

OPS 8 Outbound Call

Used to document calls made to confirm missed PAS visits from PHW's OPS 8 report.

Note: This session cannot be submitted if the participant has Inactive Eligibility.
Document the call as "Office Note" or "Other"

Session Requires:

- Appropriate answers to all required fields
 - Including "positive" answers to the reason codes from the PHW report
 - "Negative" answers to the reason codes not mentioned in the PHW report
 - Sufficient details in Resolution about:
 - The health and safety concerns addressed
 - Comments about the participant's backup plan

The screenshot shows a mobile application interface for adding a session. The form is titled "Add Session" and contains the following fields and options:

- MCO ***: PA Health & Wellness
- Owner**: Stephanie Kovatich, Manager
- Session Type ***: OPS 8 Outbound Call
- Billable/Non-Billable**: Radio buttons for "Billable" (selected) and "Non-Billable".
- Start Time ***: 8/30/2022 3:25 PM
- End Time ***: 8/30/2022 3:35 PM
- Duration**: 10 minutes: 1 billable units
- Call Conditions**: 10 remaining conditions, with the first being "1. Visit Type *".
- Buttons**: "CANCEL" and "SAVE DRAFT".

Process:

- 1) PHW regularly sends a report to us about missed visits/hours from PAS providers to participants, along with the reason. It is our responsibility to follow up with the participant to determine if the report is correct, why the missed visit occurred, and how the participant was cared for during that time.
- 2) Supervisors will notify the Service Coordinators when the report is available to be worked on
 - a) Date(s) and Reason Code from the OPS 8 Report MUST be used in the session in Function portal
- 3) Calls made directly to the participant or Authorized Representative to discuss a gap in care that reportedly took place for the participant

- 4) Call is done to both gather information on the missed shift(s), but the primary reason for this contact is to help resolve if this is an ongoing issue.
 - a) Documentation in this session needs to show that the SC worked to resolve any ongoing issues with specifics of what options to resolve were discussed with the participant, SC may need to discuss the specifics with their supervisor team on how to best resolve individual situations.

OPS-8 Report

PHW sends a report to management and they put that information in a spreadsheet for supervisors. It includes:

- Name of the participant
- PAS agency authorized or reporting missed visit
- The dates of missed visits
- "Reason code" for missed visit

LAST_NAME	FIRST_NAME	MEDICAID	AGENCY	SCE	DOI	ROLLED_MISSED_DATES	REASON_CODE
MCCLAMY	TAMEKA	20793154	Excel Homecare	Care Inc,	7/12/70	1/4/2021	UN
MCCLAMY	TAMEKA	20793154	Excel Homecare	Care Inc,	7/12/70	1/7/2021	UN
MCCLAMY	TAMEKA	20793154	Excel Homecare	Care Inc,	7/12/70	1/6/2021	UN
MCCLAMY	TAMEKA	20793154	Excel Homecare	Care Inc,	7/12/70	1/5/2021	UN

Documentation:

- 1) Call Conditions
 - a) **Visit Type** - How are you contacting the participant?
 - Answer should always be **Telephone**
 - b) **Was the Legal Representative invited to participate?** - Did you or the participant try to involve the participant's Legally Authorized Representative, if there is one at all?
 - Answer is based on if your participant has a rep and invited them or not
 - Based on you answer you may need to answer the following:
 - (1) *Did the Legal Representative participate in the contact?*
 - (2) *Did the member request that the legal representative not participate?*

