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State Policy in Practice

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South Carolina's Care Call

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Summary

Most states are currently developing home and community-based services and supports that promote consumer-direction for individuals with disabilities. <u>A key component of consumer-direction includes methods to ensure that essential supports are provided</u>. This *State Policy in Practice* technical assistance document offers a practical example from the State of South Carolina.[1]

Major Points

- *Care Call* is a system developed to help South Carolina monitor service delivery provided though South Carolina Choice, an *Independence Plus* waiver that enables self-direction, and its other traditional home and community-based services (HCBS) waiver programs.

- *Care Call* is an automated time-tracking, billing and reporting system that was launched statewide in January 2003.

- One goal of *Care Call* is to alleviate consumers of the necessity of signing a receipt for in-home services. They can review and verify the accuracy of service hours billed by accessing these records through a real-time website.

- *Care Call* is an important tool for South Carolina Choice waiver participants who need to monitor services and charges that they receive so that they can efficiently manage their budgets for self-directed services.

- *Care Call* has been integrated into South Carolina's Emergency Back-up system and it is currently being upgraded to immediately send an automatic alert if it detects that a customer in the high risk category has experienced a disruption in service.

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[1] Rutgers CSHP/NASHP Community Living Exchange (2004). CMS officials and representatives from several states participated in a national teleconference on the Care Call system hosted by Rutgers Center for State Health Policy/NASHP for Independence Plus and C-TEC grantees.

Background

South Carolina was one of the first states to receive an *Independence Plus* waiver from the Centers for Medicare & Medicaid Services (CMS). Through South Carolina (SC) Choice, older adults and persons with disabilities (or their representatives) have a larger array of services from which to choose, may elect to direct services from a provider agency or through another person of their choosing, and are given the flexibility to determine how they wish to spend their budget. SC Choice currently operates in seven regions and will be implemented state-wide by the end of 2005.

State officials developed *Care Call* as a way to monitor service delivery provided through SC Choice, which enables self-direction, and its other traditional home and community-based services (HCBS) waiver programs. Through these waivers, participants can receive assistance from personal care attendants for necessary activities, such as bathing, dressing and grooming, so that they can live independently outside of a nursing home facility.

Care Call is an automated time-tracking, billing and reporting solution that is used by the South Carolina Division of Community Long Term Care (DCLTC) for administering and managing in-home personal assistance care. DCLTC is part of the South Carolina Department of Health & Human Services (DHHS), which contracts with providers to deliver in-home care to individuals. Initially, the state tracked its in-home personal assistance services through use of a paper-based time sheet system that required the consumer's signature as verification that a worker had provided the services contracted. DCLTC administrators felt that both consumers and the state would benefit by replacing this manual process with a computer-based system. Consumers were often reluctant to go on record with a complaint that their personal care attendant had not shown up. An automated system was viewed as a way to free the consumer from that sometimes difficult situation. At the same time, this system could help providers by speeding up the claims process so they could get paid sooner.

South Carolina DCLTC administrators identified the system features that they felt would best meet the needs of all stakeholders and drafted a Request for Proposal (RFP) with the following requirements:

- The system must provide an automated check-in and check-out verification process that is accessible and usable by all workers contracted to provide in-home care services.

- The system must provide consumers and administrators with access to web-based real-time reports on worker schedules and assignment completion.

- The system must have the capability to do automated billing and claims submission so that providers, or the state on behalf of providers, can execute these processes on a regular basis.

The benefits delivered from a system with these capabilities were identified as:

- **Facilitated Service Verification for Customers:** Consumers would be alleviated of the necessity of signing a receipt for in-home services, but they could review and verify the accuracy of service hours billed by accessing these records through a real-time website. This capability is especially important for SC Choice waiver participants who need to monitor services and charges that they receive so that they can efficiently manage their budgets for self-directed services.

- **Increased Efficiencies for State Agencies:** DCLTC would benefit from improved work-flow processes delivered through the use of a paperless, automated system, where service provider time sheet data are electronically entered and stored.

- **Improved Billing and Staffing Management for Providers:** Service providers would benefit from the use of an automated system that would facilitate billing processes and help to ensure that clients are receiving the services for which they are being charged. Worker attendance could be monitored in situations where direct supervision was not possible.

