

Clarification Regarding Reinstatement of PCA Hours

10/20/08

The Personal Care Assistance (PCA) program of the Division of Senior and Disabilities Services recently sent letters to a group of recipients to reinstate PCA hours authorized back in 2006.

Since the distribution of the notices, PCA agencies have identified several areas that need clarification so they are able to assist recipients in utilizing the services authorized in the notice.

Below are questions that were provided by agency representatives of the PCA Provider Association. Many agencies asked similar questions. To ensure all questions were included, the questions have been categorized and grouped with similar questions.

1. How the hours may be used:

Questions:

** On the letter to recipient re-instating hours: what if they are currently receiving more hours than they were in 2006?*

** If a consumer had their hours reduced and qualifies for this, how will it affect their hours if through subsequent assessments their hours are now higher than what they had in 2006?*

Answer:

If the recipient is now receiving more services, then they would continue to receive the current level of service; a recipient's hours would not be reduced.

Question:

There is no date range on any of the letters for the reinstated hours, it states that they are valid thru the client's next annual assessment; what if the person/recipient or client has just been assessed / or if the assessment is past due??

Answer:

The additional hours will be authorized until the next assessment/ service plan is written/created. SDS will be working to update the assessments as quickly as possible on an annual basis.

Question:

On the letter to recipient-hours known--they are being granted additional hours/wk to use so long as they are reimbursable under the existing regs--if agency is audited how do we justify tasks for this time?

Answer:

The letter provides the agency the authorization to bill for those hours that are in excess of the existing service plan as long as those services are not in violation of the current PCA regulations.

Questions:

**Do we use the old assessment/tasks and/or PCAT that relate to the hours from 2006 that were reinstated?*

**Are the clients supposed to use or base their services on the 2006 service plan? Or the current service plan? If they use the hours for any purpose allowable under the current PCA program, does that mean that they can use it for any purpose but they still have to follow the time for task?*

** We would appreciate clarification on the end of the second paragraph which reads, "For example, if through this reinstatement, you are provided with an additional 5 hours per week, you may now use those hours in any manner so long as the service would be reimbursable under the current PCA program."*

Answer:

Using the existing regulations, the agency may work with the recipient to use the hours in accordance with the covered services authorized by the existing regulations, 7 AAC 43.752. The maximum time and frequency allowances for tasks have been waived. Excluded services under 7 AAC 43.755 are not reimbursable.

For example, if I am a recipient with 14 hours per week on my current service plan, those 14 hours have the frequency and duration listed on my service plan. If I have now been awarded an additional 3 hours per week through this notice, I am eligible to use those additional 3 hours as I wish provided I use them for services that do not violate the regulations. One way I might choose to use some of my additional hours might be by increasing my bathing from 23 minutes 5 days per week to 30 minutes 7 days per week. Or I may want to use part of the additional 3 hours per week for additional assistance with IADL's, such as light housekeeping. Up to 1/3 total time authorized may be utilized for IADL's under 7 AAC 43.755(14)(C)I would not be allowed to have my PCA do activities that are not a covered service, for example, wrap presents, change my cat's litter box, clean rain gutters or clean out closets.

The same documentation standards apply to the hours used above the amount authorized in the service plan. The only difference is that the additional services they use will not be included in the current service plan. They are in addition to the existing services and may be used as the recipient chooses.

Question:

We have few clients that were assessed few days/weeks prior the reinstatement, which service plan should they follow if there is a difference in hours? The most current plan prior to announcement of the reinstatement or the 2006 plan?

Answer:

Follow the most current plan.

Question:

If a client was on a plan from 2005 and was reassessed in 2006 and is now being reinstated how do we convert the previous service plan with different regulations and different tasks to the current regulations and the current PCAT?

Answer:

The PCAT gives you guidance about what types of tasks are appropriate. If you have questions about a specific consumer, please call Kjersti Langnes.