- c) **Where did the visit take place?** - Better known as “where did the *contact* take place?”
- Answer should always be **Other**
 - (1) Then in *Other visit location* you should put **Telephone**
- d) **Where does the participant currently reside?** - Coordinator should be confirming the client’s address and type of residence, then choose the appropriate answer.
- If the answer was “Home (with a caregiver)” then the coordinator needs the following information about the caregiver.
 - (1) *Caregiver name*
 - (2) *Caregiver relationship*
 - (3) *Does the caregiver live with member?*
 - (4) *Does the caregiver provide natural support?* - meaning does the caregiver provide informal/unpaid support?
 - (5) *Is the caregiver paid?*- meaning does the caregiver provide formal/paid support?
 - If the answer was “Other” then the coordinator needs to state what the *Other residential location* is
 - If the answer was: “AFCH, ALF, Hospice, or Nursing Home” the the caregiver must state what the *Residential location facility name*
- e) **Information provided by**** - Meaning who did the coordinator speak with during the call. This is also how you may document the call.
- If information was provided by *Enrollee, Authorized Representative, or both*, details of the call will be documented under *Contact follow-up description* in 2) Resolution.
 - If information was provided by *Other* or *Enrollee and Other*, details of the call should be documented in *Information provided by other*
- f) **Has the participant expressed the desire to move from an institutional setting to the community?** - participants have to be currently residing in an institution, which most of our clients do not.
- Answer is most likely - **Participant has NOT expressed desire...**
 - If the answer was “Participant has expressed desire ...” the coordinator needs to state the current transition status
- g) **Did the participant’s demographics change?** - Has any of the information about the participant changed?
- If there was a change, then the coordinator must state what the changes are.

2) Missed Dates

- a) **PAS Provider** - name of the PAS provider on OPS 8 report
- b) **Missed dates** - all of the dates/date range provided on the OPS 8 report

Reason codes for Missed Visits

You must select the “positive” answer for each code mentioned in the OPS 8 report

Even if it was not the appropriate reason for missed visit per the participant
Select the “negative” answer for all other codes that were NOT mentioned in the OPS 8 report
Even if they are the appropriate reason for missed visit per the participant

3) AR - Participant/Family refused HHA or was unavailable

a) Did the participant refuse or was unavailable?

- Participant refused or was unavailable - positive answer
- Participant did NOT refuse or was unavailable - negative answer
- If selecting the Positive answer, the SC must answer the following:
 - a. **Dates for when the participant refused or was unavailable** - All dates mentioned in the OPS 8 report that coincide with the AR reason code
 - b. **Is this a recurring problem for the participant?**
 - If this is the first time choosing this reason code, then you should select “*This has NOT been a recurring problem*”
 - If this is not the first time choosing this reason code, then you should select “*This has been a recurring problem*” then provide details in the comment
 - c. **Reason for participant being unable to keep scheduled visits?**
 - d. **Follow-up actions being taken**

4) HU - Hospitalization unplanned

a) Did the participant have an unplanned hospitalization?

- Participant had an unplanned hospitalization - positive answer
- Participant did NOT have an unplanned hospitalization - negative answer
- If selecting the Positive answer, the SC must answer the following:
 - a. **Dates for unplanned hospitalizations** - All dates mentioned in the OPS 8 report that coincide with the HU reason code
 - b. **Were there HHA/PAS services missed due to an unplanned hospitalization?** - If so answer the following:
 - *Comment about hospitalization*
 - *First date of Hospitalization*
 - *Hospital Name*
 - c. **Was the SC made aware of the Hospitalization** - If so, leave a comment about how they were made aware and when
 - d. **Was the PCSP adjusted due to the Hospitalization?** - If so, leave a comment about what was adjusted and when
 - e. **Has the CHC-MCO/SCE observed a trend of unplanned hospitalizations?**
 - If this is the first time choosing this reason code, then you should select “*has NOT observed a trend of unplanned hospitalizations*”

- If this is not the first time choosing this reason code, then you should select “*This has been a recurring problem*” then provide details in the comment

5) UN - Agency was unable to staff the case

a) **Was the agency unable to staff the case?**

- The agency was unable to staff the case - [positive answer](#)
- The agency was ABLE to staff the case - [negative answer](#)
 - If selecting the Positive answer, the SC must answer the following:
 - a. **Dates for when the agency was unable to staff** - All dates mentioned in the OPS 8 report that coincide with the UN reason code
 - b. **Why weren't the services received?** - Reason why the agency was unable to provide staff
 - If selected *Other* describe the reason provided
 - c. **What did the agency do to address the missed service to ensure the participant wasn't at risk?**
 - If selected *Other* describe the reason provided
 - d. **Has the issue that caused the gap... been resolved?**
 - If NOT then provide comment
 - e. **Was the backup plan initiated?** - Describe the backup plan

