

FREQUENTLY ASKED QUESTIONS RELATIVE TO MEDICAID CONCERNING PERSONAL CARE SERVICES

- 1. Will the school district need to make an application for a new provider number to be used solely for Medicaid billing for the personal care aides?**

Yes. Medicaid requires a separate application for each service provided. So if you were providing physical therapy, targeted case management, and personal care, you would need to fill out three separate applications.

- 2. Will prior authorization need to be done for each student that will be receiving personal care services? Is there a time limit on a prior authorization?**

Yes. Personal care services require prior authorization. Arkansas Foundation for Medical Care (AFMC) is responsible for prior authorization of personal care services for clients under the age of 21. There is a time limit on the duration of the prior authorization. Personal care prior authorizations are assigned for six months or for the life of the service plan, whichever is shorter. AFMC may validate a prior authorization for one year if the provider requests an extended prior authorization because the client is permanently disabled. The one-year prior authorization remains valid only if the service plan and services remain unchanged and the provider meets all Personal Care Program requirements. Providers receiving extended Prior authorizations for permanently disabled clients must continue to follow Personal Care Program policy regarding regular assessments and service plan renewals and revisions.

- 3. What procedure codes do we need to use when billing Medicaid for personal care services?**

There is one procedure code used when billing for personal care services—T1019, modifier U4.

- 4. How much time is considered a billing unit? Is there a limit on the amount of time one can bill for each student per month?**

A billing unit is 15 minutes. Medicaid has set a benefit limit of 64 hours per month per student. A benefit extension is possible for students that require more time, but there is additional paperwork to complete in order for this to be considered by Medicaid.

5. Is a physician's order necessary for the initial assessment?

No. A Registered Nurse can initiate the assessment without an order from the primary care physician.

6. What kind of certification is necessary for the personal care aides?

Click [here](#) for information regarding personal care information.

7. What is the physician's role in the Personal Care Program?

The physician is essential to the determination of what constitutes an appropriate amount of assistance. The physician evaluates the relationships among the client's health status, physical dependency needs, and daily routines and activities. The physician helps the client and the personal care provider design an individualized plan to address the client's individual physical dependencies. Personal care services may commence only after their authorization by the client's attending physician. The client's attending physician is responsible for the decision to authorize personal care services. An individualized personal care service plan, signed and dated by the client's physician, constitutes the physician's personal care authorization. The attending physician and the client must have a face-to-face visit before the physician may authorize these services, unless the physician has seen the client within the 60 days preceding the beginning date of service established in the proposed service plan. The physician must review the assessment and service plan to ensure that the personal care aide assigned tasks appropriately address the client's individual physical dependency needs. Based on the assessment and the physician's medical evaluation, the physician must authorize only individualized personal care services that constitute medically necessary assistance with the client's physical dependency needs in the schools. Personal care service plan authorized by physician must specify:

- The date services are to begin;
- The duration of need for services; and
- The expected results of the services.

Personal care services may not begin before the client's attending physician authorizes the personal care service plan. Services may not commence before the beginning date established by the service plan. The physician may change the frequency, scope, or duration of service in the service plan. He/she may add to, delete from or otherwise modify the service plan. The physician's authorization of the service plan must be by *dated original signature only*. A stamp or signature initialed by a *locum tenens* is the only acceptable substitute for an original signature by the attending physician. The physician may communicate the

authorization of a service plan by a telephone, fax, or e-mail to expedite service delivery. Finally, the physician must forward the completed authorized service plan with original signature and authorization date to the personal care provider no later than 14 working days following the authorized beginning date of personal care services.

8. What kind of documentation is required by the personal care aides?

Personal care aides are required to maintain a service log. It must be completed at the time of the service; if it is not completed concurrently with the service delivery coverage may be denied. They also need to provide necessary documentation showing the date, time, nature, and scope of authorized services delivered. If an emergency requires the personal care aide to perform a personal care service task not included on the personal care service plan, the personal care aide must receive when possible, prior approval from the supervising RN. If the approval is not possible, they may perform the service and then receive post approval. They should document the nature of the emergency, the action or task required to resolve the emergency and justification for the unscheduled service. If the personal care aide does not perform a particular task scheduled on the service plan, the personal care aide must document why she or he did not perform the task that day.

9. Who is expected to supervise these services while they are given in the schools? What are their responsibilities regarding this supervision?

Supervision of personal care aides must be performed by a Registered Nurse (RN). The supervisor must instruct the personal care aide in which routines, activities, and tasks to perform in executing the service plan, the minimum frequency of each routine or activity, and the maximum number of hours per month of personal care service delivery, as authorized by the service plan. At least once a month, the RN must review the aide's records, document the review, and further instruct the personal care aide as necessary. At least three times every 183 days (six months) at intervals no greater than 62 days, the RN must visit the client at the service delivery location to conduct on-site evaluation. Medicaid requires that at least one of these supervisory visits must be when the aide is not present. One visit must be while the aide is present and furnishing the services. When the aide is present, the RN must observe and document: A) the condition of the client, B) the type and quality of personal care aide's service provision, and C) The interaction and relationship between the client and the aide. Modification of the service plan may be necessary based on the observations and

findings from the visit. When the aide is not present, the RN must observe and document: A) the condition of the client, B) from available evidence, note the type and quality of care, and query the client or client's representative about the type and quality of aide's service, the aide's conduct, and the adequacy of the working relationship. Finally, the RN must review the service plan and the aide's records as necessary, but no less often than every 62 days.

10. What is the service log? What is required to be included in the service log?

The service log is a device that documents the service times for specific tasks that the personal care aide performs. For each service date, for each client, the personal care aide must record the following: A) the time of day the aide begins the client's service, B) the time of day the aid ends a client's services. This is the time of day the aide concludes the service delivery, not necessarily the time the aide leaves the delivery location, C) Notes regarding the client's condition as instructed by the RN, D) Task performance difficulties, and E) Any other observations the aide believes are of note or that should be reported to the supervisor. Documentation should also reflect any emergency situation (as discussed in question 8). If the aide discontinues performing service plan required tasks at any time before completing all of the required tasks of the day, the aide will record: A) the beginning time of the non-service plan required activities, B) the ending time of the non-service plan required activities, C) the beginning time of the aide's resumption of service plan required activities, and D) the beginning and ending times of any subsequent breaks in service plan required aide activities.

11. Can a facsimile copy of the physician's signature suffice as an "original signature"?

Yes, Medicaid accepts this as an original signature.

12. Is there a benefit limit for the amount of services a student can receive?

No. AFMC will determine the amount of time they feel is medically necessary for the child. If you feel that the child should receive more benefits per month, there is a specific form that can be completed in order for that child to be considered for a benefit extension.