- **Streamlining of Case Management Workload:** Case managers' workload would be streamlined with the use of automated, customized reports that could be used to verify that authorized services were being delivered to consumers.

The project was awarded to First Data Government Solutions (FDGS), a contractor in electronic transaction systems that is headquarted in Greenwood Village, Colorado. The system requirements were defined and design and development proceeded through 2002. For several months prior to implementation, First Data Government Solutions held planning meetings and conducted training sessions with all of DCLTC's staff and agency service providers who would be using the system. A phased implementation began in October 2002. Initially, a three-month pilot was launched in a single region of the state, during which testing and re-engineering was conducted. Then, in January 2003 *Care Call* was launched state-wide.

Program Practices

How Care Call Works

Care Call is an electronic monitoring and billing system that South Carolina's CLTC workers use for documenting their in-home client visits. *Care Call* is comprised of a telephone-accessible Interactive Voice Response (IVR) system that is connected to the South Carolina Case Management System (CMS) database. The state-wide centralized database stores relevant information, including the waiver participant's name and Medicaid number, name of the service provider agency, a worker identification number, the phone number of the home where service is being provided, and the authorized number of hours of service. This database serves as a worker registry for all of the CLTC workers in the state. CLTC workers call a toll-free telephone number that provides access to the Care Call system, at which point they can choose to either record their assignment Check-In or Check-Out time, or verify the client's Medicaid eligibility status. The

information in South Carolina's CMS database is uploaded to First Data's servers on a nightly basis for data redundancy and back-up purposes, and is uploaded weekly to the Medicaid Management Information System (MMIS) where it can be used for billing and claims processing.

Time Tracking

When a worker arrives at the client location, he/she uses the client's telephone to call the toll-free number that will connect them with the *Care Call* system. After selecting the Check-In option, the CLTC worker enters an 8-digit Worker ID number using the touch-pad of the telephone. *Care Call* will verify the service provider agency name and worker name associated with the Worker ID number, based upon information stored in its database. The database also contains the telephone numbers of consumers who are scheduled to receive services. If the worker calls from a registered phone, *Care Call* documents that the worker is at that location, and also asks the worker to verify the name of the consumer who is scheduled to receive services and the type of service to be provided. After this information has been submitted by the worker and verified and recorded by the *Care Call* system, a summary is read back to the worker for confirmation and acceptance. Check-Out, which is similar to the Check-In process, is done at the end of the assignment to document the total time spent providing services.

The *Care Call* system allows three different telephone numbers to be authorized for each consumer as Check-In locations. This allows the worker to Check-In from any of a number of locations that an individual may need to be (e.g., physician's office, day care facility, employment location) or allows for a individual's cell phone number to be used in case the worker needs to travel with the consumer. Calls made from numbers that are not authorized in the *Care Call* system will also be accepted, but these exceptions will be flagged and can be reviewed by the Case Manager to verify with the consumer to assure that a legitimate service was being provided at that time. Adaptations can then be made in the Check-In process to alleviate any future issues and exceptions.

If a consumer does not have a telephone, then alternative arrangements can be made on an as-needed basis. In some situations the worker's phone or a neighbor's phone may be registered as an authorized telephone number. In most cases, DCLTC, the service providers and the Case Managers have been able to agree upon a customized solution for the small number of cases that that require special attention. Only one percent to two percent of consumers in South Carolina do not have reliable telephone service.

Checking Medicaid Eligibility Status

After dialing-in to the toll-free number and selecting the option to Check Medicaid Client Eligibility, the worker enters a Worker ID number using the telephone touch-pad. The worker then enters the date of service and the client's 7-digit CLTC number, and *Care Call* will provide the client's current Medicaid eligibility status.

Billing

Care Call automatically bills for all in-home visits made by CLTC workers, as long as the service provided is authorized. Service providers do not have to do their own billing and claims submission. At the same time, the system allows the state to identify any improper billing by comparing actual worker time sheets with authorized hours. The system also supplies provider agencies with weekly logs of their claims, so that they may verify the information with their staff.[2] On a weekly basis the data from the *Care Call* system is automatically transferred to the state's MMIS. Each service provider receives a weekly letter and report showing each claim generated for the provider for the previous week. The report includes all completed claims sent to MMIS for payment and all claims that are exceptions that need to be corrected.

