Personal Care Q & A – November 15, 2016

1. If I have an old PAS but I think it is still valid, can I give it to the doctor to sign and then submit it for authorization for PC services?

   Answer: No, the PC RN must do a new PAS when she/he is asking for a new authorization for PC services for the coming year.

2. I completed a PAS and submitted it to the doctor for signature. The doctor refused to sign and wrote a note on the PAS saying that the person does not need Personal Care services? What should I do?

   Answer: If you feel comfortable doing so, talk to the doctor to see why she/he does not feel this person is qualified for PC services. If you and the doctor come to an agreement that the person should be on the program, then have the doctor sign the PAS and submit as usual. If the doctor gives you good reason for refusing to sign the PAS, please submit a request for discontinuation of PC services along with the documentation. If you are uncomfortable questioning the doctor, then submit a request for discontinuation of PC services to BoSS stating that the person is no longer medically eligible. Please submit the documentation you have from the doctor regarding this person's ineligibility for the program. BoSS will send a closure letter to the person along with hearing rights.

ANNOUNCEMENT: The final PC CareConnection® training of the year will be held via web meeting and conference call on December 15, 2016 from 3 to 4:30 pm. If you have already attended a PC CareConnection® training session, you do not need to attend this one. This session is for new users. Registration deadline is December 13th. To register, email Christina McGee at Christina.McGee@kepro.com. For the registration form, please see BoSS website or contact KEPRO.

Additional information:

The PC CareConnection® manual has been updated and is on KEPRO's website at http://wvaso.kepro.com/programs/personal-care-program/.

Additional Questions/Comments from the Call:

3. To request closure for a Personal Care client, should we still fax a request to BoSS?

   Answer: Yes. And don't forget to add the closure to your monthly report.

4. Can we bill for an update on a PAS?

   Answer: No.

5. In the new Personal Care Manual, the PC RN is required to take Person-Centered Planning. Where do we get that?

   Answer: For now, you will use the Person-Centered Planning and Service Plan Development on the Public Learning Center that exists for ADW. I know that session is highly ADW and ADW form centered so we are in the process of writing a new Person-Centered Planning that would apply specifically to Personal Care. Once we get it developed and posted to the Public Learning Center, we will send out an announcement.

6. If the RN does an assessment for a Level of Care increase, can we bill for that?

   Answer: Yes.

7. We have a situation where the initial PAS process was started in October, but the Prior Authorization was effective November 1st. Is this correct?

   Answer: You should contact KEPRO because it seems like the anchor date should be October 1st. The effective date of the Prior Authorization should be the first of the month that the PAS was initiated, in this case, October 1st.

8. We have a client whose annual assessment was done and the signed PAS was received July 22. Their Anchor Date is August 1st, so can we continue providing services from July 22nd to July 30th?

   Answer: Yes. The PAS is good for a whole year, so in this example, it covers August 1st through July 31st.

9. For clarification, if we have a client receiving dual services, our PC RN needs to attend all Service Plan meetings?

   Answer: Yes.

10. We are still having billing issues for some clients that have the "Alternative Benefit Plan" designation in Molina. What should we do?

    Answer: Providers are still encountering problems with Molina. Give BoSS the names of the clients you are having issues with and we will try to assist in getting this resolved. We cannot make any direct action to fix the problem, but we can refer it to the Secretary's office and their representative will help.

11. We have a client that did not follow their Plan of Care, fell and broke their femur and ended up in the hospital. There was no abuse. Do I just document the incident and put it in the Admin. File?

    Answer: Yes, just document what happened, have your Director sign it and put it in their file.

NOTE: <u>SSI recipients going to Managed Care Organizations</u>. Last week many of your PC members received letters informing them that they are being transitioned to a Managed Care Organization. This does not apply to Personal Care services the members are receiving. The members need to choose an MCO, but Personal Care services will be carved out and will continue to be delivered in a Fee-for-Service manner (bill Molina; obtain authorizations through KEPRO). The members will be receiving a welcome packet shortly after the Thanksgiving holiday. They will be instructed to choose an MCO. In order to make an informed choice, they may call representatives from Maximus (enrollment broker for WV) who will assist them in choosing an MCO in which their doctors participate. MAXIMUS' phone number is 1-800-449-8466. Members may also enroll via mail or online. Most doctors and practices are already participating with at least one of the MCO's. In the event a member sees a provider that is not participating in any MCO network, the MCO will work with the member to help transition them to an in-network provider. There is a 90 day transition period where members may continue to see an out-of-network provider before they will be required to go in-network. Providers may opt to enroll with an MCO to be a network provider at any time if they should so choose.

Should you have any questions about the transition, please contact Anita Ferguson at 304-356-4992.

Next PC Q & A – December 20, 2016.