

Programs Managed by the Community Services Bureau

- Personal Assistance Services (optional)
 - Self-Directed and Agency Based
- Community First Choice (optional)...coming soon
- Home and Community-Based Waiver (optional)
- Home Health (mandatory)
- Hospice (optional)



Personal Assistance Services (PAS)

Medically necessary in-home services provided to consumers whose acute or chronic health problems cause them to have functional limitations in performing activities of daily living.



Community First Choice (CFC)

- Personal Assistance Services PLUS+
 - ± Expanded service options
 - ± Person Centered Planning Framework
 - ± Additional provider criteria
 - ± Coordinated care with HCBS waiver
- Anticipate July 1, 2014 implementation
- Anticipate 90-95% of consumers will switch from PAS to CFC

PAS and CFC Eligibility

PAS Eligibility:

- Demonstrate a medical need for hands-on personal care
- Be eligible for Full Medicaid
- Receive authorization from Mountain Pacific Quality Health

CFC Eligibility...

- must meet above criteria PLUS+
- Meet level of care criteria (DD or NH)



Service Delivery Options

- Agency Based Model
 - Traditional model
 - Nurse Supervision
 - Agency trains and schedules attendants
- Self-direct model
 - Agency provides oversight and pays attendants
 - Consumer responsible for hiring, training and scheduling attendants

PAS and CFC Services

- Hands on assistance with:
 - Activities of daily living (ADL's): bathing, grooming, transfers, dressing, feeding, medication assist, exercise, toileting, meal preparation etc.
 - Medical Escort
- Instrumental ADL's such as:
 - Shopping: medically necessary supplies and groceries
 - Homemaker Tasks: light housekeeping, dishes, etc.
 - Laundry: only laundry specific to individual being served

CFC Services

Additional IADL services

- Community Integration
- Yard Hazard Removal
- Correspondence Assistance
- Personal Emergency Response System
- Skill Acquisition, Maintenance and Assistance
 - Time limited; must acquire skill in 3 month time period



Health Maintenance Activities

- Self-Directed Service Options
 - Four skill activities have received exemption from nurse practice act
 - Consumer trains and directs services; with health care approval
 - Wound Care
 - Bowel Care
 - Urinary System Management
 - Medication Administration

Service Limits



- Bathing limit – 3 times a week

Total Time:

- 80 total hours for two weeks –PAS
 - 84 total hours for two weeks- CFC
 - Medical Escort may exceed this limit
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- IADL tasks cannot exceed 1/3 of total time or exceed the following for a two week time period:
 - 6 hours (PAS) or
 - 10 hours (CFC)
 - whichever is greater

PAS and CFC Provider Enrollment

- Provider must complete Medicaid application
 - Montana Medicaid Website-
<http://medicaidprovider.hhs.mt.gov/>
- Attend certification training
 - CFC 101 and Person Centered Planning
- On-Site Verification Form

PAS and CFC Provider ID

- Current PAS Providers will be automatically enrolled in CFC
 - As long as they meet the new criteria
- Separate Provider ID for agency-based and self-directed service billing
- One Provider ID for PAS and CFC billing



PAS and CFC Billing

- Services must be billed by date of service
 - No date span billing
 - Exception- IADL services

CFC Eligibility Span

A provider can determine consumer eligibility two way:

- Consumers will be identified on the Web Portal with a CFC eligibility span
 - If a consumer does not have a CFC eligibility span they are not participating in CFC
- MPQH will identify CFC Consumers on the consumer Functional Assessment

PAS and CFC Billing Codes

- Activities of daily living
 - T1019 (CFC/PAS agency-based)
 - T1019 U9 (CFC/PAS self-direct)
- Medical Escort
 - T2001 (CFC/PAS agency-based)
 - T2001 U9 (CFC/PAS self-direct)
- Mileage
 - Per mile
 - A0080
- Late time sheets
 - Bill using the TS modifier

