

NV Personal Care Services (PCS) Training

**Nevada Medicaid and Nevada Check Up
HPES**

Covered topics

- ✓ Purpose of PCS
- ✓ Waiver Services
- ✓ Requesting a Functional Assessment
- ✓ Billing for Services



Handout list/check your handouts

- PowerPoint
- Service Plan
- FA/Service Plan Procedures
- Medicaid Services Manual Chapter 3500
- Emergency Numbers/Contact List
- Program Brochure
- Program Criteria
- Recipient Responsibilities
- Recipient Bill of Rights
- Billing Information



Handout list - continued

Recipient Information/Completion:

- Program Brochure
- Program Criteria
- Recipient Responsibilities
- Recipient Bill of Rights

Therapist Completion:

- PT/OT completes the Functional Assessment (pages 1 to 11)

HPES Completion:

- The Service Plan (pages 1 – 2) using clinical staff

Program purpose

- To assist, support and maintain recipients living independently in their homes and in settings outside their homes, including employment sites
- Assistance with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) (does not cover skilled services)
- These services are provided where appropriate, medically necessary and within service limitations
- To prevent institutionalization



Agency types

- PCS Provider Agency (Medicaid Services Manual 3500)
- Intermediary Service Organization (Medicaid Services Manual 2600)



Program eligibility criteria

- The recipient has ongoing Medicaid or Nevada Check Up (NCU) eligibility for services
- The recipient is NOT in a facility of any type or group home
- There is no Legally Responsible Individual (LRI) or other willing caregiver available and capable of assisting the recipient
- The recipient must be cooperative in establishing the service plan and follow the approved service plan
- The recipient must be capable of making choices about ADLs (or have a Personal Care Representative)
- Service must be medically necessary as defined by DHCFP

Personal Care Representative (PCR)



An individual who is directly involved in the day-to-day care of a recipient and is available to direct care in the home.

This individual acts on behalf of the recipient when the recipient is unable to direct his/her own personal care services.

A personal care representative must be a responsible adult.

Legally Responsible Individual (LRI)



Those individuals who are legally responsible to provide medical support, including:

- Spouses of recipients
- Parents of minor recipients including:
 - stepparents
 - foster parents
- Legal guardians

The LRI must be capable and available.

Criteria for Capable Caregivers

Capable Caregiver

A capable caregiver is a responsible adult who is physically capable of carrying out necessary maintenance, health/medical care, education, supervision, support services, and/or the provision of needed ADLs and IADLs.

- If a LRI is capable and available, PCS cannot be authorized, because PCS are not intended to supplant natural support systems
- A LRI cannot be paid to provide PCS services to the individual for which he or she is legally responsible

Incapable Caregiver

A caregiver who is unable to safely manage required care due to:

- Cognitive limitations (unable to learn care tasks, memory deficits); infirm
- Documented physical limitations (unable to render care such as inability to lift recipient)
- Significant health or emotional issues. Caregiver incapability must be documented by the caregiver's treating physician, and must directly prevent or interfere with provision of care

Services to assist with ADLs

Personal care services to assist with the following ADLs may be authorized when medically necessary and within service limitations:

- Bathing (includes shampooing)/dressing/undressing
- Toileting
- Grooming
- Transfers from one stationary position to another
- Mobility/ambulation
- Eating
- Assistance with medication that are self-administered



IADL covered services

These services may be covered when a significant need for ADL is identified and IADLs are found to be medically necessary.

Including:

- Housekeeping
- Laundry
- Essential Shopping
- Meal Preparation



NOTE: Services may be hands on or done by cueing

Escort services

The service plan allows:

- A Personal Care Attendant (PCA) who accompanies a recipient into the community to provide authorized personal care services en route to or while obtaining Medicaid or Nevada Check Up covered services
- Are NOT part of the routine service plan
- A single service authorization request must be submitted to HPES and will be reviewed for medical necessity



Non-Covered services



- Chore Services
- Services when the recipient resides in a group home, nursing facility, ICF/MR, or an institution for the mentally ill
- Any task that DHCFP determines can be reasonably done by the recipient
- Services normally provided by a legally responsible individual or able and capable caregiver
- Any task not approved on the service plan

Non-Covered services – continued



- Services provided to someone other than the recipient
- Companion care, baby-sitting, supervision or social visitation
- Care requiring the technical or professional skill that State statute or regulation mandates must be performed by a health care professional licensed or certified by the State
 - Specialized feeding techniques of any kind, including but not limited to tube feedings (including preparing formula), watching the recipient for choking, massaging the throat, etc.
 - Administration of medication - the PCA can remind the recipient to take his/her medications and remove the cap from the container

Non-Covered services – continued



- Skilled services continued (not limited to)
 - Irrigation of catheters
 - Irrigation of any body cavity
 - Dressing changes
 - Vital signs
 - Rectal digital stimulation
 - Massage
 - Toenail cutting
 - Accompanying a recipient to a medical office for the purpose of providing, receiving, or interpreting medical information
 - Finger sticks

Non-Covered services – continued



- Care of pets (except service animals)
- Respite care
- Social visits
- Escort services for social, recreational or leisure activities

Service duplication avoidance

- Duplication of services (when the services are being provided by another agency)
- Duplicative Services
 - Full housekeeping hours to each recipient when more than one recipient lives in the home and utilizes the same area
 - Full meal prep hours when the meal is being prepared for more than one recipient or eaten as part of a family meal

Action

An action is a termination, suspension, reduction or denial of Medicaid covered services or disenrollment from NCU.

