

Pediatric Complex Care Assistant Services - Implementation

Service Provider Training

June 12, 2025, from 3:30 p.m. to 5 p.m.

June 26, 2025, from 2 p.m. to 3:30 p.m. (repeat)



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

1. Review Pediatric Complex Care Assistant (PCCA) Services
2. Structure of PCCA Service Delivery
3. Role Expectations
 1. Service Provider
 2. Mountain Pacific
 3. PCCA (person who provides the services)
 4. EVV
 5. SLTCD Staff
 6. Other DPHHS Staff
 - a) Problem-Solving and Quality Improvement
 - b) Provider Enrollment
 - c) Claims Processing



Agenda (continued)

4. Coordinating with Other Medicaid Services:
 - a) Discussion about “replacing” private-duty nursing (PDN) and “supplanting” health maintenance activities available under Montana Community First Choice Services/Personal Care Services (CFCS/PCS).
 - b) Examples
 - c) Extraordinary Circumstances
5. Foster Care Parents as PCCAs
6. Question/Answer Discussion
7. Resources



Review – Pediatric Complex Care Assistant Services

- Established under Montana Codes Annotated 37-2-603 in response to House Bill 449 (2023)
- Support Montana healthcare members under 21 with medically complex needs by compensating family caregivers for specialized care
- Fill care gaps without replacing existing programs such as private-duty nursing and supplanting CFCS/PCS or home health services



Pediatric Complex Care Assistant Montana Medicaid State Plan Amendment

- Services of a licensed PCCA within their scope of practice in accordance with state law.
- PCCA services do not:
 - Replace PDN services
 - Supplant health maintenance activities available under Montana's CFCS/PCS self-direct program
 - Supplant home health services



Pediatric Complex Care Assistant Services Background

37-2-603 MCA-PCCA services must be ordered by a physician and consistent with the individual's plan of care.

PCCA duties considered by the department to be equivalent to those of a certified nursing assistant (CNA) (Health Maintenance Tasks (HMAs) as defined in 37.8.103 MCA and ARM 37.40.1001).

NOTE: CNA duties are not a MT Medicaid-reimbursable PCCA service.



Pediatric Complex Care Assistant Services Background (continued)

- **Medication administration**
- **Tracheostomy care** — provides suctioning, changes ties, changes tracheostomy tube for routine change, and cares for surrounding skin. Provides bag-mask ventilation in the event of an emergency. Emergently replaces tracheostomy tube
- **Enteral care and therapy**
- **Airway clearance therapies** — oral (dental) suction to remove superficial oral secretions. Provides suctioning of superficial secretions in the oral cavity, and includes set up and cleaning of suction device
- **Other services** as allowed by the department by rule, ARM 24.160.501, and ARM 24.160.505



Pediatric Complex Care Assistant Services Background (continued)

ARM 24.160.501 and ARM 24.160.505:

- **Bowel care**, including enema administration rectally or via an antegrade continence enema and ostomy care
- **Wound care**
- **Central line care or IV fluid administration** — enteral G-tube/J-tube feedings. Includes pump setup/discontinuation and/or administering bolus feeds. Does not include changing or replacing of equipment. Mixing feeds as directed by physician or dietician
- **Airway management**, including oxygen management — provides assistance to replace oxygen tubing or nasal canula and set oxygen at ordered flow rate so long as the care is not in response to a respiratory event requiring the judgement and assessment of a nurse. Sets up, places, and starts CPAP, BiPAP, or ventilator device. Changes ventilator settings or modes if ordered by physician, and changes FiO2 if ordered by physician to titrate.



