

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**

Office of the Senior Deputy Director



**Transmittal #14-32**

TO: Medicaid Providers of Personal Care Aide Services

FROM: Claudia Schlosberg, JD   
Acting Senior Deputy Director/State Medicaid Director

DATE: **OCT 21 2014**

SUBJECT: Change in policy and procedure regarding reassessment for Personal Care Aide (PCA) services under the District of Columbia Medicaid State Plan and EPD Waiver

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This transmittal addresses Home Care Providers' concerns regarding delays in the PCA prior authorization process which threaten continuity of care for beneficiaries and timely payment to providers.

**Background:**

On November 20, 2013, the Department of Health Care Finance (DHCF) implemented a conflict-free assessment process for individuals requesting personal care aide (PCA) services under the State Plan and the Elderly and Persons with Disabilities Waiver (EPD Waiver). The implementation process included a phase-in approach for existing beneficiaries with the goal that all PCA users would receive an initial assessment within twelve (12) months of the effective date of the rule.<sup>1</sup> Under current regulations, after the initial assessment, individuals are required to be reassessed every six months.<sup>2</sup>

In February 2014, the FBI raided several home health agencies based on suspected fraud. DHCF had to accelerate the phase-in of the initial assessments as over 3,000 individuals were transferred from terminated or suspended agencies as a result of the FBI raids. The influx of assessments at one time, coupled with the need to undertake reassessments within six (6) months exceeded the capacity of DHCF's contractors.

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<sup>1</sup> Chapter 50, Notice of Final Rulemaking, Medicaid Reimbursement for Personal Care Services of Title 29 District of Columbia Municipal Regulation, Section 5003.8

<sup>2</sup> Chapter 50, Title 29, Section 5003.7

As a result, a backlog in issuing prior authorizations has occurred. This backlog threatens continuity of care to beneficiaries and timely payment to providers.

### ***Recommendation/Rationale***

As a result of the ongoing concerns regarding delays in the PCA prior authorization (PA) process, DHCF has taken immediate steps to remediate this problem. Effective, Monday, October 20, 2014, DHCF is extending the period for reassessments for individuals receiving PCA services under the State Plan or in the Elderly and Persons with Disabilities Waiver from six (6) months to twelve (12) months. The purpose of this policy and procedure change is to alleviate a back log of assessments which has caused delays in issuing PAs. Moving to a twelve (12) month (or annual) reassessment period helps ensure that beneficiaries do not lose access to services, promotes continuity of care and ensures that Providers will be paid for services delivered.

### ***Key Questions and Answers regarding implementation***

#### **HOW WILL THIS BE EFFECTUATED?**

DHCF, through its contractor, Xerox, shall complete all necessary extensions for all current PAs for a period of six months from the end date of their last Prior Authorization for:

- (1) Any individual who has received a face-to-face Long-term Care Services and Support (LTCSS) assessment; and
- (2) Any individual who was transferred to an HHA without an assessment with a T1019-NN PA, until the individual receives a face-to-face assessment.

A current PA is any PA that is logged into the MMIS system as of October 20, 2014.<sup>3</sup>

#### **WHAT HAPPENS TO INDIVIDUALS WHO ARE RECEIVING SERVICES BUT WHO HAVE NOT YET BEEN ASSESSED?**

DHCF's agent shall continue to schedule and conduct assessments for current beneficiaries who have not yet received a face to face assessment. Once the person has been assessed as eligible for services, the new PA will be issued with an expiration date that is 12 months from the date of the assessment. (Agencies are currently receiving payment for these cases so existing delays have no revenue impact on home health care agencies).

Home care providers should continue to request the 90-day State Plan Extension for beneficiaries who have not yet received a face-to-face assessment and were not impacted by the provider suspension transfers.

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<sup>3</sup> Previously, DHCF indicated that a current PA would be any PA in the system as of October 31, 2014. DHCF changed the date to October 20 to allow our vendor to make needed system changes. All prior authorizations issued on or after October 20, 2014, will be entered with a coverage period of twelve (12) months.

**WHAT HAPPENS TO INDIVIDUALS WHO HAVE ALREADY RECEIVED A SIX-MONTH RENEWAL NOTICE FROM DELMARVA FOR PRIOR AUTHORIZATION OF PCA SERVICES?**

DHCF has directed its contractor, Delmarva, to rescind any notices that have already been issued to individuals who have reassessment dates for PCA services that end from November 19, 2014 through December 31, 2014. DHCF has also directed Delmarva to refrain from sending new notices for six-month reassessments.

**HOW DOES THIS POLICY CHANGE AFFECT 29 DCMR 5003.7 STATING THAT DHCF SHALL CONDUCT A REASSESSMENT AT LEAST EVERY ONE HUNDRED AND EIGHTY (180) DAYS?**

DHCF will be publishing a new emergency and proposed rule to extend the assessment period from six (6) to twelve (12) months. Providers may still request a reassessment if a beneficiary experiences a significant change in condition.

**WILL A PHYSICIAN'S ORDER FORM BE REQUIRED AT ANNUAL RENEWAL?**

Yes, beneficiaries will still be required to complete and submit the physician's order form at annual renewal.

**MUST A PHYSICIAN SIGN THE BENEFICIARY'S PLAN OF CARE AT RENEWAL?**

No, under current DHCF rules, a physician only needs to sign the initial plan of care. There is no requirement that a physician sign a plan of care at renewal.<sup>4</sup>

DHCF believes that the above-mentioned interventions will resolve the prior authorization and timeframe concerns and improves the efficiency of the Medicaid personal care program. Thank you for your cooperation with this matter as we work in partnership to ensure eligible beneficiaries PCA service needs are met.

If you have any related questions, please contact: Yvonne Iscandari, Director, Long-Term Care Administration, Telephone Number 442-5818, email: Yvonne.Iscandari2@DC.gov.

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<sup>4</sup>Chapter 50, Title 29, Section 5005.2(e)