

Delmarva Service Specific Tools – Personal Care Assistance

(Please use track changes to enter comments & edits)

#	Standard	Suggested Protocol	Not met reasons
1	The provider maintains copies of claims submitted for payment.	NA right now	
	H 2-77		
2 *	The provider has service logs for each date of service that comply with the requirements of the Medicaid Waiver Handbook.	<p><i>Note: A Personal Care Assistance unit is defined as a 15 minute time period or portion thereof.</i></p> <ul style="list-style-type: none"> H2-13; H2-52-55; CA 3.6 RECORD REVIEW Review Services Log(s) for the entire period of review. Determine that Service Log (s) include all required components. Review Service Log (s) against claims data to ensure accuracy in billing. For dates not in claims data, request Remittance Vouchers to compare. <p>Pre 7.8.2010 A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</p> <p>Post 7.8.2010 The service log shall include the recipient's name and Medicaid ID number. The log shall include the date, time, duration of the service, and summary of services provided.</p>	<ol style="list-style-type: none"> 1) Provider does not have service logs for dates of services for which claims were submitted. 2) Service logs do not contain the recipient's name. 3) Pre 7/8/2010: Service logs do not contain the recipient's social security number. 4) Service logs do not contain the recipient's Medicaid ID number. 5) Pre 7/8/2010: Service logs do not contain the corresponding procedure code. 6) Service logs do not contain time in and out. 7) Service logs do not contain the date service was rendered. 8) Pre 7/8/2010: Service logs do not contain amount billed for each service. 9) Pre 7/8/2010: Service logs do not contain provider's name. 10) Pre 7/8/2010: Service logs do not contain provider Medicaid ID. 11) Service logs do not contain summary of the service provided. 12) Provider documentation does not match claims data and remittance.
	H 2-54 H 2-13, 52, 53, 54, 55; CA 3.6		

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#	Standard	Suggested Protocol	Not met reasons
		This Cite is subject to recoupment if reimbursement documentation is not available.	
3	The Provider maintains service authorization(s) for the service being rendered and billed for the entire period of review.	<ul style="list-style-type: none"> • H 1-7;H 2-5 • RECORD REVIEW • Review provider records for a service authorization. • Determine that service authorization is available for the entire period of review. • Review that service authorization is in approved status. • Review that service authorization has the correct rate based on provider status of agency or independent. • Review to determine if quarter hour or daily rate or a combination of the two types of service is approved. 	<ol style="list-style-type: none"> 1) Provider does not have approved Service Authorizations for the services being rendered. 2) Provider has some of the approved Service Authorizations for the services being rendered, but not for the entire period of review. 3) The service authorization is not in approved status. 4) The service authorization has the incorrect rate.
	H 1-7		
4 *	The provider renders the service in accordance with the service authorization.	<ul style="list-style-type: none"> • H 3-3; H3-4;CA 3.6.; CA 2.0 K • RECORD REVIEW • Review provider records for a service authorization(s). • Determine service authorization(s) are available for entire period of review. • Determine service authorization(s) are in approved status. • Verify service authorization(s) have the correct rate. • Determine if services are being provided in accordance with service authorization(s). • Review the service logs to assure the approved ratio of 1:1 is being utilized for all dates within the period of review. • Determine if provider is only billing for hours of service where there is direct contact with the individual receiving services. 	<ol style="list-style-type: none"> 1) The provider does not render service on a one-on-one basis. 2) Service provision exceeds frequency identified on the approved service authorization. 3) Service is billed in excess of annualized service authorization limitations. 4) Unable to determine because one or more service authorizations were not present. 5) The provider billed for travel time to and from a recipient location. 6)
	H 1-7; H 2-7; H 3-3; H 3-4; CA 3.6.E.; CA 3.7.H.; CA 2.0		

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#	Standard	Suggested Protocol	Not met reasons
		<p><i>Note: This service cannot be provided concurrently (at the same time) with companion services or ADT services. Recipients who receive in-home support services are not eligible to receive personal care assistance.</i></p> <p>This Cite is subject to recoupment if reimbursement documentation is not available.</p>	
5 *	<p>Provider renders service only to individual's age 21 or older.</p> <p>Current not applicable until full transition to state plan is complete</p>	<p><i>Personal care assistance for persons under the age of 21 may be provided through Medicaid Home Health State Plan Program services.</i></p> <ul style="list-style-type: none"> • H 2-51 • RECORD REVIEW • Determine that the individual receiving the service is 21 or older. 	<p>1) The provider rendered services to an individual under the age of 21.</p>
	2-51		

