Team Member Success Guidelines

Welcome to the Team!

We're thrilled to have you onboard as our new Team Member!!

At **ACE** our core values drive everything we do

You'll play a key role in ensuring our clients experience these values every day.

Core Values

- **Integrity**
- **Success**
- **Efficiency**
- **Effectiveness**

Remember, **We are TEAM SUCCESS - Together Everyone Achieves More.**

We're excited to work alongside you to make great things happen!

Let's succeed together!

PURPOSE STATEMENT

1

Continuously **learn** and deepen our understanding of the **terms, functions, definitions, rules, and regulations** involved in working with applications.

2

Foster an environment of learning and knowledge development, we aim to enhance our proficiency and ensure a thorough understanding of the processes that drive our work.

3

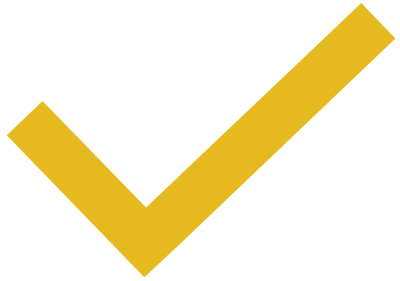
Empower us to provide even more efficient, effective, and high-quality service, while aligning with our core values of **integrity** and **success**.

Introduction to Ace Operations Platform/systems

- VCITA System: used to communicate with clients
- ClickUp system: Used for project management, tracking and checking job assignments
- Company Email Address: Communication with team
- Go High Level: Education and Sales Project Management

