Hospital EARC Certification

SUPPLEMENTAL TRAINING
NOVEMBER 14, 2019

Welcome and Introductions

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IMPORTANT

(3)

- This supplemental training is not intended to replace the Hospital EARC Certification Training and Portal Overview as required for initial or recertification.
  ○ For those requiring this certification training, please visit https://www.state.nj.us/humanservices/doas/resources/ to access the certification training materials and recording link.

Training Objectives

(4)

- Hospital EARC background and logistics
- Target criteria
- Cognitive and Activities of Daily Living (ADLs) items
  ○ Define items, coding and considerations
- Next Steps
  ○ Deadline for Hospital EARC Certification
  ○ Competency Exam testing, required proficiency
  ○ Notification of Certification
  ○ EARC Portal Access and DoAS Service Desk support

Hospital EARC

BACKGROUND AND LOGISTICS

Hospital EARC and Medicaid

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- Hospital Enhanced At-Risk Criteria Screening Tool
  - Utilized for individuals seeking NF transfer that meet identified target population with <u>an expectation of billing Medicaid for all or part of their stay</u>.
  - Completion and submission of the Hospital EARC by Hospital EARC Screeners with a valid certification.
  - If authorized, provides Medicaid reimbursement for up to 90 days, which is contingent upon full clinical and financial Medicaid eligibility.

Authorized Hospital EARC Logistics

(7)

- An authorized Hospital EARC is <u>valid for one hospital admission</u>.
  - ○ <u>If readmitted to hospital and no valid PAS</u> (full clinical eligibility for Medicaid) on file, <u>requires a new Hospital EARC be submitted</u>.
  - ○ Any EARC conducted prior to 2015 is valid as long as there has been no break in service from original admitting NF.
- Once authorized, a Hospital EARC is <u>valid for 10 days</u>; allowing for nursing facility transfer with potential Medicaid reimbursement.
  - ○ <u>If discharge to the NF does not occur within that timeframe, a new Hospital EARC must be submitted for OCCO Review</u>.

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TARGET POPULATION

(8)

The Hospital EARC process is indicated for individuals:

1. Discharging from:
   a. An acute, non-psychiatric hospital setting; or
   b. A Long Term Acute Care Unit (LTAC);
2. Entering a Medicaid Certified Nursing Facility or <u>Vent SCNF</u> with an expectation of billing Medicaid for all or part of their stay:
   a. Currently Medicaid eligible but not yet enrolled in NJ FamilyCare with a Managed Care Organization (MCO); or
      NOTE: MCO enrollment cannot be initiated during hospitalization, deferred to 1st of month after D/C.
   b. Potentially Medicaid eligible within 180 days.

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EXCLUSIONS:
Requires Onsite OCCO Clinical Assessment

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1. Individuals who are being referred for placement in a Special Care Nursing Facility (SCNF): AIDS, Behavioral, Huntington's, Neurologically Impaired, Pediatric or TBI;
   - o **Remember:** Only Vent SCNF transfers are appropriate for Hospital EARC. All other SCNFs require onsite OCCO clinical assessment.
2. Individuals who are in a Psychiatric Hospital or Psychiatric Acute Care Unit.

NOTE: Requires submission of the completed LTC-4, Referral for Onsite OCCO Clinical Assessment form, available from the DoAS forms website at: https://www.state.nj.us/humanservices/doas/home/forms.html.

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OTHER EXCLUSIONS:
Not Eligible for Hospital EARC or Onsite OCCO Clinical Assessment

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1. Individuals who are seeking Home and Community Based Waivers returning to the community;
2. Individuals who would not qualify for Medicaid within 6 months of NF placement who would be considered private pay;
3. Individuals who have a valid PAS on file (full clinical eligibility for Medicaid);
4. Individuals enrolled in NJ FamilyCare with a MCO upon entrance to hospital;
   - **NOTE:** If MCO enrolled, an authorization for NF placement must be obtained from the MCO.

