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Personal Care Services

ACS is now a Xerox company

Overview

- Personal Care Services
- Enrollment Requirements
- Patient Eligibility
- National Provider Identifier
- Patient Services
- Billing



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Personal Care Agency Services

- Program purpose
 - Personal care services are health-related services provided to Medical Assistance recipients whose disability limits their ability to perform activities of daily living.
 - The services allow the recipient to remain at home or prevent job loss.



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Personal Care Agency Services

- Personal care services are provided by either an agency-based or a consumer-directed program.
 - Agency-based program
 - Recipients unable or unwilling to manage their personal care services.
 - Consumer-directed program
 - Recipients or their legal representatives take responsibility to manage their personal care services.



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Frequently Referenced, Federal & State Regulations

- Code of Federal Regulations (CFR):
 - Title 42 - Public Health
 - <http://origin.www.gpoaccess.gov/cfr/>
- Alaska State Statutes:
 - <http://www.legis.state.ak.us/fohome.htm>
- Alaska Administrative Code (AAC):
 - Title 7 - Health & Social Services:
 - Chapter 105 - 160 – Medical Assistance
 - Chapter 48 - Chronic and Acute Medical Assistance (CAMA)
 - <http://www.legis.state.ak.us/fohome.htm>



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Enrollment

- Personal Care Assistance Agency certification application packet:
 - Approval letter
 - Current business license
 - Provider enrollment application

Enrollment

Send application packet to:

Department of Health and Social Services
Division of Senior and Disabilities Service
3601 C Street, Suite 310
Anchorage, AK 99503-5954



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Enrollment

Send enrollment application to:

Affiliated Computer Services, Inc.

Provider Enrollment

P. O. Box 240808

Anchorage, AK 99524-0808



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Renderers Only

- Care Coordinator
- Personal Care Assistant
- Registered Nurse
- Licensed Practical Nurse
- Respiratory Therapist



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Provider Agreement

- Follow procedures that are consistent with guidance in the *Personal Care Agency Services Provider Billing Manual*.
- Comply with applicable state and federal Medicaid law.
- Cooperate in reports, surveys, reviews, or audits conducted by the division.



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National Provider Identifier

- Individual Type 1 NPI requires individual enrollment with Alaska Medical Assistance.
- Organizational Type 2 NPI requires group enrollment with Alaska Medical Assistance.



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Records

- Record Keeping Requirements
 - Provider agreement
 - Provider type specific
- Record Request Regulations
 - Audits and reviews
 - Investigations



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Recipient Eligibility

- Verify recipient eligibility
- Eligibility period
- Eligibility codes



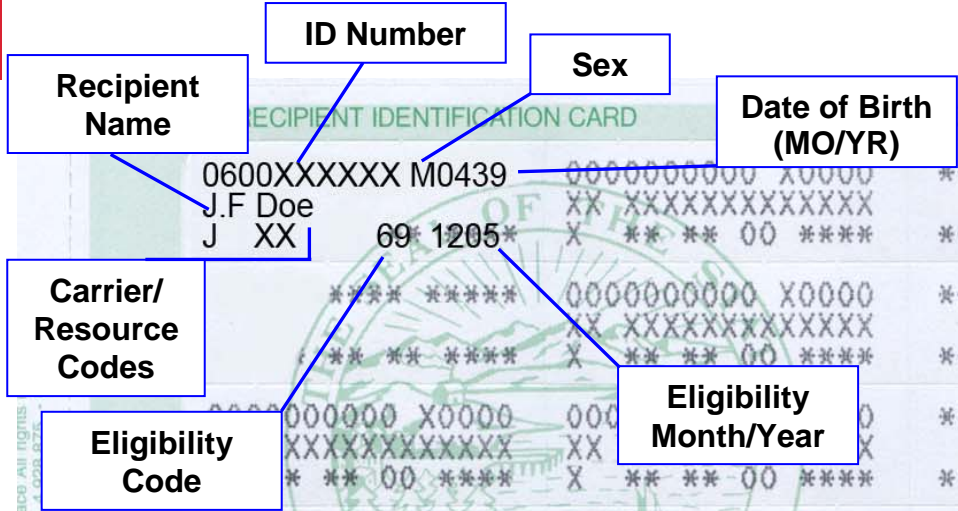
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Verify Recipient Eligibility

- Coupon or card
- Electronic transaction
- Eligibility Verification System (EVS)
- Eligibility form
- Contact Provider Inquiry