For the purposes of this Chapter, the DHCFP or their designee will notify the recipient if an adverse action is taken when:

- The recipient does not meet the Personal Care Service (PCS) eligibility criteria
- The recipient's parent and/or legal guardian is responsible for the maintenance, health care, education and support of their child
- Services requested exceed service limits
- Services requested are non-covered benefits

Action – continued

- The recipient, the PCR, or the recipient's legal representative refuses to accept services in accordance with the approved service plan
- All or some services are no longer necessary as demonstrated by the FA (functional assessment)
- The recipient's needs can be met by a Legally Responsible Individual (LRI)
- Another agency or program provides or could provide the service

PCS and pregnancy

- Pregnant women are not considered in need of PCS based solely upon their pregnancy
- When it poses imminent danger to the mother or unborn child to perform ADLs, services may be authorized
- Mothers on bed rest who are allowed up to the bathroom as needed and to shower once per day do not typically qualify for PCS, because the mother is independent in some ADLs (bathing, dressing, grooming and toileting)
- Child care of other children in the home because the pregnant mother is on bed rest is not a service allowed by the PCS program



PCS for children

An able and capable parent and/or legal guardian of a minor child has an obligation to provide the child necessary maintenance, health and medical care, education, supervision and support.

PCS are not a substitute for natural and informal supports provided by family, friends or other available community resources.

LRIs may NOT be reimbursed by Medicaid for PCS.

PCS for children – continued

- PCS for disabled children may be appropriate when the parent is unavailable or incapable
- Some disabled children may never be age appropriate to be toilet trained
- For children under the age of 21, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services may provide a vehicle for receiving medically necessary services beyond PCS service limitations
 - A physician's order is required

Waiver services

There are 3 waiver programs whose recipients may receive PCS services:

- WIN – Home and Community-Based Waiver for Persons with Physical Disability
- CHIP – Home and Community Based Waiver for the Frail Elderly
- MR/RC – Home and Community Based Waiver for Persons with Mentally Retardation (MR)/Related Conditions(RC)

Waiver programs – other options

Other waiver programs for eligible individuals:

1. Home and Community Based 1915(c) Waivers allow the provision of long term care services in home and community based settings under the Medicaid program.
2. Individuals must meet the appropriate Level of Care for institutional placement and other qualifying criteria to receive waiver services.
3. All waivers are limited in the number of people served. If you believe someone might benefit from waiver services, refer them to the local DHCFP District Office for assistance.

Learning check

1. The PCS program is a rehabilitation program for recipients by request.

TRUE or FALSE

2. Choose the service **not** covered under the PCS program.

- a. Bathing and Dressing
- b. Laundry
- c. Pet Care
- d. Task requiring technical skill

3. An action is a termination, suspension, reduction or denial of Medicaid covered services or disenrollment from NCU.

TRUE or FALSE

Requesting a Functional Assessment

Requesting a functional assessment

- A request for initial (first time) services must be submitted by one of the following individuals:
 - The recipient
 - The recipient's personal care representative
 - The recipient's legal representative
- When requesting that a functional assessment be performed, a FA-24 form must be completed first. The form is found on the website www.medicaid.nv.gov; from the "Providers" tab, select "Forms," then scroll to the form number FA-24
- A functional assessment (FA) must be submitted to HPES before the service can be authorized

Functional assessment (FA)

- The functional assessment prior to **initial service** must be performed by a physical **or** occupational therapist who is certified with Nevada Medicaid to provide functional assessments



At Risk recipients



If a recipient has been identified to be at risk, a phone call or fax should be placed to the DO notifying them during the FA, a recipient is determined to be At Risk, a phone call or fax should be placed to the District Office (DO) notifying them that the PT/OT therapist has identified an At Risk recipient and the reason he/she is At Risk.

Personal Care Service agencies do have responsibilities to report suspicious situations to the DHCFP District Office, Child and Family Services, or Elder Protective Services.

It is **MANDATORY** that you document why the recipient is At Risk.

Types of assessments



- Initial
- Reassessment
 - Completed prior to the end of the current authorized service period (usually annually, but timing is based on the length of time the previous prior authorization was valid)
 - Completed if the recipient has had a significant change in condition or circumstance which may indicate the need for additional time allocated to personal care services

Single service authorizations

A one-time authorization can be issued directly from HPES without an additional assessment when the recipient has an unexpected need.

