

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

Office of the Senior Deputy Director



**REVISED**  
**Transmittal # 15-14**

TO: Home Health Agencies

FROM: Claudia Schlosberg, JD   
Senior Deputy Director and State Medicaid Director

DATE: **MAY 07 2015**

SUBJECT: **Authorizations for Personal Care Aide (PCA) Services**

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The Department of Health Care Finance (DHCF) seeks to clarify for Home Health Agencies (HHAs) the District's regulations and policies around eligibility for Personal Care Aide (PCA) services, PCA service authorizations, request and issuance of PCA service authorization requests, reassessments, physician's orders, and provider responsibility.

Part I summarizes DHCF's current rules. A copy of DHCF's current rules governing PCA services can be found at: <http://dhcf.dc.gov/publication/medicaid-update-transmittal-14-04-personal-care-aide-services-rule-change>

Part II addresses the process that DHCF will follow to ensure that all current beneficiaries who have not yet received a face-to-face assessment will not lose services pending the completion of the assessment process. DHCF also outlines the responsibilities of HHAs to actively assist in this process and how the process will be monitored.

**Part I – Summary of Current Rules**

**Eligibility for PCA Services**

To be eligible to receive PCA services, a Medicaid beneficiary must meet ALL of the following qualifications:

- Be unable to perform one or more activities of daily living (ADL) for which personal care services are needed;
- Be in receipt of a physician's written order for PCA services; and
- Be in receipt of a PCA Service Authorization.

## PCA Service Authorization

PCA services cannot be initiated or provided on a continuing basis by an HHA without a PCA Service Authorization from DHCF or its designated agent. The PCA Service Authorization is based upon a face-to-face assessment that is conducted by DHCF or its agent. The PCA Authorization identifies the amount, duration and scope of PCA services authorized and the number of hours authorized. This rule was effective for all beneficiaries seeking or renewing PCA services, except beneficiaries receiving services, on November 20, 2013 (the effective date of the rules). These beneficiaries had until November 20, 2014 to obtain a PCA Service Authorization.

## Request and Issuance of Service Authorization Request

First time applicants must submit a request in writing, accompanied by a copy of the physician's written order for PCA services. DHCF or its agent is responsible for conducting a face-to-face assessment using a standard tool to determine the beneficiary's need for assistance. Based upon the results of the assessment, DHCF or its agent will issue the PCA Service Authorization.

## Reassessments

Current rules state that reassessments must be conducted every six months or upon a significant change in the beneficiary's condition. Due to burdens placed on beneficiaries and providers, DHCF has worked with the federal Centers for Medicare and Medicaid Services (CMS) to extend the reassessment period to 12 months. DHCF is submitting a new State Plan Amendment and publishing a new rule to reflect this change.

## Physician's Order

A physician's order, which constitutes a certification that the beneficiary is unable to perform one (1) or more activities of daily living for which PCA services are needed, must be in writing. The physician must have a prior relationship with beneficiary. DHCF has developed a Physician's Order Form (POF) for this purpose. A copy of the form can be found at:

<http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Physician%20Order%20Form%20%28POF%29.pdf>.

Please remember that ordering and referring physicians must be enrolled in the DC Medicaid program.

## Provider Responsibilities

Providers have an on-going responsibility to verify that each beneficiary receiving PCA services has current eligibility for the DC Medicaid program and is eligible for and authorized to receive Personal Care Aide Services.

In cases when PCA services are no longer desired by the beneficiary or required in the amount, duration or scope authorized, each provider must discontinue or reduce services but only after giving proper notice.

### Denials, Suspensions, Terminations and Reductions

In cases when providers must deny, suspend, terminate, or reduce services, providers must notify DHCF and the beneficiary or the authorized representative in writing no less than 30 calendar days prior to action. Providers must keep a copy in their files for 10 years post-action.

