

MPATH Care Management Module Organizational Change Management Project, Email Communication for 5-13-2021

Subject Line for Email: We are almost three months into our new system!

Hello Everyone!

I can't believe it is already May and we have been in our new system for almost three months! April was a pivotal turning point, with new and annual PSPs being completed in MedCompass. As more and more users have logged in and used the system, we continue to learn what is working well and areas we need to improve. Here are some updates on defects or enhancement requests:

- **Issue: Secure messages are difficult to read because they jumble all the text together when responding to a message.** *This will be fixed in a product enhancement which should be available May 2021.*
- **Issue: Provider user roles ability to delete messages.** *Fix will be in place within the next two weeks. The fix will pop up a red box error though you will be able to continue. We anticipate the red box error to be resolved by May 2021.*
- **Issue: Providers were remaining on care teams when a referral was sent, even after the provider declined to serve or the 30 days elapsed.** *This issue was addressed, and providers should no longer have access to members when they decline to serve or after 30 days if they don't respond.*
- **Issue: Certain Provider user roles do not have caseloads.** *Fix was deployed last week. DSPs and other provider roles should now have caseload access.*
- **Issue: YTD Report is not functioning correctly.** *The report is currently unavailable due to a defect identified and to also incorporate cost plan roll over changes. We will update users when the report is available.*

User Group Technical Assistance Sessions and Other Supports

Beginning in April, MPATH, DDP staff and AssureCare began hosting user group technical assistance sessions. These sessions are currently scheduled on Thursdays at 1:00. The next scheduled session is May 20th at 1:00 and is a case manager specific session focused on fiscal year end processes. If you would like to request agenda items for future sessions, please email your regional manager and cc Shannon Cole-Merchen. DDP, MPATH and AssureCare continue to work hard to support our end users with this large transition. In response to your comments during the User Group TA sessions, DDP has also scheduled Regional Technical Assistance meetings for each region during the week of May 17, 2021

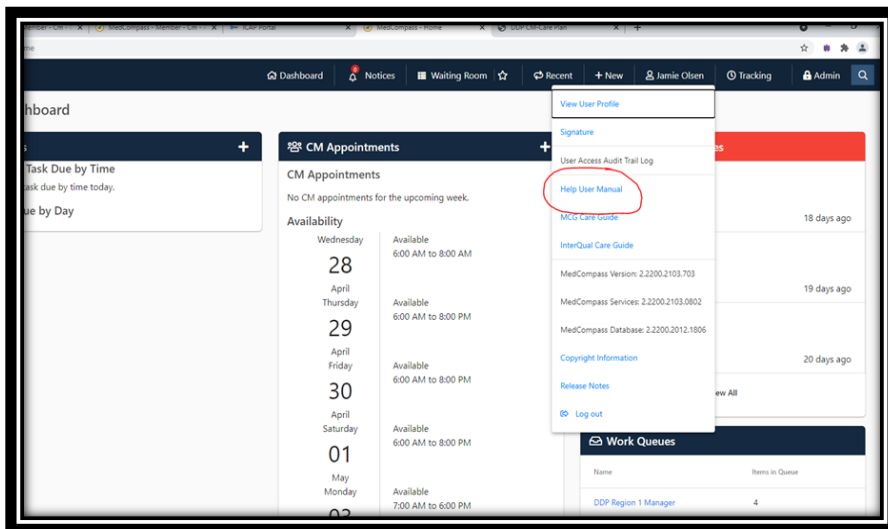
(information below). Here are some additional resources to support users with the MedCompass transition:

- **Regional Technical Assistance Sessions**

Regional Technical Assistance Sessions have been scheduled, please see below for more information. If you need log in information, please contact your regional manager.

- ✓ Region 1- Patti Engebretsen: 3-4 P.M. on Monday 5/17
- ✓ Region 2- Patti Engebretsen: 11 A.M- noon on Tuesday 5/18
- ✓ Region 3- Stephanie Marquis: 3-4 P.M. on Tuesday 5/18
- ✓ Region 4- Melinda Cummings: 1-2 P.M. on Tuesday 5/18
- ✓ Region 5- Paula Tripp: 2-3 P.M. on Wednesday 5/19

- **Help User Manuals in MC under User's name**



- **DDP Website under MedCompass Care Management System < Resources <FAQ document and other helpful resources**

- Glossary of frequently used terms and Acronyms
- Lifespan Respite
- Montana Milestones/Part C Early Intervention for Infants and Toddlers
- Provider directory
- For State Staff and Providers:**
- Administrative Rules
- Behavior Consultation Team
- Eligibility Reference Manual
- Forms/Tools
- MedCompass Care Management System**
- Medical director documents
- Medicaid Waivers
- Medication Certification Manual
- Filling out Medication Administration Records
- MMIS Transition
- Policies and Procedures
- Policy Requests for Clarification/Interpretation
- Qualified Provider Process
- Rates Information
- Special Billing

From,
Lindsey Carter

A CASE FOR CHANGE

Why do we need a new system?