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6 *	Service does not exceed the 180 hours or 720 quarter hour maximum per month.	<ul style="list-style-type: none"> • H 2- 50 • RECORD REVIEW • Determine from Service Log (s) and claims data that the provider does not exceed 180 hours or 720 quarter hour units of the service per month. • 	1) Services are rendered in excess of 180 hours/720 quarter hours per month to the individual without APD prior authorization.
	H 2-49, 2-50		
7 *	For services rendered in excess of 180 hours per month and/or between the hours of 10pm and 6am necessary supporting documentation is in the record.	<ul style="list-style-type: none"> • H 2-50 • Record Review • Review Service Log(s) and if over 180 hours per month; review file for APD approval prior to occurrence. • Review Service Log (s) and for PCA services between 10:00 p.m. and 6:00 a.m., review file for documentation from a physician stating that PCA services are medically necessary during this time • Review Support Plan for documentation outlining the duties a PCA provider will perform between these hours. 	1) Services are rendered in excess of 180 hours/720 quarter hours per month to the individual without APD prior authorization. 2) Documentation form a physician is not in the record to justify services rendered between 10pm and 6am 3) Documentation is not in the SP explaining the duties a PCA provider will perform during overnight hours
	H 2-50		
8	The provider renders services to individuals living in their own home or family home.	<ul style="list-style-type: none"> • H 2-77 • RECORD REVIEW • Ask the provider where the service occurs. • Review Service Log(s) to determine where the service occurs. • Review Support Plan to confirm where individual resides. • Determine that services are not rendered in the home of the provider. • Determine that services are not used for after school or day program care. • If PCR, ask the individual where the service 	1) Documentation indicates services are being rendered in the provider's home. 2) Documentation indicates services are being rendered to an individual living in a licensed facility. 3) Documentation does not indicate where service occurs. 4) Unable to determine due to absence of required documentation
	H 2-55		

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#	Standard	Suggested Protocol	Not met reasons
		<p>occurs.</p> <p><i>Note: Recipients living in licensed group homes are not eligible to receive Personal Care Assistance services.</i></p>	
9	<p>The provider has a system in place to gather information about the person’s physical, behavioral and emotional health on an ongoing basis.</p>	<ul style="list-style-type: none"> • CA 2.0 • RECORD REVIEW and PROVIDER INTERVIEW • Ask the provider for system of documenting historical physical, behavioral, and emotional health. • Ask the provider for system of collecting and documenting current information about the individual’s physical, behavioral and emotional health. • Review file for documentation supporting stated system. • Documentation may include intake forms, stand-alone forms, or other available documentation. 	<ol style="list-style-type: none"> 1) The provider does not have systems in place to gather physical health information. 2) The provider does not have systems in place to gather behavioral health information. 3) The provider does not have systems in place to gather emotional health information. 4) The provider documentation does not demonstrate written documentation of provider’s efforts to gather physical health information. 5) The provider documentation does not demonstrate written documentation of provider’s efforts to gather behavioral health information. 6) The provider documentation does not demonstrate written documentation of provider’s efforts to gather emotional health information. 7) Unable to determine due to absence of required documentation.
	CA 2.0		

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#	Standard	Suggested Protocol	Not met reasons
10	Documented services are directly related to an outcome on the individual's support plan for the entire period of review.	<ul style="list-style-type: none"> • H 2-26; H 2-28; CA 1.0 B.6; CA 2 • RECORD REVIEW AND PROVIDER INTERVIEW • Review Support Plan(s) for Personal Care Assistance goal and/or reference under "other supports/services needed" on the goal page. • Review Service Log (s) for direct relation to an outcome on the individual's Support Plan (s). • Ask the provider about the stated outcomes and goals. • If PCR, ask individuals about the activities in which they are involved. Ask if they feel service received relates to their stated Support Plan outcome. • Consider "overall" documentation for the period of review, if there are a couple of isolated occurrence's of documentation not relating to a goal still score is "met". <p>Scoring Consideration: If provider does not have copy of SP but can show documentation of efforts to obtain it and can show how they determined from the individual and/or supports what they wanted assistance with score as "met".</p>	<ol style="list-style-type: none"> 1) The provider does not have a copy of the Support Plan (s). 2) Documented services do not relate to a goal on the individual's Support Plan 3) The provider has a copy of the Support Plan (s), but it does not identify a goal for this service 4) The Provider is aware but has not addressed the individual's communicated personal goals. 5) Unable to determine due to absence of required documentation.
	H 2-49; 2-50; H 2-51; CA 1.0.B.6; CA 2.0		
11	The provider addresses the individual's choices and preferences.	<ul style="list-style-type: none"> • CA 1.0.B.6; CA 2.0 • RECORD REVIEW AND PROVIDER INTERVIEW • Ask the provider for system of soliciting and documenting individual's choices and preferences. • Review file for documentation supporting stated system of addressing individual's choices and preferences. • Ask the provider for description of individual's choices and preferences. 	<ol style="list-style-type: none"> 1) Documentation does not indicate the provider is aware of the individual's communicated choices and preferences. 2) Documentation indicates that the provider is aware, but has not addressed the individual's communicated choices and preferences. 3) The provider is aware but has not addressed the individual's communicated choices and preferences. 4) The provider is aware but has not documented the individual's communicated choices and preferences. 5) Unable to determine due to absence of required documentation.
	CA 1.0.B.6; CA 2.0	<ul style="list-style-type: none"> • Review Service Log (s) to determine if choices and preferences are solicited and addressed within documentation. 	

