

Frequently Asked Questions from ADS Health and Safety/ADS Plan of Care Addendum Webinar

1. Within 2 business days of the participant starting?

Once the Person-Centered ADS Plan of Care Addendum is developed and signed by all parties, the ADS Provider will submit it to the CCU/MCO via secure email or fax within 2 business days. The CCU/MCO will return the signed copy of the Person-Centered ADS Plan of Care Addendum to the ADS Provider within 2 business days via secure email or fax.

2. Is the RN still required to review?

Section 240.230 (a)(1)(A) states - The individual ADS Addendum will be developed by the adult day service team consisting of participant/authorized representative, Program Coordinator/Director and Program Nurse, and may include other staff at the option of the program Coordinator/Director.

3. Just to verify, the ADS will complete the plan of care addendum, but the CCU will be sending it to the ADS?

Correct. Once the ADS has completed the Addendum & submitted to CCU/MCO the CCU/MCO will acknowledge (with signature) and submit back to ADS.

4. When do we hope to have the case management system operational?

No release date has been determined at this time.

5. What if a participant can't sign the hours of service calendars & their responsible party doesn't come in to sign them?

The HOS must be signed by participant OR responsible party. ADS staff are NOT allowed to sign HOS calendars for participants.

6. Are we expected to review all clients and update all clients with the addendum beginning 5/1?

No, moving forward on May 1st, begin using Plan of Care Addendum.

7. Within how many days do you want us to send you POC for current clients?

The policy is effective 5/1/2019. Only new participants and/or redetermination after 5/1/2019 should be sent to ADS.

8. Do we have to complete all of our POC addendums for all clients by May 1 or do we start adding them as we get redes?

The policy is effective 5/1/2019. Only new participants and/or redetermination after 5/1/2019 should be completed by ADS.

9. Can you clarify about these outings?

Outings could include such activities as going to the community park, going on a shopping trip, going to a museum, etc. Activities that are conducted outside of the ADS facility and promote inclusion into the community.

10. Can we ask participants to pay for outings?

No.

11. Is there a required number of outings that providers must offer?

There is no required number of outings.

12. When is this policy effective? 5/1 or 7/1?

The policy is effective 5/1/2019.

13. If ADS services are being termed as in we need to do a TSI and term ADS and start HCA services, does the Addendum need to be done at this point?

If ADS services are terminated the ADS addendum should be reviewed and updated to reflect outcome scores.

14. For CCU/MCO acknowledgement, does it have to be a Care Coordinator, or can it be anyone at our front desk receiving faxes? just thinking about the 2-day return time frame if the CC is out of office for any reason for a few days.

The acknowledgement must be signed by a Care Coordinator or Supervisor.

15. I do not see page 9 Close your eyes... is that still sent?

Page 9 is not necessary. Only the pages listed in the policy are required.

16. Is sending page 4 of CCC a new requirement? Why are we sending this now?

The pages required are listed on the policy. These pages will be utilized by the ADS while developing the Plan of Care Addendum with the participant.

17. Will there be an update to Client Forms Manager by May 1st?

The ADS Addendum will not be added to Client Forms Manager however it will be included in the new IDoA case management system.

18. Just to clarify...the ADS initiates the Addendum after they receive paperwork from the CCU showing that the participant has chosen ADS?

Yes

19. Screen 5 says "ADS providers are required to utilize the person-centered ADS plan of care Addendum to complete the participant's POCNF." This statement doesn't seem to make sense since it is the CCU that has already completed the POCNF?

The POCNF is NOT complete until the participant has agreed to ALL services included in their plan of care. If ADS is a service received by a participant then the ADS Addendum must be included in the Person-Centered Plan of Care.

20. Can we have our own template but includes all the elements from the ads plan of care addendum? For instance, some ads providers use system to do care plan, instead of using word document.

Effective 5/1/2019 all ADS must follow the Adult Day Services Integrated Plan of Care Policy. If an ADS requires utilization of a different software system, the ADS MUST still complete and submit the ADS Plan of Care Addendum for all CCP participants to the CCU/MCO.

21. Can we have a contact list of all the CCU's so that we know where to send the completed the ads plan of care addendum?

Please contact Aging.Occs@illinois.gov to request a contact list.