- A one-time authorization for a specific time (one hour in a given day)
- A one-time authorization not to exceed four weeks (in cases of post hospitalization or a non-available caregiver)
- Service must be medically necessary and meet all Nevada Medicaid policies



FA learning check

1. The form, FA-24, is completed to _____ PCS services being provided.
 - a. Initiate
 - b. Discontinue
 - c. Update or continue

2. A recipient At Risk, for purposes of the PCS program, means that an agency **must place a PCA within 24 hours** for initial clients.

TRUE or FALSE

Billing for PCS

Billing for PCS services

- When billing for services, use the PT30 Billing Guidelines located on the Provider Web Portal – www.medicaid.nv.gov
 - From the initial web page click on the Providers tab, then Billing Information, and click on the CMS-1500 Claim Form Instructions
 - Claims may be billed electronically or by the submittal of paper claims
- The instructions are specific to PCS providers and must be used in conjunction with the complete CMS-1500 Claim Form instructions provided on the HP Enterprise Services website
- If a recipient is eligible for Medicaid and Medicare, know that at this time, Medicare does not provide coverage for HCPCS codes T1019 and A0160.
 - If a recipient is eligible for both Medicare and Medicaid, you may bill Medicaid first
 - Include the word Medicare in Field 9d on your claim form

Billing for PCS services – continued

Bill only for the dates when services were actually provided.

If a service was provided on one day only, enter the same date in the From and To Date(s) of Service fields. If services were provided on Monday and also on Wednesday of the same week, but not on Tuesday, bill Monday and Wednesday individually on separate claim lines.

Do not bill as one claim Monday through Wednesday or Sunday through Saturday, regardless if the authorization period is the full week. If the claim is billed improperly, the claim will be denied.

Billing a claim on a CMS-1500 paper form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA						PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)						1a. INSURED'S I.D. NUMBER (For Program in Item 1) 11 - Digit Medicaid ID					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, Jane M.						3. PATIENT'S BIRTH DATE SEX MM DD YY M <input checked="" type="checkbox"/> or F <input checked="" type="checkbox"/>					
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()						4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX M <input type="checkbox"/> F <input type="checkbox"/> c. EMPLOYER'S NAME OR SCHOOL NAME d. INSURANCE PLAN NAME OR PROGRAM NAME Medicare						10d. RESERVED FOR LOCAL USE 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.					

Field 9d is required to read Medicare if the recipient is dual eligible. This is a conditional field based on recipient eligibility.

CARR
PATIENT AND INSURED INFORMATION



Billing a claim on a CMS-1500 paper form

2nd half

Fields 14-19 are conditional and not required.

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a.						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
			17b.	NPI										
19. RESERVED FOR LOCAL USE						20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES								

Bill HCPCS code T1019. This code is a 15 min. per unit code.
2 units = 30 minutes, 4 units = 1 hr. of service. 8 units = 2 hr. of service
Bill A0160 for mileage - 1 mile = 1 unit (bill only if approved)

PHYSICIAN OR SUPPLIER INFORMATION

Billing learning check

1. What are the two ways to bill a claim for reimbursement?
2. When billing for PCS you may bill one week at a time even if you did not provide service on Tuesday and Thursday?
TRUE or FALSE
3. In field 24b, what should be placed in this field?
4. Per Web announcement 436, If you do not know the diagnosis code supplied by the recipients qualified medical professional, it is acceptable to bill with ICD-9-CM code V604
TRUE or FALSE

Contact Information

Glossary

Q&A



Contact information

Contact HPES:

Customer Service	
Phone	1-877-638-3472, option 2, then 3
Fax	1-775-335-8594
Email	NVMMISProviderServices@hp.com
PCS	
Phone	1-800-525-2395, option 2, then 4
Fax (Dental, ADHC, PCS Request, LRI and ISO documentation)	1-775-200-1536
Fax (PT/OT assessments and correspondence)	1-775-200-1535
Other Authorizations	
Phone	1-800-525-2395
Fax	1-866-480-9903

Medicaid District Office contacts

Carson City	1-775-684-3651
Elko	1-775-753-1191
Las Vegas	1-702-668-4200
Reno	1-775-687-1900

Glossary of common acronyms

Acronym

Description

ADL	Activities of Daily Living
CHIP	Home and Community Based Waiver for the Frail Elderly
DO	District Office
FA	Functional Assessment
IADL	Independent Activities of Daily Living
LRI	Legally Responsible Individual
NCU	Nevada Check Up
NOD	Notice of Decision
PCA	Personal Care Attendant
PCR	Personal Care Representative
PCS	Personal Care Services

Questions and answers



THANK YOU FOR ATTENDING TODAY

Please complete and return the course evaluation.

Enjoy your day

