

# Set and Approve Integrated Home and Community Support Service Individual Support Plan (ISP) - Casemix v14.0



Individual support plan amendment review timeline for Provider

## Summary

### Objective

To review and approve the Individual Support Plan and issue the Integrated Home and Community Support Service decision letter.

### Background

The Individual Support Plan (ISP) documents each service component and how it will be delivered. It includes specific sections for goal planning, associated timeframes, incremental steps and related outcome measures for each of the individual service components.

The following will also be detailed in the ISP:

- Description of the Client's agreed needs, goals and actions.
- Baseline of the Client's current functioning or wellbeing and develop measurable outcomes that are tailored to the Client's personal goals.
- Baseline information regarding the Client's health status, abilities and support needs, and update this on a regular basis.
- Identify and incorporate the Client's Natural Supports, with a view to incorporating a holistic approach to care planning and service delivery.
- Identify and where possible remediate any obstacles, barriers or issues within the Home, work or community environment that may impact on an early return to independence.
- Identify the risk of pressure injury or skin integrity issues and ensure prevention strategies are implemented and/or if further referral is required, etc.

**Owner** Name Withheld

**Expert** Name Withheld

## Procedure

### 1.0 Receive individual support plan

**Recovery Assistant, Recovery Coordinator, Recovery Partner**

- Receive notification that the ISP and interRAI assessment results from vendor has been attached to the claim.
- Review the ISP to ensure that it is accurate and complete.

**NOTE What information should you check to ensure the ISP is accurate and complete?**

Refer to the business rules below for what to check for.

What not to check for on an ISP

Definition of a completed Individual Support Plan

**NOTE What do you need to consider when the entitlement request is received and deemed cover exists?**

Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

Deemed Cover and Entitlements Policy

- If required, contact the vendor to discuss any questions you have and agree on a timeframe for completing an amended ISP. In Salesforce, record the conversation as a contact on the claim

Individual support plan return date

### 2.0 Approve individual support plan

**Recovery Assistant, Recovery Coordinator, Recovery Partner**

- Review the ISP and ensure that you complete all the privacy checks.

Review of ISP before issuing support decision

Approval timeline for Individual support plan

- Contact the client to verbally advise them of ACC's decision to approve/partially approve or decline the ISP.

Identity Check Policy

Contacting sensitive claims clients Policy

**NOTE What if you are unable to contact the client to advise of the decision?**

- If the client has signed or verbally agreed to the ISP with the Supplier AND YOU ARE APPROVING THE ISP, send the client a text or email to advise of the decision. This is to ensure we are meeting our legal obligation of notifying clients of a support decision.

Example text/email: "Kia Ora (Client's Name), thank you for your patience while we considered your home and community support needs recommended by (Supplier). This is a courtesy text/email to advise that ACC has accepted the Individual Support Plan received from (Supplier) and approved the support. You should have received a copy of the plan from (Supplier) detailing your level of support. If you have not received a copy or wish to discuss the approved supports, please contact us on (phone number)."



- If you are approving the support but the client has NOT signed or verbally agreed to the ISP with the Supplier, a formal decision letter should be sent, as we cannot assume that the client has agreed to the support plan, and they will need to be advised of their review rights accordingly.

- If you are DECLINING the ISP, a total of three attempts should be made to contact the client before a decision letter is sent.

- If you are unable to reach the client on your first attempt, leave a voicemail message and send a call back notification if appropriate. Create a Contact Action on the Recovery Plan to contact the client again in 3 days' time (unless urgent). Note in the task description that this is the first attempt to contact the client. If you are in Assisted Recovery also provide a decision rationale in the task description.

- 2nd attempt in 3 days: leave a voicemail message and send another call back notification if appropriate. Consider contacting other stakeholders for an update and to confirm client contact details. Push out the task for another 5 days.

- 3rd attempt in 5 days: send the decision letter. If you are unsure about sending the decision letter, contact a Practice Mentor to discuss.


-  Create a Notification - System Steps
-  Recovery Plan - Create Contact Actions - System Steps



**NOTE What if the client does not agree with the recommendations in the ISP?**

- Understand why the client disagrees and whether they have discussed their concerns with the provider, reminding them that the plan is flexible and can be amended to meet the clients needs.
- The ISP represents a clinical opinion, and the client disagreeing may or may not be valid (eg if a client wants their car washed as part of the service, the RTM should be advising that isn't an expected part of the service).
- If you agree that there are valid concerns, and the client has already discussed these with the provider with no success, then contact the Supplier to discuss (be mindful that you are discussing a clinical opinion, and should not be asking outright for the solution to be changed, only considered in light of the clients views).
- If the supplier disagrees with changing the ISP, then consider if an independent SRNA with a different provider is appropriate as a second opinion (keeping in mind the SRNA does not guarantee that the client will get more/different care than what is recommended in the ISP). If the client accepts a SRNA, then this can inform hours to be delivered.

