

Date: April 14, 2016

To: Twila Rutter, General Manager
 Provider: Interim Healthcare
 Address: 2300 N. Main Street, Suite 19
 State/Zip: Clovis, New Mexico 88101

E-mail Address: twila.rutter@interimhh.com
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Region: Southeast
 Survey Date: March 28, 2016
 Program Surveyed: Medically Fragile Waiver
 Service Surveyed: Home Health Aide Services (HHA), Private Duty Nursing (PDN),
 Respite Nursing, Respite Home Health Aide (*Note: No participants over the age of 21 and/or no participants receiving Respite Services, therefore an administrative review occurred.*)

Survey Type: Routine

Team Leader: Corrina B Strain, BSN, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Jesus Trujillo, RN, Healthcare Surveyor, Division of Health Improvement /Quality Management Bureau, and Iris Clevenger, BSN, RN, CCM, MA, Clinical Services Bureau-DDSD Division of Health

Dear Ms. Twila Rutter;

The Division of Health Improvement/Quality Management Bureau has completed a survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Medically Fragile Waiver; and to identify opportunities for improvement. This report of findings will be shared with the Developmental Disabilities Supports Division for their use in determining your current and future provider contracts. Upon receipt of this letter and report of findings your agency must immediately correct all deficiencies which place Individuals served at risk of harm.

During the course of your survey no deficiencies were found. Therefore, no future action is require of your agency.

We want to thank you for your cooperation and for the work you perform. Please call Review Team Lead at 505-231-6249 or email at corrina.strain@state.nm.us if you have questions regarding the survey or report. The Developmental Disabilities Medically Fragile Program Manager can be contacted at 505-841-2913 if you have any questions.

DIVISION OF HEALTH IMPROVEMENT
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QMB Report of Findings- Interim Healthcare – Southeast Region - March 28, 2016

Survey Report #: Q.16.3.MF.43455875.4.RTN.01.16.105



Sincerely,

Corrina B Strain BSN, RN

Corrina B Strain BSN, RN
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date: March 28, 2016

Present: **Interim Healthcare**
Twila Rutter, General Manager

DOH/DHI/QMB

Corrina B Strain, BSN, RN, Team Lead/Healthcare Surveyor
Jesus Trujillo, RN, Healthcare Surveyor
Iris Clevenger, BSN, RN, CCM, MA, Clinical Services Bureau-DDSD

Exit Conference Date: March 28, 2016

Present: **Interim Healthcare**
Twila Rutter, General Manager

DOH/DHI/QMB

Corrina B Strain, BSN, RN, Team Lead/Healthcare Surveyor
Jesus Trujillo, RN, Healthcare Surveyor
Iris Clevenger, BSN, RN, CCM, MA, Clinical Services Bureau-DDSD

Administrative Locations Visited Number: 1

Personnel Interviewed Number: 3

Administrative Files Reviewed:

- Billing Records/Process
- Incident Management Records
- Agency Policy and Procedure
- Quality Assurance / Improvement Plan

CC Distribution List: Department Health Improvement (DHI) - File
Developmental Disabilities Support Division (DDSD)
Medical Fragile Program Director
Human Services Department (HSD)

Agency: Interim Healthcare – Southeast Region
Program: Medically Fragile Waiver
Service: Administrative Review as the agency had no participants over the age of 21 years and /or no participants receiving Respite Services
Monitoring Type: Routine Survey
Survey Dates: March 28, 2016

Statutes	Deficiency	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date Due
<p>TAG # MF25 Private Duty Nursing Aide-Reimbursement</p> <p>New Mexico Department of Health Developmental Disabilities Supports Division Medically Fragile Wavier (MFW) effective 01/01/2011</p> <p>PRIVATE DUTY NURSING III. REIMBURSEMENT</p> <p>Each provider of a service is responsible for providing clinical documentation that identifies the DSP's role in all components of the provision of home care: including assessment information, care planning, intervention, communications and care coordination and evaluation. There must be justification in each participant's medical record supporting medical necessity for the care and for the approved LOC that will also include frequency and duration of care. Services must be reflected in the ISP that is coordinated with the participant/participant's representative, other caregivers as applicable, and authorized by the approved budget. All services provided, claimed and billed must have documented justification supporting medical necessity and be covered by the MFW.</p> <ul style="list-style-type: none"> A. Payment for PDN services through the Medicaid waiver is considered payment in full. B. PDN services must abide by all Federal, State and HSD and DOH policies and procedures regarding billable and non-billable items. C. Billed services must not exceed the capped dollar amount for LOC. 	<p>Based on record review and interview. There were no participants over the age of 21 years and /or none receiving Respite services, therefore an administrative review occurred.</p> <p>When administrative staff #42 was interviewed regarding the agency's billing process, the process was satisfactory and no deficiencies were identified.</p>	<p>No Plan of Correction Required.</p>	