Question:

If a consumer doesn't currently need assistance with a certain task, such as toileting, but time for the task was approved on their '06 service plan, wouldn't utilization of that time be considered Medicaid fraud?

Answer:

The most current approved service plan should be used with the additional hours authorized through the letter used as the recipient needs/ chooses. This is not reinstatement of the 2006 plan – this is adding hours to the recipient's existing level of service to bring them to the same number of hours they had in 2006. Do not use the time for tasks that the recipient does not need, because that would indeed be fraud. You may add time to tasks that are already authorized, or include time for IADL's. If the recipient is not eligible for IADLs under PCA regulation 7 AAC 43.755, an agency may not bill for those services. For example, if the recipient is receiving chore services through another funding source, IADLs are not reimbursable through PCA.

Question:

We may begin providing assistance with tasks that may have been removed since the 2006 plan.

Answer:

Using the most current service plan, a recipient may choose to increase their services as long as it is a covered service under the current PCA regulations. (see answer above)

Question:

We are not expected to return to working off the 2006 service plan

Answer:

Correct, the recipient should continue to use the existing service plan and the additional hours may be used as the recipient decides, so long as the services provided do not conflict with existing PCA regulations.

Question:

We would be expected to remain within maximum time and frequency allowances for each task

Answer:

No, the maximum time and frequency allowances for tasks have been waived. Restrictions put forth in 7 AAC 43.755, Excluded Services, still apply.

Question:

The additional time could only be used for tasks that they have been approved for on their 2006, 2007 or 2008 plan.

Answer:

The additional time may be used as the recipient chooses as long as they are a covered service under the existing PCA regulations. They may not be used ways that violates PCA regulations – any service that violates PCA regulation would not be reimbursable.

Questions:

**If IADLs have been removed from the person's plan since 2006, are they now allowed to use time for those?*

**How does this affect the IADL reinstatement for a consumer with co-residents?*

**Are consumers going to be allowed to use IADL's even though they get chore services now?*

Answer:

IADLs may be used as long as it is not in violation of the PCA regulations, for example, the PCA regulations require that if there is another adult in the household capable of providing for the IADLs then it would be in conflict with the PCA regulations to provide IADLs as a Medicaid reimbursable service. PCA regulations prohibit a recipient from receiving chore service **and** IADLs through PCA.

Question:

Your letter states that the additional hours can be used for any purpose allowable under the current PCA program, does this mean that even if a consumer was not approved for certain tasks on the previous PCAT that they will now be eligible to have other tasks performed that aren't on the current PCAT?

Answer:

As long as it is a covered service in the PCA regulations.

Question:

Wouldn't it be easier to revert to services that were authorized in the 06 assessment?

Answer:

The PCA regulations have changes since 2006 – in order to qualify for Medicaid reimbursement, the services must be provided within the current PCA regulations. For most consumers, the current needs do not match the 2006 needs.

2. Documentation:

Question:

Are we allowed to use the old timesheets from before the regulation changes of April 06? Or does this violate the regulation that requires agencies to document duration, frequency, and scope of services provided?

Answer:

I am not familiar with every agency's documentation forms – please refer to the current PCA regulations for guidance on what is required. Should your timesheets from pre-April 2006 meet the current PCA regulations, you would be able to use them.

3. Coordination between agencies:

Question:

What if the client has transferred to / from another agency, how do the units get billed??

Answer:

The transfer process remains unchanged. If a recipient was with another agency in 2006, operating under a service plan developed by the other agency, it is expected that the

agency complies with SDS requests for copies of that pre-PCAT assessment and service plan.

Question:

In one instance the state indicates that they are not clear what the level of service was and who the provider was at that time. They are expecting the consumer to provide that information. What if the consumer or the provider agency does not have that information?

Answer:

The agency may either contact the agency the recipient was using in 2006 or the recipient may contact SDS for assistance. Either way, the pre-PCAT service plan must be produced in order to establish the number of hours.

