

ADW Q & A Call - January 19, 2016

1. In the event that a member who is still on a previous version of the POC & Service Plan requests a schedule change or has a change in need, do we continue to use the Service Plan Addendum form until this member is transitioned onto the new forms when either their 6 month review or annual comes due?

Answer: Yes.

2. If a member that is still on the previous version of the POC & Service Plan requests a schedule change after 12/1/15, how do we proceed? Is a PAL completed to show the new schedule, even though all of this member's other paperwork is still the previous version, or do we complete a new POC on the old form until this member's next review or annual is due and they are changed over to new paperwork?

Answer: Continue to use old paperwork and the Service Plan Addendum.

3. Is this waiver log a mandatory form to be used for communication if the provider agency has a communication system already in place?

Answer: You can use the ADW Log or use your agency's form.

4. If a homemaker drives a participant to outpatient physical therapy we were told during training and in manual that it wasn't a billable service, but then Pg 15. Q & A #117 said that outpatient therapy that the homemaker can bill for service? I don't understand what other type of PT would be received other than outpatient since inpatient PT would have no need of a homemaker.

Answer: If homemaker takes a participant to outpatient physical therapy, the Personal Attendant code can be billed for the time to take the person to the appointment and to wait for them (usually they will be in the PT facility with the person in case the person needs the PA during the appointment) and then to return the participant home.

5. Also if a homemaker clocks out for 30 minutes due to physical therapy and waits off the clock for them to finish and then transports them back home do they get to add that 30 minutes back to complete designated hours for member correct?

Answer: The Personal Attendant will not clock out for 30 minutes in this case. The Personal Attendant will stay with the person and continue to assist the person as needed during the PT appointment. If the PA did clock out for 30 minutes, no, it could not be added back in to the designated hours for the participant.

6. On Forms & instructions 2nd bullet states worker must check the box if they provided service to 1 person during the service time (1 staff to 1 ADW participant at a time) but my question is that the actual form states initial? So do they want check marks or initials?

Answer: The instructions are being changed to say that the Personal Attendant will initial the box for providing services to 1 recipient at a time.

7. Pg 24 of manual states that there is 4 hours of training focusing on enhancing direct care service delivery knowledge & skills annually- Who is expected to provide this training? Can this be RN/Social Worker or approved internet trainer?

Answer: The training must come from the PA Agency RN. You can also use internet training programs that have either previously been approved by BoSS or you can request approval from BoSS to use new ones. We have a list of approved internet training providers on the BoSS website.

8. Pg 50 Documentation –all contacts except 6 month/annual with or on behalf of a person receiving ADW services must be documented using RN contact Log & maintained in the person’s record. The directions for this log was **may utilize if needed**. My question, is this the required document to use for contact & not the RN progress note.

Answer: If you are doing a service for which you expect to get paid and can be paid, which are the listed services on the RN contact form (with the exception of the initial, the 6-month and the annual), then yes, you must use the RN contact form. If you have additional notation on something or something for which you don’t expect payment, feel free to use an RN progress note.

9. I saw the Extreme situation guide uploaded. Is this going to be a mandatory training?

Answer: No. It is a guide to be used in the situations prescribed in the guide.

10. One of the members asked if they drove themselves and claimed mileage themselves can the caregiver go along & get paid for their time?

Answer: If it is an appointment that the PA usually accompanies the participant on and it is necessary (the necessity for the PA’s assistance would have to be documented) for the PA to be there with the participant, then the Personal Attendant code can be billed for the time depending upon what the appointment is for. If it is for a doctor’s appointment or a medical test, then the Personal Attendant code can be billed for the time. If it is for something like dialysis or day surgery, it would be difficult to bill for any PA time because then the question becomes, what is the purpose of the Personal Attendant in this case?

11. In the past we were telling the members and caregivers if you're out in Charleston that was considered community at that time; now it's specifically saying reasonably close proximity to the person's home so do I need to rephrase that so they are only to do doctor appointments separate and no other activity done that same day?

Answer: The problem becomes what transportation code is being billed? I am assuming that NEMT is being billed. If NEMT is being billed, going anywhere else in Charleston that is not on the direct route to or from the appointment will not be billable to NEMT. It could be possible to separate the mileage out to allow for an essential errand in Charleston, but you would have to document it clearly. Also, the BMS Program Manager will be checking Molina billing for NEMT against ADW non-medical transportation to assure no duplications.

12. MTM is giving so many different answers to the homemaker that it's making it unreasonable to talk to the same person in the same state regarding trips and what is allowed and not allowed. I can't get clarification for the difference between friend and family volunteer guidelines because we have had caregivers scheduled to transport and at last minute cancel work and since that trip number was given out for that worker we can't get a new trip number for MTM unless the original person cancels it out? Also they are asking the members when they call and schedule the SSN for the driver. That would be giving our members a lot of different personal information that I feel we shouldn't have to go thru to schedule an appointment, we have a lot of subs and a lot of switching caregivers for transports.