OVER-ALL JOB TASK

Process and monitor all client's applications

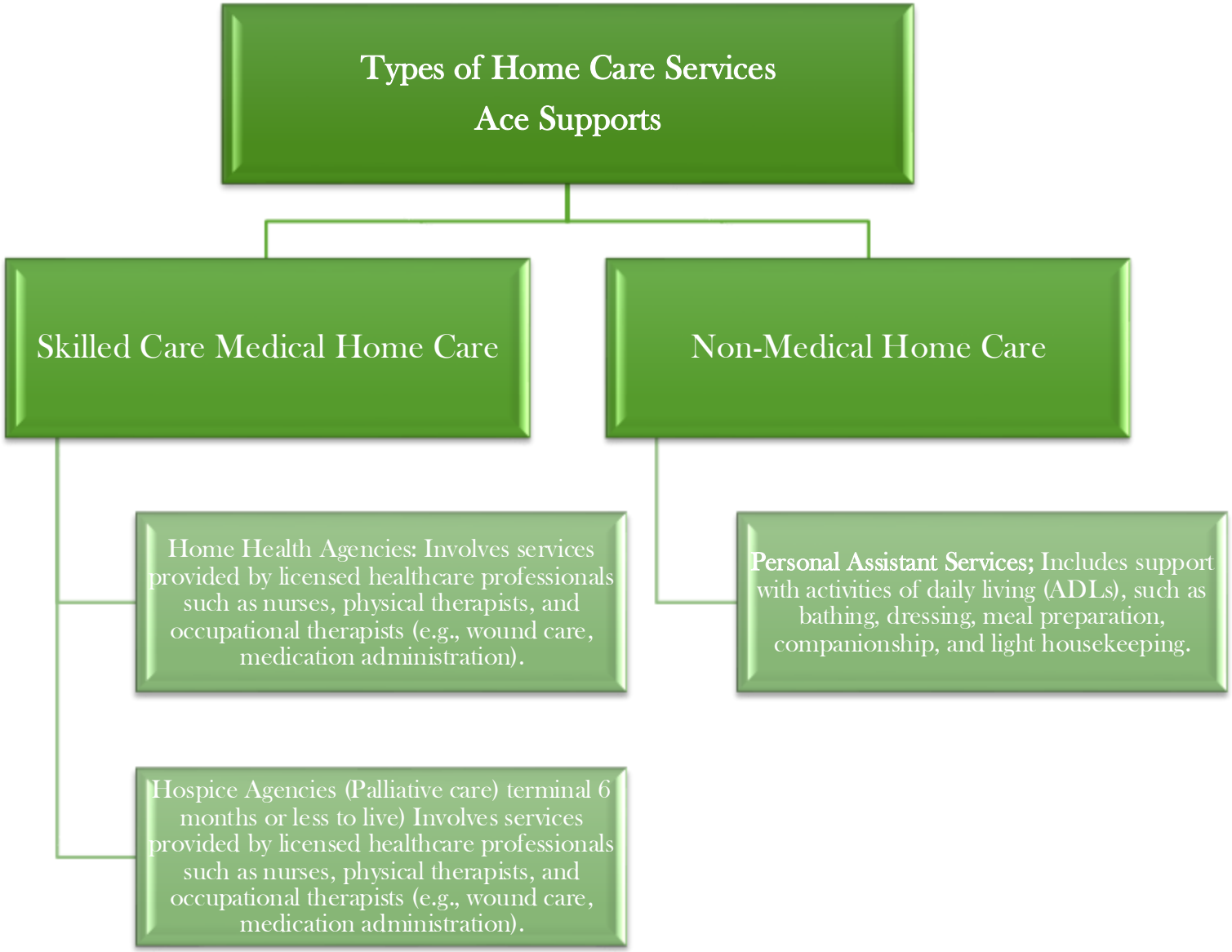


Provide status updates for all clients regarding their applications

YOU are their primary point of contact regarding everything applications

What is Home Care?

- Home care services refer to a range of medical and non-medical support provided to individuals in their homes, especially those with disabilities, chronic illness, or aging needs.


Types of Home Care Services
Ace Supports
Skilled Care Medical Home Care
Non-Medical Home Care
Home Health Agencies: Involves services provided by licensed healthcare professionals such as nurses, physical therapists, and occupational therapists (e.g., wound care, medication administration).
Hospice Agencies (Palliative care) terminal 6 months or less to live) Involves services provided by licensed healthcare professionals such as nurses, physical therapists, and occupational therapists (e.g., wound care, medication administration).
Personal Assistant Services; Includes support with activities of daily living (ADLs), such as bathing, dressing, meal preparation, companionship, and light housekeeping.

Why is Licensing Important?

- **License is required to provide home care services**
- **Legal Requirement:** Operating without a license in Texas can result in fines, penalties, and closure of your agency.
- **Ensures Quality and Safety:** Licensing ensures that home care agencies meet specific state requirements that protect clients.
- **Establishes Credibility:** Being a licensed provider increases trust and credibility with clients, caregivers, and payors (e.g., Medicaid or private insurers).

Types of Application

State Applications

Accreditation Applications

Medicare Applications

State Contracting Applications

Medicaid Applications

Insurance Credentialing Applications

Certification Agencies and Regulatory Bodies in Texas

Texas Health and Human Services Commission (HHSC)
The HHSC regulates home care services in Texas. It manages licensure for providers who wish to deliver services under Texas Home Care/ Home Health programs, including Home Health Agencies, Hospice Agencies, etc.

Centers for Medicare & NPI Services (CMS/PECOS)
CMS oversees Medicare certification at the federal level, setting the standards for home health agencies across the U.S. Providers must meet specific Conditions of Participation (CoPs) to receive Medicare payments.

Texas Medicaid & Healthcare Partnership (TMHP)
TMHP serves as the enrollment and claims processing contractor for Texas Medicaid. Home care agencies seeking Medicaid certification must complete the enrollment process through TMHP.

STATE LICENSE APPLICATION

Regulatory Body: Health and Human Services Commission (HHSC)

The **HHSC** is responsible for regulating and licensing home care providers. They ensure that agencies comply with state laws, provide high-quality care, and protect the health and welfare of patients.

Key Roles of the HHSC in Home Care Licensing

- Reviewing applications and issuing licenses
- Conducting inspections and compliance reviews
- Investigating complaints and enforcing corrective actions
- Enforcement of policies, roles and regulations

Accreditation Bodies

Some common accrediting bodies for home care agencies include:

- **The Joint Commission:** Offers accreditation for home health and hospice agencies.
- **Accreditation Commission for Health Care (ACHC)**
- **Community Health Accreditation Partner (CHAP):** Provides accreditation for home care organizations.

Accreditation often involves a higher standard of compliance, which can also assist in meeting state licensing requirements more smoothly.

Types of Home Care Agencies

Personal Assistance Services (PAS): Non-medical assistance for daily activities, such as bathing, dressing, and meal preparation.

Skilled Home Health Care: Services that involve licensed nurses or therapists providing medical care to clients.

Hospice Services: Care provided to terminally ill patients at home, often requiring separate licensure if provided by the same agency.