Web-Based Administrative Activities

Care Call administrative options are accessible on the Internet through a menu-driven, password-secured website. From the Main Menu, an authorized user can select from the following functions and reports:
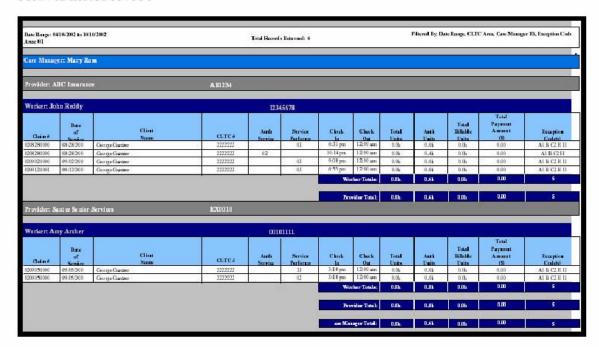
- Administrative Functions:
  - Edit a Claim
  - Add a Claim
  - Delete a Claim
  - Add/Edit a Missed Visit

- Reporting Functions:
  - Client Activity: Case Manager Summary Report
  - Provider Activity: Case Manager Summary Report
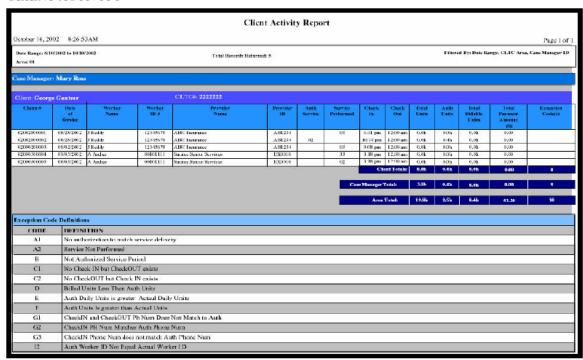 - Authorized Services: Exceptions

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[2] Medstat (2004).

Samples of the reports available from *Care Call* are provided below:

PROVIDER ACTIVITY

Care Manager: Mary Ross

Provider: ABC Insurance   **AB1234**

Worker: John Reddy   **12345678**

Claim #	Date of Service	Client Name	CLTC #	Auth Service	Service Performed	Check In	Check Out	Total Units	Auth Units	Total Billable Units	Total Payment Amount ($)	Exception Code(s)
0208280000	08/28/200	George Gantzer	2222222		03	6:31 pm	12:00 am	0.0h	0.0h	0.0h	0.00	A1 B C2 H I1
0208280000	08/28/200	George Gantzer	2222222	02		10:14 pm	12:00 am	0.0h	0.4h	0.0h	0.00	A1 B C2 H
0209020000	09/02/200	George Gantzer	2222222		03	9:08 pm	12:00 am	0.0h	0.0h	0.0h	0.00	A1 B C2 H I1
0208120001	09/12/200	George Gantzer	2222222		03	6:55 pm	12:00 am	0.0h	0.0h	0.0h	0.00	A1 B C2 H I1
							Worker Total:	0.0h	0.4h	0.0h	0.00	5
							Provider Total:	0.0h	0.4h	0.0h	0.00	5

Provider: Santee Senior Services   **EX0010**

Worker: Amy Archer   **00101111**

Claim #	Date of Service	Client Name	CLTC #	Auth Service	Service Performed	Check In	Check Out	Total Units	Auth Units	Total Billable Units	Total Payment Amount ($)	Exception Code(s)
0209050000	09/05/200	George Gantzer	2222222		33	3:18 pm	12:00 am	0.0h	0.0h	0.0h	0.00	A1 B C2 H I1
0209050000	09/05/200	George Gantzer	2222222		02	3:18 pm	12:00 am	0.0h	0.0h	0.0h	0.00	A1 B C2 H I1
							Worker Total:	0.0h	0.0h	0.0h	0.00	5
							Provider Total:	0.0h	0.0h	0.0h	0.00	5
							ase Manager Total:	0.0h	0.4h	0.0h	0.00	5

