
Questions About Personal Care Services Recipient Services

Question	Answer
<p>1. What services used to be covered but are no longer covered?</p>	<p>--foot care --simple exercise (not Range of Motion) --walking --taking vital signs --oxygen therapy --glucose testing set-up and monitoring --with escort - conferring with medical/dental staff at an appointment no longer included</p>
<p>2. Is there a letter going out to the consumers notifying them of these changes?</p>	<p>Yes, letters were sent the week of July 17, 2017.</p>
<p>3. If a recipient had a service that is no longer a covered service after July 22, what happens?</p>	<p>The recipient can continue to receive the covered service until the annual renewal of their PCS plan, regardless of whether they receive an assessment at renewal or not.</p>
<p>4. Can a recipient pursue fair hearing for the services which are no longer covered?</p>	<p>No.</p>
<p>5. What happens for people who need help understanding information they are given at a medical/dental appointment?</p>	<p>Medical staff can provide patient education such as written materials and other adaptations to meet patient needs. If possible, ask for family/legal representative to help. See the Service Level Authorization Chart for how escort is determined at the assessment. Escort is related to the assessed need of help with locomotion. There is a maximum time limit of 45 minutes per appointment. If escort is approved, the escort may help educate the recipient. However escort is not requested or approved specifically for that purpose.</p>
<p>6. Does this mean that escort is essentially assistance with locomotion into, during, and out of a medical visit?</p>	<p>Yes.</p>
<p>7. Does escort include the PCA sitting with the recipient until called into the doctor's exam room?</p>	<p>See the Service Level Authorization Chart for how escort is determined at the assessment. Escort is related to the assessed need of help with locomotion. There is a maximum time limit of 45 minutes per appointment. If escort is approved, the escort may sit in the waiting room with the recipient. However escort is not requested or approved specifically for that purpose.</p>
<p>8. When will the new PCS application be available?</p>	<p>It is available at the present time, at http://dhss.alaska.gov/dsds/Documents/pca/application_form.pdf</p>

	<p>The application as it is posted is under review for improvements. A revised PCA-08 correcting some errors will be posted soon, but in November a revised PCA-08 will be posted after suggestions for improvements are received, considered and implemented. Please send your suggestions for improvements to jetta.whittaker@alaska.gov.</p>
<p>9. When will the new PCS application be required?</p>	<p>The new application is required on and after September 1, 2017. Please be sure to read <i>Instructions for Completing PCA-08</i> carefully. Confine your answers to the allowed space in the fillable form.</p>
<p>10. Is medical documentation from the previous year required for reapplications? Or can we just send in the application and the Verification of Diagnosis (VOD) if the medical conditions, need for PCS care, and legal representative has not changed?</p>	<p>According to 7 AAC 125.012 application packet is: PCS application (SDS form), ROI (SDS form), medical documentation dated no more than one year before date of application – meaning a VOD (SDS form) AND recipient medical documentation (clinical records per 7 AAC 105.230 that support the need for PCS.</p> <p>Per 7 AAC 125.012(b), a reapplication for reauthorization is the same packet as application, and must be submitted no later than 60 days before expiration of current service level authorization.</p>
<p>11. What kind of medical documentation is required for applications, and reapplications, for PCS?</p>	<p>Documentation including new diagnosis or treatments from medical specialists the recipient has consulted. The treatment schedule and provider for any physical, occupational or speech therapy the client is receiving. The reason and outcome for any emergency room visits or hospitalizations: discharge summary (not including aftercare instructions that are given to the person to follow). The reason for and usage of any new equipment the client has received. List of current medications, including reason prescribed. Any changes in living situation or natural supports from previous year. Any additional documentation that supports the diagnosis. Specifically -Medical documents which are clinical notes – summary of visit/examination/diagnosis, written by medical provider – for the diagnosis that creates the need for hands on help with ADLs or IADLs.</p> <p><i>(Not included –medical summary info that does not support need for help with ADLs and IADLs.)</i></p>
<p>12. Is SDS going to make a template of what medical providers can submit as supporting clinical documentation? Like the VOD?</p>	<p>No.</p>