**NOTE What if the ISP recommends additional support like childcare or overnight care?**

- Go to the Set Up Integrated Home & Community Support Services process to determine if the additional request is appropriate.
- If the support is appropriate and the Casemix Supplier has capacity to provide the stand-alone support, then the associated codes can be added to the original purchase approval. E.g. HCS40 for Childcare can be added to the same purchase order number that was raised for HCS60.
- If the Casemix Supplier does NOT have capacity to provide these stand-alone supports, then we should consider raising a new purchase order approval with a different Supplier if the client is happy to have two agencies looking after them.
- Alternatively, should the client wish to have ALL cares provided by ONE Supplier, then we will need to re-refer Casemix to a new Supplier who has capacity to provide both Casemix and Stand-Alone Supports.

 **PROCESS** Set Up Integrated Home & Community Support Service - Contracted

-  Client required to agree to the ISP before receiving IHCS casemix services
-  Client Legislative Rights and Responsibilities Policy

- C** In Salesforce under [social life area note], record the details of the review of the ISP and the approval decision.

**NOTE What do you have to do to document your decision?**

- Decision type: APPROVED/DECLINED DECISION (Decline only if the supplier have rejected the casemix referral).
- Provide in detail what support needs have been identified/requested (eg Home Help, Attendant care etc)
- Who made the request and when (eg the client during the welcome conversation or during the InterRai assessment)
- Who was consulted if necessary (eg Recovery Support hotline guidance from Practice Mentor received on specific date)
- Rationale for decision (eg Supplier and client have agreed to the ISP and the client has signed the ISP)


 Create or Update Recovery Plan

 Documenting the IHCS casemix support decision

- d** Determine if written communication of the decision needs to be issued

**NOTE What are the criteria for issuing written communication about the decision?**

Review the following business rule - 'Written communication of a decision about support for a client' to determine whether or not you need to issue the decision letter.


 Written communication of a decision about support for a client


- e** Create and send a NGCM - Send Letter Task to Recovery Administration and advise what documents to send.

**NOTE What documents are required?**

Ensure that you indicate that the casemix option should be selected for the HCS01 approval letter.

- HCS01 (only if required in accordance with Step 2.0 b and d)
- ACC255 (must always accompany the HCS01 if this is being sent)
- HCSIS03 (should be sent even if HCS01 is not required)
- EQPIS01 (only if the supplier have indicated that the client requires and has been/will be supplied with equipment)
- Individual Support Plan (only if the client has requested a copy - the Supplier should have already provided this to the client)

 ISP to be sent to client

 Timeline for notifying client of an IHCS support decision

### 3.0 Issue approval letter Recovery Administrator

- a** Generate the requested documents.

**NOTE What information should you delete from the HCS01 letter?**

The HCS01 letter must be adjusted to suit the type of support the client will be receiving. Ensure that you have selected the relevant casemix only information.

Ensure you delete the part of the letter that is not relevant. This is clearly marked on the letter.


- b** Ensure you have completed all the documents. You do NOT need to make any changes to the purchase order. If you are asked by a Recovery Team Member or Supplier to add codes HCS61/62 to the existing purchase order, or to extend the service date for code HCS60, please decline to do so and remind them of the correct process.


- c** Perform privacy checks ensure that the documents are accurate, do not contain any third-party information and do not contain any other information that needs to be withheld.

 Privacy Check Before Disclosing Information Policy

**NOTE What do you need to check?**

For details on what checks you need to complete before sending documents out, refer to the following link.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

 Send letters from Client Recovery and Claims Assessment

- d** Check the client's preferred communication channel (email or post) under the party record and proceed with this method of communication.

 Email and Instant Messaging Policy

**NOTE Is this a sensitive claim, if so confirm if the client has a safe contact?**

Refer to the system steps below.

 View a safe contact (Eos Online Help)

- e** If email communication is preferred, create an email using the 'Send Letter On Behalf' template and attach the documents.

**NOTE What template do you use?**

Choose the relevant template system steps below.


 NGCM - FINAL Emailing from Eos using a Template - System Steps

**NOTE What documents do you send to the client?**


Whatever documents have been requested in the 'Send Letter' task generated by the recovery team member.

These may include:

- HCS01
- ACC255
- HCSIS03 (find a copy below)
- EQPIS01
- Individual Support Plan (should be linked to the 'Send Letter' task, otherwise located under the 'Documents' tab).

 HCSIS03 All about Integrated Home and Community Support

- f** In Salesforce, close the assigned referral task.

 Service Contracts and Contracted Providers - MFP spreadsheet