



May 2018

HCBS Provider &
Care Coordination Communication
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HCBS PROVIDER NOTICE: PROVIDER – CARE COORDINATION COMMUNICATION

Dear CountyCare HCBS Provider Agency,

Communication between HCBS Providers and Care Coordination is essential to ensuring the health, safety and welfare of CountyCare's HCBS members. This notice is to outline the minimum communication expectations between HCBS Provider Agencies and CountyCare's Care Management Entities (CME) to ensure member needs, changes and issues are addressed timely.

CARE COORDINATION TO HCBS PROVIDER AGENCY

Referral for Service Initiation

- CME will seek confirmation of your agency's ability to accept a new referral. Service plan details are provided.

Notification to Start Services

- CME will notify the provider agency of the date services can begin

Service Plan Changes

- CME will notify the provider agency of any changes to the service plan including changes to hours, services or selected provider agency

Service Holds/Restart/Closure

- CME will notify the provider agency when services are being placed on hold, including the reason, and when services should restart. CME will also provide notification of the date and reason when services are being closed out.

Service Plan Reassessments

- CME will send service plan reassessments to the provider agency

Authorization

- At this time, the requirement for prior authorization of HCBS services has been waived per the HCBS Provider Notice below. The service plan you receive from the care coordinator serves as your authorization. Service plan data is being used by CountyCare to pay claims at this time, not an authorization number.

http://www.countycare.com/Media/Default/pdf/HCBS_Provider_Notice%202017-12-28_final.pdf



HCBS PROVIDER AGENCY TO CARE COORDINATION

Start Date Confirmation

- Notify the CME of the date you start providing services to the member

Service Holds

- Notify the CME when services need to be placed on hold with the date and reason. Notify the CME when services have resumed.

Changes in Members Living Situation

- Notify the CME of changes to the member's living situation (new address/phone, caregiver moves out of the home, etc.)

Changes in Member's Condition and/or Circumstances

- Notify the CME of changes in the member's medial/behavioral condition or circumstances

Critical Incidents

- Notify the Health Plan immediately of suspected or alleged abuse, neglect or exploitation or any situation that puts the member's services at risk using the Critical Incident Form on the CountyCare website:
<http://www.countycare.com/resource/critical-incident-reporting-form>

Member's Refusal or Non-Cooperation with Services

- Notify the CME of instances of member's refusal or non-cooperation with services

Communication Form

Please utilize the attached **HCBS Member Communication Form** to document and communicate the information noted above to Care Coordination within 3 business days of reported event.

Stopping Services for Members

Providers are expected to notify CountyCare prior to stopping services with the reason and effective date. It is not acceptable, at any time, for a Provider to stop services due to an issue with claims payment without prior notification to CountyCare and arrangements made for members to continue receiving service without interruption.

Verifying Eligibility

HCBS Providers are responsible for verifying member eligibility prior to delivering services.

General Questions and Communications

For general questions, please contact CountyCare Provider Services at 312-864-8200 option 6, or at providerservices@countycare.com

For questions about CountyCare members and their HCBS service plans call 312-864-8200 and ask to be routed to the member's care coordinator or send a secure, encrypted email to countycarewaivers@cookcountyhhs.org.