PAS and CFC Billing Codes - TBD

- Instrumental Activities of Daily Living
 - Code to be determined
- Skill acquisition, maintenance and enhancement
 - Code to be determined
- Personal Emergency Response System
 - Monthly access fee
 - Code be determined
- All services are billed in 15 minute units unless otherwise noted



Reimbursement

Note: Fees published on the Medicaid Provider website and noticed through the administrative rule process

- PAS and CFC providers bill for direct service. The rate is the same for:
 - ADL, IADL and skill acquisition, maintenance and enhancement services
 - The rate includes administrative, planning and coordination
 - No additional units billed for oversight and supervision
 - This time has been rolled into the direct service rate

Reimbursement Cont.

- Agency Based PAS and agency based CFC rates are the same
- Self-direct PAS and self-direct CFC rates are the same
- CFC/PAS Agency based and CFC/PAS self direct rates are different



Authorization Process

Both PAS and CFC services require prior authorization by

Mountain-Pacific Quality Health

1-800-268-1145

Fax 800-268-5767

A referral must be submitted to initiate the screening process.

Role of Mountain-Pacific Quality Health (MPQH)

For PAS and CFC Services:

- Receives referral documents and confirm Medicaid eligibility
- RN conducts a functional assessment to authorize hours
 - Makes initial onsite visit
- Reviews amendments submitted for requests for more time based on medical necessity
- Conducts annual reviews

Role of Mountain Pacific Quality Health (MPQH), continued

In addition to MPQH:

- Determines Level of Care For HCBS Waiver; nursing home and CFC
- Prior Authorizes Home Health





Home and Community-Based Services (HCBS) Waiver

- Consumer-driven services, facilitated by a person centered case management process which enables individuals to receive services at home in lieu of receiving services in a nursing facility or hospital setting.
- The HCBS Waiver is not an entitlement and has a wait list for services.
- Consumers must meet NF LOC, be Medicaid eligible, have an SSA disability determination or be 65 and older.

Common HCBS Waiver Services

- Case Management
- Homemaker
- Specially Trained Attendants
- Assisted Living
- Respite
- Social transportation
- Private Duty Nursing



HCBS – PAS Connection

HCBS Waiver services can be provided for:

- Extended Services
 - HCBS consumer requires more than 40 hours of ADL support
- Socialization
 - Time to just socialize or go on an outing
- Supervision
 - Time to provide general supervision
- Specially Trained Attendants
 - Higher level of attendant needed due to disability



Accessing the HCBS Waiver

- Contact local case management teams, or
- Contact Regional Program Officers at <http://www.dphhs.mt.gov/sltc/services/communityservices/index.shtml>, or
- Call Information and Assistance at (800) 551-3191, or
- Call MPQH at 800-219-7035 or Fax (800) 413-3890

Medicaid Home Health

Skilled nursing or therapy services for individuals who need and want home-based care

- Skilled nursing
- Physical, Speech and Occupational therapy
- Home Health Aides
- Specialized Equipment
- Prior authorization required, conducted by MPQH

1-800-219-7035 or fax (800) 413-3890



Medicaid Hospice

Palliative care program for recipients with terminal illness:

- Must be certified by a physician to have a life expectancy of less than 6 months
- Consumer selects hospice and waives all Medicaid benefits related to curative care
- Can be concurrently enrolled in other programs (PAS, Waiver, etc)
- Can receive hospice in a nursing facility



Montana Aging Services Network

- Free assistance for seniors:
 - State Health Insurance Assistance Program (SHIP)
 - Adult Protective Services
 - Legal Services
 - Long Term Care Ombudsman
 - Information about available services
- Toll free to Area Agencies on Aging
(800) 551-3191

Accessing Nursing Facility Placement

- Contact the local nursing facility
- Facilities list can be found under “Long-Term Care Facilities” at: <http://www.dphhs.mt.gov/qad/healthcarefacilitieslist/index.shtml>, or
- Contact MPQH at (800) 219-7035 or fax (800) 413-3890.

Questions??? Please contact:

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