DDP serves approximately 7,300 people with different types of disabilities across the state. Members live, work and receive services and supports in communities across Montana. Member needs and services are varied and today DDP case managers have to look for member information in multiple systems that do not share information. Members and their guardians cannot access all of their information in one place. DPHHS staff and contracted providers have to perform many tasks manually, moving in and out of different systems to do their work. Our members need a care management system that encompasses all their programs and services and provides self-service access to their own information. Our staff, case managers, and providers need a solution that is built on access to information and processes that drive member centric services.

The MPATH care management module will solve many of those issues, creating a more efficient and member-centered experience for DDP staff, case managers, providers, and members. MedCompass will show all program data and benefits for individual members in one place. It will provide a holistic view of member information and their care coordination. Members and their guardians will have access to their information using the member self-service portal. This should improve the members' knowledge of what is happening with their care across programs. The new care management system will enable DPHHS to maximize opportunities for independence, well-being, and health among people with disabilities. It will help DDP achieve our mission of effectively coordinating resources, supports, and services for people to have meaningful lives in their communities.

[Virtual Demonstration](#)
[Bi Weekly Emails](#)
[MedCompass Workgroup Meetings](#)
[User Acceptance Testing Information](#)
[Organizational Change Management Materials](#)
[Resources](#)

- **Training and Technical Assistance Recordings in CDS**

To assign lessons to yourself log in to the Direct Course College of Direct Supports at:
<https://login.elsevierperformancemanager.com/systemlogin.aspx?virtualname=MTDD>

1. Click on eLearning, then select Self Enrollment in the drop-down menu.



2. You may either Search for Lesson Name by typing 0208 in the search box and clicking List Modules; or scroll through the available modules for MPATH Care Management MedCompass Resources.

Search for Lesson Name:

Source	Module Name
Your Department	MPATH Care Management MedCompass Resources

3. Click Enroll on the far right.
4. Select the lessons you would like to enroll in, then click Add Lessons button at bottom of page.

The screenshot shows a web interface titled "Self Enroll". It features a search bar at the top with a dropdown arrow. Below the search bar is a list of lessons, each with a checkbox on the left and the lesson title on the right. The lessons are as follows:

Checkbox	Lesson Title
<input type="checkbox"/>	0208 MedCompass Eligibility Training 3.9.21
<input checked="" type="checkbox"/>	0208 Personal Support Plan Overview
<input checked="" type="checkbox"/>	0208 Provider Case Notes
<input checked="" type="checkbox"/>	0208 Provider End to End Video
<input checked="" type="checkbox"/>	0208 Provider Referral
<input checked="" type="checkbox"/>	0208 Provider Reports
<input type="checkbox"/>	0208 Provider Service Authorizations
<input type="checkbox"/>	0208 Secure Messaging
<input type="checkbox"/>	0208 Self-Direct Plan of Care
<input checked="" type="checkbox"/>	0208 Shared Calendar Process
<input type="checkbox"/>	0208 Small Tools
<input type="checkbox"/>	0208 State Staff End User Training
<input type="checkbox"/>	0208 Tasks-Queues-Appointments
<input type="checkbox"/>	ECFSD End User Training
<input type="checkbox"/>	Med Compass Appts Caseload Msgs
<input type="checkbox"/>	Med Compass Member Record Navigation
<input type="checkbox"/>	Med Compass Navigation Bar
<input type="checkbox"/>	Med Compass Tasks

At the bottom of the list is a blue button labeled "Add Lessons".

PSP Appointments and Instructions

Enhancements have been made to the CM appointments to resolve the issue of improperly generating PSP Notification Letters. CM Appointments are used to schedule a Pre-PSP meeting to gather information, to schedule a PSP meeting for a member which automatically sends a PSP Notification letter, and to “check-out” a PSP and related assessments so multiple end users are not editing the same assessment at the same time.