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RECIPIENT IDENTIFICATION CARD ALASKA MEDICAL ASSISTANCE PROGRAM

0600XXXXXX M0439
 J.F. Doe
 J XX
 69 1205*

XXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 X ** ** 00 *****

XXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 X ** ** 00 *****

XXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 X ** ** 00 *****

XXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 X ** ** 00 *****

XXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 X ** ** 00 *****

SAMPLE

NAME OF ELIGIBLE PERSON(S)	CLIENT I.D. NO.	ELIG. MONTH	D.O.B.	E.C.	RESOURCES	MEDICARE
J. F. Doe	0600XXXXXX	1205	0439	69	J	XXX-XX-XXXXA

HEALTH CARE PROVIDER INSTRUCTIONS: THIS CARD IDENTIFIES THE PERSON(S) LISTED ABOVE AS A MEDICAID RECIPIENT WHO IS ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE FROM HEALTH CARE PROVIDERS ENROLLED WITH THE ALASKA MEDICAID PROGRAM. PROVIDERS MUST VERIFY THAT THE BEARER(S) OF THIS CARD IS THE NAMED PERSON(S) AND WRITE THE CLIENT I.D. NUMBER ON OR AFFIX A LABEL TO EACH CLAIM.

NOTE: Cooperation with third party resources includes supplying your provider with medical insurance coverage information such as TRICARE, BLUE CROSS, etc. Providers must accept payment from all resources prior to billing Medicaid.

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SAMPLE

NAME

John Doe

ID #

0600XXXXXX

DATE OF BIRTH

12/05/1989

ELIG CODE

50

COVERAGE EFFECTIVE DATES

12/01/05 THRU 05/31/06

RESOURCE CODE

Y

Providers outside Alaska must verify eligibility before providing services.
State of Alaska, Department of Health and Social Services

Visit our website at www.hss.state.ak.us/dhcs/DenaliKidCare/



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NIMI MEDICAL INSURANCE MANUAL ISSUANCE 052705 11:09
RECIPIENT I.D. RECIPIENT NAME D.O.B. ELIG PGM/ RE
0600000000 Doe, Johnna MM DD YY SEX CODE MEDSB SRCE(S)
05 17 58 F 20 ME AF A2

PO BOX WASILLA AK99629

* THIS AUTHORIZATION GOOD FOR * VILL: J21
* BENEFIT MONTH 0605 ONLY! * DIST: 077

SPECIAL INFORMATION (OPTIONAL) RESTRICTED TO THE FOLLOWING PRIMARY CARE:
PHYSICIAN: DR. SOANSO ND0000
PHARMACY: FILL-MEDS-HERE INC. PH0000
AUTHORIZATION SIGNATURE: JG8 DOCUMENT# M8177405
*** STATE OF ALASKA *** ISSUANCE INDICATOR: F

RESTRICTED



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Personal Care Agency Services

- Personal care services must be:
 - Provided to an enrolled, eligible recipient
 - Approved in the Personal Care Assessment Tool (PCAT) service plan
 - Prior authorized
 - Supported by a form provided by the Department that identifies the recipient's diagnosis
 - Completed by a physician, physician assistant, or advanced nurse practitioner licensed in the State of Alaska or employed by the Federal Government



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Personal Care Agency Services

- Personal care services can be provided by:
 - An individual who is a personal care assistant
 - An individual selected by the recipient and employed by an enrolled, consumer-directed, personal care agency

or

- An individual employed by an enrolled, agency-based, personal care agency
 - Under 7 AAC 125.150



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Personal Care Services

- All personal care services must be performed in accordance with the recipient's approved PCAT service plan.
- Authorization for up to 12 months
- Annual re-authorization based on a PCAT

Personal Care Assessment Tool (PCAT)

- Consumer assessment tool
- Personal care services supplement tool
- Service plan



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Personal Care Assessment Tool

- Assessment of recipient's personal care needs will be:
 - Recorded on the PCAT
 - Based on personal observation
 - Performed by the Department staff or designee
- Instructions with the type and frequency of tasks that the personal care assistant is expected to perform
- Statement of the expected outcome of the recipient's service plan

Personal Care Assessment Tool

- Changes to the PCAT prior to the 12-month authorization period must:
 - Be developed by the Department or its designee
 - Include medical or relevant documentation
 - Be recorded in the PCAT service plan records
 - Be authorized
 - Can be made outside the recipient's residence without personal observation
- Renewal date will be established to coincide with renewal of plan of care.



