

## Nurse Monitoring Clarifications

### Due Dates and Forms completion

The plan of service indicates a frequency by which nurse monitoring will be provided. If you disagree with the frequency listed in the plan of service, do not sign it. Ask the supports planner to change it to the correct frequency.

When the plan of service is approved and the person is enrolled, the due date for the first NM visits = the enrollment date + the frequency in the plan.

For example, if the person was enrolled on July 1<sup>st</sup> and the NM frequency is every 30 days, then on July 1<sup>st</sup>, the person will be in the due in 30 days MY List and the Ready for Nurse Monitoring alert is sent. The NM visit is due on July 31<sup>st</sup>.

The system recognizes that a visit is complete only when the interRAI subset is completed and submitted. Whenever this form is submitted, the due date for the next NM visit is reset.

For example, if an initial visit is completed on July 15<sup>th</sup>, the next visit due date is pushed out by 30 days, making the next visit due on August 14<sup>th</sup>.

You can visit or contact the person, and bill for that work, regardless of the frequency and due dates in the plan. There is no relationship in the tracking system between the forms being completed and your billing. Enter all work that you do, including time spent completing forms, into the activities module. There is no check against due dates for visits or form completion prior to processing claims.

You can visit the person more often than the frequency noted in the plan. During these visits you can complete any, all, or none of the NM forms in the system (interRAI subset, provider instructions, provider evaluation). The interRAI subset is required to reset the due date of the next visit but is not required to bill.

You can call the person to check in and bill for the phone call, but these contacts do not count as visits and do not reset the next visit date. The interRAI subset must be completed in-person.

### NM visits with the interRAI

If the person is due for a NM visit and the interRAI at the same time, you should complete the interRAI first during the visit. You cannot bill NM time for completing the full interRAI, but can bill the normal assessment rate. Once the interRAI is completed, the interRAI subset will pre-populate with the information you just entered on the interRAI. You can then begin billing any additional time needed to complete the subset. Submission of the interRAI subset will reset the NM visits due date.

Please note that at the end of the interRAI subset, there is a field asking if there was a significant change. The sole purpose of this field is to allow the clinician to promote the subset into a full interRAI assessment. For nurse monitors who are also assessors, this allows the completion of the full interRAI during the same visit so a second visit is not necessary. For subcontractors or clinicians with only the NM role, the significant change field sends an alert to the assessors to complete the full interRAI.

If your jurisdiction divides the roles of NM and assessor, please make sure that the nurse monitors are fully aware that this field sends an alert for a full interRAI and that they are requesting this assessment. Please note that only local health department staff (contractual or employees) may complete the full

interRAI as it the mechanism for medical eligibility determinations. This eligibility component cannot be subcontracted to RSAs or other agencies.

#### Concerns with Forms

Any of the NM forms can be completed at any time. Form completion is not related to billing. The completion of the interRAI subset is required to reset the due date for the next NM visit.

Several LHDs asked for revisions to the plan of care form and provider instruction forms. We ask that alternative forms and changes be submitted to the Department electronically so that each change and alternative form proposed can be reviewed and consolidated.

#### State Share for the MAPC Nurse Case Monitoring

In prior fiscal years, when the local health department billed for the MAPC nurse case monitoring, half of the rate was returned to the Department to account for the State share of the service. The LHD budgets contained the funds for the State share of this service.

For FY15, the Department budgeted the State share for nurse monitoring at the State level as we intended to convert all MAPC participants into the new model by July 1<sup>st</sup>. Because the State share is now budgeted at the State level, the local health departments will no longer be required to return half of the nurse case monitoring rate after July 1<sup>st</sup>. The local health department will continue to bill for the same rate but will retain the full amount.