted by an RN must result in the RN receiving a copy of the *Community Client Health Evaluation and RN Service Plan Referral* form (SDS 0814) within two days of the referral being made. The form provides client demographics, identifies the reason for the referral and serves as authorization from the SPD, Area Agency on Aging (AAA) or Community Developmental Disabilities Program (CDDP) case manager for an RN to complete a *Community Client Health Evaluation* and develop a proposed *RN Service Plan*.

The referring case manager must retain a copy of the completed SDS 0814. This document verifies when a client referral was made and provides reference for when to expect receipt of the completed *Community Client Health Evaluation and RN Service Plan* from the CHSP RN.

It is the RN's responsibility to complete the *Community RN Health Evaluation* of the client and the *RN Service Plan* within ten days of the referral being accepted.

## Prior Authorization of Ongoing RN Provider Services

The RN will present the completed Community RN Health Evaluation and RN Service Plan to the referring case manager. The content of both will be discussed.

If the RN recommends ongoing services for the client, it is the RN's responsibility to complete and present a *CHSP RN Service Plan Case Manager Prior Authorization* (SDS 4102) form to the referring case manager. This form will identify the specific type(s) of services by CHSP procedure codes, the number of service units needed to implement the RN Service for the proceeding six months and the dollar amount value of the requested service units.

It is the case manager's decision to prior authorize or not authorize implementation of the services identified on RN Service Plan. Prior authorization occurs through the case manager's signature authorization of the SDS 4102 and the attached RN Service Plan.

The case manager has the authority to prior authorize an RN's *RN Service Plan* for up to six months.

Prior authorization of ongoing RN provider services must occur within two weeks of the date of completion of the Community RN Health Evaluation and RN Service Plan. Case managers are not to authorize PA requests for services that exceed the two-week time frame.

The RN provider cannot implement the RN Service Plan without written case manager prior authorization to do so.

Local SPD and AAA offices will enter the RN's prior authorization information contained on the SDS 4102 into the Medicaid Management Information System (MMIS) within two days. This action results in the generation of a PA number that allows the RN to bill for services as s/he implements the RN Service Plan. The local CDDP offices will need to coordinate with a SPD/AAA office to fax their case manager approved SDS 4102 forms to as CDDPs do not have MMIS access.

Following prior authorization of RN services, the case manager is responsible for noting receipt of documentation from the RN that demonstrates implementation of the prior authorized RN Service Plan. Lack of RN documentation is not acceptable

and must be communicated to the RN, the local office manager (or designee) and the CHSP Nursing Coordinator.

RN Service Plans are not static. The frequency of monitoring visits and other services may fluctuate depending on a change of client support needs, a change in care providers and/or the setting. It is the responsibility of the RN to immediately notify the case manager of reported or observed changes in a client's health status. The RN is also responsible to communicate changes that impact the RN Service Plan and any changes that are made to the RN Service Plan. If needed, the RN may request additional units and dollar amounts to be added to the current prior-authorization number.

During the PA meeting, the case manager will discuss client services documentation expectations with the RN. Per CHSP documentation policy, a client service summary will be documented on the SDS 0805 *CHSP RN Client Services Summary* for the date of service provided. If the case manager wants copies of any RN documentation that supports the service summaries, this request will be presented to the RN during the meeting.

It is the responsibility of the RN to notify the local office if they are temporarily unable to implement the RN Service Plan for any reason (e.g., vacation, illness, etc.). It is the responsibility of the local office manager (or designee) to arrange for a second RN to provide back up for the absent RN.

When the case manager authorizes the RN provider to implement the RN Service plan, the RN provider has a legal responsibility to do so. If the RN provider is unable to implement the RN Service Plan, the RN provider must notify the case manager immediately.

The RN and case manager must meet a minimum of every six months to evaluate the need for continuing nursing services and to review and update the RN Service Plan. If ongoing CHSP RN services are indicated, the case manager has the authority to prior authorize the RN Service Plan for up to six months.

The RN must maintain a close, consultative, and ongoing relationship with the case manager regarding the client's evaluation and health care plan. The RN's nursing judgment, coupled with the case manager's knowledge of the client and available services, helps determine the duration and frequency of the nurse's visitation schedule. The RN and case manager must have a clear understanding of their own individual role in the provision of client service and how they interface.