Schedule a PSP Pre-Appointment Meeting

To schedule a pre PSP, Click on CM Appointments (+) from the Dashboard or from inside the member’s record click on Activities > Tasks/CM Appointments > New CM Appointment.

This type of appointment will not generate a PSP Notification Letter.

The screenshot shows the 'Schedule CM Appointment' form with the following details:

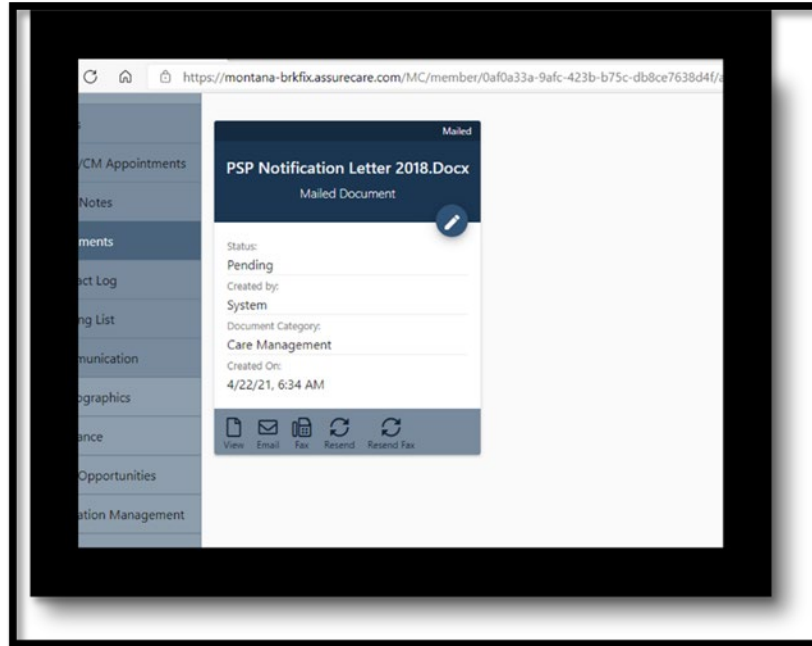
- Appointment Type:** Pre PSP Appointment
- Specialty:** (Empty search field)
- Service Type:** (Empty search field)
- Subject:** Pre meeting with team
- Start Date:** 04 / 24 / 2021
- Start Time:** 11 : 00 AM
- Duration:** 45 minutes
- Location Type:** Phone call
- Attachments:** (Button)
- Reason:** (Text area)

Scheduling a PSP Meeting and Send PSP Notification Letter

To schedule the PSP meeting and send the PSP Notification letter, click on CM Appointments (+) from the Dashboard or from inside the member's record click on Activities > Tasks/CM Appointments > New CM Appointment > PSP Meeting. This letter will generate and send the PSP notification letter to the member's preferred address in MedCompass.

The screenshot shows the 'Schedule CM Appointment' form with the following details:

- Appointment Type:** PSP Meeting
- Specialty:** (Empty search field)
- Service Type:** (Empty search field)
- Subject:** Initial PSP
- Start Date:** 04 / 23 / 2021
- Start Time:** 09 : 00 AM
- Duration:** 1.5 hours
- Location Type:** Member home
- Attachments:** (Button)
- Reason:** (Text area)



Check Out PSP Assessment

Case managers start the PSP assessment so providers can make additions. If two or more people work in a document at the same time, there is risk that information will be written over or lost. Team members should use the calendar to “check-out” a PSP to avoid editing issues.

To do this: Click on CM Appointments (+) from the Dashboard or from inside the member’s record click on Activities > Tasks/CM Appointments > New CM Appointment >

The screenshot shows a web browser window with a URL starting with 'x.assurecare.com/MC/member/0af0a33a-9afc-423b-b75c-db8ce7638d4f/activity/cale...'. The page contains a form for creating an appointment. The form fields are as follows:

- Appointment Type:** PSP Assessment (dropdown menu)
- Specialty:** (searchable text input)
- Service Type:** (searchable text input)
- Subject:** work on goals and objectives (text input)
- Start Date:** 04 / 24 / 2021 (calendar picker)
- Start Time:** 04 : 00 PM (time picker)
- Duration:** 30 minutes (dropdown menu)
- Location Type:** Clinic/Facility (dropdown menu)
- Attachments:** (button)
- Reason:** (text input)

Note: No letters will generate.

