

**Care Coordination with
Children Using a
CPAP / BiPAP Machine:
An Update for ADPH
Social Workers**

**Satellite Conference and Live Webcast
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Faculty

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Objectives

- Understand how a Continuous Positive Airway Pressure (CPAP) / Biphasic Positive Airway Pressure (BiPAP) machine functions to keep airways open during sleep
- Understand why ADPH Social Workers need to know the new policies related to clients who use CPAP / BiPAP machines

Objectives

- Describe the role of the ADPH Care Coordinators
- Understand the new documentation and how to enter data in ACORN

**What is a
CPAP / BiPAP Machine?**

- CPAP:
Continuous Positive Airway Pressure
- BiPAP:
Biphasic Positive Airway Pressure
- These machines are used to keep the throat open during the night
- They weigh about 5 lbs and fit on a bedside table

**What is a
CPAP / BiPAP Machine?**

- A face mask (which covers the nose) has tubing to connect to the device
- The machine supplies a steady stream of air through the tubes and applies sufficient air pressure to prevent tissues in the airway from collapsing during sleep when a person inhales

Who is Eligible to Receive the Machine?

- CPAP / BiPAP therapy is covered for children up to the age of 21 and when the medical criteria are met
- Children must have an EPSDT Screening

Who is Eligible to Receive the Machine?

- A sleep study is required
- Patients requiring the use of these devices will have a form of sleep apnea which can be caused by various issues

Demonstration of Machines

- How the machine works
- How mask fits, different masks, etc.
- Instructions for caregiver
- How to clean machine
- Data transmission to DME company

Medicaid's Payment Structure

- Medicaid is changing the reimbursement policy for rental
- DME company used to receive a monthly rental fee for the machine
 - This led to Medicaid paying more for the machine than it cost to purchase

Medicaid's Payment Structure

- DME company will now receive a rental fee for three months
- At the fourth month, if the patient is compliant, the DME company will receive a payment that will pay off the machine

Monthly Payments

- Monthly payment received by DME company covers:
 - Cost of machine delivery
 - In-service for caregiver
 - Maintenance
 - Repair
 - Supplies

The Approval Period

- Patient must use device for at least 4 hours per night for 50% of nights in order for DME company to receive reimbursement
- This information will be downloaded from the machine to the DME company

The Approval Period

- An issue that has come up is if the patient moves and the machine does not go with the patient
- DME companies could not locate the patients to follow-up on machine usage

Role of the Care Coordinator

- Encourage compliance with the machine
- Facilitate any changes that need to occur with the machine to increase compliance
 - Example: a new mask may be necessary

Role of the Care Coordinator

- CC will communicate with DME company to determine if patient is using the machine
- When CC is talking with family, CC will know if patient is compliant

How Will This Work?

- A referral will come in through CCRS
 - Referral will include information about DME company that is providing the machine
- CC will contact family and schedule a home visit
 - At Medicaid's request, an initial home visit is REQUIRED on each patient

How Will This Work?

- During home visit, CC will inquire about machine usage while troubleshooting any reasons why patient is not compliant with usage

Reasons Why a Patient May Not Be Compliant With the Machine

- Mask is uncomfortable
- Machine is lost / stolen or not in the home where the patient is sleeping
- Too loud
- No power to home or no power outlet near the bed

Reasons Why a Patient May Not Be Compliant With the Machine

- No place to put it by the bed
- Scares the patient or others in the room

How Will This Work?

- CC will need to ensure the family understands that CC will be in contact with DME company to discuss any issues with machine
 - Be sure there is a release on file to speak with DME company***

How Will This Work?

- CC will contact DME company and let them know that CC is working with the family on machine compliance
 - Communication with DME company will be necessary in talking with families
- DME company will inform CC if the patient is using the machine

How Will This Work?

- CC will follow-up with the family via phone call one week after the initial home visit
- CC will continue weekly phone contact with the family during the first month

How Will This Work?

- If patient is compliant with machine usage, CC will continue to contact the family via phone every other week until case closure

How Will This Work?

- If patient is non-compliant with machine usage, weekly phone contact will continue with the possibility of a home visit to follow-up in order to encourage proper machine usage

How Will This Work?

- After the fourth month Medicaid will pay off the machine to the DME company at which point the CC will close the case unless further needs have been identified

How Will This Work?

- Central Office will notify the worker to close the case once Medicaid informs us to do so
- All documentation will be completed in ACORN and reports to referring provider will be sent to a spreadsheet for data analysis

Documentation Process

- All of the information put on the Report to Referring Provider will be dumped into a spreadsheet
- This data will be supplied back to Medicaid

Documentation Process

- Report is a selection of responses CC clicks, set-up similar to the ER report
 - A narrative report will not be required
- It is crucial that all data fields are completed in order to provide accurate data to Medicaid

Referral Form

The screenshot shows a web-based form titled "Referral Form". It includes fields for "Program" (set to "Patient 1st Adult"), "Date" (7/11/2014), and "Select keywords" (listing various medical facilities like "COP+ Central Office", "COP", "Children's Hospital of Birmingham", etc.). There are tabs for "Patient Information" and "Referring Provider". A "REFERRAL SOURCE" section contains fields for "Referred By", "First Name", "Address", "City", "State" (set to "AL"), "Zip", "Telephone #", and "Fax #". A callout box with a speech bubble points to the "Select keywords" area, containing the text: "Medicaid will ALWAYS be the referring provider. If this is entered incorrectly, the report to referring provider will not generate correctly."