If continued nursing services are appropriate, the RN and case manager review the RN/client health care and proposed visitation plan. Based on the client's health care needs, provider teaching needs, and the health care plan, the case manager and RN jointly agree on the visitation plan for up to a six month period.

If the RN and case manager have a disagreement about the nursing visitation plan, the office manager should be asked to review the plan and make a final decision regarding authorization. The Central Office may also be consulted.

During the course of an evaluation, the RN may discover the need for mental health, hospice, or home health agency care for a client. Depending on the local office policy, the RN either calls the physician to request a referral to the appropriate agency, or communicates the need for a referral to the case manager. The health care plan is revised to document coordination of services.

A CHSP RN may not transfer a client to another RN without a new case manager referral to a second RN. After the case manager referral has been made, the two RNs, at the direction of the case manager, may meet for case consultation, transfer of the file and any delegations that may be in place. The case manager should then prior-authorize visits for the second RN and ask the medical worker to terminate the prior- authorizations for the first RN.

## Communication Expectations

The Central Office will notify the local office and RN of CHSP policy changes and general program information.

The RN must have an active email account for receipt of general program information and courtesy notifications of continuing education opportunities.

Local Office and RN questions concerning program administrative rules, policy, program implementation, RN work deliverables and contract billing invoices are to be directed to CHSP Nursing Coordinator.

Questions concerning RN client billing claims are to be directed to DMAP Provider Services Unit at 88-336-6016.

As a mandatory reporter, the RN must report suspected abuse or neglect. See Mandatory Reporting section of this manual.

It is the responsibility of the RN to notify the case manager of observed or reported changes in the client's health status ***immediately***.

# Mandatory Reporting

Oregon state law mandates that workers in certain professions must report if they have reasonable cause to suspect abuse or neglect. The term used to describe this group of individuals is mandatory reporters. Nurses are defined by law, ORS 124.050-124.095, as “mandatory reporters”. By law, mandatory reporters, while acting in an official capacity, who come in contact with a child, an elderly, disabled or developmentally disabled or mentally ill adult they suspect has been abused or neglected, must report to DHS or law enforcement.

Additionally, a mandatory reporter must report suspected abuse or neglect of a child regardless of whether or not the knowledge of the abuse was gained in the reporter’s official capacity. In other words, the mandatory reporting of abuse or neglect of children is a 24-hour obligation.

Various laws and OARs covering seniors or individuals with physical disabilities, developmental disabilities or mental illness offer differing definitions of abuse and different penalties for failing to report. However, there is a lot of common ground such as any evidence of physical injury, neglect, sexual or emotional abuse, or financial exploitation.

Providers for all certified or licensed settings; staff of CDDPs, brokerages; and foster homes; and program nurses, along with people in a position of trust to the individual with developmental disabilities (a parent or boyfriend) are all mandatory reporters.

Neglect is a subset of abuse and is defined as the failure (whether intentional, careless or due to inadequate experience, training or skill) to provide basic care or services that results in harm or presents a significant risk to the individual when agreed to by legal, contractual or otherwise assumed responsibility. Additionally, abandonment is included and is defined as the desertion or willful forsaking of a vulnerable individual or the withdrawal or neglect of duties and obligations owed to an individual.

## **Table: Oregon Revised Statute and Oregon Administrative Rules Abuse and Neglect**

It is crucial for nurses to know and understand the definition of abuse and neglect and required actions. Listed below are various OARs that contain definitions of abuse and neglect. They outline the action required and obligation to report abuse or neglect:

**IMPORTANT NOTE:** Report all suspected abuse or neglect to the local offices of the state Seniors and People with Disabilities, Area Agency on Aging, County Developmental Disability or Mental Health office or local law enforcement. It is not the responsibility of the nurse to determine if an event meets the legal definition.

