

Complex Care Process

1. Provider will request service.
2. Support Coordinator/Provider will complete "Complex Care Screening Tool".
3. Provider will prepare:
 - a. Attachment L "Complex Care Medical" document if requesting due to medical reasons. A current nursing assessment must also be completed.
 - b. New Attachment G and Attachment F if requesting due to behavioral needs.
4. The completed screening tool with required documentation and provider attachments must accompany the revision request to the LGE. Additionally, the SC agency will submit a revision for the supplemental payment for 90 days.
5. LGE will submit SORC packet if recommending approval.
6. SORC and Clinical staff will review packet and approve or deny. Clinical may request additional information/changes to the provider documents (Nursing Assessment, attachments F, G or L).

Initial PA for 90 days will be released.

At 60 days, the first update for the supplemental payment is required from the provider.

1. The provider will document the following:
 - a. Behavioral:
 - i. Challenges encountered – overview
 - ii. Methods employed to mitigate
 - iii. Progress in number of incidents or severity of incidents from previous quarter
 - iv. Progress in becoming more independent from previous quarter
 - v. Additional services, oversight, staff, or credentialed staff required for mitigation of incidents
 - b. Medical
 - i. Changes in health status based on RN assessment
 - ii. Any charts completed for Non-complex medical tasks for the complex care service
 - iii. Medical appointments and hospitalizations
 - iv. New signs and symptoms to monitor (this would require a revision to Attachments D or L, and training of the DSW)
 - v. Additional services, oversight, staff, or credentialed staff required for mitigation of incidents
2. The provider report will be submitted to the SC agency and reviewed by the LGE. The SC agency will also submit a revision for continuation of the supplemental payment through the end of the CPOC year.
3. The PA for the remainder of the CPOC year will be released upon approval by the LGE.
4. The provider will continue to submit quarterly reports for the service to the SC agency which will be submitted to the LGE.
5. If the provider fails to submit the quarterly reports, or the LGE determines that the supplemental payment is not producing the needed results, then the supplemental payment may be discontinued.
6. Only initial and annual requests for the supplemental payments require state office approval.