Pediatric Complex Care Assistant Services Background (continued)

- DPHHS ARMs are in the process:
 - PCCA requirements
 - PCCA service provider enrollment
 - PCCA rate
 - Amendment to 37.85.206 to include PCCA in the list of Medicaid services
- Hearing date – Hearing notice will be published on June 27,2025:
July 18, 2025, 9 a.m. over Zoom
<https://mt-gov.zoom.us/j/82258062357?pwd=Gb1lFeyzMbatbFHxClu7lHPaEbw8kp.1>

Meeting ID: 822 5806 2357

Password: 266550



Service Gap Guidelines

“Replace” and “Supplant”

Examples of How Services Could Be Covered Under PCCA and/or Other Medicaid Services

- PDN – If a physician determines a member’s condition requires skilled nursing (i.e. ventilator care, wound management), PDN remains mandatory. PCCA services should only apply when a physician explicitly certifies tasks are within a caregiver’s training as a PCCA.
- Medication administration is only available for children under the age of 21 via PCCA.
- Bowel care involving medication administration goes with PCCA.
- G-tube feeding with medication administration goes with PCCA.
- Wound care remains under CFCS self-direct (SD); however, there may be occasional situations in which the care is truly skilled and as such could be authorized under PCCA.



Service Gap Guidelines

“Replace” and “Supplant” (continued)

Examples of How Services Could Be Covered Under PCCA and/or Other Medicaid Services

- Urinary systems management remains with CFCS SD.
- Two individual PCCAs cannot provide PCCA services concurrently to a single member unless the utilization contractor service profile specifically states that it is medically necessary.

NOTE: These are examples for purposes of designing the services and the intent is to maximize the utility of available resources while delivering comprehensive and non-redundant services.

Medical complexity and individual needs will determine the services.



Service Provider Agency Purpose, Gap Guidelines, and Rate

Purpose is to:

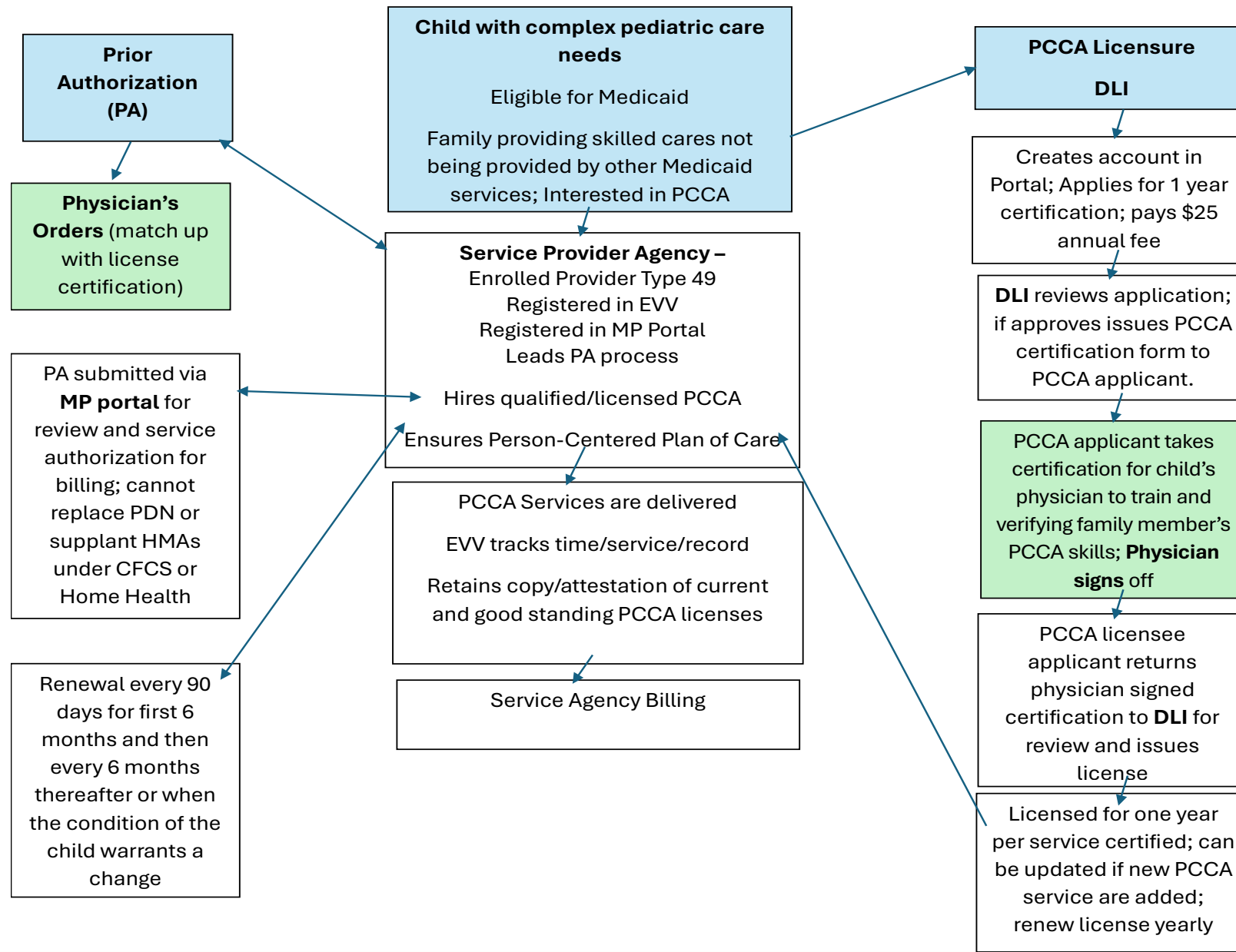
- Provide a licensed PCCA who can be compensated for delivering authorized services to eligible children.
- Facilitate pathways to natural supports.
- Address service gaps:
 - Provided where the child resides.
 - Prior authorized only for specific skilled care allowable under pediatric complex care and are adjusted as the member's needs change.