Referring Provider

REFERRAL SOURCE

Referred By: Medicaid Other

First Name: Middle Initial: Last Name:

Address: City:

State: Zip:

Telephone #: Fax #:

County of Referring Provider:

Reason for Referral

Patient Information | Referring Provider | Reason | Psychosocial/Additional Information | Care Coordinator

REASON FOR REFERRAL

(Check all that apply)

- Assist with/monitor...
- Transportation
- Education Regarding...
- Home Health
- Community...
- Patient Discharged from PMP
- Pregnancy/Prevention...
- Dental 1st Look
- Parenting Issues
- ASO-1 Referral
- Missed Appointments
- Coercion Issues
- Relocated/Moved
- Frequent ER Visits
- Suspect Abuse/Neglect
- Patient Care Coord.
- Specialty Referral Coordination
- Tele Health
- CPAP/BIPAP

CPAP/BIPAP will only appear if MEDICAID is selected as the referring provider.

Report to Referring Provider

Referring Provider | Patient Information | Summary | Care Coordinator

Care Coordination Summary of Services Provided & Planned Including Date of Assessment

Patient Contact Yes No

Patient Contact - Yes

Referring Provider | Patient Information | Summary | Care Coordinator

Care Coordination Summary of Services Provided & Planned Including Date of Assessment

Patient Contact Yes No

Phone Face-Face Patient Refused Services

When YES is selected, options pop up, select all that apply.

Patient Contact - No

Referring Provider | Patient Information | Summary | Care Coordinator

Care Coordination Summary of Services Provided & Planned Including Date of Assessment

Patient Contact Yes No

Phone calls Letter Home Visit Worker Safety Concerns

When NO is selected, different options appear. Again, select all that apply.

Type of Machine Button

Care Coordination Summary of Services Provided & Planned Including Date of Assessment

Patient Contact Yes No

Phone Face-Face Patient Refused Services

Next, select the CPAP/BIPAP button. When it is selected, the "type of machine" buttons will appear. Select the machine.

Type of Machine CPAP BIPAP

Visit Type

Visit Type Initial Visit Follow up Contact

- **Select which visit is being documented**
- **If it is a follow - up contact, complete the questions based on information gathered SINCE the previous report**
- **The questions are the same for either visit**

Survey Questions

Survey Questions (requires an answer for each one)

Does the patient understand how to use the machine? Y N N/A

Does the caregiver understand how to use the machine? Y N N/A

Does the mask fit comfortably for the patient? Y N N/A

Does the patient/caregiver know how to clean/maintain the machine? Y N N/A

Does the patient/caregiver know who to call if there is a problem with the machine? Y N N/A

All questions will require an answer

Usage Questions

Patient's response to CPAP/BiPAP usage

How many hours per night does the patient use the machine?

How many nights per week does the patient use the machine?

When was the last time you cleaned your machine?

All questions will require an answer

Tip for Usage Questions

Patient's response to CPAP/BiPAP usage

How many hours per night does the patient use the machine?

How many nights per week does the patient use the machine?

When was the last time you cleaned your machine?

Response box must turn blue. If it does not, the answer will not save. Click on the box once your answer is selected. The form will not save unless you click your answer to turn the box blue.

Reasons for Not Using the Machine

Reasons given for not using machine (Check all that apply)

<input type="checkbox"/> Mask uncomfortable	<input type="checkbox"/> Machine not in home where patient is staying
<input type="checkbox"/> Machine lost/stolen	<input type="checkbox"/> Scares other people in room
<input type="checkbox"/> Too loud	<input type="checkbox"/> No power outlet near where patient sleeps
<input type="checkbox"/> No power to home	<input type="checkbox"/> Patient uses machine as prescribed
<input type="checkbox"/> Scares patient	<input type="checkbox"/> Other
<input type="checkbox"/> Uncomfortable to sleep while wearing	

This is where the CC can make a difference with the patient to troubleshoot reasons why the patient may not be compliant with machine usage.

Interventions Provided

Interventions provided by ADPH CC (Check all that apply)

<input type="checkbox"/> Telephone number for DME provider	<input type="checkbox"/> Scheduled follow-up with DME provider
<input type="checkbox"/> Contacted DME provider for patient to discuss options of different masks	<input type="checkbox"/> Community Resources/Referral
<input type="checkbox"/> Education regarding the importance of using the machine	<input type="checkbox"/> Patient Refused Services
<input type="checkbox"/> Follow-up with physician required	<input type="checkbox"/> Patient 1st Education
<input type="checkbox"/> Scheduled follow-up appointment with physician	<input type="checkbox"/> Education of appropriate device use provided
<input type="checkbox"/> Follow-up with DME required	<input type="checkbox"/> Attempts to contact unsuccessful

Be sure to give yourself credit for everything you have done.

Last Section!

Case Study

Open Closed

Mark if the case is open or closed. There is a text box for information not covered in the report. Hopefully, it will not be necessary to use the text box. We can not pull data provided in the text box.

Summary

- **Role of CC is to help with compliance issues**
- **Compliance is determined as 4 hours per night for 50% of nights**
- **DME company will have compliance information**

Summary

- **Contact with DME company will be crucial**
- **These will be intensive cases but will be short in duration**