



Provider Bulletin

Resource for Providers of services to Community Care members.

May 2013

Vol. 4, No. 1

Our mission is to develop and demonstrate innovative, flexible, community-based approaches to care for at-risk adults, in order to increase their quality of life and optimize the allocation of community resources.

What's New at Community Care?

INSIDE THIS ISSUE

- 1 What's New at Community Care?
- 2 Member Rights & Restrictive Measures
- 3 Provider Communication Requirements
- 4 Insurance Requirements
- 4 Provider Survey
- 4 Reporting Residential Vacancies

As a non-profit Managed Care Organization (MCO), Community Care always strives to reduce administrative costs and maximize efficiency. As part of those efforts, Community Care is pleased to announce that we are implementing a new integrated, state-of-the-art internal claims processing and authorization system in 2013.

As a result of this change, you may have already noticed a formatting change in your authorizations. You will also notice a formatting change to your remittance advice (explanation of payment) and paper check. The information provided on these forms will remain the same, but the format will look slightly different. During the transition, you will receive a separate payment and Remittance Advice for claims processed in our current system and claims processed in our new system.

We will be providing more specific transition dates and additional information in the coming weeks.

News about the Bulletin:

Community Care no longer mails out provider bulletins. The bulletins are only accessible via the provider section of our website.

Be sure to visit regularly for helpful information on such items as policy updates and reminders, insurance requirements, requests for proposals, upcoming trainings, and other important information.

Please Note Our New Address

Effective immediately, please send all claims and correspondence to:

**Community Care Inc.
P.O. Box 923
Brookfield, WI 53008-0923**

If you are sending mail via courier, the street address is:

Community Care Inc.
205 Bishops Way
Brookfield, WI 53005

As always, please contact us with any questions.

Provider Hotline: 1-866-937-2783

Press "1" for questions regarding how to file your claim, your claims payment, or authorizations.

Press "2" for questions regarding your contract or if you are interested in contracting with Community Care.

Provider Obligations Related to Member Rights

All providers within the Community Care network have an obligation to ensure member rights. While the list of specific member rights varies among types of providers based upon specific licensing or certification, all members have the right to be free from abuse, neglect, and misappropriation of resources. See your contract appendices for the list of Community Care member rights.

Community Care strives to work with providers to ensure member rights are protected. In rare circumstances, however, a rights limitation or denial may be appropriate in order to ensure the health and safety of a member. Examples of member rights limitations or denials include limiting access to member clothing or other possessions, restricting access to food, or limiting member access to certain areas of a home. These are considered behavioral interventions and must be included in the member's Behavior Intervention Plan (BIP) which is then added to the Behavior Support Plan (BSP). Documentation must include what has been tried to prevent the need for the limitation or denial, why the limitation or denial is the least restrictive way to protect the health and safety of the member, and a plan to reduce or eliminate the rights limitation or denial. The plan is developed collaboratively by the provider, the IDT, and the member or their legal representative. In addition to any licensing requirements providers may have, the plan must also be approved by the Community Care Restrictive Measures Oversight Committee. Finally, the plan must be reviewed regularly (at the very minimum, every six months) for appropriateness with the goal of rights restoration.

If the rights limitation or denial includes restrictive measures, the use of restrictive measures must be included in the BIP. Examples of restrictive measures include two-person holds, basket holds, and isolation. Restrictive measures use must be approved by the Community Care Restrictive Measures Oversight Committee and must be approved in writing by DHS. Restrictive measures are approved as a last resort for a limited period of time. BSPs and BIPs must be detailed and include documentation of imminent danger and of behavior support strategies which were attempted but not successful. Documentation must include the training plan: how staff is trained in appropriate use of restrictive measures, which staff members may implement them, how members are monitored during use, and when restrictive measures are discontinued.

Any use of restrictive measures must be documented and reported to the member's IDT within 24 hours. This includes both approved measures which are part of the BIP and measures used in an unexpected emergency situation. Be aware that some restrictive measures are prohibited by DHS in community settings regardless of the circumstances. These include any takedown to a horizontal position, use of any blanket wrap devices, or use of seclusion (forced separation by placing the member in a closed locked room).

