Information For When Two PA Agencies Provide Services To The Same Participant

1. Sharing of services usually occurs when the primary agency does not have the staff to meet the participant's needs or time requests. For instance, the primary agency may not have staff to cover weekends or evenings. When two agencies work together, it enables the participant to remain with their agency of choice.

2. The agency selected by the participant on the selection form is the PRIMARY agency. The primary agency is responsible for the coordination of direct care services for the participant.

3. The primary and secondary providers should both be listed on the Service Plan.

4. The schedule of both agencies should be detailed on the Service Plan.

5. Nurses from both agencies should meet with the participant to make sure there is no duplication of services and that the participants preference and desired needs will be met. Each RN must develop a Plan of Care for the participant and the PA Staff. These plans could be the same if the participant's needs are the same when both agencies are providing services. But they could also be different – for example, one agency provides services on weekdays the other agency provides weekend services – community activities may be different on weekdays than they are on the weekends.

6. Billable nursing units (T1002) must be coordinated by the primary agency. Both agencies will need to work together when these units are billed. There are six units available each month for the participant and both agencies will need to be able to bill time spent when reviewing the Personal Attendant's worksheet for compliance to their individual plan of care.

7. Nursing code (T1001) can only be billed by the primary PA agency since this is an annual event and can only be billed one time in the calendar year. The secondary agency RN may attend the annual event but it is not required. If she does attend, she can bill under T1002. She can document her attendance on the RN Contact Form and mark the SP Meeting on that form.

8. The secondary may also attend the 6 month, but again it is not required. If she does, again she can bill under T1002 and document on the RN Contact Form

9. The primary PA Agency nurse still has the responsibility of attending the six-month and the annual service plan meeting. She also must complete the six month and the annual participant assessment for the participant.

10. If there is an incident with the participant or a change, the agency that becomes aware of the incident or change, must follow proper protocol/policy. If it is an incident, they need to enter it into the WV IMS and do whatever follow-up is appropriate. They also need to communicate the incident to the other PA Agency as well as the Case Management Agency. If there is a change with the participant, again, the agency that becomes aware of the change needs to follow proper protocol/policy. This could possibly require a change to the Personal Attendant Log – so it is imperative, that the agency communicate with the other PA Agency and the Case Management Agency.

11. Each PA Agency is responsible for their own PA staff and the delivery of services by their staff. The primary agency is not responsible or liable for the secondary PA staff and any issues that may occur when the secondary agency is providing and billing for services under their provider number. The secondary agency is not responsible or liable for the primary agency's PA staff and any issues that may occur when the primary agency is providing and billing for services under their provider number.