

Personal Care Provider Conference Call Questions 2015

January 20, 2015:

No questions submitted. No comments.

February 17, 2015

No questions submitted for this conference call.

Announcement:

New Call-in number: (877) 278-2734

PIN: 779160 (unchanged)

Please be aware that if you are not able to make it to your office, this dial-in number will work from your home or cell phone.

March 17, 2015

No questions were submitted for this conference call.

Comments/Questions from the call:

Question A: We opened a client who passed away before we could start services. Do we need to send BoSS a member enrollment and closure form?

Answer: No, because you never started services. You should, however, notify Barbara Paxton at BoSS at (304) 558-3317 and APS Healthcare at (304) 343-9663.

Reminder(s): Continuing Certification Report 2015

The new system will be available soon and due to the amount of additional information we are collecting, importing the employee data over to the new system is not feasible. You need to spend this time getting all employee training dates in a format that makes it easy for you to add the information for the 2014/2015 reporting period. The system is currently being piloted by five providers and the response is very positive. BoSS will contact all providers once training plans for the new Continuing Certification Reporting system is confirmed.

April 21, 2015

95. Do Personal Care members have the right to choose their own workers? We have a PC member whose regular homemaker quit. We had several other homemakers available to work for the member & member refused them all without meeting or trying any of them. Member said she only wanted her son-in-law to work for her. We told her to have him come in & fill out an application. After 79 days had passed he came in & filled out an application. The decision was made after reference checks not to hire him because he had worked for us in the past & his work was less than satisfactory. So I then filled out a request for Discontinuation of PC services & was told by Tammy G that this was Not member noncompliance with POC & her case would not be closed. And she requested I assist member to transfer to a different agency & or explain Personal Options to see if she wants to go that route. In the meantime a Waiver slot has opened up for her. Personal Care does not have Personal Options, correct?

Answer: You should match the worker as closely as possible with the member's preferences, such as non-smoker, but you are not required to hire a person of their choice. If the person is refusing services you must meet and discuss the reasons why and request to assist with a transfer to a different provider. If they do not request to transfer and continue to refuse services you should request closure due to noncompliance.

We have no Personal Options Model of service in the Personal Care Services program.

Questions/Comments from call:

Question B: How should we document deviations from the Plan of Care? For example, the member's schedule is Monday and Wednesday 10:00 – 12:00 and Tuesday and Thursday 9:00 – 11:00. This is hard to fit on the form.

Answer: Clarify the days and times that are the member's preference in the comments section.

Question C: We attended training for the new Continuing Certification system. When will the website be available?

Answer: We are entering agencies this week so hopefully you can begin entering employees the week of April 27.

Question D: On the back of the Plan of Care where we note time for each task, do you want initials or the time?

Answer: As long as they initial that they provided the service, initials on the front should be fine. BMS and BoSS websites have instructions for filling out all forms.

Question E: A member opened at Level 1 went into the hospital on the second day. Now he needs an increase in level of care. Do I need a new PAS?

Answer: No, just obtain additional documentation and submit it to APS Healthcare.

NOTICE:

Be sure you have registered for your Personal Care / CareConnection training. Registration is required. Go-Live date is May 1, 2015.

May 19, 2015

NOTICE:

Personal Care CareConnection went live on May 1, 2015. Please remember that it is not a test system and you should only enter true and accurate information into CareConnection!! If you have entered some “test” information into the system and it is inaccurate, please contact Melody Cottrell or Tami Shamblin at APS Healthcare. The number is 304-343-9663.

June 16, 2015

96. The PC manual (517.22.1[C]) states that RN assessments are not required for dual services members. I see no other reference to this in the manual; however, I recently reviewed previous conference call questions, and there is one that says that they should be completed at six months and annually. Which is true?

Answer: if you are only doing Personal Care with a member, then you must do the RN assessments. If the member is receiving dual services (both ADW and Personal Care), you will use the RN assessments done by the ADW provider.

97. Regarding the memo sent out on 5-12-15: If a current member that has an approved PRIOR, Medicaid reverts back to ABP; what do we do to get them approved for medical frailty? Example: I have a client whose PRIOR does not expire until Jan 31, 2016. We were receiving payments for services before. But for the last 2 months we have been denied billing. According to MOLINA member's Medicaid is ABP instead of traditional. What do we do?

Answer: Please contact Cynthia Shelton at (304) 356-5055.

98. Now that the PAS and Physician Certification forms are scanned and sent to APS Healthcare via CareConnection does the WV Personal Care Prior Authorization Request form need to be maintained in member's chart as it was prior to CareConnection being implemented?

Answer: When a Prior Authorization Request form was submitted via fax prior to Personal Care CareConnection implementation, the form should be kept in the member's file. Requests submitted via Personal Care CareConnection do not require the Personal Care Prior Authorization Request form.

99. Why am I unable to access members on CareConnection who had been there last month?

Answer: Please submit case-specific information (APSID) to APS Healthcare to research. Contact your APS PC resource staff to trouble-shoot.

100. When our agency receives a transfer on a Personal Care Member – We do not receive the WVMI - Personal Care authorization information which contains the Authorization number and the Anchor

date. We must have the authorization number in order to invoice for services provided. We must have the Anchor date to make sure the authorization number is valid.

Will the Bureau of Senior Services please provide this information along with the transfer notification? It would save us a lot of time.