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(continued)

OTHER EXCLUSIONS:
Not Eligible For Hospital EARC <u>or</u> Onsite OCCO Clinical Assessment (CONT.)

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5. Medicaid Fee-For-Service (FFS) individuals admitted from and returning to the same NF;

   NOTE: Medicaid FFS represents individuals residing in a nursing facility enrolled in Medicaid prior to July 1, 2014. These individuals are not MCO enrolled.

6. <u>Individuals whose PASRR Level II determination indicates "Requires Specialized Services";</u>

7. Individuals who are medically unstable, including those in the Emergency Room;

8. Individuals who are not in a NJ hospital.

Situations Outside of Eligibility Parameters

(12)

Outreach to the applicable Regional OCCO via telephone is recommended for situations outside the parameters of the identified target population or exclusion criteria.

Northern Regional Office of Community Choice Options (NRO OCCO):
- **COUNTIES:** Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union and Warren
- **PHONE:** (732)777-4650

Southern Regional Office of Community Choice Options (SRO OCCO):
- **COUNTIES:** Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean and Salem
- **PHONE:** (609)704-6050

Cognition and Activities of Daily Living (ADLs)

CONSIDERATION FOR POTENTIAL CLINICAL ELIGIBILITY FOR EARC AUTHORIZATION

COGNITION AND ADL SELF PERFORMANCE

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- Both cognition and ADL self-performance are considered for potential clinical eligibility for Hospital EARC authorization.

- The Screener must fully investigate items within this section and code based on what is actually occurring to gain an understanding as to the individual's cognition and ADL self-performance over the last 3 days.
  - Interview of individual and/or legal representative;
  - Review of available documentation;
  - Communicate with applicable disciplines (physician, PT/OT/ST, nursing, aides, etc.)

COGNITION

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Overview:

- To determine the individual's actual performance in remembering, making decisions, and organizing daily self-care activities.

- Areas of Cognition considered for Hospital EARC authorization:
  - DAILY DECISION MAKING
  - SHORT-TERM MEMORY
  - MAKING SELF UNDERSTOOD

Activities of Daily Living (ADLs)

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- **OVERVIEW:**
  - To determine what an individual is able to do for him/herself (self performance) and the support provided by others over the **last 3 days**

- ADLs considered for Hospital EARC authorization:
  - BED MOBILITY
  - TRANSFER
  - LOCOMOTION
  - DRESSING (upper and/or lower)
  - EATING
  - TOILETING (toilet use and/or toilet transfer)
  - BATHING (consider for 7 days)

Cognition

DEFINE ITEMS AND CODING; CONSIDERATIONS

COGNITION: **Daily Decision Making**

(18)

- DEFINITION:
  - How patient makes decisions about organizing the day.
- CONSIDERATIONS:
  - Record individual's *actual performance* in making everyday decisions about tasks or ADLs.
  - Determine if mismatch between abilities and current level of performance.
- EXAMPLES:
  - Choosing items of clothing; Knowing when to eat meals; Using environmental cues to organize and plan the day; Awareness of strengths and limitations; Making prudent decisions of how to respond to an emergency and/or the need to use assistive devices appropriately.

COGNITION: **Daily Decision Making**

(19)

- Requires full understanding of individual's involvement with day-to-day activities/decisions.
  - ○ Interview and observe the individual, consult with caregiver or direct care staff, review available medical records.
  - ○ Questions asked during interaction will greatly assist Screener in understanding decision making ability.

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CODING for
Daily Decision Making

(20)

- Independent

- Modified Independence

- Minimally Impaired

- Moderately Impaired

- Severely Impaired

- No Discernable Consciousness, Coma

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Independent
with Daily Decision Making
(21)

- DEFINITION:
  - **Decisions consistent, reasonable, and safe.**

- CONSIDERATIONS:
  - There is no need for others to make decisions or provide cues/supervision as there are no safety concerns. Decision making ability fully intact.