Proposed Rate:

\$43.12 per hour, which equates to \$10.78 per 15-minute unit of service



PCCA Service Flow



Enrollment Process For Pediatric Complex Care Providers

Provider Services Portal – New Enrollment or Update to Existing Enrollment

1. Providers enroll in the [DPHHS Provider Services Portal](#) with taxonomy codes 251E00000X or 251J00000X and select the PCCA provider type option.
2. Enter all valid PCCA licenses in the Credential section. **Note:** Licensees will be required to complete annual attestation for license maintenance.
3. Provider will add a Team for each physical location (i.e. office) where services are provided. There is one team per location.
4. The system will generate a new enrollment unit (EU).
5. Upon selecting Submit, the application will be routed for review. Providers will receive a Welcome Letter once the EU is approved.



Enrollment Process For Pediatric Complex Care Providers (continued)

Existing Medicaid-enrolled provider of Private Duty Nursing, Home Health, or Agency-Based Community First Choice Services **must meet** the following requirements:

1. The applicant must be in good standing with Montana Medicaid.

Good Standing means actively enrolled with Montana Medicaid, have no outstanding program integrity issues, sanctions, or payment suspensions, and in compliance with all applicable state and federal regulations.

2. Demonstrated compliance with all program rules, regulations, and billing requirements.

This includes, but is not limited to, a clean record free from program integrity investigations, sanctions, or payment suspensions for the preceding 24 months.



Roles of the Service Provider Agency Employ Pediatric Complex Care Assistant

Employ Licensed and Qualified PCCA

- Must be familiar and current with Provider Manual and Administrative Rules of Montana (ARM)
- *May* provide background checks. **Must** check annually:
 - Special Advisory: oig.hhs.gov/exclusions/advisories.asp
 - Montana Department of Labor: ebizws.mt.gov/PUBLICPORTAL/home.jsp
 - LEIE: exclusions.oig.hhs.gov/
 - SAM: sam.gov



Roles of the Service Provider Agency Employ Pediatric Complex Care Assistant (continued)

**Pediatric Complex Care Assistant
License Attestation**



The Pediatric Complex Care Assistant (PCCA) is required to maintain a current PCCA license in good standing. The PCCA employer is required to ensure that the individual PCCA licenses are current and in good standing.