6) CV - All other cases where the agency could not staff due to COVID-19

a) **Were there cases when the agency could not staff due to COVID-19?**

- There were cases when the agency could not staff - [positive answer](#)
- There were NO cases when the agency could not staff - [negative answer](#)
- If selecting the positive answer, the SC must answer the following:
 - **Dates for when the agency could not staff** - All dates mentioned in the OPS 8 report that coincide with the CV reason code
 - **Did the provider contact the CHC-MCO to report a change?** - Provide comment describing the answer
 - **Did the CHC/MCO contact the participant?** - Provide comment describing the answer
 - **Did the missed service cause any health and safety concerns?** - If so, describe the health and safety concerns
 - **What follow up actions were taken?** - describe follow-up actions

7) FA - Participant is in the hospital or nursing facility due to COVID-19

a) **Was the participant in the hospital or nursing facility due to COVID-19?**

- The participant was in the hospital or nursing facility due to COVID-19 - [positive answer](#)

- The participant was NOT in the hospital or nursing facility due to COVID-19 - **negative answer**
- If selecting the positive answer, the SC must answer the following:
 - **Dates for when the agency could not staff** - All dates mentioned in the OPS 8 report that coincide with the FA reason code.
 - **Follow-up call completed date?**
 - **Discharge planning** - describe what plans were made regarding ptp's discharge from the hospital or facility
 - **Is the visit scheduled?** - If the visit is scheduled then put in the visit scheduled date
 - **Comments** - comment describing the situation

8) IS - Participant refused due to COVID-19, receiving service through informal supports

a) **Did the participant refuse due to COVID-19, receiving service through informal supports?**

- The participant refused due to COVID-19 - **positive answer**
- The participant did NOT refused due to COVID-19 - **negative answer**
- If selecting the positive answer, the SC must answer the following:
 - **Dates for the participant refusing due to COVID-19** - All dates mentioned in the OPS 8 report that coincide with the IS reason code
 - **Is the participant's informal support able to maintain assistance?** - If UNABLE make a comment describing why
 - **Are the participant's needs being met?** If NOT describe what needs are not being met
 - **Is the reassessment needed?** If NOT describe why

9) SI - Participant refused, self-isolating due to COVID-19, not receiving service

a) **Did the participant refuse while self-isolating due to COVID-19?**

- The participant refused while self-isolating - **positive answer**
- The participant did NOT refuse while self isolating - **negative answer**
- If selecting the positive answer, the SC must answer the following:
 - **Dates for the participant refusing while self-isolating due to COVID-19** - All dates mentioned in the OPS 8 report that coincide with the SI reason code.
 - **How are needs being met without formal services** - Describe how participant's needs are being met

10)TX - Worker switched to cover another case due to staffing limitations as a result of COVID-19.

a) **Did the worker switch to cover another case due to staffing limitations as a result of COVID-19?**

- The worker switched to cover another case - **positive answer**
- The worker did NOT switch to cover another case - **negative answer**
- If selecting the positive answer, the SC must answer the following:
 - **Dates for the worker switching to cover another case** - All dates mentioned in the OPS 8 report that coincide with the TX reason code
 - **Are the participant's needs being met?** - if NOT describe what needs are not being met
 - **Was the backup plan initiated?** - Describe what was initiated or why it wasn't
 - **Additional Information**

11) Resolution

a) How were the health and safety concerns addressed?

- Describe in detail what major health and safety concerns the participant has and what was done to manage them

b) Was the participant's backup plan able to be implemented?

- Describe in detail what the participant's backup plan is and how it was implemented, or why a backup plan was not implemented