State Licensing Categories

- **Personal Assistance Services (PAS)**: Required for agencies providing non-medical services such as help with daily living activities (bathing, dressing, meal preparation, etc.), homemaking, and companionship. This license is common for agencies focusing on non-medical home care.
- **Licensed Home Health Services**: This license is required for agencies providing skilled nursing and therapy services. Required for agencies that provide skilled services like nursing, physical therapy, speech therapy, or occupational therapy. These agencies may serve private pay clients or patients through insurance or

State Licensing Categories

- **Licensed and Certified Home Health Services:** Agencies that participate in Medicare or Medicaid programs need this license and certification. The agency must meet both state licensing and federal certification requirements.
- **Licensed and Certified Home Health Services with Dialysis:** Agencies that participate in Medicare or Medicaid programs need this license and certification. The agency must meet both state licensing and federal certification requirements.
- **Hospice License:**
This license is for agencies that provide care for terminally ill patients, either in the home or in hospice facilities.

Requirements for Licensure

- **Legal Entity:** The agency must be a legally established entity (LLC, corporation, or partnership). The legal name must be registered with the Texas Secretary of State.

- **Business Location:** The agency must have a physical business location in Texas. Virtual offices or P.O. boxes are not acceptable. The Clients home address can be used.

- **Administrator and Alternate Administrator:** The agency must appoint an administrator and an alternate, both of whom must meet specific qualifications in terms of education and experience (e.g., a bachelor's degree in healthcare, nursing, or a related field).

  Note: Home Health, Hospice and Personal Assistance Services (PAS) Agencies must have a qualified Administrator and Alternate Administrator.

Training Requirements of an Administrator

Applicable to Administrators and Alternate Administrators after December 1, 2006

In addition to the qualifications in 558.244 of this Chapter the Administrators and Alternate Administrators must complete 24 clock hours of training in Agency Administration before the end of 12 months. Upon designation the Administrators and Alternate Administrators must have completed 8 clock hours and must complete 12 clock hours each year.

Qualifications of an Administrator

Must not have:

- been convicted of a felony or misdemeanor listed in §558.244 (b)(5) of the State Rules & Regulations

- been employed within the last year with another agency that:
  - experienced license revocation, suspension, denial or civil
  - penalties.

Functions of an Administrator

The administrator is responsible for implementing and supervising administrative policies. The administrator assumes management responsibility for the fiscal and operational activities of the home care organization.

- Plans and develops new programs, recruits and interviews management staff
- Establishes mechanisms for measuring quality care and organizational performance.
- Directs managers, directors, and coordinators in the fulfillment of complex and multiple work functions.
- Indirectly supervises all employees of the organization including firing, hiring, and implementing disciplinary actions.

Eligibility Criteria for Licensure Continued

- **Medical Director:** Required for agencies offering medical or hospice services. The medical director must be a licensed physician in Texas.

- **Qualified Supervising Nurse:** For agencies providing medical services, a licensed registered nurse or Physician must be designated to supervise clinical operations.

- For Home Health and Hospice Agencies Supervising Nurse and Alternate Supervising Nurse are required.

Functions of a Supervising Nurse

Supervising Nurse §558.244

An agency must designate in writing a qualified supervising nurse and a qualified alternate to serve as supervising nurse in the absence of the supervising nurse.

The supervising nurse or alternate supervising nurse must:

- Always be available to the agency in person or by telephone;
- Participate in activities relevant to services furnished,
- Participate in the development of qualifications and assignment of agency personnel;
- ensure that a client's plan of care or care plan is executed as written;

Pre-Survey Conference

- The **Pre-Survey Conference** is mandatory for all new home care applicants in Texas. During this meeting, the HHSC will provide guidance on the state's expectations and the inspection process.

- **Who Should Attend?**
  The Administrator and Alternate Administrator must attend this conference. They will receive crucial information about the survey process and compliance standards

- **Topics Covered:**
  - Compliance with state laws and rules.
  - Preparation for the initial inspection survey.
  - Review of your agency's policies and procedures.

Initial State Survey Inspection

- Once the agency has received their initial license and submits the 2020 readiness form to the state, HHSC will schedule an **initial survey** to inspect the agency's office, review their policies, and ensure their agency complies with licensing regulations.
- **Areas the Inspector Will Review:**
  - Policies and procedures manual.
  - Client files and personnel files (if applicable).
  - Staff credentials and training records.
  - Facility safety measures and accessibility.
  - Administrative records, including proof of insurance and financial stability.
- **Corrective Actions (If Needed)**
  - If the inspector finds any deficiencies during the survey, you will be required to submit a **plan of correction** within a specific timeframe.
  - Once the deficiencies are resolved, the HHSC will schedule a follow-up inspection if necessary.

Introduction to QAPI

What is QAPI?

Definition and significance of Quality Assurance and Performance Improvement (QAPI) in home care settings.

Overview of how QAPI aligns with Medicare's Conditions of Participation (CoPs) and promotes high-quality care.

The Role of QAPI in Home Health Agencies

Emphasizing the importance of continuous quality improvement in enhancing patient outcomes and satisfaction.