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Personal Care Assessment Tool

- Each service listed in the PCAT must:
 - Be of sufficient duration, amount, and scope to prevent:
 - Placement in an acute care hospital or nursing home
 - Loss of employment
 - Be supported by required documentation



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Personal Care Assessment Tool

- Consumer-directed program only:
 - Identifies any legal representative of the recipient and specifies the requirements for which they are responsible.
 - Develops a plan that:
 - Identifies agency and recipient responsibility for obtaining personal care services when the regularly scheduled PCA is unavailable
 - Defines agency and recipient responsibility to work with and educate the recipient about a plan of action to ensure the health and welfare of the recipient
 - Informs the recipient of the risks involved



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Personal Care Assessment Tool

- Agency-based program only:
 - Develops a plan that defines the agency's responsibility to:
 - Provides services if the recipient's regularly scheduled PCA is unable to provide services
 - Ensures the health and welfare of the recipient if they are unable to receive personal care services
 - Educates the recipient about the plan



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Personal Care Assessment Tool

- Expedited assessment
 - Recipient must be at risk to their health and safety
 - Assessment for determination of personal care services only
 - Request submitted on the form and in the format provided by the Department
 - Medical documentation included



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Covered Services

- Assistance with the recipient's activities of daily living (ADL)
 - Personal hygiene and grooming
 - Physical assistance with bladder and bowel routines



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Covered Services

- Assistance with the recipient's ADL
 - Assistance with eating
 - Physical assistance transferring recipient
 - Physical assistance positioning or turning a non-ambulatory recipient



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Covered Services

- Assistance with the recipient's instrumental activities of daily living (IADL)
 - Approved PCAT service plan
 - Recipients 18 years or older
 - Essential to the recipient's health and related to an approved ADL need

Covered Services

- Additional covered services
 - Physical assistance taking and documenting the recipient's temperature, pulse, blood pressure and respiration, when medically necessary
 - Physical assistance with diabetic testing and documentation



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Place of Service

- Recipient's place of residence
 - The dwelling that the recipient considers to be the established or principal home
- Recipient away from place of residence
 - Reimbursement allowed for up to thirty days annually for approved services



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Consumer-Directed Program Recipient Requirements

- The recipient or their legal representative must be capable and willing to:
 - Supervise the PCA
 - Demonstrate a capacity for making choices about ADL
 - Designate a consumer-directed, personal care agency
 - Cooperate in PCAT review, oversight, compliance reviews, investigations, and audits
 - Negotiate a contract
 - Specify training requirements of the PCA



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Consumer-Directed Program Recipient Requirements

- Obtain a prescription for home exercise or range-of-motion program
- Schedule and train the PCA
- Can terminate the PCA providing services
- Notify the personal care agency within five days of change in service needs or change of name or address



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Consumer-Directed Program Recipient Requirements

- The recipient's legal representative must be:
 - An unpaid care provider involved in the day-to-day care of the recipient
 - Managing the recipient's care and capable of evaluating the care as it occurs in the home



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PCA Qualifications

- To be employed as a personal care assistant, the PCA must:
 - Be 18 years of age
 - Meet all requirements
 - Be individually enrolled with the Department
 - May not be disqualified due to a criminal conviction or pending charge for a criminal offense
 - May not have been denied a health care provider license or certification
 - Be able to independently assist the recipient with ADL services

PCA Qualifications: Agency-based Program

- Submit three letters of reference from individuals who:
 - Are not employed by the same personal care agency
 - Are not under the individual's supervision
 - Have known the personal care assistant for at least three years
 - Can attest to the personal care assistant's good character and ability to meet the performance requirements
- Submit evidence of having met education and training requirements



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PCA Qualifications

- Personal Care Assistants must provide the employing agency with the following:
 - Documentation, fingerprint cards, fees for requesting a criminal history
 - Education and training credentials



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PCA Responsibilities

- Maintain service record
 - Tasks
 - Time card



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PCA Changes

- If a recipient changes PCAs or PCA services, the former PCA must deliver the record to the appropriate personal care agency within two days.
- If a PCA terminates employment, the personal care agency must deliver the record to the appropriate personal care agency within two days.