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Modified Independence
with Daily Decision Making
(22)

- DEFINITION:
  - **Some difficulty in new situations only.**

- CONSIDERATIONS:
  - Patient may be challenged with decision making only when faced with new situations but is still capable of making sound decisions in most instances.

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Minimally Impaired
with Daily Decision Making
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- DEFINITION:
  - **In specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times.**

- CONSIDERATIONS:
  - Due to cognitive issues, may have an increased incidence of making poor decisions, requiring cues/supervision only on occasion with different circumstances on occasion. May be independent with some areas of decision making but not all.

Moderately Impaired
with Daily Decision Making
24

- DEFINITION:
  - **Decisions consistently poor or unsafe, cues/supervision required at all times.**

- CONSIDERATIONS:
  - Due to cognitive issues the decisions made by the patient at all times are not safe; therefore the patient requires cues/supervision to ensure safety.

Severely Impaired
with Daily Decision Making
(25)

- DEFINITION:
  - **Never or rarely makes decisions.**

- CONSIDERATIONS:
  - There is no occurrence of any decisions being made by the patient. Essentially all decisions are being made by another individual.

Cognition: **Short Term Memory**
(26)

- DEFINITION:
  - **Seems/Appears to recall after 5 minutes.**

- CONSIDERATIONS:
  - How is the individual responding through the assessment process?
    - Not remembering appointment; repeating self; answering questions inappropriately; or not remembering your name?
  - Conduct a structured test of short-term memory.
    - Ask the individual to remember three unrelated items and then have them repeat the items back after 5 minutes.

CODING for
Short-Term Memory

(27)

SHORT-TERM MEMORY: Can patient recall 3 items from memory after 5 minutes?

- **YES: Short-term Memory OK**
  - **Patient <u>able to recall</u>** details as provided within a short window of time. Events of yesterday or failure to conduct a task outside of 5 minutes should not be considered as a memory problem.

- **NO: Short-term Memory problem**
  - **Patient <u>unable to recall</u>** details within 5 minutes. This may be realized by asking patient to remember 3 items and then repeat within 5 minutes, or taking into account the patient's repeated questions for information previously shared in a short time span but not recalled.

Cognition: **Making Self Understood**

(28)

- DEFINITION:
  - How well does patient express or make self-understood (expressing information content, however able)?
    - Ability to express or communicate requests, needs, opinions, and urgent problems and to engage in social conversation

- CONSIDERATIONS:
  - Can be via speech, writing, sign language, or a combination of these
  - Not meant to address differences in language understanding
  - Observation of interaction during interview necessary

CODING for **Making Self Understood**

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- Understood

- Usually Understood

- Often Understood

- Sometimes Understood

- Rarely or Never Understood

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Understood
(Making Self Understood)

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- DEFINITION:
  - **Expresses ideas clearly <u>without difficulty</u>.**

- CONSIDERATIONS:
  - Able to communicate without any question of what is being expressed. No need for others to prompt or anticipate needs.

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Usually Understood
(Making Self Understood)

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- DEFINITION:
  - **Difficulty finding the right words or finishing thoughts (resulting in delayed responses), BUT if given time, requires little or no prompting.**

- CONSIDERATIONS:
  - May be challenged to a small degree to express self but ultimately able to be understood with little or no prompting. If utilizing assistive device or speaking in another language they are usually understood.

Often Understood
(Making Self Understood)

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- DEFINITION:
  - **Difficulty finding words or finishing thoughts, prompting usually required.**

- CONSIDERATIONS:
  - May be able to initiate communication but has difficulty fully expressing thoughts without prompting.
  - If utilizing assistive device or speaking in another language they are understood after being prompted.

Sometimes Understood
(Making Self Understood)

(33)

- DEFINITION:
  - **Limited ability, but is <u>able to express concrete requests regarding at least basic needs</u> (food, drink, sleep, and toilet).**

- CONSIDERATIONS:
  - Patient only able to communicate basic needs, and/or utilizing noises or hand gestures to make self-understood.
  - If utilizing assistive device or speaking in another language they are sometimes understood.