In cases when DHCF must deny, suspend, terminate, or reduce services, DHCF must notify the beneficiary or the authorized representative in writing no less than 30 calendar days prior to action, and copies of notices must be sent to the provider. DOH rules state that each “patient” must receive written notice of discharge or referral no less than seven (7) calendar days prior to the action.

### **Part II – One-Time Extension of PAs and Process to Ensure Eligible Beneficiaries Receive a PCA Authorization that Complies with DHCF Rules**

#### Beneficiaries with Expired Prior Authorizations (PA)

DHCF will extend the PAs that expire between January 1, 2015 and April 30, 2015 through July 31, 2015. PAs that expire in May, 2015 will be extended through August 31, 2015. HHAs must actively assist these beneficiaries to obtain POFs and must actively work to terminate those for whom services are not required. HHAs must follow the processes outlined in the November 8, 2015 rule and any subsequent amendments to the rule. DHCF strongly suggests that providers not wait until the end of the extension period to work with beneficiaries to obtain the POFs. If the beneficiary is found to be eligible, the PA will be issued retroactive to the date of expiration and will be good for one year. If the beneficiary is found to be **ineligible**, DHCF will not make payment, subject to a determination by the Office of Administrative Hearings.

***There will be no further PA extensions.***

#### Beneficiaries with PAs expiring in June or Later

DHCF will not extend these PAs as these beneficiaries still have time to obtain a PCA Service Authorization before the assessment period ends. DHCF expects HHAs to actively assist those beneficiaries that eligible for services to obtain POFs and must actively work to terminate those for whom services are not required.

#### Beneficiaries Who Have Never Been Assessed

Per DHCF rules, all individuals must have a face to face assessment to receive or continue receiving PCA services. Even so, DHCF has identified a number of individuals receiving PCA services who have never been assessed. To ensure that services are not unduly interrupted, DHCF will allow one 90 day extension via the prior process for submitting a T1019 –U6. HHAs must assist eligible beneficiaries to obtain a current POF and fax it to Delmarva on (202) 698-2075 and initiate terminations of any beneficiaries who no longer require PCA services. As soon as Delmarva receives the POF, they will begin the assessment process for that beneficiary.

DHCF strongly suggests that providers not wait until the end of the extension period to work with beneficiaries to obtain the POFs.

By July 10, **DHCF will send a 30-day “Notice of Termination” to beneficiaries who have not yet received an NP prior authorization.** In addition, DHCF may recoup monies paid on claims from January 1, 2015 for beneficiaries found ineligible for PCA services after assessment.

### Monitoring

DHCF and Delmarva will meet monthly with each HHA to track progress and resolve any issues that may be a barrier to obtaining an assessment (e.g., incorrect address or telephone numbers, etc.). In preparation for these meetings, DHCF will send updated/corrected lists of PA expiration dates by agency by May 11, 2015, close of business.

### Summary

HHAs must remember that PCA services can only be reimbursed if the beneficiary has received a face-to-face assessment and has been determined to need assistance with one or more ADLs. Before Delmarva can schedule an assessment, they must receive a current, signed POF from the beneficiary’s treating physician. PCA providers have a responsibility to ensure they are serving only those beneficiaries who are eligible for and authorized to receive services and DHCF can only reimburse PCA providers if the beneficiary has received a face-to-assessment and has been determined to need assistance with one or more ADLs. Without exception, providers should not be serving beneficiaries who are not eligible and who do not have proper authorization. Providers who knowingly seek reimbursement for beneficiaries who are not eligible and who do not have proper authorization are subject to investigation and prosecution for fraud.

The web portal ([www.dc-medicaid.com](http://www.dc-medicaid.com)) will be updated this weekend (May 9-10, 2015) with a link for validating if a provider is a valid ordering/referring providers. Instructions for accessing and using this feature will be emailed to the home health agencies and will also be posted on the web portal.

If you have any questions about this process, please contact Mary Devasia, Acting Long Term Care Director, by telephone at (202) 442-5931, or by email at [Mary.Devasia2@dc.gov](mailto:Mary.Devasia2@dc.gov).