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PCA Responsibilities

- A PCA may not:
 - Accept payment from a recipient for any Medicaid reimbursable service
 - Solicit clients for personal care services

PCA

- Reporting requirements:
 - Changes in personal information
 - Recipient response to services



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Agency-Based Program

- Retain a supervising registered nurse who:
 - Obtains prior authorization to implement the PCAT service plan for each recipient
 - Performs or supervises performance of review of the recipient's services
 - Arranges for telephone, radio, or in-person contact with a recipient and their PCA if the recipient resides in a location with limited access
 - Requests that the Department waive the residence visitation requirements to an annual visit



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Consumer-Directed Programs

- Agency administrator attends Department orientation prior to submitting application materials.
- Agency reviews recipient's needs semiannually in the recipient's home.
- Agency collects and verifies PCAs time sheets and submit claims to the Department.



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Consumer-Directed Programs

- A new administrator of an existing agency must attend Department orientation within six months of hire date, if the Department has no documentation that any employee of that agency has attended a mandatory Department orientation.
- Agency must notify a recipient at least 30 days before termination from the consumer-directed program:
 - In writing
 - Including notification that recipient may be eligible to receive services from an agency-based program



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Agency-Based Programs

- Services may be provided to a recipient who does not yet have an approved PCAT if the recipient:
 - Is being or has been discharged from an acute care facility or a nursing facility
 - Has a discharge plan or a physician's confirmation of diagnosis and request for personal care services to begin immediately and home health services are not available or indicated
 - Has a plan to have an assessment within three days of discharge

Agency-Based Programs

- May deny an employment application of a PCA for any reason subject to sanction



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Agency-Based Programs

- Prior to submitting application materials, the administrator of a personal care agency must:
 - Attend a Department orientation
 - Establish the agency's policy on termination of services to recipients
 - Establish a grievance procedure for employees



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Safety of Recipients

An agency or employee of an agency who has reasonable cause to believe that the recipient of any service is subject to abuse or coercion of any kind must report the issue to the Department immediately.



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Safety of Recipients

- If an immediate termination of services appears likely to put a recipient at risk of harm the agency will:
 - Include a statement to that effect in its notice to the Department for referral of the recipient to Adult Protective Services or the Office of Children's Services
 - Promptly call the Department's Adult Protective Services or Office of Children's Services' child abuse hotline.

Safety of Employees

- Termination of service
 - If recipient places an employee of an agency at risk of harm, written notice must be given to the Department and the recipient.



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Prior Authorization

- All PCA services require prior authorization before those services can be rendered.
- Prior authorization requirements, procedures, and forms are included in provider billing manuals.

Payment for Personal Care Services

- In accordance with applicable state and federal laws
- Based on tasks specified in the approved PCAT
- May not exceed total time authorized in PCAT
- May not exceed \$22.28 per hour

Billing

- Daily units of service: 1 day = 1 line of billing
- Half-day units of service
- 15-minute units
- Event units of service



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Claim Submission

- Electronic 837P claim
- Professional paper claim form

What is Third Party Liability (TPL)?

- TPL is private health insurance coverage that may be responsible for partial or total payment of a claim.
- All third party resources must be billed prior to billing Alaska Medical Assistance.
- If recipient has IHS plus private TPL, you must still bill private TPL before billing Medical Assistance.
- Report TPL resource payment on Medical Assistance claims.
 - Include Explanation Of Benefits (EOB) attachments.

Federal TPL Waiver

- Alaska Medical Assistance has been granted a Federal TPL Waiver for the following service categories. Therefore, these providers are not required to bill TPL resources:
 - Home & Community-Based Waiver provider services
 - Personal Care Assistant services



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Federal TPL Waiver

- Medical Assistance will reimburse up to the “allowed amount” and then seek reimbursement from the TPL resource.
 - Pay and Chase
- In some instances, the provider may wish to bill the TPL resource anyway.
 - Service is covered by the TPL resource.
 - TPL resource payment exceeds expected Medical Assistance reimbursement.

Timely Filing

- ALL CLAIMS MUST BE FILED **WITHIN 12 MONTHS** OF THE DATE YOU PROVIDED SERVICES TO THE PATIENT.
- The 12-month timely filing limit applies to all claims, including those that must first be filed with a third party carrier.

Personal Care Agency Services

- Providers must be enrolled.
- Claims must be submitted within 12 months from the date of service.
- Eligibility must be verified.
- Refer to your billing manual or call PI.



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