How QAPI helps agencies comply with regulatory requirements and improve operational efficiency.

Components of an Effective QAPI Program

Governance and Leadership Commitment

- The role of leadership in fostering a culture of quality and safety within the organization.
- Establishing a QAPI committee with diverse representation from various departments.

Data Collection and Analysis

- Importance of data in identifying areas for improvement.
- Types of data to collect:
  - Patient satisfaction surveys.
  - Clinical outcomes and incident reports.
  - Staff performance metrics.

Performance Improvement Projects (PIPs)

- Overview of how to develop and implement PIPs to address identified issues.
- Examples of common PIPs in home care, such as reducing hospital readmissions or improving patient satisfaction.

FAQ

- **What is the Initial 8 hours Initial Educational requirement requested by TULIP**
  - **Answer:** It is **a state required course** that is compulsory for the administrator and alternate administrator in the organization applying for a state license to take. It is important to note that the course must be offered by an "**approved provider of the state**". A **fine of $195** would be given if the certificate is not provided by an approved provider of the state.
  - Ace compliance is a state approved provider.
  - It is required by the state to take for the agency's administrator and alternate administrator to complete 24 hours educational course within 12 months. 8-hours must be completed initially prior to the submission of the application, then 16-hours prior to the 12th month. After the 24 hours has been 12-hour they would then be require to take a 12-hour educational course each year.

  Note: the 8-hour course must be completed prior to the delegation of an Administrator or Alternate Administrator

- **What is Background Information that if found and not reported can bar the client from getting their license?**
  - **Answer:** There is several information that if not disclosed during the application process can bar the client from getting their license such as;
    - Tax debt
    - Felony
    - Outstanding Child Support
    - Outstanding Student Loans
    - Eviction from any property

FAQ

- **What is the Application Processing Stages of the Medicaid Application**
  - **Answer:** Once the application has been reviewed internally:
  - The application is to be submitted.
  - Stage 1: Submitted/Pending Assignment (Awaiting Document)
  - Stage 2: Payment Received
  - Stage 3: In-Review
  - Stage 4: In Analysis
  - Stage 5: In-Review (*Final processing before approval)*
  - Stage 6: Approval

- **How to request for an Application Status Update?**
  - **Answer:** Contact the TULIP Support Line at (512) 438-2630 select option 1.
  - Kindly reference the script used to check the status in the State HHSC (TULIP) SOP Folder.

FAQ

- The client request for access to their TULIP Application account
  - **Answer:** The Client can contact TULIP Technical Support to help them to set-up access to the account. (Contact Information for TULIP Technical Support Line is: (512)438-2584) and can be found in the Texas Human AND Health Service Contact Document)

- The client asks if we use their email to create the TULIP account
  - **Answer:** No, we do not use their email, we typically set-up a new email account for them.
  - Exceptions to this are:
    - If they already started the application when the case was brought to us.
    - If it is a new client with a renewal application case.

Medicaid and Medicare Certification

- **Medicare Overview**

  Medicare is a federally funded program primarily serving individuals aged 65 or older, as well as certain younger individuals with disabilities. For home care providers, certification under Medicare allows the agency to offer skilled home health services, such as nursing, physical therapy, and other therapeutic services, to eligible beneficiaries.

- **Medicaid Overview**

  Medicaid is a joint federal and state program that provides health coverage to low-income individuals, including families, seniors, and people with disabilities. In Texas, Medicaid is administered by the Texas Health and Human Services Commission (HHSC) through their online platform Texas Medicaid & Healthcare Partnership (TMHP), and it includes both state and federally funded services for home care.

Introduction to Medicare and Medicaid

Introduction to Medicare and Medicaid

Medicare-Certified Agencies
Home care providers certified by Medicare are authorized to deliver skilled services that meet Medicare's stringent standards. These agencies must comply with federal Conditions of Participation (CoPs), which set forth the standards for patient care, personnel, and administration.

Texas Medicaid-Certified Agencies
Medicaid-certified home care providers in Texas are subject to state-specific regulations and standards. These agencies deliver both skilled and non-skilled services to Medicaid recipients under the state's Medicaid plan or waiver programs. Certification allows agencies to participate in the Texas Medicaid program, administered by the Texas Medicaid & Healthcare Partnership (TMHP).

Medicare Home Health Coverage

Medicare covers home health services such as:

- Skilled nursing care
- Physical, occupational, and speech-language therapy
- Medical social services
- Part-time home health aide care

Services must be provided by a Medicare-certified agency, and the patient must meet specific criteria, including being homebound and having a physician's plan of care.

