ARChoices in Homecare Q & As

The following questions were received as part of the ARChoices provider workshop conducted December 11, 2015. DAAS received several duplicate and similar questions that were combined to provide better clarity in the answers. They are arranged by subject matter.

A. Targeted Case Management and Counseling Support Management

1. **Are TCM and CSM the same?**
   No, TCM and CSM are not the same. Counseling Support Management (CSM) in the AAPD program provided both case management and counseling support for self-direction. The case management function of CSM was available to all AAPD clients regardless of whether the individual self-directed attendant care or not. The counseling support function of CSM was provided to only those who self-directed. Those functions will be provided as 2 separate services in ARChoices. Targeted Case Management (TCM) will be provided to all individuals unless they refuse the service. Counseling support for self-direction will be provided through the Independent Choices (IC) contractor (PALCO). During the transition year, CSM will continue until the individual is ready to direct their care through IC.

2. **If AAPD client has agency attendant care, can we still bill and provide CSM services until POC expires, or is it only IndependentChoices clients?**
   Yes, until the AAPD participant has a new person-centered service plan developed at reassessment, CSM services will continue. It is not until the person begins self-direction under IC that the CSM service will be discontinued, and TCM will begin. Even though the individual is not self-directing, the CSM should continue to provide needed case management services until TCM can begin.

3. **Will current TCM monitoring forms be utilized for all waiver clients?**
   Yes, TCM policy has not changed. TCM providers will continue to use all required TCM forms.

4. **Will transfer to TCM follow or utilize current TCM Medicaid regulations?**
   Yes, the TCM Provider Manual will be followed when providing TCM. The TCM Provider Manual has been updated to incorporate ARChoices changes and is available on-line.

5. **If IndependentChoices clients self-direct services, will they still receive TCM services if requested?**
   Yes, all ARChoices participants will receive TCM regardless of whether they self-direct or not. IC provides counseling support for self-direction. TCM and IC counseling support are completely different services and provide different functions for the participant.

6. **If currently providing TCM to age 60+, will you be able to provide for clients under 60? Will it only be for clients on the ARChoices program?**
   Yes, TCM providers will now be able to provide TCM for individuals 21 and older on ARChoices as well as continue to provide TCM for individuals age 60 and older regardless of Medicaid program.

7. **Renewal for Case Management Services?**
   Question is unclear, please clarify intent. CSM must renew if the CSM provider continues to provide services through the transition year only if their CSM expires. You must maintain TCM license to provide TCM services in ARChoices.

8. **Traditionally, TCM for Elderchoices clients managed referral/linkage needs related to Durable Medical Equipment (DME). Is that changing under the new ARChoices program? If so, do we then convey to the DAAS RN's the DME needs via form 9511?**
   There are no changes related to DME under the ARChoices program. TCM providers should continue to provide referral/linkage for DME in ARChoices as they do now for ElderChoices.

B. Agency Attendant Care and Personal Care

1. **If the attendant care duties include bathing, dressing, personal hygiene, why is it necessary to order non-waiver personal care? CMS did not require [this] for AAPD.**
   CMS has made it clear that state plan personal care must be a separate service from ARChoices attendant care, and state plan services must be utilized before waiver services.

2. **If personal care is on an ARChoices POC, will the provider be required to obtain order for personal care?**
   DHS policy hasn't changed regarding this. Like ElderChoices, under ARChoices the Person-Centered Service Plan (PCSP) covers personal care and no order is needed. Some providers still require the order as part of their policy, even though it is not required by DHS.

3. **Does ARChoices have any effect on regular Medicaid personal care?**
   ARChoices does not have any effect on personal care. Individuals receiving ARChoices may also receive personal care. CMS has informed DHS that state plan personal care must be utilized before waiver services, so participants will often have both on their person-centered service plan.

4. **Are personal care regulations going to stay the same? (Same as PC w/ EC→PC w/ARChoices)?**

Yes, if an ARChoices participant has personal care, the DAAS RN must authorize it on the ARChoices person-centered service plan.