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Rarely or Never Understood
(Making Self Understood)

(34)

- DEFINITION:
  - **At best, understanding is limited to interpretation of highly individual, person-specific sounds or body language.**

- CONSIDERATIONS:
  - Patient not actively and/or effectively communicating. For those instances where expression may have occurred, unable to comprehend what is being expressed.
    - Caregiver has learned to interpret person signaling the presence of pain or need to toilet.

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Activities of Daily Living (ADLs)

**DEFINE ITEMS AND CODING;
CONSIDERATIONS**

ADL: **Bed Mobility**

(36)

- DEFINITION:
  - **How individual moves to and from lying position, turns side to side, and positions body while in bed.**
    - **EXCLUDES** transfers in/out of bed (considered in ADL – Transfer)
- CONSIDERATIONS:
  - Includes alternative sleeping locations (e.g., lounge or geri chair, etc.)
  - Subtasks may include:
    - Lift self-up in bed; Reach/use trapeze; Raise/lower side rails; Managing bed controls; Move bed linens (sheet, cover); Prop pillows
  - Level of support required:
    - Self initiating, cues/reminders/oversight, placing necessary items within reach, physical support in any subtask for bed mobility?

ADL: **Transfer**

(37)

- DEFINITION:
  - **How individual moves to and between surfaces, including to/from bed, chair, wheelchair, standing position.**
    - **EXCLUDES** transfer to/from bath (considered in ADL – Bathing) or transfer to/from toilet (considered in ADL – Toileting)
- CONSIDERATIONS:
  - Subtasks may include:
    - Positioning of individual in preparation of transfer; ensuring the presence of necessary equipment, and locks brakes when assistive device used
  - Level of support required:
    - Self initiating, cues/reminders/oversight, placing necessary assistive devices within reach, physical support in any subtask to transfer safely?

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ADL: **Locomotion**

(38)

- DEFINITION:
  - **How individual moves between locations on same floor (walking or wheeling).**
    - If in wheelchair, self sufficiency once in chair
- CONSIDERATIONS:
  - Subtasks may include:
    - Availability and use of assistive device if necessary; maintaining a steady gait/balance if walking
  - Level of support required:
    - Self initiating, cues/reminders/oversight, placing assistive devices within reach, physical support in any way to assist with locomotion?

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ADL: **Dressing**

(39)

- DEFINITION:
  - **Includes Upper _and_ Lower Body Dressing**
  - **How individual dresses/undresses (street clothes, underwear), including prostheses, orthotics, fasteners, pullovers, etc.**
    - **EXCLUDES** adjusting clothes before/during/after toileting (considered in ADL - Toileting)
- CONSIDERATIONS:
  - Subtasks may include:
    - Gathering appropriate articles of clothing, ability to dress/undress, and handle buttons/fasteners/zippers/prosthesis
  - Level of support required:
    - Self initiating, cues/reminders/oversight, placing clothing items within reach, physical support in any subtask of dressing?

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ADL: **Eating**

(40)

- DEFINITION:
  - **How individual eats and drinks (regardless of skill)**
  - **Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).**
- CONSIDERATIONS:
  - Subtasks may include:
    - Opening containers, cutting food, bringing food to mouth or other means of obtaining nutrition; monitoring for safety
  - Level of support required:
    - Self initiated, cues/reminders/oversight with eating, need for assist with cutting food or opening containers, assist initiating task or any level of physical support with any subtask related to eating?

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ADL: **TOILETING**
(toilet use and/or transfer)

(41)

- DEFINITION:
  - **How moves on and off toilet or commode**
  - **How uses toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes bed pad, manages ostomy or catheter, adjusts clothes.**
- CONSIDERATIONS:
  - Subtasks may include:
    - Gathering toileting items, adjusting clothing for toileting purposes, changing pad/under garments.
  - Level of support required:
    - Self initiating, cues/reminders/oversight, placing toileting items within reach, physical support in any subtask for toilet transfer/use?