### ***If in doubt report***

- ORS 418.005, 419.005, 418.015, 418.748, and 418.749: *Abuse of a child;*
- ORS 430.735 through 430.768: *Abuse statute for individuals with developmental disabilities and mental illness;*
- 411-021-0005: *Alleged Elder Abuse;*
- OAR 407-045-0250 through 407-045-0360: *Abuse response process outlined: Office of Investigation and Training;*
- OAR 411-048-0010, 411-048-0050 and 411-048-0060: *Community Health Support Program;*
- 411-050-0400: *Adult Foster Homes;*
- OAR 411-054-0005 through 411-054-0110: *Residential and Assisted Living Facilities;*
- OAR 411-085-0005 and 411-085-0360: *Nursing Facilities;*
- OAR 411-325-0020 (2)(c)(A-F): *Abuse of an adult;*
- OAR 411-325-0020 (2)(B)(A-E): *Proctor foster care for children with developmental disabilities;*
- OAR 411-325-0030 (2)(b)(c): *24-hour residential care for adults and children;*
- OAR 411-345-0020 (1): *Employment and alternative to employment;*
- OAR 411-330-0020 (1)(a)(b): *Comprehensive in-home supports;*
- OAR 411-360-0020 (b)(c): *Adult Foster Homes for Individuals with Developmental Disabilities;*
- OAR 851-045-0015: *Conduct Derogatory to the Standards of Nursing.*



## **CHSP RN Orientation**

The RN is paid for orientation time at the current hourly unit rate. CHSP orientation is provided in modules:

- Module 1: Local Office Orientation
- Module 2: Field Orientation
- Module 3: Central Office Orientation
- Module 4: Ongoing Orientation/Local Office Meetings

### **Module 1: Local Office CHSP Orientation**

Local office orientation is mandatory for new RNs and must be completed by the RN prior to accepting client referrals.

A RN newly contracted with the CHSP can attend up to four hours of local office orientation.

Local office orientation can occur at each local office the RN accepts referrals out of. Module 1 orientation activities include:

- Review office procedures that affect the RN;
- Introduce the office staff;
- Review local office procedures and policies related to how referrals are made to the RN;
- Review documentation procedures and requirements;
- Discuss case manager communication expectations and procedures, case consultation meetings, and expected time frames;
- Teach local office process for case manager prior authorization of ongoing RN client services;
- Review 1400RN invoice authorization process;
- Provide overview of the local office programs, services and resources for SPD clients;
- Provide Oregon Administrative Rules (OARs) for Foster Homes and In-Home services;
- For Multnomah and Clackamas counties, provide County authored client service rules;
- Review policies regarding client confidentiality and confidential maintenance of client files; and
- Review reporting procedures for abuse/neglect.

## **Module 2: Field Orientation**

Field orientation is mandatory for new RNs and must be completed by an RN prior to accepting client referrals.

The local office shall assist in coordinating up to eight hours of field orientation.

Field orientation consists of accompanying an experienced CHSP RN provider while s/he completes a client visit.

## **Module 3: Central Office Orientation**

Central Office orientation is mandatory for new RNs and must be completed prior to the RN accepting client referrals.

Central Office orientation is scheduled every two months in Salem Oregon. RNs are reimbursement for round trip mileage at the rate set by the US General Services Administration for travel to and from Central Office.

RNs that travel greater than 70 miles to attend Central Office location can be reimbursed for lodging at the state rate while attending the orientation.

Central Office orientation schedule and agenda can be viewed on the SPD Community Nursing Tools at <http://www.oregon.gov/DHS/spd/provtools/nursing>.

## **Module 4: Ongoing Orientation/Local Office Meeting**

Ongoing orientation consists of quarterly meetings facilitated by the local office that are intended to provide CHSP RNs with administrative and general information that impacts the Community Health Support Program. Content of local office meetings must be specific to:

- Community Health Support Program policy;
- SPD policy impacting the Community Health Support Program; and
- Local office policies and procedures related to the local office implementation of the Community Health Support Program.

RNs are allowed to bill up to 4 hours per quarter for attendance at local office meetings for each local office the RN accepts referrals from.

# CHSP Contracts

## RN Recruitment and Contracting

### Advertisement

At the request of the local office, the Central Office will place print and on-line advertisements for the local office recruitment of CHSP RN providers.

### Initial Screening

The RN calls the local field office for an interview with the designated local office contact person.

Prior to the interview, the local office contact person will provide the CHSP Nursing Coordinator with the name of the RN. The program coordinator will verify the RN's licensure status with the Oregon State Board of Nursing.

The program coordinator will check for the RN's name on the Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE). The program coordinator will notify the local office contact person of the RN's licensure and LEIE status.