5. **How will homemaker services and adult companion services transition to attendant care services?**
   Homemaker and adult companion services will be billed as attendant care beginning January 1, 2016. When the individual is reassessed during 2016, the DAAS RN will authorize attendant care on the new person-centered service plan for the individual.

6. **Please explain what document requirements for existing Elderchoices clients if billing is by attendant care for homemaker and adult companion?**
   If your question is asking how to bill for Home Maker and Adult Companion Services through ARChoices, then bill using your attendant care provider number and sum total hours for Homemaker and Adult Companion as ARChoices Attendant Care hours.

   If your question is "how do we document Homemaker and ARChoices services"… Services provided will be documented per the PCSP until reassessment.

7. **Can you help us define Audits 438, 435, 437 for Agency Attendant Care?**
   Audit 438 limits agency attendant care to 64 units (16 hours) per date of service.
   Audit 435 limits agency attendant care to 1,436 units (359 hours) per month.
   Audit 437 limits agency attendant care to 16,848 units (4,212 hours) per State Fiscal Year.

8. **What are the documentation requirements going to be for attendant care vs. EC/AAPD documentation?**
   All Providers are encouraged to follow policy established by Medicaid to ensure that they meet all documentation requirements.

C. Auditing

1. **What if OMIG or other auditors misinterpret our transition plan of what is occurring on or after 1/1/16?**
   DAAS will work with OMIG and other auditors to ensure their interpretation of the CMS approved and promulgated waiver, transition plan and provider manual is accurate.

2. **What will auditing entities such as OMIG follow when auditing?**
   OMIG and other auditing entities will follow the CMS approved and promulgated waiver, transition plan and provider manual when auditing.

3. **How do providers know that OMIG or other auditors will be in agreement to the CMS and DMS approved transition plan for ARChoices?**

It does not matter if OMIG or other auditors are in agreement with the CMS approved and promulgated transition plan. It is the job of OMIG and other auditors to ensure providers and DAAS are following the approved transition plan.

D. Billing and Rates

1. **What are the rate change amounts?**
   - Personal care, attendant care, and in-home respite services will all have a new rate of $4.50 per 15 minute unit ($18 per hour).
   - Adult Day Health will increase to $3.12 per 15 minute unit ($12.48 per hour).
   - Adult Day service will increase to $2.50 per 15 minute unit ($10.00 per hour).

   All other rates remain the same.

2. **Please explain what document requirements for existing ElderChoices clients if billing is by attendant care for homemaker and adult companion?**
   If your question is asking how to bill for Home Maker and Adult Companion Services through ARChoices, then bill using your attendant care provider number and sum total hours for Homemaker and Adult Companion as ARChoices Attendant Care hours.

   If your question is "how do we document Homemaker and ARChoices services"… Services provided will be documented per the PCSP until reassessment.

3. **If the agency is not currently licensed to provide service for AAPD, will the agency need a special license to our agency attendant NPI number, will we only use S5125 modifier U2 for each service listed under ARChoices, or will we need to differentiate between each service by using each procedure code to do that? Also, isn't each service to be billed hourly not in 15 minute increments?**
   If the agency/provider does not have current attendant care certification, they must apply for it before they are placed on the Freedom of Choice provider list. Attendant care services are in 15 minute increments and are not provided in hourly increments.

4. **What is billing for TCM services under ARChoices (U modifier codes)?**
   Refer to TCM provider billing manual. Procedure codes are:
   - T1017 TOS 9 Modifier UA – Assessment/Service Plan Development ARChoices
   - T1017 TOS 9 Modifier UB – Service Management/Referral Linkage ARChoices
   - T1017 TOS 9 Modifier UC – Service Monitoring/Service Plan Updating ARChoices

5. **Does homemaker/adult companion services billing change 1-1-2016 to attendant care if POC has not been changed?**

Yes, providers will need to bill attendant care for all homemaker and adult companion hours shown on the current service plan of care.