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ADL: **Bathing**

(42)

- DEFINITION:
  - **How individual takes full-body bath or shower. Includes how <u>transfers in and out of tub or shower</u> AND <u>how each part of body is bathed</u>: arms, upper and lower legs, chest, abdomen, perineal area. *(7 day look-back)*.**
    - EXCLUDES washing of back and hair .
- CONSIDERATIONS:
  - Bathing locations may include tub, shower, basin/sink, bed bath
  - Subtasks may include:
    - Gathering items, safety getting into/out of bath (shower), physical process of washing and drying body, overall safety awareness.
  - Level of Support required:
      - Self initiating, cues/reminders/oversight, placing items within reach, physical support in any subtask of bathing?

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Coding for ADLs

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- Independent
- Set-up Help Only
- Supervision
- Limited Assistance
- Extensive Assistance
- Maximal Assistance
- Total Dependence
- Activity Did Not Occur

ADL Coding: Independent

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- **No help, setup, or oversight**
  - NO LOOK, NO TALK, NO TOUCH
    - Individual is not instructed, cued or assisted with the task in any way.
    - Individual does all parts of the activity alone.

ADL Coding: **SET-UP Help ONLY**

(45)

- **Article or device provided within reach of individual**
- NO LOOK, NO TALK, NO TOUCH
- Examples:
  - Cutting up meat
  - Providing grooming articles
  - Retrieving clothing
  - Providing wash basin and other bathing necessities
  - Providing incontinence supplies
  - Raising a bed rail
  - Handing a walker or other assistive device
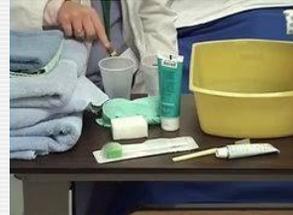
ADL Coding: **Supervision**

(46)

- **Oversight, encouragement or cueing**
  - LOOK and/or TALK, NO TOUCH
    - Oversight for safety considerations
    - Individual is prompted, provided instructions or cueing, but does not receive physical (hands on) assistance.

ADL Coding: **Limited Assistance**

(47)

- **Individual is highly involved in activity; received physical help in <u>guided maneuvering</u> of limbs or other <u>non-weight bearing assistance.</u>**
  - TALK and TOUCH
    - Individual may be given instruction or cues **but** requires others to touch (physically assist); can be as simple as putting a hand on individual's back or holding his/her elbow while walking.
    - Contact Guard or Hands-on Assist but **NO weight-bearing support**

- **Guided Maneuvering:** physically directing individual in completing task without weight bearing assistance.

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ADL Coding: **Extensive Assistance**

(48)

- **<u>Weight-bearing support</u> (including lifting limbs) by <u>1 helper</u> where individual still <u>performs 50% or more of subtasks</u>.**
  - TALK, TOUCH, <u>and</u> LIFT or SHIFT
    - 1 helper provided **weight-bearing support** for all or part of the activity;
    - Individual highly involved in the activity (50% or more of sub-tasks).

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ADL Coding: **Maximal Assistance**

(49)

- **Weight-bearing support (including lifting limbs) by 2+ helpers; <u>OR</u>**
- **Weight-bearing support for more than 50% of subtasks**
  - ○ TALK, TOUCH, **and** LIFT or SHIFT
    - ⤬ Individual minimally involved in activity (others completing 50% or more of subtasks)

ADL Coding: **Total Dependence**

(50)

- **Full performance of the activity by another.**
  - ○ ALL ACTION BY OTHERS
    - ⤬ Individual does not participate in any part of the activity being done for him/her (consider all subtasks)
    - ⤬ If individual performed ANY part of the activity (was involved at any level), then total dependence cannot be coded.

ADL Coding: **Activity Did Not Occur**

(51)

- **The ADL activity was <u>not performed by the individual or others </u>(regardless of ability) during entire period.**

- **Keep in mind:** When coding "Activity did not occur", you lose consideration of that ADL for potential authorization.

