Questions from DBMD Quarterly Webinar 9/26/18

How can we find out if someone is on the HKNC registry so we don’t register them twice?

You can't because it is in our database. If you have the same name, we will know that someone has entered a name twice. But what you can do is call or email Molly Sinanan (516)393-7997 or molly.sinanan@hknc.org

And then the other thing you can do is go to Helen.Keller.org and you choose the tab for HKNC and then if you scroll down at the very bottom you will see the registry. You will see something about the registry and you can fill it out right there. There it will not tell you if you have already filled out the registry but I will get that registry. It is only like one page. It is really short and sweet and then it goes to me and then again I will be able to check my database to see if someone has already been entered.

If you take the DBMD Computer-Based training now will it count after the requirement is announced?

It will be an annual requirement. If you take it now you would then have to take it again a year from now. If you waited until the requirement you would have a year from April or whenever the official effective date of the IL is. And you can take it as many times as you want. You will get a certificate and keep that certificate in the employee file.

Here is the link to the DBMD CBT: https://apps.hhs.texas.gov/training/cbt/DBMD/

What are some common remands and paperwork CM’s have to complete? How can we get more information on that?

The DBMD CBT covers the paperwork required for enrollments, renewals, and revisions. Additionally Form 3594 Individual Plan of Care (IPC) cover Sheet is great guidance for ensuring forms for each type of IPC action are submitted to HHSC.

Here is a list of common remands, from a previous webinar presentation Follow form instructions;
Adhere to submission standards;
Provide legible forms or clear copies;
Check math for calculation errors;
Submit IPC packets AT LEAST 30 DAYS PRIOR TO EFFECTIVE DATE (excluding transfers and terminations);
Ensure services match on the IPC and IPP;
When making corrections, follow process outlined in TAC §49.305(i)(5)(A-C);
Follow timeline procedures for submissions (renewals must be authorized before revisions or transfers can occur);
Verify Medicaid eligibility before submitting enrollments or renewal IPCs;
Ensure conflicting services are cut off PRIOR TO submission of enrollment IPC;
Use appropriate notations on revisions (only C or N);
For transfers, mark 0 if all or no services are shifting;
If both IPC and ID/RC were returned, respond to both remands;
Focus on why services are needed for each particular individual;
Provide complete justification and documentation for all requested services
Address natural supports and parental barriers (with parents’ work schedules for minors);
Service descriptions and requirements are found in TAC;
Respond to HHS returned IPCs within 10 calendar days;
Only respond to a remand with a single submission in which all points have been addressed, and use HHS issued coversheet from UR