6. **How will homemaker services and adult companion services transition to attendant care services?**
   Homemaker and adult companion services will be billed as attendant care beginning January 1, 2016. When the individual is reassessed during 2016, the DAAS RN will authorize attendant care on the new person-centered service plan for the individual.

7. **Will homemaker services, adult companion services, and attendant care services provided sum as the total hours for attendant care services?**
   ElderChoices Homemaker and Adult Companion Services will be totaled and billed as Attendant Care in ARChoices. AAPD Attendant Care will continue to be billed as Attendant Care in ARChoices.

8. **With consumer-direction(CD) and agency care (hours split), can they back each other up? For example, if CD provides X# hrs/wk, and the agency provides X# hrs/wk, can the agency fill in and send an aide to provide those hours?**
   Providers must follow the Person-Centered Service Plan (PCSP).

9. **What happens if the quantity of services with either homemaker or adult companion services when combined as an attendant care service may exceed the individual limitations for either service?**
   This should not happen. The current limit for Homemaker is 43 hours/month. The current limit for Adult Companion is 1200 hours/year (sharing the limit with respite). The limit for ARChoices Attendant Care is 359 hours/month. Unless the nurse authorizes an unusually large amount of ACS during one month, it should not go over the Attendant Care limit. If this happens, please contact the DAAS RN.

10. **Will ElderChoices Personal Care rate changing as well?**
    Yes, agency-directed personal care, attendant care, and in home respite will all increase to $4.50 per 15 minute unit ($18 per hour).

11. **What is the billing rate for TCM services?**
    The TCM billing rate will remain the same at $7.50 per 15 minute unit.

12. **Will there be 359 hr/mth include personal care hours?**
    Yes, the 359 hours does include personal care hours. This will be reflected on the person-centered service plan. To clarify, 359 hours is the maximum number of hours of Attendant Care allowed based on the highest RUG level.

13. **Can we bill for transporting a client?**
    No, transportation is not a service under ARChoices.

14. **We still occasionally bill for "chore" services, how do we bill for "chore" after January 1.**
    Chore services incurred January 1, 2016 or later will not be paid. DAAS staff will identify any participants with chore on the service plan and complete a reassessment by the end of January to ensure the needs of the individual are met.
15. **Do we need time sheets to document attendant care services?**
    That is not for DAAS to regulate. You must follow policy established by Medicaid and the agency on how to provide verification of services provided when audited.

16. **The employee time sheets during the time of the transition and matching to the plan of care will state services as homemaker and adult companion services (ACS), but the services will be summed and submitted on or after 1/1/16 as attendant care services.**
    Yes. Each agency must develop their time sheet/patient service plan documenting employee time in and time out as well as services provided.

17. **Will there be a rate increase for facility-based respite?**
    No, the rates for both short-term and long-term facility-based respite will remain the same.

E. Consumer (Self)-Direction

1. **Can the consumer-directed aide also provide the agency care totaling over 40 hours per week?**
   DAAS cannot speak for the actions of agency providers beyond the expectation that Medicaid policy requirements for an aide providing a Medicaid personal care service must meet all requirements to perform the work of an aide of Medicaid personal care services.

2. **Can a consumer-directed aide also work through an agency?**
   DAAS cannot speak for the hiring practices of an agency beyond all Medicaid requirements must be met.

F. LTSS Application and Financial Eligibility

1. **Will applications for assistance change (EC/AAPD/Assisted Living)?**
   Yes, the DHS-777 has been changed to remove references to EC and AAPD and add references to ARChoices.

2. **Is new DCO-777 available?**
   The new DHS-777 will be available for DHS offices to order beginning in early January 2016. You may continue using the old applications until new ones are available.
3. **Are there any changes to financial criteria to qualify for ARChoices?**

Financial criteria are exactly the same under ARChoices as it was for ElderChoices and AAPD. There are no changes to the financial eligibility rules or process.

G. Person-Centered Service Plan (PCSP)

1. **Will the DAAS plan of care (POC) be replaced by a new assessment tool?**
   The plan of care will be replaced by the person-centered service plan (PCSP). The assessment will continue to be the interRAI.