<p>13. Many rural elders do not seek much clinical care, yet have declines occur. Can documentation from Health Aides be appropriate?</p>	<p>Yes.</p>
<p>14. Given that the recipient may not have a yearly assessment, how would the PCS agency and recipient determine 60 days prior to expiration? If the current service level authorization says approved until the next assessment?</p>	<p>Determine what date is one year from the date on the Service Level Authorization. Count sixty days back from that date. If the recipient does not have a yearly reassessment, establish the yearly expiration date and count back sixty days from that date each year.</p>
<p>15. If friends or family are helping a person, would the person be denied an assessment?</p>	<p>No.</p>
<p>16. How will the recipient know when they are having services terminated for not using them in a consecutive 90 day period?</p>	<p>SDS will send a letter notifying the recipient.</p>
<p>17. Swallow studies are not normally repeated on a yearly basis. How does the requirement for a swallow study done within the previous year impact people who may need supervision during eating but Medicaid will not reimburse the medical provider for another swallow study?</p>	<p>All services in Medicaid must be medically necessary. If a swallow study is medically necessary based on their clinical examination, the medical provider will conduct one. The medical provider will not conduct a study if the person is too medically unstable to tolerate it, or in the clinician’s judgement unable to cooperate or participate, or the study would not change the clinical management of the patient. PCS services are intended to help people with regular ongoing activities of daily living, based on demonstrated medical necessity. PCS is not for critical care or care requiring making decisions (clinical judgement) about a person’s health needs. Supervision during eating can help but must be based on the findings of a current swallow study done at least within the last year.</p>
<p>18. Explain locomotion maximum amounts re: going upstairs and downstairs. It looks like the recipient can only go down once and up once.</p>	<p>Correct. Generally people spend most of their time in one part of the home after going either up or downstairs if the home has 2 levels. Generally there is a bathroom on each level in multilevel homes. Generally people spend the most time in a home on the level with a bathroom they can access.</p>
<p>19. Has the time allowed for toileting been reduced or additional time allotted for transfers?</p>	<p>Toileting has a max daily limit of occurrences with minute maximums per level of dependence. All transfers that it takes to start and complete toileting are now included in toileting</p>
<p>20. What happens when the</p>	<p>This would best be determined case by case per the assessment.</p>

bathroom is upstairs?	
21. Why is there less time for total dependence in locomotion?	It takes less time to assist when the person is not attempting to help themselves.
22. How will the agency or person get notice from SDS that the application will not be reviewed/is being denied for reasons at 7 AAC 125.010 (c) (1-8)(A-B)(I-II)?	Yes. The person receives notice of the fair hearing process with all communication from SDS involving denial or reduction of services.
23. What is SDS' stance on the person who has an OPA guardian, being that the OPA guardian is not involved in the day to day care of the recipient?	The OPA guardian can elect a designee per 7 AAC 125.100.
24. What about overnight stays in hotels?	PCS services while out of one's community can be requested at the same level as those at home, not different because they may be provided at a hotel. PCS is not a 24 hour service whether at home or away. PCS while away from one's community can include the United States and territories. It is not available for reimbursement while the recipient is in a foreign country.
25. For fair hearing – agency staff can advocate for the person just not represent them, right?	Agency staff can help a person by giving them resources for their questions, pointing out the directions for the fair hearing process on the letter they receive and in general help them understand the process. The agency can reaffirm the info on the Recipient Rights and Responsibilities document. The agency cannot represent the person in fair hearing or mediation.
26. Is the new PCS application in lieu of SDS performing an assessment?	No. The new application was designed to provide both the agency and SDS with the information necessary to determine if the applicant meets the criteria necessary for SDS to schedule an assessment. The new application expands on the previous application and it continues to serve the same purpose.