### Interview

The RN provides his/her Oregon RN license, resume' and two letters of professional reference at the interview.

During the interview process, the local office ensures that the RN is aware that his/her relationship with DHS SPD will be that of a *professional services contractor* and not an employee.

During the interview process, the local office will inform the RN of his/her responsibility to enroll as a Division of Medical Assistance Programs (DMAP) Provider as a requirement of participation in the Community Health Support Program.

During the interview process, the local office will ensure that the RN is aware that professional liability insurance is required for participation in the program.

During the interview process, the local office will ensure that the RN is aware of the need for an active and accessible email address for delivery of Program correspondence.

During the interview process, the RN will identify how many hours per week they would be available to accept client referrals. This information will be recorded by the interviewer.

If both parties are interested in pursuing a contract, a Contract Request is made to the Central Office (see *Contract Request* section).

## **Contract Request**

The local office submits a completed *DHS 118 Contract Request* form to the Program Coordinator with the following enclosures:

- RN's resume;
- RN's two professional reference letters;
- Copy of the RN's professional liability insurance certificate if available; and
- RN's email address.

The Contract Request and supporting documents can be faxed to the CHSP Nursing Coordinator at 503-378-8966.

Upon receipt of the Contract Request by Central Office, the RN will be provided with information on how to apply for a National Provider Identifier (NPI) and a Division of Medical Assistance Programs (DMAP) Provider number.

The Central Office will notify the RN of any additional documents the RN may need to forward to the Central Office.

Central Office will notify the RN and local office of the next scheduled (two-day) Central Office CHSP RN Provider Orientation.

## **Contract**

Upon receipt by the Central Office of the Contract Request form, RN resume, professional reference letters, and a copy of the professional liability insurance certificate, a contract will be ordered from the Department of Human Services Contracts Unit.

The DHS Contracts Unit will complete the contract and send it to RN to review, sign and return the Contracts Unit.

The Contracts Unit will prepare the contract for the final management signature at the SPD Central Office.

## **Contract Activation**

The contract becomes active upon final signature by a Central Office SPD Manager. Central Office will notify the local office and the RN of the date the contract is active. The date the contract is active is the date the RN can begin local office orientation activities. DHS Contracts Unit will send a copy of the contract document to the local office and the RN.

## **Termination by the CHSP RN**

At any time during the contract period, the CHSP RN may submit a written notice requesting CHSP termination as of a specific date. The notice may be submitted to the local office manager who must forward a copy to the CHSP Nursing Coordinator. The Contracts Unit will send a letter of mutual termination agreement to the CHSP RN with a termination date.

## **SPD Termination of an RN CHSP**

The local office must contact SPD Central Office when:

- There is CHSP RN performance issues or other concerns; and
- The CHSP RN is being investigated in response to a complaint.

If a satisfactory resolution regarding the CHSP RN's performance (or other issues) can not be reached, the local office, together with the Central Office, will consider termination of the CHSP RN's contract.

A substantiated complaint against the CHSP RN may result in contract termination with a copy of the investigation report being forwarded to the Oregon State Board of Nursing as required by Oregon nursing law.

If a decision to terminate the RN contract is made, the Central Office will send a letter of termination to the CHSP RN. The RN will be directed to immediately cease all activities under the contract and to return all nursing client files to the local office within three working days from the receipt of the letter. Local offices will receive copies of all correspondence with the CHSP RN.

## **CHSP Provider Client Records**

RNs must maintain all client records in a confidential manner. RNs are expected to have a secure system in their office that will protect client information.

Client records not in use must always be secured. Electronic file storage should always occur on a drive that can be removed from a desk top/lap top computer and locked when not in use. Client records that are in use must always be within the provider's line of sight.

When a CHSP RN ceases to work with a client for any reason, the RN can transfer client records to newly assigned RNs only as directed by the case manager. If the RN is not able to transfer the client records to another RN, the records must be returned to the local office within three working days unless directed otherwise by the local office.

This requirement of file submission to the local office is specific to the CHSP and is separate from and does not replace client file maintenance requirements for Medicaid health care providers.

# CHSP RN Billing Processes

## The SPD CHSP RN Orientation Invoice (SDS 1400RN)

The 1400RN Invoice is the form used to bill for non client related activities as described in the CHSP RN Orientation section of this manual.