Training on member rights and restrictive measures is offered regularly by DHS. Community Care also offers technical assistance to providers related to member-specific situations.

Questions related to the topic of member rights and restrictive measures should be directed to Community Care's Behavioral Health Plans Coordinator at 414-902-2383.

Provider Communication Requirements

The "Communication Requirements" below are part of your contract with Community Care, Inc. In order to effectively coordinate services, providers must contact the Member or Participant's Interdisciplinary Team to communicate the following:

All Programs

- A member needs service, supplies or equipment authorized by Community Care
- An incident occurs with a member (note: you must make verbal contact with the Care Manager, Registered Nurse or their supervisor within one business day). Incidents include:
 - Use of restraints or restrictive measures (includes isolation or any form of restraint or protective equipment that restricts voluntary movement or access to any body part and cannot be easily removed by the person)
 - Emergency personnel (police, Emergency Medical Technicians, fire) have had contact with the member
 - The member sustains an injury or injures another person
 - A behavioral event occurs placing the member at risk for harm to self or others.
 - **ALL MEDICATION ERRORS**
 - Alleged, suspected, or observed member abuse, neglect, or exploitation
 - Death of a member (anticipated or unexpected)
 - Elopement
- Change in member condition:
 - Medical, personal, behavioral or financial changes
 - Hospitalization or visit to Emergency Room
 - **ALL FALLS**
- Planning a 'staffing' or meeting to discuss the member's care
- Concerns expressed by a member or on behalf of a member related to care, needs, or wellbeing
- Any other questions or concerns regarding a member

PACE/Partnership Program

- Results from a medical appointment with a non-Community Care physician
- Change in medication directed by a non-Community Care physician
- All medical services must be preauthorized by Community Care

Note: physician services are provided by Community Care for PACE participants

Family Care Program

- Results for medical appointments
- Medication change, add or deletion

Note: For concerns about the member's health or medical condition, seek medical assistance (doctor, hospital, emergency room,) immediately.

Community Care Insurance Requirements

Community Care, Inc. requires contracted providers to provide evidence of insurance annually.

All Contracted In-network Providers are required to provide proof of and maintain the following:

- General Liability: (\$500,000 minimum policy limit)
- Professional Liability: (\$500,000 minimum policy limit)
- Worker's Compensation and Employer's Liability Insurance
- Vehicle Liability Insurance, if transportation is provided to members.

If you have not already submitted a copy of your Insurance in 2013, please send a copy of your Certificate of Liability Insurance, for the above applicable policies, to the Provider Management Department. **In addition, we require Community Care, Inc., 1801 Dolphin Dr., Waukesha, WI 53186 be listed as a Certificate Holder on your Certificate of Liability Insurance.** Copies can be mailed, faxed, or emailed to the address listed below:

Community Care, Inc.
Attn: Provider Management
1801 Dolphin Drive, Waukesha, WI 53186
Fax: (262) 446-6707
Email: ContractInquiries@communitycareinc.org

Provider Hotline Survey

Your feedback is important to us so we can improve our Provider Hotline claims and contracting customer service. If you use our Provider Hotline (866-937-2783) and are interested in taking the survey, please visit the provider section of our website at <http://www.communitycareinc.org/ForProviders/default.htm>. The survey should take approximately 4 minutes of your time.



Provider Management Department

1801 Dolphin Drive
Waukesha, WI 53186

Provider Hotline Toll Free: 866-937-2783

Fax: 262-446-6707

contractinquiries@communitycareinc.org

Reporting Your Residential Vacancies

To report or update your facility's vacancy information, please access our electronic vacancy form via the provider section of our website or by clicking [here](#). **You must have a Residential Summary on file prior to submitting the form or your vacancy will not be listed.**

Paper vacancy forms and phone calls updating vacancy information are no longer accepted. All vacancy information needs to be submitted through this electronic form.

Community Care cannot guarantee member referrals or placements since we are unable to determine how many members will be seeking placement at one time.

For questions, please call our Provider Hotline at **(866) 937-2783**, and select option 2.

[Frequently Asked Questions](#)