GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director

Transmittal No. 14-07

TO: Providers of the District of Columbia's Medicaid Personal Care Aide Service Program

FROM: Linda Elam, Ph.D., MPH
Senior Deputy Director & State Medicaid Director

DATE: NOV 27 2013

SUBJECT: New Rule Highlights: Beneficiary Eligibility, Service Authorization, Referrals, Program Requirements

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The Department of Health Care Finance (DHCF) published a Notice of Final Rulemaking to Chapter 50, Medicaid Reimbursement for Personal Care Aide Services (PCA) of Title 29, Public Welfare, of the District of Columbia Municipal Regulations (DCMR) published on November 8, 2013. It is important that providers involved in the District's Medicaid PCA program review the revised rule and implement necessary changes to ensure compliance. This transmittal highlights the following references in the revised rule:

- Eligibility requirements for a beneficiary to receive PCA services (Section 5002)
- PCA Service Authorization request and submission procedures and requirements (Section 5003)
- Referring PCA services to qualified providers (Section 5004)
- Program Requirements including written orders for PCA services (Section 5006)

Additionally, please be advised that effective November 20, 2013, DHCF and its authorized contractor will only accept the revised form for written orders for PCA services. The revised form is attached to this transmittal and replaces all previous versions. Furthermore, **the plans of care must be approved and signed by the physician or an advanced practice RN within 30 days of the start of care as specified in Section 5005.2 (e) of the revised rule**. It is imperative that providers understand their responsibility to ensure that all required documentation (written orders and plans of care) are completed accurately and timely. The written orders for PCA services must bear the physician's signature and be forwarded to the long term care support services contractor as follows:

Attention: Delmarva Foundation
2029 K Street NW suite 700
Washington, DC 20006
DC LTC Fax Number: 1-888-543-8337
Email address: DCLongTermCare@dfmc.org
Website: http://dhcf.dfmc.org
TTY: 1-800-735-2258
Customer Service Line: 202-496-6541
Toll Free Number: 1-877-735-3755

Finally, you may obtain a copy of the final rules at www.os.dc.gov. If additional information is needed feel free to contact Pamela L. Hodge, Management Analyst via telephone at (202) 724-4282 or via email at Pamela.Hodge@dc.gov or James Brannum, Management Analyst via telephone at (202) 442-5986 or via email James.Brannum2@dc.gov.

Attachment

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE FINANCE
PRESCRIPTION FORM FOR MEDICAID PERSONAL CARE AIDE SERVICES

Physician is to complete applicable sections and transmit to Delmarva Foundation as the order for personal care services. Shaded sections are NOT to be completed by Delmarva Foundation.

1 PATIENT INFORMATION			2 ORDERING PHYSICIAN	
A. PATIENT D.C. MEDICAID NUMBER:			A. NPI NUMBER: B. DC MEDICAID PROVIDER NUMBER:	
B. NAME (LAST, FIRST, M.I.) PRINT			C .PHYSICIAN NAME (LAST, FIRST, M.I.) PRINT	
C. PERMANENT ADDRESS			D. PHYSICIAN ADDRESS	
D.TELEPHONE NUMBER	E. DATE OF BIRTH	F. SEX M ☐ F ☐	E. TELEPHONE NUMBER	F. FAX NUMBER

3 IS THERE OTHER HEALTH INSURANCE COVERAGE: Y N **If yes, please provide the following:** (To be completed by Delmarva Foundation providing face to face comprehensive assessment	**4 DATE OF ORDER:** **5 PATIENT LOCATION AND ADDRESS ON DATE OF ORDER:**
PLAN NAME AND POLICY NUMBER:	( ) **HOME:** ( ) **HOSPITAL (name):**
	( ) **NURSING FACILITY(name):**
NAME OF POLICYHOLDER:	( ) **OTHER (name):**
	IF IN A FACILIITY, EXPECTED DATE OF DISCHARGE:
PLAN ADDRESS AND PHONE #:	**ADDRESS TO WHICH PATIENT WILL BE DISCHARGED :**

PRESCRIPTION

6. ICD DIAGNOSIS CODE(S)		7. DESCRIPTION OF PERSONAL CARE SERVICES TO BE PROVIDED:

8. JUSTIFICATION FOR ORDER (PHYSICIAN SPECIFY):

(A) Diagnosis related to beneficiary's disability: (Please indicate all related medical conditions)

(B) List activities of daily living for which PCA services are needed that the beneficiary is unable to perform independently. Activities of daily living include but are not limited to: bathing, transferring, toileting, dressing, feeding, and maintaining bowel and bladder control

9. SIGNATURE OF ORDERING PHYSICIAN

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Signature Date