GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director

Transmittal #15-02

TO: Medicaid Providers of Personal Care Aide Services

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

DATE: JAN 2 8 2015

SUBJECT: **Revised process for tracking Reductions and Termination of Personal Care Aide (PCA) services after an assessment**

This transmittal informs home care providers of personal care aide (PCA) services about DHCF's newly created procedure code modifier combinations to identify a prior authorization after an assessment is conducted by the Long Term Care Supports Services (LTCSS) contractor.

The modifier combinations were created for the purpose of tracking reduction and termination of PCA services and to ensure that a reduction or termination of services is effectuated timely but without adverse impact on the ability of the beneficiary to receive benefits pending an appeal. Under long-standing Medicaid rules, beneficiaries have a right to request a fair hearing to contest a termination or reduction in service. If they request the fair hearing within thirty (30) days of the date of notice, DHCF must continue services at the current level until the hearing is resolved. DHCF also provides an opportunity for an informal reconsideration. If the beneficiary requests reconsideration within twenty-one (21) days of the notice date, DHCF also will continue benefits at the current level until the reconsideration is decided. Beneficiaries also have the right to request a fair hearing within thirty (30) days of the reconsideration determination

Effective Monday, January 26, 2015, the following are the procedure code modifier combinations to be used for reduction and termination of PCA benefits:

REDUCTION:

T1019-52 – State Plan Reduction
T1019-52-U3 – EPD Waiver Reduction

TERMINATION

441 4th Street, NW, 900 South, Washington, DC 20001 (202) 442-5988 Fax (202) 442-4790

T1019-UT– State Plan Termination
T1019-UT-U3 – EPD Waiver Reduction

Key Questions and Answers regarding implementation

WHAT HAPPENS IF A BENEFICIARY'S STATE PLAN PCA SERVICE IS REDUCED?

When a beneficiary is assessed and state plan PCA services are reduced, a prior authorization (PA) will be issued with procedure code and modifier T1019-52.

The number of approved units will be calculated adding the total number of hours at the current rate x 60 days x 4 to the total number of hours at the reduced rate x 305 days x 4. The PA from and thru dates will still cover a year's span – e.g. Reduced from 8hrs/7 days to 6 hours/7 days

Example:
03/01/2015 – 02/29/2016 T1019-52 6816 approved units
(8x60*4=1920) + (4*306*4=4896) = 6816 approved units. (2016 is a leap year)

A current PA is any PA that is logged into the MMIS system as of October 17, 2014.

WHAT HAPPENS IF A BENEFICIARY'S EPD WAIVER PCA SERVICE IS REDUCED?

If the beneficiary is in the EPD Waiver and is currently receiving more than 8 hours of PCA services per day and is assessed to need fewer hours than they are currently receiving but more than 8 hours per day this is an EPD Reduction. An EPD PA should be created with modifier T1019-52-U3. The number of approved units should be calculated adding the (total number of hours at the current rate x 60 days x 4) to total number of hours at the reduced rate x 305 days x 4. The PA from and thru dates will still cover a year's span.

For this example, an EPD Waiver beneficiary is currently receiving 12 hours of PCA services and is assessed to need 10 hours of PCA services. Because the beneficiary is receiving more than 8 hours of PCA services, the first 8 hours are entered as a regular State Plan NP prior authorization. However, the additional hours are entered as an EPD Waiver PA as follows:

Example
03/01/2015 – 02/29/2016 T1019-52-U3
(4*60*4)+(2*306*4)=960+2448=3408 approved units.

WHAT HAPPENS IF A BENEFICIARY'S STATE PLAN PCA SERVICE IS TERMINATED?

When a beneficiary is assessed and determined to no longer need PCA services, a prior authorization (PA) will be issued with procedure code and modifier T1019-UT– State Plan Termination).

If the beneficiary is assessed and state plan PCA services are terminated, a prior authorization should be created with procedure code T1019-UT. The number of approved units should be calculated for 60 days of service at the current rate (total number of hours at the current ratex60 daysx4). The from and thru dates will only cover a 60 day span.

Example
Beneficiary currently receiving 8 hours/day who is assessed and determined ineligible for PCA Services.
03/01/2015 – 04/29/2015 T1019-UT
(8*60*4)=1920 approved units.

WHAT HAPPENS IF A BENEFICIARY'S EPD WAIVER PCA SERVICE IS TERMINATED?

If a beneficiary enrolled in the EPD Waiver is assessed and needs less than 9 hours of service that is a termination of EPD PCA services. A PA should be created with procedure code T1019-UT-U3. The number of approved units should be calculated for 60 days of service at the current rate (total number of hours at the current ratex60 daysx4). The from and thru dates will only cover a 60 day span.

Example
Beneficiary currently receiving 4 hours/day who is assessed for 8 hours or less
03/01/2015 – 04/29/2015 T1019-UT-U3
(4*60*4)=960 approved units.

In all the scenarios above, if a determination is made that the beneficiary's services must continue because an appeal or request for reconsideration has been filed, the PAs would be updated by changing the approved units to match the level of service the beneficiary was receiving prior to the reduction.
The letter notes on the PAs in the scenarios above will be updated with the reduction or termination blurb below.

Reduction Blurb

This is a prior authorization for a reduction in services. The reduction will be effective 60 days from the start date on this notice, unless a request for reconsideration or a fair hearing has been filed. A separate notice has been sent to the beneficiary and the provider explaining the basis for this decision and the beneficiary's appeal rights.

Termination Blurb

This is a prior authorization for a termination of services. The termination will be effective as of the end date of service on this notice unless a request for reconsideration or a fair hearing has been filed. A separate notice has been sent to the beneficiary and the provider explaining the basis for this decision and the beneficiary's appeal rights.

If you have any related questions about the contents of this transmittal, please contact: Donald Shearer, Director, DHCF Program Operations, Telephone Number (202) 698-2007, email: Donald.Shearer@DC.gov or Mary Devasia, Acting Director, Long Term Care Administration, Telephone Number (202) 442-5931; email: Mary.Devasia2@dc.gov.