Answer: Since MTM is not a company we oversee, nor is the contract with BMS anything that we oversee, we are unable to assist with this issue. We have tried to route specific questions with participant information along to the program manager at BMS who oversees the MTM contract. If you want to provide us with the ADW participant's name and Medicaid number (by phone, not email unless you can send it to us encrypted), then we can send the information to Tammy Pritt-Jones.

13. Also there is a 20 mile limit for second leg of Dr visits? So if there is a PT appt in Gassaway and then a dr appt in Charleston seems not feasible for a limit on 2nd dr apt.

Answer: Once again, this is something that would be addressed by Tammy Pritt-Jones at BMS regarding the contract with MTM. The requirement you cite is not in the ADW manual and therefore, nothing I can address or change.

14. If a member is going to the doctor using MTM can the caregiver get paid during that drive time and wait time? The caregiver's have been told by MTM that they could not?

Answer: The MTM customer service representatives cannot answer this question. This question relates specifically to the ADW manual for the state of WV. If the Personal Attendant is taking the participant to a doctor's appointment or medical test, then yes, the Personal Attendant code can be billed for the time in the car to and from the appointment and the time at the appointment or test. MTM only reimburses for NEMT which is mileage only.

15. Also I have a member that goes weekly to a psychiatric doctor and sometimes those visits last several hours. Is this considered a doctor appointment or outpatient clinic and can the additional time be added to her Plan of Care that she is missing out on? Or would this be considered same as therapy, dialysis?

Answer: The Personal Attendant code can be billed for the time to drive the participant to and from a psychiatric appointment. Once the person gets to the appointment, then I have questions. Does the PA usually go into the appointment with the participant and sit through the session? Does the PA help the person with things that are on the current Plan of Care or Personal Attendant Log while in the session? If the answer to both of those questions is yes, then yes, Personal Attendant time can be billed for the appointment. If the answers to either or both of those questions is no, then no, Personal Attendant time cannot be billed during that appointment. And no, additional time cannot be added to her Plan of Care or Personal Attendant Log because that time was used up going to the appointment.

16. If they bill 0 mileage for any travel can they still get paid for any time?

Answer: Yes, the Personal Attendant code can be billed even if the Personal Attendant does not drive the person to the appointment (rides with the person on the MTM van) or chooses not to bill NEMT (for example, if the round trip is less than 1 mile and PA doesn't want to bother to bill NEMT).

17. Also it talks about the time frame allowed for the Case Manager to get information to Agency and the participant is 7 days? Is this business day's or calendar days?

Answer: If you look at the Glossary at the end of the policy, you will see that it states the following - days: calendar days unless otherwise specified.

18. I have a question regarding billing for personal assistant (PA) for wait time with a non-facility code verses a facility code. For example, if a participant has a scheduled outpatient procedure, does amount of wait time involved in procedure have bearing for billing or is it black and white that wait time is not paid at certain facilities. How are we to know the difference between what is a billable facility and what is not?

Answer: This is how to know – once the person gets back into the facility, is there someone there like a nurse or CNA who is paid to help people checked into that facility to the bathroom, or to get dressed or undressed if that is necessary, or with any other needs that you have written on the Plan of Care of Personal Attendant Log for that participant? Then the answer is that the Personal Attendant code cannot be billed while that person is in that facility (meaning the person is not in the waiting room for the facility). So that means that while someone is in dialysis, or in surgery, or in the ER, or in chemo or something like that, the Personal Attendant code cannot be billed.

19. To settle a difference in interpretation, please clarify what a six-month plan period is for the Service Plan. Example: If a six-month Service Plan is completed on 12/7/15:

- On Page 1 of Service Plan, would “Plan Begin Date” and “Plan End Date:” be: **December 2015 – June 2016?**

Answer: The “Plan Begin Date” would be December 2015 and the “Plan End Date” would be June 2016.

- On Page 3 of Service Plan, would “Plan Period:” also be: **December 2015 – June 2016?**

Answer: Yes. Plan period would be December 2015 to June 2016.

20. Does the Personal Attendant Agency still need to ask next doctor appointments for all doctors and add it to the PAL? Even if the PA is providing transportation through MTM or community MTM is used?

Answer: Yes. Yes.

21. Can someone fix the new forms and remove the gray shaded areas on the front? If you try to darken it when making a copy, the gray area turns into a black bar. If you do not darken it, the days of the month can barely be seen.

Answer: We will take a look at this.

22. Can someone fix the new assessment so the “Copy of the assessment was provided to the ADW participant and Personal Attendant agency: _____” is on the tail end of the CM Assessment and not in the heading of the RN Assessment? That may also fix the RN Assessment so the very last page “Copy of the assessment was provided to the ADW participant and Personal Attendant agency: _____” so it is not wasting an entire sheet of paper just for that. There is a huge space on the CM Assessment signature page (page 7) that it all could possibly be moved (back-spaced) into that gap.

Answer: We will take a look at this.