Referrals

There are two approaches to sending referrals to providers to serve a member

- Targeted (Single) Provider Referrals and
- Mass (Multiple) Provider Referral (regional or statewide)

Targeted (Single) Provider Referral:

For Targeted referrals, the Case Manager will create a separate referral for each of the providers in the targeted area to serve the member. Each referral will include one specific provider to receive the referral and the services being requested of that provider and the additional supporting information that will help inform the providers decision. See additional details for targeted provider referrals below.

- When doing a single provider referral, case managers should add the provider in the provider search box AND choose the **DDP full provider Network** (for single provider referrals do not choose any of the DDP Provider Referral Region 1-5 options). This will ensure that if the provider has a different primary address in MedCompass than the region they actually serve, the referral will be sent to the requested provider (otherwise MedCompass rule logic may not send the referral to the requested provider based on the provider address).

- Additionally, **do not** include services under the “services needed” drop down box when sending the referral to one provider. Otherwise, this will query all providers in the network selected that offer one of many of those services, resulting in more providers than just the 1 in the referral being added onto the Care Team. Services requested should be included in the “Additional Comments” section of the referral.

For a single provider referral, the provider gets a task in their Work Queue (Figure 1). In addition, under Case Management \ Referrals, the provider will see a Referral card specifically for them and the services requested, and additional information will be included under “Additional Comments” (Figure 2).

Figure 1 - Single Provider Task

Figure 2- Referral to Provider

Mass (or multiple) Provider Referral (regional or statewide):

For mass referrals, the Case Manager will create a referral that is either statewide or for a specific region that includes the services being requested of that provider and the additional supporting information that will help inform the providers decision. The referral will create a task for each provider in the qualifying area based on the services selected. Currently the task does not include the list of services nor does it include the additional information. Also, when it is a mass referral (i.e. multiple provider referral) the providers sent the task will not be able to view the referral card details. Therefore, the Case Manager will also need to add a document to the Referral under Page Resources that includes the services requested and the additional information that will help inform the providers decision. See additional details for mass provider referrals below.

The screen shots below show the referral that the Case Manager creates (showing the referral services document attached to the referral) Figure 3, the task that a provider receives as part of the mass referral Figure 4, and the required services document in the document center that can be viewed by providers that receive the mass referral task Figure 5. When there is a mass referral, MedCompass does not create a referral card for each provider. Therefore, the services that would otherwise show up on the Referral card are not visible and the Case Manager will upload a Referral Document under page resources with the document name “FY## LastName – FirstName Required Services mm-dd-yyyy” where mm-dd-yyyy is the date the mass referral will be sent to the providers. The document must contain the list of services and additional information that was included in the mass referral to assist the provider in making an informed decision whether or not to agree to provide services to the member.

The screenshot displays the 'Referral' form in MedCompass. The form is divided into several sections: 'Referral Type' (Inbound), 'Date of Referral' (04 / 13 / 2021), 'Reason for Referral' (DDP Provider Referral Full Netw...), and 'Urgent' status (No). Below these are fields for 'Referred By' (Case Manager), 'Referring Department/Agency', 'Referral Disposition' (Sent, Accepted), and 'Date of Disposition' (04 / 23 / 2021). The 'Provider Information' section includes 'Provider', 'Provider Id', and 'Auth'. The 'Clinical Information' section has 'Primary Care Provider', 'Diagnosis Code', 'Primary Referral Diagnosis' (N/A), 'Information Sent' (Referral packet), 'Secondary Diagnosis Code', 'Secondary Referral Diagnosis' (N/A), 'Acuity' (- Select -), and 'Stratification' (- Select -). The 'Contact Information' section includes 'Contact Name', 'Contact Organization Name', 'Phone Number' (+1), 'Extension', and 'Contact Fax' (+1). The 'Parent or Guardian Information' section includes 'Parent' and 'Phone Number' (+1). A red box highlights the 'Services(s) Needed' dropdown menu, which currently shows '- Select -'. Another red box highlights the 'Additional Comments' field, which contains the text: 'I'm referring [redacted] to your agency for Adult Companion and the Care Farm for the job-skill building. You'll see the documents needed for the referral in the document section. Her PSP and other assessments were uploaded. Her PSP is due in July.'