Questions About Personal Care Services Agencies

27. If an agency administrator has already submitted everything for CERT – 04, and the administrator has not changed and is not new, do they still need to submit the packet?	Yes. All agencies are declaring the PCS Program Administrator through the process regardless of administrator changes.
28. Do care coordinators have to go to the PCS administrator training?	No, but they are welcome to attend at their choice.
29. How can an agency attest to the person’s needs on the application when you are meeting them for the first time? Making these determinations is outside our scope.	The agency can only attest to what the person has reported to them or what the agency representative has observed. For instance, the agency representative can record in the application, “recipient says, I have trouble walking” and/or “I observed that the recipient uses a walker”. Having documentation from medical providers will help.
30. Explain 7 AAC 125.050 (5) – unlicensed residence that SDS determines to fall within definition of assisted living home at AS 47.32.900. Is this a home that isn’t an assisted living home but appears to be?	AS 47.32.900 describes what constitutes an assisted living home. If SDS determines that a residence is providing what is in this statute, and is or is not licensed as an ALH, PCS will not be authorized.
31. When must all training for direct service workers as required in regulation be completed?	All training is required in regulation, which went into effect July 22, 2017. SDS will not cite noncompliance with this requirement until January 1, 2018; with the exception of CPR/First aid training which must be current, or with a valid approved waiver from SDS on file. This is a condition of enrollment for the PCA worker.
32. 7 AAC 125.130(1)(B) states we are to “interview” the PCA and recipient to evaluate the service records and timesheet prepared by the PCA. It used to say “collect”. What’s the difference and what is the agency expected to do for “interview”?	“Interview” means to talk with the employee and client to verify the info on the service records and timesheet.
33. Re 7 AAC 125.100 when the representative is uninvolved in daily care they must elect a designee, who is involved;	Basically any employee or affiliate of the PCS agency or any other agency that provides home care under any State program whether they provide care in home, licensed settings or facilities, cannot be a designee of a representative to direct consumer

<p>explain (c)(3) “not a public home care provider or affiliate of public home care provider as defined in AS 47.05.017(c)</p>	<p>directed PCA. http://www.legis.state.ak.us/basis/statutes.asp#47.05.017</p>
<p>34. We do not allow restrictive intervention. Our policy prohibits it - so is training necessary? Restrictive interventions can include redirection, de-escalation, reward systems etc. We have never had to address this because PCS does not address behavioral issues. What do we train?</p>	<p>Your training should include defining restrictive intervention and how to recognize it. Your agency policy about restrictive intervention must match the requirement in regulation and your approved certification packet. An agency cannot opt out of developing and implementing a policy and procedure for restrictive intervention. Ensure complete understanding of the regulation and statutory requirements which include more than just addressing a physical restraint.</p>
<p>35. If there is an environmental restrictive intervention (such as a gate) in the private home that is put in place by a guardian or other legally responsible person - does that require the agency to have any response?</p>	<p>Yes. Your agency should address this in your policy about Restrictive Interventions.</p>
<p>36. Do I have to do a more current training for the PCS administrator?</p>	<p>SDS is offering the PCS admin intro training required by regulation. It is available once per quarter to new admins and any others (the general public included) who are interested in attending. You are welcome to come back to the training. Watch for e-alerts about updated training for PCS administrators, and more required training for PCS admins.</p>
<p>37. When will the policies and procedures not previously required in Certification be expected to be submitted? Upon re-certification?</p>	<p>Upon initial or renewal application for PCS services, all agencies will be required to submit the new PCS application and demonstrate in their application documentation full understanding and compliance with current regulations to include the designated policies and procedures required with the new regulations. See the “Provider Certification and Compliance” webpage for the new PCS initial and renewal application, PCS Provider application guidance and other forms required for provider initial and renewal certification.</p>
<p>38. For new PCS businesses that just started is it okay to operate from their residence while they are trying establish?</p>	<p>A PCS agency office must be located in a place which is zoned for business office space. The office must be able to follow regulation required HIPAA rules for protection of health related private information and records retention. To qualify for Medicaid enrollment, an agency must be a “bona fide” agency to include a typical storefront, business signage and other indicators that a bona fide agency actually exists. This could be verified by a site</p>

visit to the business physical address. If someone's home front does not meet these standards, which is typically the case in a residentially zoned area, then certification and enrollment cannot occur as both certification and enrollment need to both be approved to participate with Medicaid.

39. Explain a "quality improvement report".

A quality improvement report is a professional report created by a PCS Administrator that identifies sub-standard or noncompliance issues; shows methods used to correct these issues; includes a timeline for correction; identifies individuals responsible for each method; and includes the outcome of each corrective action. Please consult the "Personal Care Services Provider Certification Application Content Guidance" posted on the Provider Certification web page for additional guidance in addition to referencing PCS Provider Conditions of Participation section on quality management.