Section 1 Personal Information	
PCCA First Name	PCCA Last Name
PCCA Licensure Number	License Expiration Date
Employer Name	Employer Mailing Address
Section 2 Attestation	
I, _____, attest to the following statements:	
<ol style="list-style-type: none">1. My license, issued by the State of Montana, is currently active and in good standing.2. I have no pending disciplinary actions, sanctions, or restrictions against my license.3. I have met all certification requirements as mandated by the licensing authority.4. My license is not expired and remains valid until the license expiration date indicated above.	
Section 3 PCCA Signature and Date	
I understand that providing false or misleading information may result in disciplinary action, including termination of employment, Medicaid fraud, and potential legal consequences.	
PCCA Signature _____	Date _____
Section 4 Employer Verification	
I, _____, hereby verify that the above-named PCCA license status has been reviewed and confirmed as current and in good standing.	
Employer Signature _____	Date _____

Roles of the Service Provider Agency Provider Oversight

- Ensure PCCA licenses are current and in good standing. Be ready to provide evidence of current and good standing with Attestation Form and copy of current licenses
- Onboard PCCA staff through provider-required training, paperwork, time sheets, HIPPA, EVV, mandatory reporter, emergency protocols, transition of care, complaint and grievance process, quality assurance/review, and topics specific to the provider, such as benefits
- Ensure HIPPA and EVV are followed
- Plan of care development and implementation are person centered, collaborative with other PDN, CFCS, etc. and includes PCCA service delineation
- PCCA are “other licensed professionals” and should not be supervised by an RN or LPN



Roles of the Service Provider Agency

Ongoing Compliance

Annual Revalidation: PCCA providers will be subject to annual revalidation processes to ensure continued compliance with all enrollment requirements.

Monitoring and Audits: Montana Medicaid will conduct ongoing monitoring and audits of PCCA providers to ensure adherence to program policies, quality standards, and billing requirements.

Reporting Changes: PCCA providers must promptly notify Montana Medicaid of any changes to their organizational structure, licensure status, key personnel, or any other information pertinent to their enrollment.



Roles of the Service Provider Agency

Ongoing Compliance (continued)

Sanctions

Failure to comply with the requirements may result in sanctions, including but not limited to, corrective action plans, payment suspensions, and termination of Medicaid enrollment.



Roles of the Service Provider Agency Prior Authorizations

Manage/Coordinate the Prior Authorization Process

- Person-Centered Plan of Care
Consult with physician and family
- Prior Authorization (PA) Request Form
Include PA signed by physician and documentation of other Medicaid services
- Work with family PCCA to schedule hours
Problem-solve backup plans
- Renewal of PA every 90 days for first six months, and every six months thereafter, and/or when the member's condition and service needs change



Roles of Mountain Pacific

Mountain Pacific (MP) Utilization Review Contractor

- Processes Prior Authorizations (PAs)
 - To ensure PCCA services are authorized only for specific skilled care allowable under PCCA service and to adjust the level of services as the member's needs change.
 - Look at the whole array of Medicaid services the child member may qualify for.
 - If change in PCCA services due to condition change of child, PA timeline starts over.



Roles of Mountain Pacific (continued)

Utilization Review Contractor

- mpqhf.org/medicaid-provider-portal
 - Providers must register
 - Provider training on Qualitrac (QT) – if new to MP, recommend May 2022 Training on QT
 - <https://www.youtube.com/watch?v=dKY1CCFnqcY>
 - Additional training specific to PCCA registration is forthcoming if there is interest by service provider agencies



Roles of Pediatric Complex Care Assistant (the family member)

Licensure through Montana Department of Labor

boards.bsd.dli.mt.gov/pediatric-complex-care-assistant-program/

- Licensure fee \$25 annually is responsibility of person seeking licensure
- Become employed by a service provider agency enrolled as a PCCA provider of service (provider type 49), and go through agency onboarding
- Maintain licensure in good standing and annual review, updating as necessary based upon service needs of member
- Develop back-up plans (paid and unpaid)
- EVV