23. Is APS required to send a letter notification to participants once they schedule the PAS appointments? We are getting complaints of no letters, they are not in CC when you do a blank search under 'edit letters'.

Answer: APS sends appointment confirmation letters to people. If there is an instance when a letter was not received, simply call APS and the team leader will investigate and correct.

24. There are numerous problems with both formats on the new forms that were effective 12/1/15. When can we expect those to be corrected?

Answer: We are correcting what we can but eventually, the forms will just stay as they are even with formatting issues. If you can fix the formatting issues, you are welcome to work on the forms and send them back to us. Some of the providers have already done so. It is thanks to their hard work and to the hard work of the people in my office that we have been able to correct some of the issues. Please remember, there is nothing in policy that requires that the forms be completed electronically or typed. It is totally fine for them to be hand-written as long as they are legible.

25. Will all required caregiver training topics be on the Learning Management System soon? Abuse and Neglect was added recently and is very nice!

Answer: All of the training sessions are on the Learning Management System now. We are glad that you like the Abuse/neglect module. Thank you.

Questions/Comments from the call:

Question a: If a participant transfers, what can an agency do if they cannot get a copy of the Service Plan from the previous agency?

Answer: First look to see if it is in CareConnection. If not, continue to contact the agency to request the documentation and if this doesn't work, contact the agency Director. You may also contact BoSS, and we can try to help you get it as well.

Question b: Should a Case Manager go ahead and upload a Service Plan in CareConnection even if they don't have the PAL?

Answer: If the previous agency has not gotten the PAL to you in a timely manner, then yes, go ahead and upload your portion of the Service Plan while you continue to try to get a copy of the PAL.

Question c: Who is responsible for uploading forms in CareConnection? Per the manual (page 45), it is the Case Manager.

Answer: Ultimately, it is the Case Manager's responsibility, however, we would hope that the Case Management agency and Personal Attendant agency will work together to be sure that all documents are uploaded into CareConnection. (Clarification issued by BMS the following day and sent out to providers via email on 1/26/16 - BMS answered that the Case Manager is responsible for uploading those documents in their entirety into CareConnection. The hope is that this system will make the "other providers" more accountable in getting the information out in a timely manner to the Case Manager. This also helps to ensure that someone (the CM) is watching to make sure all required documentation is getting into CareConnection. If you are in danger of missing a deadline because the other agency has not delivered the info, then you should go ahead and upload it. However, for example if the RN did not get pages 3 and 4 to the CM within the timeline and the CM had to go ahead and upload the Service Plan the CM should still follow up with the RN to obtain the documentation and then get it uploaded if it had not already been done and get those pages to the appropriate parties.)

Question d: Please clarify who keeps the original Service Plan/PAL in their files. The Case Manager or the Personal Attendant agency RN?

Answer: The manual states that the Case Manager must have the original document in the person's file (page 41, 501.13). For several reasons, however, it may not be imperative for the Case Management agency to have the original PAL. BoSS will get clarification on this with BMS and will let everyone know the outcome. (Clarification issued by BMS the following day and sent out to providers via email on 1/26/16 - Teresa McDonough agrees that going forward, all agencies will keep their original work so RN's, it is fine for you to keep the original Personal Attendant Log (PAL) and fax it to the Case Manager to upload in CareConnection.)

Question e: We have a transfer and the Personal Attendant agency must go out to do an assessment now, but the Case Management agency doesn't go out for a couple weeks because the effective date of the Case Management transfer isn't until the first of the next month. First, do we go ahead and do the assessment and second, do we wait to upload our new assessment?

Answer: First, you should go ahead and do your assessment and the Case Management agency will do theirs once the transfer is effective. Second, you should go ahead and upload your assessment into CareConnection so the most current information is on record.

Question f: Is the Case Management agency still responsible for sending a person's documents to the new agency (for a transfer) or can the new agency get them off CareConnection?

Answer: If the documents have been uploaded into CareConnection, the new agency can get them there. However, uploading documents does not generate any sort of notification, so you should contact the new agency to let them know the documents are there.

Question g: On Section IV of the Service Plan, how specific do you want us to be?

Answer: Section IV should be used for a general description of services. A much more detailed description should be given on the PAL.

Question h: Back to the seven days to conduct an assessment, is that only for initial assessments?

Answer: For clarification, Section 501.12, Person-Centered Assessment (page 40), of the new manual states, "Once Enrollment has been complete with the OA, in the traditional model, the Case Manager and the RN will schedule a home visit within seven calendar days to complete the initial Person-Centered Assessment (T1001)."

Section 501.32 Transfer to Another Agency or to Personal Options - Receiving Agency Responsibilities -C. (page 59), states, "If it is a Case Management transfer, Section 1 of the Person-Centered Assessment must be conducted within seven business days of the of the transfer effective date."

Question i: If the Personal Attendant is not turning in a claim for mileage, does it still need to be documented on page 4 of the Service Plan?

Answer: Yes, they still need to document mileage for Essential Errands and Community Activities as part of the PAL.