2. **What about waiver plan of cares that have both consumer-directed and agency?**
   Self-directed attendant care and agency attendant care can both be provided as long as agency personal care is not provided.

3. **Is an agency service plan/care plan still required (DMS-618)?**
   Each provider should have a policy in place that determines their service plan/person-centered service plan requirements.

H. Home Modifications

1. **What are the requirements to be the agency that coordinates home modifications?**
   The coordination of home modifications is not an agency-delivered service in ARChoices. It will be primarily done by the DAAS RN with some assistance from the case manager.

2. **If a current CSM had an environmental added to their POC recently, so the environmental hasn't been completed yet, and they rent their home, would their environmental be taken off their POC after 1/1/2016?**
   These will be handled on a case-by-case basis. If there are any situations like this, the provider should send the information to the DAAS central office for review.

3. **If someone already has started the process for a vehicle modification will they still be able to get that completed? Or does it need to be 100% finished by December 31st?**
   The modification will need to be completed by December 31, 2015.

I. Other

1. **Regarding respite services, if a client is in a facility (short or long-term facility based), are we able to provide respite services even though the client lives in a facility? And is this only for clients that are receiving skilled services, in facility, which are billed under Medicare and Medicaid?**
   Acute Care Hospitals, Level II Assisted Living Facilities, Nursing Facilities, Residential Care Facilities, Adult Family Homes, as well as Adult Day Centers may all provide short-term and long-term respite through ARChoices, if they are a certified respite

provider and on the Freedom of Choice provider listing. Although some of these facilities are "institutional" in nature, they have been approved to provide respite care for ARChoices participants. ARChoices participants do not normally have skilled care needs. An agency/provider can't go into a facility and provide respite.

2. **Explain the RUGs score and level of care?**
   RUG stands for Resource Utilization Group. This score is based on a separate algorithm than the Level of Care Algorithm and determines the tier payment. The Algorithm is calculated using the answers provided to questions contained within the assessment tool.

   Level of Care is based on the medical criteria algorithm. Medical Criteria is:
   a. The individual is unable to perform either of the following:
      1) At least 1 of 3 activities of daily living (ADLS) of transferring/locomotion, eating or toileting without extensive assistance from, or total dependence upon another person.
      2) At least 2 of the 3 ADLS of transferring/locomotion, eating or toileting without limited assistance from another person.
   b. Medical Assessment results in a score of 3 or more on Cognitive Performance.
   c. Medical Assessment results in a Change in Health, End-Stage Disease and Symptoms and signs (CHESS) score of 3 or more.

3. **Can a person have two agencies providing services?**
   The question is unclear. In the ARChoices person-centered service plan the beneficiary has freedom of choice of providers, including state plan services. The selection process may include two agencies providing services.

4. **ARChoices combines populations; however, will people under disability act be included in home-delivered meals. If so, when people contact us for (HDMs), who do we send them to get qualified?**
   Since ARChoices combines populations, any ARChoices participant, age 21 and over, may receive home-delivered meals or any ARChoices service as long as they have a need for the service, and it's selected on the person-centered service plan. Individuals may apply for ARChoices through the local DHS county office.

5. **Can a person have two agencies providing services?**
   The question is unclear. In the ARChoices person-centered service plan the beneficiary has freedom of choice of providers, including state plan services. The selection process may include two agencies providing services.

6. **Friendship/Bost is a Medicaid waiver program that enables providers to provide personal care to their consumers. Will we be able to continue to provide these**

services? I have always been told the Friendship/Bost waiver is of last resort but with all the changes, how does this affect those patients?

If enrolled as an active Medicaid provider of personal care (provider type 32) the provider should be able to provide Medicaid personal care. If a provider currently provides personal care type services through a provider type other than provider type 32, please provide your provider number and DAAS will check with Medicaid. Personal care services under ARChoices are for providers with a provider type 32 and an eligible provider specialty.