



Telehealth Service Coordination

SMMCAC SCC
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Telehealth Service Coordination

What measures can the MCOs take to ensure that their Service Coordinators can monitor and report abuse, neglect, and exploitation now that telehealth is an allowed modality of service delivery?

- **Telehealth** means a health service, other than a telemedicine medical service or a teledentistry dental service, delivered by a health professional licensed, certified, or otherwise entitled to practice in Texas and acting within the scope of their license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.
- **Service Coordination** means the service performed or arranged by the MCO to facilitate development of a Service Plan, or Individualized Service Plan as appropriate, and coordination of services among a Member's PCP, specialty providers and non-medical providers to ensure appropriate access to Covered Services, Non-capitated Services, and community services.

What does ANE reporting look like?



Requirements

- **Service coordinators** must be knowledgeable about how to identify and report a Critical Event or Incident such as Abuse, Neglect, or Exploitation to the State.
- **MCOs** must provide Abuse, Neglect, and Exploitation, and Unexplained Death training to all MCO staff who have direct contact with a Member.
- **Members** must be informed orally and in the Member Handbook of the processes for reporting allegations of Abuse, Neglect, or Exploitation by their MCO. The toll-free numbers for DADS and DFPS must be provided.

Who's reporting ANE?

- Everybody has a responsibility to report ANE:
 - Doctors
 - Direct care staff
 - Schools
 - Home health agencies
 - Providers

**What are
service
coordinators
doing to keep
members
safe?**



Service Coordinators:

- Monitor service plans to see how services are being utilized.
 - For example, is the member receiving the appropriate amount of CFC PAS/HAB?
- Conduct reviews for ER visits and hospitalizations which can flag injuries that may be consistent with ANE.
- Monitor SDOH, which could identify potential ANE.
- Coordinate with the member's PCP.
- Contact the provider agency if there is a question of informal support committing ANE to get their feedback.
- Use functional assessment questions about ADLs/IADLs to identify if care is being provided, how well, by whom, or if it is not being provided.
 - Height/weight BMI (for example) can help identify possible neglect.
- Familiarize themselves with different settings and populations.

Service Coordinators also:

- Build relationships with members on their caseload.
- Interact with state agencies to ensure meaningful collaboration (CPS, APS, HHSC)
- Utilize in-person visits as needs are identified.
- Visually monitor via the video element to assess:
 - Environment
 - The member's general condition
- Observe interactions between the member and LAR/caregivers.
- Ask probing questions.
- Identify and monitor possible red flags or areas of concern.
 - For example, caregiver concerns, housing, food etc
- Engage with providers and other supports.

Questions?