Role of Electronic Visitation Verification - EVV

EVV is required for PCCA services

- Time and attendance
- Coordinate across the system of care for the child member
- Reduces fraud and waste

dphhs.mt.gov/sltc/EVV



Role of SLTCD Staff

- Processes the enrollment application - Craig Bender
- Approve enrollments – Michelle Christensen
- File update request (FUR) approval – Michelle Christensen with Denise Brunett as back up
- MP approve/deny the Prior Authorization (PA) within seven calendar days
- Claim is processed; if a provider has a question about a claim, they need to call Conduent
- Updated info about PCCA program and claims contacts to Conduent – Devney Welsh
- Cross-train on provider enrollments – Jenifer Thompson
- Administrative review and fair hearing – Michelle Christensen
- **Program contact is Rosa Alaniz**



Role of SLTCD Staff

Service Utilization and Oversight

Post Implementation Tasks:

1. Monthly claims query for PCCA to assess utilization, denials, trends, and etc.
2. Monthly claims query on PCCA service implementation and monthly thereafter, run a paid-claims query for coordination with PDN, CFCS and HH and PCCA to assess utilization

Annual Check-In/Report with PCCA Service Providers:

- a. Verify PCCA employment status and copies of current and in good standing PCCA licenses
- b. Charting, time reporting, EVV reporting, claims processing
- c. Problem solving/trouble shooting



Role of Other DPHHS Staff

- Ensure appropriate service coordination
- Problem-solve and quality improvement
- Provider Enrollment
- Member Enrollment
- Claims Processing
- Fraud, abuse and waste

Ensure no duplication of Medicaid Services



Foster Care

Prior Authorization and EVV

- Foster care provider only needs one PCCA license, regardless of the number of children who are members with pediatric complex care needs residing within the home.
- For licensure, the PCCA applicant must provide an attestation from the provider indicating the services they are trained on and certified to perform.
(Certified PCCA services are displayed on the license certificate.)
- In situations where foster care members in a foster care home do not have the same medical provider, the PCCA licensee can either obtain training from their individual medical care providers or complete an available training program from a Montana Department of Labor registered training provider.
- Additional PCCA service training and certifications can be added to the PCCA license by the Montana Department of Labor.



Foster Care

Prior Authorization and EVV (continued)

- PCCA license must have the required certifications noted on their license for the PA services.
- EVV and claim submission for reimbursement, each will be based upon individual.
 - For example, if two or more foster care members with provided PCCA services, the PCCA will need to schedule, clock-in, and clock-out for each child.
 - Grouping services for multiple members is not allowed for EVV or for reimbursement of claims.
 - The service provider agency will submit claims based upon the individual services provided to an individual member.



Prior Authorization is Required for PCCA

- PCCA is a State Plan service, not a waiver. A member can have both, unduplicated.
- PA must be obtained before the initial provision of services.
- To issue a PA, the PA must have an NPI and all the other information required by CMS.
- Medicaid-enrolled service provider agency for PCCA services.
- If the member's condition changes in a way that affects the number or duration of service hours, a new authorization must be obtained to reflect these changes.
- Regardless of any changes in condition, the department mandates that **requests must be renewed every 90 days during the first six months of service, and every six months thereafter**, or any time the condition of the child changes, resulting in a change to the amount of PCCA services required.



Prior Authorization is Required for PCCA

(Continued)

The PA request must include the following elements:

- Medical order provided by the member's primary care physician consistent with the member's plan of care
- Principal diagnosis
- Specific PCCA services and treatments to be provided
- The frequency of these services/treatments
- When medication administration is ordered, the medication, the amount, frequency, and route of administration must be included
- Any other documentation requested by the Department's contractor – to include current PCCA license for the member



Roles of the Service Provider Agency Employ Prior Authorization Form – Page 1

**Pediatric Complex Care Assistant (PCCA) Services
Prior Authorization Request**



All PCCA services must be prior authorized. Requests must be renewed every 90 days during the first six months of service, and every six months thereafter or, anytime the condition of the child changes, resulting in a change to the identified service, frequency or time of the PCCA services.

