

## **Personal Care Q & A – January 17, 2017**

No questions were submitted.

### **Questions/Comments from the call:**

1. If someone is “straight” Medicaid, should we try to sign them up for ADW services versus Personal Care services?

***Answer: If someone has Medicaid without an Alternative Benefit Plan (ABP) designation, you could have them apply for the Personal Care (PC) Services Program. If found eligible for Personal Care, they could receive some services while they wait for a place on the ADW program, assuming they have been found eligible and have been placed on the Managed Enrollment List. Once the person starts receiving PC services, he/she may decide to continue with that program as opposed to moving over to the ADW program.***

2. Why would you apply for ADW services if you could get more hours on the Personal Care program?

***Answer: They may require transportation services, which Personal Care does not provide, or they may intend to utilize the ADW Personal Options program which is only offered through ADW. It would depend on the requirements of the person.***

### **Announcement:**

***Arlene Hudson reviewed the Member Grievance procedure from Section 517.20 in the Personal Care manual:***

“Members who are dissatisfied with the services they receive from a provider agency have a right to file a grievance about the provision of services. All PC providers will have a written member grievance procedure. Providers will provide members grievance procedure information and grievance forms at the time of application and annual medical eligibility re-evaluation. These forms will also be provided upon request by the member in addition to the time of application and the annual re-evaluation.

There are two levels of grievance review:

#### **A. Level One: Personal Care Provider**

A Personal Care Provider has 10 business days from the date it receives a Member Grievance Form to hold a meeting, in person or by telephone with the member or the member’s legal representative (if

applicable). The meeting will be conducted by the provider agency director or designee. The provider has five days from the date of the meeting to respond in writing to the grievance. If the member is dissatisfied with the agency decision, he/she may request that the grievance be submitted to the OA for a Level Two review and decision.

## **B. Level Two: Operating Agency**

If a Personal Care provider is not able to address the grievance in a manner satisfactory to the member, the member may request a Level Two review. The OA will, within 10 business days of the receipt of the Member Grievance Form, contact the member (or legal representative if applicable) and the Personal Care provider to review the Level One decision, and issue a Level Two decision. Level Two decisions are based on Medicaid policy and/or health and safety issues.”

In addition, participants can request a Medicaid fair hearing, but only due to a decrease in their Level of Care or loss of the Personal Care program altogether.

3. Does this grievance process apply to ADW?

**Answer: Yes.**

4. So when we are doing behavior contracts, should we mention the Grievance process?

**Answer: Yes. All documentation you keep, especially when dealing with situations where you need behavior contracts, would be beneficial in case it ultimately goes to a hearing. Also keep in mind that behavior contracts not only outline what the participant can expect from your agency, it also spells out the participant's responsibilities in order to stay on the program. Another helpful document to make the rights and responsibilities of the member clear is the Personal Care Member Guide found on the BoSS website. It is useful when members are first put on the Personal Care program and then also, yearly as a reminder.**

5. Do I understand correctly that we no longer have to put the time in or out for the RN review on the POC worksheets?

**Answer: That is correct. Even if you have old forms, you are not required to document the time in or out for the RN review of the worksheet. You can bill one unit per month per member for RN review of the POC worksheet. Requirement of RN time in and out for POC worksheet review was removed in the release of the most recent Personal Care policy on October 1, 2016.**

**Next PC Q & A – February 21, 2017.**