Answer: Under the new system with a person whose info has been entered into PC CareConnection, if you're asking about the member information available in the system notification, and if the transfer date is in the future, you get only limited information about the member until the effective transfer date. Upon the effective transfer date, you can see the Anchor Date and authorization number in the system. Since authorization numbers are not agency-specific (generic provider number submitted to Molina with auths), any provider can bill on the member's PC auth.

Under old system - if the member has not yet been entered in PC CC@ authorization information would not be available via the system. The member would probably still have an old authorization which may be tied specifically to the previous agency. The system for those transfers has been to have the new agency provide the BoSS transfer form to WVMI and they generate a new authorization for the transfer to provider for the remainder of the service year.

Questions/Comments from call:

Question F. Regarding question #96, should we use all assessments from the ADW provider?

Answer: Yes. Not just the initial. This prevents duplication of services (ie: both the PC and ADW provider doing assessments.)

Comment 1. Regarding question #99, for any CareConnection issues, either contact your assigned APS PC resource staff person, or Melody Cottrell at (866) 385-8920.

Comment 2. Regarding question #100, members are now entered into CareConnection when they are new to the program and when current clients receive re-evaluations. If you receive a transfer notice for someone that is not in CareConnection, submit a copy of the transfer notice to WVMI and they will give you the new Prior Authorization number.

Comment 3. Regarding a closure request for someone on the Personal Care program who is not yet in CareConnection, you must still fax a Request for Discontinuation of Services to BoSS and also include this on your monthly report.

Question G. How do two or more agencies provide services and bill for the same person on the Personal Care program?

Answer: It is perfectly acceptable for two or more agencies to provide services to the same person; however, only one agency is considered the Primary agency. The Primary agency must hold a Certificate of Need (CON) and would normally be the agency already providing services when a second agency is added. A common example of using more than one PC agency would be where one agency provides services Monday through Friday and a second agency would provide services on Saturdays and Sundays (and possibly evenings as well). If an agency that holds the CON contracts with a different agency to provide the direct care services, only the agency with the CON can bill for services

and it would then be up to them to pay the sub-contractor.

Billing: *The Primary agency 'holds' the Prior Authorization number for billing purposes so it would be up to them to either supply the second agency with the Prior Authorization number, or they would need to notify WVMI (give permission) that WVMI could release the Prior Authorization number to the second agency.*

Service Plans and Plans of Care: *all agencies involved in providing PC services for the same person must share Service Plans and Plans of Care to ensure that services provided are adequate and that there is no duplication of services.*

July 21, 2015

No questions or comments were submitted for this call.

August 18, 2015

No questions or comments were submitted for this call.

Questions/Comments from the call:

Question H. Regarding travel, does the member initial whether they accompany the HM or not?

Answer: Yes. The member should initial the HM worksheet if they go with the HM or if they do not.

Question I. Regarding Prior Authorizations, does APS Healthcare know what level of care that Providers are requesting?

Answer: With the onset of Personal Care in CareConnection, Providers simply submit the PAS to APS Healthcare and through an algorithm, the member's level of care is calculated and assigned in this manner. Providers do not 'request' a certain level of care anymore.

Question J. Do we need to get a new PAS to request an increase in level of care?

Answer: No. You only need to submit the additional documentation that you feel justifies the higher level.

Reminder regarding the PC Plan of Care:

Travel documentation for Essential Errands and Community Activities, if planned, must be documented on the back of the POC and include:

- **the Date**
- **the destination and purpose of the travel**
- **if the member was with you by circling YES or NO**

- how much time was spent

Also, the member must initial verifying the activity.

September 15, 2015

No questions submitted for this call.

October 20, 2015

No call conducted due to ADW Manual Training in October.

November 17, 2015

101. According to the Personal Care Standards, Shopping is listed in the Environmental Support Section (which cannot exceed 1/3 of the total). In the directions for the new Personal Care manual, we were instructed that the Shopping (Essential Errands) should not exceed 20 hours/month and is not to be included in the Environmental Section of the Plan of Care.

Answer: You are correct. That has not changed.

102. According to the Personal Care Standards, Housekeeping cannot exceed 10 min/day. On the new Plan of Care Form, housekeeping is broken down into separate activities (sweeping, mopping, dusting, straightening). So do we just pick one of the activities and put 10 minutes?

Answer: You can spread the 10 minutes out over each task needed but can't exceed 10 minutes.

103. Do we need to redo all Plans of Care now or wait until they come due?

Answer: Wait until they come due.

104. How do we determine the Standards for Light Housekeeping (10 minutes) for a member on the POC?

Answer: The person may not need all services which fall under light housekeeping i.e. dust, vacuum, sweep, mop, straighten, every day of service. The tasks are separated out on the PC POC so you would need to consider the amount of time it would take to accomplish all light housekeeping tasks planned for the service day and make sure that total time does not exceed 10 minutes.

Questions/Comments from the call:

Question K. For all housekeeping chores, the total cannot exceed ten minutes per day?

Answer: Correct. It is not ten minutes for each chore per day, it is a total of ten minutes per day for ALL housekeeping chores.

Question L. What if the member lives alone and has trouble getting around but they do not really utilize all of the hours they have been assigned. They like having someone there with them but they just don't need the hours. Should I re-assess her?

Answer: Yes. Even though they might like having someone there, if they don't require the hours, they should probably be reduced.

December 15, 2015

No questions submitted.

Questions/Comments from the call

Question M: Would you please clarify the 10 minutes per day for housekeeping?

Answer: You are allowed a total of 10 minutes per day for mopping, sweeping, or straightening, etc. Not 10 minutes per day for each activity, but a total of 10 minutes per day period. You would probably alternate these services on different days.