From the letter emailed 10/15/08 "Please work with these recipients to help implement the increase in hours. You may be asked to produce a copy of the 2006 plan for those recipients for whom SDS does not have a clear record of what they are entitled to receive." Additionally, SDS is using billing records from that time period to help identify the hours that were authorized.

Question:

What about clients who have transferred to us but who were not with us in 2006?

Answer:

Please contact the previous PCA provider agency or SDS to obtain a copy of the service plan.

4. Prior Authorizations/Billing:

Questions:

- * *Will there be another PA issued & how long will that process take??*
- * *How quickly will the new authorized units be active in First Health's database?*

Answer:

Yes, agencies will receive Prior Authorizations so the agency will be able accurately bill and track services. We have dedicated additional staff to transmit these hours to First Health without compromising the other PCA recipients for whom we need to still process their PAs. I do not have a timeline but please be assured this is of the highest priority. We understand the issues provider agencies have with cash flow and are working diligently to keep the process moving quickly.

Question:

What supporting documentation will an agency be required to submit for reimbursement? If any, submit beforehand or after a denial?

Answer:

The billing process remains unchanged. The requirements for documenting services also remain unchanged - the difference will be that the additional hours will not coincide

with a service plan.

Question:

Regarding audits Myers & Stauffer; will they be notified of the clients and hour levels impacted by the decision?

Answer:

Each agency will have a copy of the letter sent to each recipient. This should be in the recipient's record to ensure the auditors have the information.

Question:

Some consumers have asked whether or not they are going to be able to back bill to 2006, our assumption is that they cannot because they should have only been providing the level of service authorized at the time. Is this correct?

Answer:

The recipients who received this letter are authorized to begin using the increase immediately. It is not retroactive and can not be "back billed".

5. Who is part of the group who received notices?

Question:

Is this for ALL clients who were receiving services during this period or only the ones who filed with the lawsuit??

Answer:

There is a specific group identified for this class. At this point in time, notices have been mailed only to known individuals who are currently receiving services. Those people who are part of the class are being noticed. This is not for all recipients – it depends on when they were assessed; whether they are receiving greater or fewer number of hours than in 2006; if they had PCA and waiver or just PCA; and the type of notice provided by the Division.

Question:

How do we appeal/request for other clients that we believe should have been included, since they received decrease/denial before the October 12, 2006 date that is indicated in the lawsuit?

Answer:

The timing is the most important key to answering your question here. October 12, 2006 is not by itself the “magic” date. During certain periods of time, SDS did not mail a copy of the PCAT with notices to consumers. Only those who received notices during certain time periods are affected, depending on whether or not the person received both PCA and Waiver or PCA only.

If you have someone you believe belongs in this class because of reduction and a violation of their due process rights, please have them contact Kjersti Langnes at 269-3681.

6. Misc:

Question:

What if the client was denied services & did not want to go thru the appeals process??

Answer:

If a recipient has been denied services and there was a due process violation in regards to the notice, then they would be part of the affected class but may not have received a letter as of this date. If there was no due process violation and the applicant or recipient chose not to go through with the appeal process, then the denial would stand.

Question:

We received a letter for a person who was in an Assisted Living Home for part of 2007 and 2008. They moved out of the ALH this past summer, has reapplied and been assessed but is waiting for the approved service plan. Can they begin using the hours on the letter and if so what service plan would they follow? 2006?

Answer:

Please contact Kjersti Langnes to discuss individual cases as they come up.

Question:

What about discrepancies in hours? (Client Letter says certain number of hours and we have record of different amount of hours?)

Answer:

Please contact Kjersti Langnes to discuss these cases; we made every effort to ensure that the information gathered was as accurate as possible but due to the changes in data collection and the assessment process and tool during 2006, many agencies did not forward the necessary information. As such, some recipient records are incomplete during that time period.

Question:

Should service amendments still be submitted for consumers who have received the letter?

Answer:

These cases will be addressed on a case-by-case basis. If a recipient's condition has changed, then it would be appropriate to submit an amendment request. However, any amendments must be processed on the most recently authorized service plan.