22. What if the clients cannot sign them because of relocation or transition to institution? How can they sign the HOSC?

The ADS staff cannot sign the HOSC therefore the ADS staff must document the reason (relocation, transition, termination) on the HOSC. In the case of an abrupt termination (for whatever reason, transfer, death, LTC admission) the ADS should attempt to get a family member or authorized rep to sign the HOSC. If there is no one else available or the HOSC was normally signed by the participant, the ADS should document the issue on the HOSC and in case notes. The ADS will need to document who they attempted to contact to sign the HOSC. With proper documentation the ADS will be allowed to bill ONLY for hours delivered before termination.

23. To the question about HOSC, we have an authorization or a form that provides permission for us the ads to sign the HOSC on their behalf. Is this ok?

It is not acceptable for the ADS to sign off on participant's HOSC. Must be signed by participant or authorized representative.

24. Can you please address whether ADS providers can require a recent chest x ray or TB test before participants can attend?

Currently, a chest X ray and/or TB test is not a requirement of IDoA. Please note - No CCP client should be denied and/or delayed access to services due to internal rules/policies of a provider.

25. Is a nurse required all day?

Nurse is required half the day everyday participants are at ADS.

26. The care plans used to be for the staff use. Issues related to customer or family problems were on there that they may not want to show them. How do we handle this now that they have to sign the care plan?

Family issues should not be addressed on the plan of care addendum.

27. This plan would be done at least 2 times per year as care plans are due that often or just at redetermination?

Section 240.230 (a)(1)(F) states - Reassessing the participant's needs and reevaluating the appropriateness of the individualized person-centered plan of care shall be done as needed, but at least annually.

28. With 30 customers not all can go on outings. So not all can be asked how does this work?

CCP participants should be given choice. If a participant chooses to not participate the refusal should be documented.

29. Would just addressing a participant's refusal to go on outings on the Plan of Care addendum meet the documentation request or does this need to be noted for every outing refusal in the case note?

CCP participants should be given choice. If a participant chooses to not participate the refusal should be documented.

30. If you have more than one center and employee files are kept at main office, do you need to make copies and keep at each center?

Yes, all participant files must be kept on site at the ADS.

31. If participant can't participate in the addendum does the POC have to be a face to face with family member?

The Person-Centered Plan of Care and ADS Addendum must have participant involvement. Family member and/or authorized representative are welcome to participate too.

32. If the ADS determines a score of 1 which means the goal is met, when they send the addendum to the CCU, is the CCU to adjust the DON and Plan of Care to remove that particular item? Or how to we proceed if we determine/believe there is a need?

The score on the ADS Addendum is strictly for services provided to the participant while they are at the ADS facility. The ADS should always contact the CCU if they believe there is a need that wasn't met on the participant's CCU's plan of care. The CCU will determine if the comprehensive assessment and Plan of Care needs to be updated to ensure the participant's needs are met while they are NOT at the ADS.

33. How long do ADS providers have to complete and return the Plan of Care addendum?

The Person-Centered ADS Plan of Care Addendum must be completed no later than the 4th week of the participant initiating ADS services.

34. Is a participant able to self-administer their own medications? If so, are they not allowed to carry that on them while at ADS?

They can self-administer but IDoA recommends that if the participant brings them into the ADS then the ADS needs to store and lock them up for the participant.

35. What about case notes that are in an Electronic Medical Record? Are you requiring that they are printed and placed in the participant file?

If case notes are not available for review during an unannounced visit, then the case notes must be added to the participant's file.

36. In regards to Electronic Medical Records, when printing a years' worth of notes can be hundreds of pages. Are the surveyors not able to just look at the EMR?

If case notes are not available for review during an unannounced visit, then the case notes must be added to the participant's file.

37. Care Plan should always be typed? or hand written accepted?

Hand written is accepted but typed is definitely preferred. Please note - space is limited with handwritten therefore typed might be the better option.

38. Black and white pictures of the client is fine or do we need to update in color?

Black and white pictures is acceptable. They just need to be updated annually.

39. How often do we have to write case notes for a client who is coming 5 days a week?

Ideally, we want to see something at least monthly in the case notes. Especially, if an incident happens or you notice the participant not feeling well.