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ADL Self-Performance: **CODING GUIDELINES**

(52)

- Assess the patient's ADL Self Performance during the LAST 3 DAYS (except bathing, during last 7 days) considering all episodes of these activities (including sub-tasks).
  - If the person requires the same amount of assistance for an ADL on all 3 days, then code at that level;
  - Otherwise, determine the 3 most dependent episodes of assistance, then code using the least dependent of those 3 episodes.

ADL CODING GUIDELINES: DECISION TREE
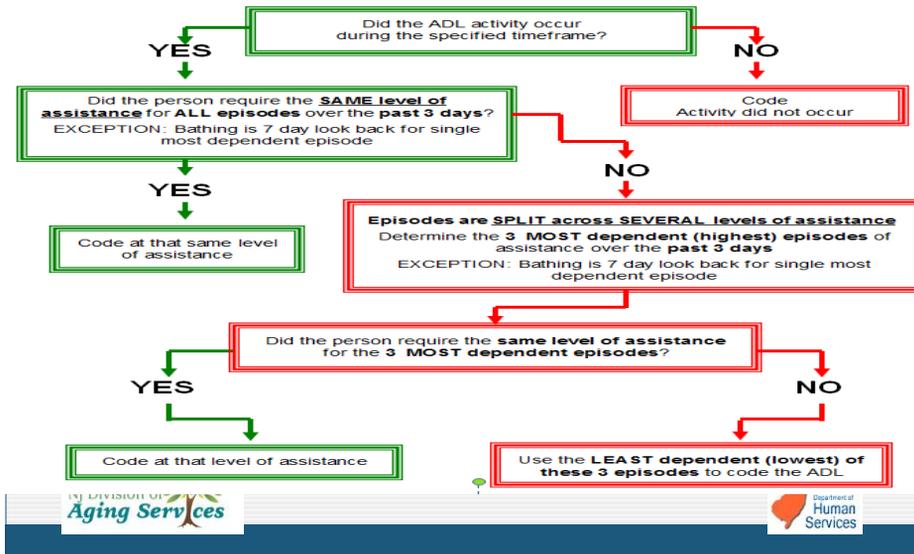
Next Steps

- DEADLINE FOR HOSPITAL EARC CERTIFICATION
- COMPETENCY EXAM TESTING AND REQUIRED PROFICIENCY
- EARC PORTAL ACCESS AND DOAS SERVICE DESK SUPPORT

Next Steps

(55)

- Deadline for Hospital EARC Certification has been extended to **December 9**.
- For those requiring re-testing the Survey Monkey Hospital EARC Certification competency exam link will be forwarded tomorrow (Friday, November 15).
- It is encouraged to have training materials available for reference at the point of testing.

Next Steps

(56)

- Competency exam processing typically occurs within 5 to 10 business days after exam completion.
- If a minimum score of 79% achieved, a notification of Hospital EARC Certification will be forwarded from EARCRegistration@dhs.state.nj.us.
  - **Initial certification**: Screener notified of new EARC Screener Certification number.
  - **Recertification:** Screener instructed to utilize previously issued certification number.
- If score is less than 79% re-testing is required. A link to an alternate version of the exam will be provided.
  - Areas of deficiency will be identified.

Next Steps

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- Participants who have met the required level of proficiency for EARC Certification will be provided EARC Portal Access.
  - A request for EARC portal access will be forwarded to our Sales Force team following notification of certification.
  - Expect an email from sender, *Worker Portal* within a couple of business days of EARC Certification notification
  - Portal access must be established within 24 hours (link expires)
    - If requires reset or other access or navigation concerns with the portal, outreach DoAS-Servicedesk@dhs.state.nj.us.
    - Include text "OCCO EARC" in subject line.
    - Identify as much detail as possible, including "snip-its" or screen shots as able.
- Once portal access achieved, initiate electronic Hospital EARC
  - Cease use of paper EARC

Questions and Answers

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- **THANK YOU!**