<p>D. PDN services are a Medicaid benefit for children birth to 21 years, through the children's EPSDT program.</p> <p>E. The Medicaid benefit is the payer of last resort. Payment for the PDN services should not be requested until all other third-party and community resources have been explored and/or exhausted.</p> <p>F. PDN services are a MFW benefit for the 21 year and older enrolled participant. The MFW benefit is the payer of last resort. Payment for waiver services should not be requested or authorized until all other third-party and community resources have been explored and/or exhausted.</p> <p>G. Reimbursement for PDN services will be based on the current rate allowed for services.</p> <p>H. The HH Agency must follow all current billing requirements by the HSD and DOH for PDN services.</p> <p>I. Service providers have the responsibility to review and assure that the information on the MAD 046 form for their services is current. If providers identify an error, they will contact the CM or a supervisor of the case.</p> <p>1. The private duty nurse may ride in the vehicle with the participant for the purpose of oversight, support or monitoring during transportation. The private duty nurse may not operate the vehicle for the purpose of transporting the participant.</p> <p>J. The MFW Program does not consider the following to be professional PDN duties and will not authorize payment for:</p> <p>1. Performing errands for the participant/participant representative or family that is not program specific.</p>			
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<ol style="list-style-type: none">2. "Friendly visiting," meaning visiting with the participant outside of PDN work scheduled.3. Financial brokerage services, handling of participant finances or preparation of legal documents.4. Time spent on paperwork or travel that is administrative for the provider.5. Transportation of participants.6. Pick up and/or delivery of commodities.7. Other non-Medicaid reimbursable activities.			
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TAG # MF29 Home Health Aide – Reimbursement			
<p>New Mexico Department of Health Developmental Disabilities Supports Division Medically Fragile Wavier (MFW) effective 1/01/2011.</p> <p>Home Health Aide (HHA) IV. REIMBURSEMENT:</p> <p>Each provider of a service is responsible for providing clinical documentation that identifies direct care professional (DCP) roles in all components of the provision of home care, including assessment information, care planning, intervention, communications and care coordination and evaluation. There must be justification in each participant’s clinical record supporting medical necessity for the care and for the approved LOC that will also include frequency and duration of the care. All services must be reflected in the ISP that is coordinated with the participant/participant’s representative and other caregivers as applicable. All services provided, claimed and billed must have documented justification supporting medical necessity and be covered by the MFW and authorized by the approved budget.</p> <ul style="list-style-type: none"> A. Payment for HHA services through the Medicaid Waiver is considered payment in full. B. The HHA services must abide by all Federal, State, HSD and DOH policies and procedures regarding billable and non-billable items. C. The billed services must not exceed capped dollar amount for LOC. D. The HHA services are a Medicaid benefit for children birth to 21 years though the children’s EPSDT program. E. The Medicaid benefit is the payer of last resort. Payments for HHA services should not be requested until all other third party and community resources have been explored and/or exhausted. 	<p>Based on record review and interview. There were no participants over the age of 21 years and /or none receiving Respite services, therefore an administrative review occurred.</p> <p>When administrative staff #42 was interviewed regarding the agency’s billing process, the process was satisfactory and no deficiencies were identified.</p>	<p>No Plan of Correction Required.</p>	

<p>F. Reimbursement for HHA services will be based on the current rate allowed for the service.</p> <p>G. The HH Agency must follow all current billing requirements by the HSD and the DOH for HHA services.</p> <p>H. Providers of service have the responsibility to review and assure that the information of the MAD 046 for their services is current. If the provider identifies an error, they will contact the CM or a supervisor at the case management agency immediately to have the error corrected.</p> <p>1. The HHA may ride in the vehicle with the participant for the purpose of oversight during transportation. The HHA will accompany the participant for the purpose of monitoring or support during transportation. This means the HHA may not operate the vehicle for purpose of transporting the participant.</p> <p>I. The MFW Program does not consider the following to be professional HHA duties and will not authorize payment for:</p> <p>1. Performing errands for the participant/participant's representative or family that is not program specific.</p> <p>2. "Friendly visiting", meaning visits with the participant outside of work scheduled.</p> <p>3. Financial brokerage services, handling of participant finances or preparation of legal documents.</p> <p>4. Time spent on paperwork or travel that is administrative for the provider.</p> <p>5. Transportation of participants.</p> <p>6. Pick up and/or delivery of commodities.</p> <p>7. Other non-Medicaid reimbursable activities.</p>			
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