CLIENT ACTIVITY

Client Activity Report

Case Manager: Mary Ross

Client: George Gantzer   **CLTC#: 2222222**

Claim #	Date of Service	Worker Name	Worker ID #	Provider Name	Provider ID	Auth Service	Service Performed	Check In	Check Out	Total Units	Auth Units	Total Billable Units	Total Payment Amount ($)	Exception Code(s)
0208280001	08/28/2002	J Reddy	12345678	ABC Insurance	AB1234		03	6:31 pm	12:00 am	0.0h	0.0h	0.0h	0.00	
0208280002	08/28/2002	J Reddy	12345678	ABC Insurance	AB1234	02		10:14 pm	12:00 am	0.0h	0.0h	0.0h	0.00	
0208030003	09/02/2002	J Reddy	12345678	ABC Insurance	AB1234		03	9:08 pm	12:00 am	0.0h	0.0h	0.0h	0.00	
0208030004	09/05/2002	A Archer	00101111	Santee Senior Services	EX0010		33	3:18 pm	12:00 am	0.0h	0.0h	0.0h	0.00	
0208030003	09/05/2002	A Archer	00101111	Santee Senior Services	EX0010		02	3:18 pm	12:00 am	0.0h	0.0h	0.0h	0.00	
									Client Total:	0.0h	0.4h	0.0h	0.00	8
									Case Manager Total:	3.3h	4.5h	0.0h	0.00	5
									Area Total:	19.5h	2.5h	0.4h	47.26	10

Exception Code Definitions

CODE	DEFINITION
A1	No authorization to match service delivery
A2	Service Not Performed
B	Not Authorized Service Period
C1	No Check IN but CheckOUT exists
C2	No CheckOUT but Check IN exists
D	Billed Units Less Than Auth Units
E	Auth Daily Units is greater Actual Daily Units
F	Auth Units is greater than Actual Units
G1	CheckIN and CheckOUT Ph Num Does Not Match to Auth
G2	CheckIN PH Num Matches Auth Phone Num
G3	CheckIN Phone Num does not match Auth Phone Num
I2	Auth Worker ID Not Equal Actual Worker I D

Health Insurance Portability & Accountability Act (HIPAA) and Confidentiality

South Carolina's contract with First Data Government Solutions requires *Care Call* to be HIPAA-compliant. First Data has a dedicated HIPAA practice that is managed by experts who have implementation experience. First Data utilizes its HIPAA team to insure that *Care Call* meets all applicable HIPAA requirements.

Access to the *Care Call* system is password-protected. Providers who are given permission to access the website are only able to view records on their own workers. First-time users make a payment to access the website. Providers have the option of subscribing to the website for either a month or for a year. Subscription fee amounts are calculated based upon previous claim volumes.[3] Case Managers who are given access to the website are able to receive information only on those consumers assigned to them.

In addition, FDGS has several methods of maintaining security for *Care Call*. It employs network firewalls, secure socket layers (SSL), encryption keys, Network Address Translation (NAT) and other accepted security practices. It also provides back-up capacity and data redundancy in case of a network disaster.

Program Outcomes

South Carolina cites numerous benefits with the implementation of the *Care Call* system, some of which are noted below.

Creation of a Worker Registry

Prior to implementing *Care Call*, SC only had approximations of the number of people making up its CLTC workforce. *Care Call* requires every agency providing services and every worker employed by each agency to be registered in the centralized state-wide database from which *Care Call* accesses data. After compiling this Worker Registry for use by *Care Call*, SC found that it had underestimated the number of active CLTC workforce by about 2,000. Through *Care Call*, the state now maintains an accurate and current profile of its CLTC workforce and agency service providers.

Cost Savings

South Carolina incurred total start-up costs for *Care Call* of approximately $500,000. Because *Care Call* is directly tied to the Medicaid billing system, SC also received matching funds for the implementation of *Care Call* from CMS.

SC realized cost savings in several areas from adoption of the *Care Call* system. SC implemented *Care Call* with the goal of operating the system on a cost-neutral basis compared to the operating costs incurred prior to implementation. However, once *Care Call* was in use, the state found that the system was providing an unanticipated cost savings in provider payments because *Call Care* tracked the actual hours worked by agency-employed in-home aides. SC

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[3] Provider Supervisor Care Call User Manual.

realized savings because the agency could ensure that service agencies were paid only for the time that workers spent providing assistive services to consumers.