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		<ul style="list-style-type: none"> Review Support Plan to determine if includes choices and preferences. If PCR, ask individual what choices and preferences they have. <p>If service rendered under 45 days by provider, score N/A.</p>	
12	The provider addresses the person's/legal representative's expectations regarding the service.	<ul style="list-style-type: none"> CA 1.0.B.6.b; CA 2.0 RECORD REVIEW AND PROVIDER INTERVIEW Ask the provider for system of gaining knowledge of person's/legal representative's expectations. Review file for documentation of gaining knowledge of person's/legal representative's expectations. Ask the provider for individual specific definitions of expectations. 	<ol style="list-style-type: none"> Documentation does not indicate the provider is aware of the person's/legal representative's expectations regarding the service being received. Documentation indicates the provider is aware, but has not addressed the person's/legal representative's expectations regarding the service being received. Unable to determine due to absence of required documentation. The provider can describe person's/legal representative's expectations regarding the service being received, but has not documented the information.
	CA 1.0.B.6.b.; CA 2.0	<ul style="list-style-type: none"> Review Service Log (s) to determine if expectations are being addressed. If PCR, ask individual what expectations regarding the services being received are. 	
13	Services are provided at mutually agreed upon times and settings.	<ul style="list-style-type: none"> CA 1.0.B.6.e RECORD REVIEW and PROVIDER INTERVIEW Ask the provider for system of showing that services are rendered at times and settings mutually agreed upon by the provider and the person. Review file for documentation of mutually agreed upon times and settings. 	<ol style="list-style-type: none"> Documentation did not indicate that services are provided at times mutually agreed upon with the individual. Documentation did not indicate that services are provided in settings mutually agreed upon with the individual. The provider determines hours and days on which individuals may receive services. Support Plan indicates a desire for service times that does not match service times within service logs. Unable to determine due to absence of required documentation. Documentation does not indicate preferences are being explored.
	CA 1.0.B.6.e.	<ul style="list-style-type: none"> This may be in intake forms, stand alone forms or other available documentation. Review Support Plan to determine if document states times and settings of service. Review Service Authorization to determine if times are indicated on document. Review Service Log (s) to assure mutually agreed times and settings being utilized for service 	

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#	Standard	Suggested Protocol	Not met reasons
		delivery. <ul style="list-style-type: none"> If PCR, ask individual if services are at times and settings that they prefer. 	
14	The Provider submits documents to the Waiver Support Coordinator as required.	<ul style="list-style-type: none"> H 2-77 RECORD REVIEW and PROVIDER INTERVIEW Ask the provider for system of submitting documents to the Waiver Support Coordinator (WSC). Review Service logs or other available documentation for proof of submission to the WSC. Examples could include fax transmittal reports with cover sheet indicating exact descriptions of what was faxed, submission tracking logs, date stamps, or indication of date of submission and method sent on the documentation. If PCR, ask the WSC for proof of receipt of documentation from the provider. 	<ol style="list-style-type: none"> The provider did not submit Service Log (s) to the Waiver Support Coordinator, monthly. The provider did submit Service Log(s) to the Waiver Support Coordinator, but not monthly. The provider did not have proof of Service Log (s) submission to Waiver Support Coordinator. Unable to determine due to absence of required documentation.
	H 2-54; CA 3.6		