Key Differences Between Medicare and Medicaid for Home Care

Key Differences Between Medicare and Medicaid for Home Care

Texas Medicaid Home Care Programs

Texas Medicaid offers a range of home and community-based services (HCBS) that provide assistance to individuals who need help with daily living activities. Some key Medicaid programs for home care providers include:

- **Primary Home Care (PHC):** Non-skilled personal care services for individuals with a functional disability.
- **Community Attendant Services (CAS):** Personal care services provided in the home.
- **Home and Community-based Services (HCS):** Services for individuals with intellectual disabilities or related conditions to live in community settings.
- **STAR+PLUS Waiver:** Provides long-term services and supports, including personal care services, for individuals with disabilities and those 65 years of age or older, etc.

These programs often have different eligibility requirements, reimbursement rates, and care coordination guidelines compared to Medicare.

Medicaid Processing Time

The processing time for a Home Care State License Application can vary significantly based on several factors, including the state's specific requirements, the completeness of the application, and the volume of applications being processed. Generally, the processing time can range from a few weeks to several months.

Payment Processing	• Third party payment processing prior to application being assigned to a License Specialist takes 7-10 Days.
Initial Review (PE-Review)	• An initial review of the application for completeness and accuracy typically takes 2-4 weeks. The PE-Review is divided into two stages the initial review and the detailed review, It is during this review that any additional document will be requested for.
Detailed Evaluation (PE-Review)	• A more in-depth evaluation, including review of documents, policies, and procedures, may take an additional 4-8 weeks.
Site Inspection	• An on-site inspection of the agency's premises can add another 2-4 weeks to the process.
Final Decision/OIG Review	• The final audit, if all requirements are met, generally occur within 2-4 weeks after the site inspection.
PE-Review	• The Approval will be granted with 1-3 weeks during this process

Overall, the entire process state and certification application process can take approximately 6 to 8 months, though this can vary by state and the specific circumstances of the application.

Medicare Processing Time

The processing time for a Home Care Medicare Certification Application can vary significantly based on several factors, including the state's specific requirements, the completeness of the application, and the volume of applications being processed. Generally, the processing time can range from a few weeks to several months.

Initial Review	• An initial review of the application for completeness and accuracy typically takes 2-4 weeks.
Detailed Evaluation	• A more in-depth evaluation, including review of documents, policies, and procedures, may take an additional 4-8 weeks. It is during this review that any additional document and Application Fee Payment will be requested. Additional documents such as bank statement and so on.
Fingerprinting	• After, approval of documents, a mail will be sent out register for fingerprinting, this typically takes 1-2 weeks
Completion Letter	• Once the Biometrics have been approved a Completion Letter will be mailed/emailed to the applicant this usually takes 7-10days
Site Inspection	• If required, an on-site inspection of the agency's premises can add another 7-10 days to the process.
Final Decision	• The final decision and issuance of Certification, if all requirements are met, generally occur within 2-4 weeks after the site inspection.

Overall, the entire process state and certification application process can take approximately 3 to 6 months, though this can vary by state and the specific circumstances of the application.

FAQ

What to do if the PEMS Cover Letter was not assigned or is Showing Blank

- **Answer:** Then the success specialist is to create one for the agency. Refer to the Sample Alternative PEMS Cover Letter in the Medicare SOP Folder under Employee Resources.

*Note: It is important that the **Client's Agency Name, NPI** and **Ticket Number** be included or changed to reflect the information of the client agency the PEMS Cover Letter is being done for.*

***The Ticket Number** for the client can be found in the **Client's TMHP Portal** as this is the **Clients Application Number**.*

It is also important to export the PEMS Cover Letter as a PDF before sending it to the Client.

FAQ

What reasons can TMHP request an approved Agency to re-enroll?

- **Answer:** There are several reasons the client may be requested to re-enroll, some of which are:
  - The client does not admit or bill Medicaid at least once in the span of a year.
  - The client does not respond to correspondences before them allocate deadline
  - The client fails to revalidate before the allocated deadline

FAQ

The client request clarification on the payment they made and why the have to mail a check for the application payment fee

- **Answer:** For us to manage the application (i.e. fill out the application, regular monitoring of the application and client application status reports), the Client is requested to pay us an application processing fee.

For the application to be submitted successfully TMHP requests for a separate application fee **of $720 as of the year 2025**, note that this fee is subject to change by the TMHP, it is to be paid via cashier's check, regular check or money order and to be mailed out to TMHP address with the assigned PEMS Cover Letter and the copy of the check or money order to be uploaded on the application platform.