After billing records were compared prior to and after adoption of *Care Call*, it was determined that service provider agencies were often billing for the authorized length of time of services rather than for the actual time that a worker spent in the home providing services. *Care Call* made it possible to have the time sheets of workers immediately available in electronic format for use in billing and claims processes, which helped to eliminate the billing inconsistencies that resulted from delayed manual data entry. *Care Call*'s automated Check-In and Check-Out system provides an extremely accurate way of documenting the exact time that workers arrive and depart from a consumer's home, thereby ensuring that SC pays only for services that are actually provided. Additionally, when documentation of worker hours was done manually and verified by the client receiving services, it was found that the hours worked were often approximated, and sometimes inflated.

SC was also able to use *Call Care* to reduce incidences of fraud by CLTC workers. Once *Care Call* was operational, there were some attempts by workers to make Check-In calls from phone numbers that were not authorized within the *Care Call* database. SC was able to easily identify these instances and to determine whether these calls were made during legitimate service visits. Investigations showed that some workers were attempting to make Check-In calls from unauthorized lines and locations, including their own homes and even out-of-state locations. South Carolina's State Attorney General's office has succeeded in prosecuting some of these cases, which has resulted in significant financial awards to the state.

South Carolina also saves money because it no longer needs to pay for data entry from paper-based time sheets into an electronic database. Although the state has not tracked this savings, officials believe it is a significant amount.

Improved Quality of Care

While *Care Call* does provide a means for accurately documenting that CLTC workers are at the location where authorized services are scheduled, it does not provide a direct mechanism for evaluating the quality of care provided by the worker. Therefore, workers are still required to maintain Task Notes describing the types of work that they completed at the participant's home. In addition, SC also requires in-person Quality of Service evaluations in the home and periodic compliance reviews.

Care Call's reporting capabilities have been adopted as tools to assist Case Managers in making determinations of quality of care. Case Managers have been able to use the reports as indicators of the quality of care that participants are receiving. They can generate a *Care Call* report that presents a history of worker visits and compare this to the authorized visits to see if a participant has received all of the care scheduled. This type of review has become a mandatory part of a South Carolina Case Manager's waiver-required monthly monitoring of a participant's records. A *Care Call* report must be generated and reviewed within five days of the required monthly contact between the participant and the Case Manager. If the Case Manager notices any unusual incidences on the report, he/she is required to consult with the participant to determine

whether the services authorized were provided as expected. If the participant reports any dissatisfaction with the services, the Case Manager must contact the service provider agency and attempt to resolve the problem. The Case Manager can also do intermittent unscheduled and even real-time reviews of service provision to ensure that a participant is receiving authorized services in an on-going manner. This level of access to *Care Call* reports enables a Case Manager to make these evaluations of care with a minimum of effort, thereby streamlining the Case Manager's workflow so that more time can be devoted to activities that require a more concentrated level of attention.

Case Managers have also used *Care Call* reports as indicators of whether additional care might be necessary for a participant. If a report consistently shows that workers have been spending more time at a participant's home than the time authorized, it may be a sign that additional authorized hours of care are required to provide the participant with necessary assistance. When *Care Call* reports show consistent extensions of scheduled assistance times, Case Managers can easily identify these instances, and review the cases to determine whether a customer might require additional services beyond what is already authorized.

Emergency Back up

Care Call has been integrated into South Carolina's Emergency Back-up system. South Carolina received federal matched funds for the development and implementation of *Care Call* with this application in mind. South Carolina has a number of waiver participants who are considered to be at high risk if disruption of services occurs. Care Advisors, Case Managers and family members can currently generate real-time reports to verify that services for people at high risk are being provided assistance in a timely manner. If immediate action is required to provide assistance to the consumer, the Case Manager can access contact information from the *Care Call* database for family members or back-up service providers who can provide assistance on an emergency basis. South Carolina is also working with First Data Government Systems to modify *Care Call* so that it will immediately send an automatic alert if it detects that a customer in the high risk category has experienced a disruption in service.

Budget Management

There are components of *Care Call* that are used exclusively for the South Carolina Choice waiver, including service monitoring and generation of budget reports. Fiscal management services that the state provides as part of the South Carolina Choice waiver are also delivered through *Care Call*, as a subcontracted service from First Data Government Solutions.