Requests for prior authorization must be submitted to Mountain Pacific through the [Mountain Pacific Provider Portal](#).

Member Information			
Last Name	First Name	Middle Initial	Medicaid ID Number

At Home Status	
Is the member receiving Private Duty Nursing (PDN) at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
o If Yes, number of received hours/day?	
o Agency providing PDN is: _____	
Is the member receiving Community First Choice Services/Personal Care Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the member receiving Home Health? <input type="checkbox"/> Yes <input type="checkbox"/> No	
o If Yes, number of received hours per day or week?	
o Expected length of Home Health services?	
o Home Health agency is: _____	

In School Status	
Is the member in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the member receiving Private Duty Nursing (PDN) at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Provider Information	
Provider Agency Name	Provider Agency NPI

Agency Contact First and Last Name	Telephone	Fax

Roles of the Service Provider Agency Employ

Prior Authorization Form – Page 2

Physician Information and Orders		
Ordering Physician Name	Telephone Number	Fax Number
Principal Diagnosis		
Additional Comments		
Request for PCCA Services		
Select the box for each service being requested. Indicate the frequency per day or per week for each service selected.		
PCCA services are provided where the child resides.		
<input type="checkbox"/> Tracheostomy care	Frequency (per day or per week)	
<input type="checkbox"/> Airway clearance, airway management including oxygen	Frequency (per day or per week)	
<input type="checkbox"/> Enteral care and therapy	Frequency (per day or per week)	
<input type="checkbox"/> Wound care	Frequency (per day or per week)	
<input type="checkbox"/> Central line care or IV fluid administration	Frequency (per day or per week)	
<input type="checkbox"/> Bowel care, including enema administration and ostomy care	Frequency (per day or per week)	
<input type="checkbox"/> Medication administration	Frequency (per day or per week)	
Upload current list of medications when uploading this form.		
Physician Printed Name and Signature		
Physician Printed Name		
Physician Signature		Date



Mountain Pacific Prior Authorization Goal and Limitations

Goal:

To ensure PCCA services are authorized only for specific skilled care allowable under pediatric complex care assistant service and to adjust the level of services as the member's needs change.

Limitations:

PCCA services shall be reimbursed by a per unit of service not to exceed 24 hours, or 96 units, in a single day.



PCCA Hours Approval and Scheduling

- The number of PCCA services units approved is based on the time required to perform the identified tasks.
- Scheduling these hours and using these hours is negotiated between the service agency provider, the member, and their caregivers.
- Members may use their authorized number of hours [units] for PCCA services within the two-week pay period. Hours do not carry over, nor can they be banked.
- The number of hours authorized by the Department (via the contractor) may be different than the number of hours the provider requested.



Prior Authorization - Initial and Renewals

Mountain Pacific (MP)

New members to PCCA – MP will review the frequency of PCCA services as requests are received from providers, and as members are discharged from the hospital or other medical settings.

- The prior authorization must be requested at the time of the initial submission of the plan of care.

Current members having PCCA - required to renew prior authorization requests two (2) weeks before the end date on the current prior authorization request.

Renewals of prior authorization requests must be made every 90 days for the first six months then every 6 months thereafter.



Prior Authorization - Initial and Renewals (continued)

- Prior authorization also must be requested any time the plan of care is amended.
- PCCA licenses are renewed annually and/or updated when new PCCA services and certifications are added or removed.
- Expected turn-around time on a PA from MP to service provider agency is seven (7) calendar days.



Prior Authorization Process

- The Medicaid-enrolled service provider agency requests the prior authorization from the member's physician.
 - Service provider agency tracks the prior authorization and collaborates with the family in this process.
- Service provider agency submits the PA to Mountain Pacific (MP).
 - PA request entry into the Qualitrac (QT) system via the MP online portal and requires enrollment in Montana Medicaid is tied to their NPI.