Figure 3 – Mass Referral

Task ← Back Save ⋮

Agree or decline to provide services to member that has been referred to you

* Task Description: Agree or decline to provide service Source: System [Open Member Provider](#)

* Priority: High * Status: Completed * Type: DDP Task Required: No Yes

Assigned To: * Due Date: 04 / 30 / 2021 Due Time: 02 : 30 PM Expiration Date: mm / dd / yyyy

Member: Program Type: Unassigned Acuity: - Select -

* Queue: Task Location: Group: N/A

Schedule Task

Start Date: mm / dd / yyyy Start Time: hh : mm -- End Date: mm / dd / yyyy End Time: hh : mm --

User Comments: Agree or decline to provide services to member that has been referred to you

Save

Figure 4 - Referral Task to a Provider

Document Center + Upload Copy From Merge & Send Send Support Materials

All Merge Documents 1 Received Faxes 0 Sent Faxes 0 Email Attachments 0 Secure Message Attachments 0 Support Materials 0 Uploaded Files 11 External Documents 0 Card Table

Document Title	Status	Document Type	Created by	Document Category	Created On	Recipient's Name
<input type="text"/>	Pending	Mailed Document	<input type="text"/>	Care Management	4/27/21, 10:36 AM	
<input type="text"/>	Complete	Attached Document	<input type="text"/>		4/22/21, 4:07 PM	

Figure 5 – Required Services document in Document Center

Future Referral Enhancements:

In a future MedCompass enhancement, the list of requested services (see Figure 1 Services Needed) and additional information (see Figure 1 Additional Comments) will be included in the “User Comment” section of the referral task for all referral tasks sent to a provider. This supplemental information will be included below the statement “Agree or decline to provide services to member that has been referred to you” in the task.

Fiscal Year End Cost Plan Roll Over

Rollover for FY2022 is coming! Training for TCMs is scheduled for May 20th at 1:00.

Fiscal Year Cost Plan Roll Over is a process where next fiscal year cost plan services are created using an automated process. This feature was created so case managers don’t have to manually enter services for every member at the start of the new fiscal year.

Users will see the draft services for FY22 very soon. There are also some NEW features that are different from past roll over processes, please see below for more details:

Things to note for TCMs:

- Please start reviewing all services and determine if they are appropriately marked for rollover or not. Services in the current fiscal year that are marked YES in the rollover field will rollover for FY 22. TCMs can make updates so the service does/doesn't roll over until June 15, 2021.
- Case managers can enter and submit a new service when the FY22 header is available.
- When making changes to a service line no matter what time of year, please make comments about the change on the main detail screen for that service and not on the schedule.
- TCMs are the front-line users who identify and fix cost plans that aren't quite right. Please review all cost plans and reach out to your Regional Manager if you need assistance

NEW FY Roll Over Information for TCMS:

- If a TCM makes a cost plan change that affects the cost for next FY, the adjustment will not immediately be applied to the draft FY22 services. There will be a monthly batch job that will apply the changes to the draft services. However, changes to total projected costs for a member can be reviewed in real time by accessing the **Cost Plan Summary report for the member**.
- Case Managers will receive notification if the projected cost of services for FY22 year exceeds the member's maximum amount for FY22. TCMs will be asked to review the current services marked for rollover and make changes or make changes to the draft FY22 services to align with the member's maximum for next year.
- If a member's cost plan total for next fiscal year exceeds the maximum, none of the services will roll over. If that occurs, services will need to be manually entered in July.

Anticipated Next Steps:

May 17th – The week of May 17th users should see draft services for FY22.

June 5th – a batch process will capture and re-project FY22 costs for cost plan changes made since the draft FY22 services were created. TCMs can use the Cost Plan Summary report for real-time calculations to compare to fiscal maximums.

June 15th – All cost plan changes need to be submitted and authorized by June 15th. These cost plan lines will be captured for rollover and users will not make further changes. Cost plan access will be allowed again in early July.

July 5th – The week of July 5th TCMs will be able to make further adjustments to FY21 or FY22 cost plans. Any services missed for the rollover process can be manually entered. TCMs will receive notification when it's ok to resume normal cost plan changes.

Remember to check the MedCompass website for up to date information about the MedCompass project:

<https://dphhs.mt.gov/dsd/developmentaldisabilities/medcompasscaremanagementsystem/organizationalchangemanagementmaterials>.

Thanks!

Lindsey