Care Call's database is used to document all of the services that participants receive through South Carolina Choice. Through the waiver, participants are provided with a budget that they can use to purchase required services. They are responsible for allocating that budget and managing funds so that they can purchase the services that they need throughout the specified time frame. SC uses the *Care Call* system as a ledger for expenditures made by each participant for materials and services that are purchased with South Carolina Choice funds. Both the participant and the Care Advisor have web-based online access to *Care Call* financial reports that can provide budget planning information, including current spending and remaining dollars

for future expenses. Care Advisors can periodically check this information to insure that participants are managing their budgets efficiently.

Improved Billing and Claims Processing

Care Call enables automated, real-time entry of electronic time-tracking records that are used to generate billing and claims for provider services. Numerous efficiencies can be delivered because the lag-time between generation of paper-based time sheets and data entry into the billing system has been eliminated, and records are available immediately for online review. Providers are able to access and evaluate billing records online, and therefore they are able to make any corrections prior to billing submissions. Data entry errors are eliminated. Billing can be scheduled on a regular weekly basis without delays from data entry backlogs. These capabilities provide for a more accurate and efficient billing and payment process.

Improved Consumer Service and Consumer Empowerment

One of the primary reasons that *Care Call* was adopted was to reduce the pressures that consumers experienced in having to personally verify time sheets documenting service provision. While *Care Call* accomplishes the goal of reducing the participant's accountability in this process, it also empowers the consumer to effectively manage required personal care assistance services. Consumers are able to access real-time online records of services provided. With this capability, they can verify that authorized services have been delivered and reported correctly, they can contact Case managers when they identify problems in service records and can immediately ensure that corrective changes have been made to the database, and they are provided with a tool to manage their budgets for necessary assistive services. At any time, consumers can contact Case Managers directly to comment on the quality of services that they receive and they are also free to change service providers if they desire to do so. Case Mangers are able to provide more personalized and customized attention to consumers because they have records readily on hand through access to the *Care Call* online database.

Conclusions

Care Call was designed as a comprehensive system that could be employed in the administration of all in-home services, including home and community-based waiver services and any other in-home service that required monitoring and service verification. It is currently being used to help manage services provided to 12,000 of South Carolina's waiver recipients. The *Care Call* system was initially used only for nursing services, personal care, and companion services in the state's HCBS waivers providing in-home care. It has been expanded to adult day care services, case management, and all services provided under the South Carolina Choice waiver in 2004.[4]

Care Call has enabled South Carolina to improve upon management of in-home personal care service delivery by making processes more efficient through automation and by improving the accuracy of billing and claims processing. Additionally, *Care Call* can provide states with a tool for complying with Emergency Back-up service requirements. The system provides a real-

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[4] Medstat (2004).

time monitoring system for ensuring delivery of necessary services to high-risk waiver participants. At the same time, consumers have retained the ability to maintain self-direction and control of the services that they receive and they have gained empowerment with expanded access to information on those services.

South Carolina reports that provider reactions to the *Care Call* system have been mixed. While some providers say that they are losing money because of *Care Call*, some providers report that *Care Call* has greatly improved their operations by alleviating their scheduling and payroll burden.[5] *Care Call* has also helped service provider agencies to achieve better workforce management operations through its verification capabilities for worker attendance.

Based upon the success that South Carolina has had with *Care Call* already, the state is exploring additional situations where it can be used. Currently Case Managers are required to document their required monthly contact with consumers in the *Care Call* database.[6] Another application that is being considered is the use of *Care Call* to verify in-home supervisory visits by a nurse to ensure that care provided by aides is being administered as directed. Other potential applications for *Care Call* are for verifying provision of adult day care services and home delivered meals. Not only will *Care Call*'s extension to these services ensure that consumers are receiving them as scheduled, but *Care Call*'s budget management capabilities can be expanded to enable *Independence Plus* waiver participants to track expenses for additional services. South Carolina is continuing to develop enhancements to *Care Call* that provide additional services to consumers.

Acknowledgements

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[5] Medstat (2004).
[6] Medstat (2004).

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http://www.dhhs.state.sc.us/NR/rdonlyres/eombufgk63cbkspdf7uhnoz43sulzf3bqt47gh5vx3h3cwgdlprm4o7btxvcjkykyerei6xixmlp3o/3PROVWebsiteAccessPswd.pdf