The 1400RN is a 3-layered non-carbon reproduction (NCR) form that is sequentially numbered. The local office is responsible to order the RN1400 form from Department of Administrative Services Distribution Services and maintain a supply for the CHSP RN providers to access at the local office.

## Instructions for Completing the 1400RN Invoice

CHSP RN must use the 1400RN Invoice form when billing for *non-client services*. Both the local office and Central Office must authorize the 1400RN prior to payment being made.

The following information must be documented on the 1400RN Invoice:

- Complete name of RN (provider). The name on the invoice must match the name on the contract; i.e., if the contract identifies a *business name* rather than a personal name, the business name must appear on the invoice;
- Complete mailing address including town/city, state and zip code. The address must appear as identified on the contract
- RN's current contract number. Do not use one-digit contract addendum numbers;
- Date(s) of the activity being billed for;
- Module Number with a description of the activity:
  - For *Field Orientation* from another CHSP RN - identify the other RN's name, description of the field orientation activities, Medicaid ID number of client(s) to whom services were provided during the field orientation.

- If providing *Field Orientation* to a new CHSP RN, identify the new RN's name and a brief description of the Program topics/activities covered.
- For *Local Office Meetings* - identify office name, location, and agenda topics.
- Current pay rate per *hour unit of service*;
- For mileage claims, identify area of travel, type of mileage exception being claimed, correct mileage rate for dates traveled, date(s) of mileage accrual, odometer readings, Medicaid ID number and address of client, and total miles claimed;
- Total amount billed; and
- CHSP RN signature and date.

The RN must submit the completed 1400RN Invoice form to the Local Office manager (or designee) for Local Office authorization and signature. The Local Office must check the invoice for accuracy of information before authorizing/signing.

The RN maintains the pink NCR copy of the invoice. The Local Office retains the yellow copy. The Local Office mails the top white copy (with any attachments) to the Central Office at the address identified on the invoice.

Central Office reviews invoice for complete and accurate information and to determine if the service billed for meets criteria as specified in Contract and CHSP rules. Invoices that are authorized for payment are forwarded to the Department of Human Services Office of Financial Services for payment.

Invoices received by Central Office that do not contain complete information, contain math errors, or are submitted for non-billable services will not be authorized for payment. Only original NCR invoices will be authorized for payment. No photocopies or facsimiles of the invoice will be authorized for payment. Invoices that are not authorized for payment will be returned to the RN.



## **Billing for Client Services**

The CMS1500 form is used to submit a claim to Division of Medical Assistance Programs (DMAP) for CHSP RN services rendered to clients.

## **Verifying Client Eligibility**

Reimbursement for client services provided is contingent upon the client's Medicaid eligibility on the date the services were rendered. It is the RN's responsibility to verify client eligibility on each date of service.

Eligibility must only be verified on the date of service provision; i.e., on the day the visit is scheduled. Eligibility cannot be verified prior to or after the date of service.

Eligibility can be verified by:

- Checking the client's DMAP Medical Care Identification;
- Checking the client's Temporary Medical Care Identification; or
- Using the Automated Information System (AIS).

It is the RN's responsibility to keep documentation of the eligibility results. Documentation can be maintained via:

- Generating a copy of the client's medical identification card (temporary or permanent) for the date of service; or
- Documenting in the date and time eligibility was checked and the eligibility date range as indicated on the medical identification card; or
- Documenting the date and time AIS was called to verify client eligibility; or
- Printing a copy of the Web-based client verification screen.

## **CHSP RN Client Documentation Forms**

The CHSP RN is required to use CHSP forms for the purpose of documenting client services provision. This documentation requirement is specific to the CHSP and is separate from and does not replace OSBN standards for documentation by an RN.

The CHSP RN must maintain copies of documentation for their records and provide copies of completed CHSP forms to the case manager and to the client and/or care provider. The CHSP RN forwards documentation of client services to the case managers and the client/service providers within five working days of the date of service.

The method by which the RN provides client services documentation to the case manager and to the client/care provider is a business decision of the RN and can be in hard copy, fax, or electronic transmission.

CHSP RN documentation is used by the client, their caregiver, case managers and others that may not be familiar with abbreviations and medical terminology. If abbreviations are used they must be defined within the document. Additionally, medical terminology should be avoided and the RN should use language that is commonly understood by the general public.