Prior Authorization Process (continued)

- MP reviewer conducts an assessment to determine or verify the number of PCCA hours the member is eligible to receive based on medical necessity of the PA.
 - MP shall not approve or endorse any care plan that lacks such an order.
 - MP role is purely administrative and does not constitute the delegation of nursing tasks as defined under Montana law.
- When case is complete, MP reviewer will attach an approval/denial letter for the provider and send back via QT to the person who requested the PA at the provider agency. Letter includes:
 - Fair hearing/appeal rights information provided.
 - PA number, approved timespan, and units they will need for billing.



Prior Authorization Process (continued)

- QT has automatic email notifications when:
 - A case is submitted correctly
 - A request for information (RFI) is submitted
 - An outcome has been rendered
- Notifications are sent to the person who entered the request to keep them updated on the progress of the case
- Anyone at the provider agency set up with access can log in/review the request
- Hard copies – It is the provider's responsibility to print the letter from QT



Prior Authorization Process

Mountain Pacific Assessment Considerations

MP will review:

- PCCA tasks ordered
- Other services the member is receiving (i.e., home health, PCA, PDN, etc.).
 - Given that PCCA tasks may overlap with other services, MP will work with members to identify areas of duplication and streamline service provision
- To ensure no duplication of services



Prior Authorization Process

Mountain Pacific Assessment Considerations (continued)

- MP will identify all medically necessary tasks that could be included in the PCCA authorization per the physician's order and make referrals to other Medicaid programs as indicated.
 - For example, bowel care and other associated health maintenance activities can be covered under CFCS Self Directed program.
- Requests must be renewed every 90 days during the first six months of service, and every six months thereafter, or any time the condition of the child changes, resulting in a change to the amount of PCCA services required.



Prior Authorization Process

Service Authorization and Plan of Care

Care Plan Development:

- Service provider agency collaborates with the family, the PCCA, and other service partners to create a coordinated person-centered plan.
- Plan specifies the number of hours and the tasks the PCCA will perform based on their licensure and service authorization.
- Avoiding Service Duplication:
 - If the member receives other services, such as PCA or private duty nursing, the provider agency will work with the member for scheduling PCCA tasks.
 - For example, the member may have a PCA assist with certain activities of daily living (ADLs) and assign PCCA services to more specialized care needs.



Prior Authorization Adjustments

A change in the member's condition may warrant a change in PCCA services and other Medicaid services.

- Physician must order the PCCA services and the PCCA licensure to provide the services need to match. It might mean a PCCA needs to complete additional training and have their license amended.
- Adjusting the PA may take up to 14 days. An expedited review may be requested in the event of critical change in the condition of the child.



Resources

- EVV Web Portal
dphhs.mt.gov/sltc/EVV
- Mountain Pacific Portal and Web Training
mpqhf.org/medicaid-provider-portal
- Medicaid Provider Website – PCCA Service Manual
medicaidprovider.mt.gov
- Montana Department of Labor – Licensure
boards.bsd.dli.mt.gov/pediatric-complex-care-assistant-program/



Additional Training

DATE	TIME	AUDIENCE
May 12, 2025 (Monday)	3 p.m. to 4 p.m.	CSB Staff
May 19, 2025 (Monday)	3 p.m. to 4 p.m.	Any DPHHS Medicaid, Early Childhood, Foster Care Staff interested in PCCA
June 9, 2025 (Monday)	12 p.m. to 1:30 p.m. (across lunch hour for families)	Families/potential PCCA licensees
June 12, 2025 (Thursday)	3:30 p.m. to 5 p.m.	Service Agency Providers
June 12, 2025 (Thursday)	5:15 p.m. to 6:45p.m. (evening)	Families/potential PCCA licensees
June 26, 2025 (Thursday)	2 p.m. to 3:30 p.m.	Service Agency Providers
TBD	TBD	Service Agency Providers NEW to Qualitrac
TBD	TBD	EVV



Questions and Discussion



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Thank You!

DPHHS/SLTCD Contacts:

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MT Department of Labor:

- Tracy Gonzalez, PCCA Licensure: tgonzalez2@mt.gov



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