CHSP RN is not to bill for services rendered until documentation has been completed and sent to the case manager.

## CHSP RN Forms

Many of the CHSP forms are being eliminated. Revised forms will be available July 1, 2008 but will be phased in through August 30, 2008 with old forms being eliminated September 1, 2008. Effective September 1, 2008 there will be only three mandatory forms; *CHSP RN Services Summary*, *CHSP RN Service Plan* and *CHSP RN Delegation and Supervision of a Task of Nursing*. The RN may use any documentation style and format for all supporting data; for example, S.O.A.P (subjective, objective, assessment data and plan), narrative or problem oriented, etc. that is documented in the mandatory forms.

[SDS 0802](#) RN Comprehensive Initial Assessment

[SDS 0803](#) RN Initial Delegation

[SDS 0805](#) RN Monitoring/Supervisory Visit/Telephone Call

[SDS 0806](#) RN Assessment Behaviors and Intervention

[SDS 0807](#) Physical Restraint RN Assessment

[SDS 0809](#) Psychoactive Medication RN Assessment

[SDS 0811](#) Medication List

[SDS 0812](#) PRN Prescription (RN Parameters)

[SDS 0813](#) RN Teaching of Medication Administration

[SDS 0815](#) RN/Client Health Care Plan

[SDS 0816](#) CHSP RN Progress Notes

All CHSP RN client services documentation forms are available in electronic format. The Forms web page link can be accessed off the DHS home page at <http://www.oregon.gov/DHS>.

## Resources

**DHS Web Site** contains information and tools for providers such as:

- Oregon Administrative Rules (OARs)
- SPD CHSP RN Policy and Procedure Manual
- SPD Developmental Disability Nursing Manual
- Community Nursing Tools Website
- Billing Information
- e-Subscribe
- Provider Notices

For more information, visit: [www.oregon.gov/DHS/index.shtml](http://www.oregon.gov/DHS/index.shtml)

**DMAP Provider Services** can assist with:

- Medicaid policy
- Billing requirements
- Claim inquiries
- Claims processing operations

Contact Provider Services at 800.336.6016 or (local) 503.378.3697.

Have the following information available before you call:

- Your DHS provider number;
- The client's Medicaid identification number; and
- The specific date of service in question.

**Health Services Unit (HSU)** can assist with:

- Questions regarding health care issues related to individuals with developmental disabilities (DD);
- DD program requirements.

Contact HSU's Intake phone at 503.947.4229

**CHSP Nursing Coordinator** can assist with:

- CHSP Policy and Procedure Questions;
- 1400RN Claim Form.

CHSP Nursing Coordinator, Gretchen Thompson, at 503.945.6484.

## Contact Information

### Automated Information System (AIS)

Client Eligibility

**1.800.522.2508**

Sun 12am to 8pm

Mon 3 am to 11pm

Tue-Sat – 12 am to 11 pm

AIS Technical Support

**1.800.884.7387**

24 hours/7 days a week

### Provider Enrollment

Call to change provider addresses

Other enrollment information

**1.800.422.5047**

Mon-Fri – 8 am to 5 pm

### Provider Services

Answers billing questions

Information on claims payment

To discuss claim status *or*

**1.800.336.6016**

**Local 503.378.3697**

Mon-Fri – 8:15 am to 5 pm

[DMAP.providerservices@state.or.us](mailto:DMAP.providerservices@state.or.us)

### CHSP Nursing Coordinator

Program Policy Questions *or*

1400RN Invoices

**503.945.6484**

[gretchen.l.thompson@state.or.us](mailto:gretchen.l.thompson@state.or.us)

## Addresses

**Mail CMS 1500 claim forms**

OFDM

PO Box 14957, Salem, OR 97309-4957

**Fax CMS 1500 claim forms**

**503.373.1237**

**Order 1400RN Invoice forms**

DAS Distribution Services

550 Airport Rd, Salem, OR 97310

**DMAP 1036 – Claim Adjustment**

DMAP PO Box 14952, Salem, OR 97309

**SDS 1400RN**

Local Office

***Do Not mail the SDS 1400RN to DMAP or directly to SPD Central Office***