

# PERSONAL CARE & MEDICAL EVALUATION SERVICES

May 2022



## Slide 1

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**VP2**

I think this title would lead them to it only behavioral aides or school health aides, and not the other services. I would keep it as Personal Care Services, and we can come up with a different AKA

VITA Program, 3/11/2022

# Agenda

- LEA Provider Manuals
- Who performs personal care services?
- Personal care services defined
- Medicaid requirements for claiming these services
- Billing Instructions
- Documentation Requirements
- Supervisory Visits
- Medical Evaluations
- Random Moment Time Study (RMTS)

# Local Education Agency Provider Manuals

- The DMAS Provider Manuals may be found through the Medicaid Enterprise Solution (MES) Provider Portal at:

<https://vamedicaid.dmas.virginia.gov/manuals/local-education-agency>

DMAS “LEA” Provider Manuals are the source of rules and requirements for delivering Medicaid-covered services in the school.

# Who Performs Personal Care Services?

- These are unlicensed personnel employed or contracted by the school division
- These persons may be called a number of different things within the school setting (e.g., classroom aide, special education aide, a one-on-one aide, a non nurse working in a clinic, a behavioral aide)
- We collectively refer to persons doing this work as ***personal care assistants***
- When the assistance provided meets the Medicaid definition of ***personal care service***, the activity may be submitted as part of interim claiming and counted as a direct services in the VP3 RMTS

**Slide 4**

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**VP3**

I will leave this for Emily to edit depending on how she put in the RMTS info

VITA Program, 3/11/2022

# Examples of Personal Care Services

Examples of Personal Care Services include:

- Assistance with activities of daily living (e.g., toileting, eating);
- Assistance that enables the student to participate safely in learning activities.
- Physical positioning or transfers to prevent injury
- Performing exercises to maintain range of motion.
- Cueing for adaptive behavior in the classroom; and
- Supervises the student during non-emergency specialized transportation to or from a site where another DMAS-covered, school health service is being performed.

# Medicaid Requirements for Claiming Personal Care Services

In order to include the activity as a direct service for interim claims/cost reimbursement, the activity must:

- Be needed to address an identified medical/health/behavioral health condition
- Be carried out according to specific goals written into a ***personal care*** plan of care/treatment plan
- Be carried out under the general supervision of a DMAS-qualified healthcare professional as allowed under the professional's license scope



# Personal Care Services

If the personal care assistant is providing personal care services from multiple disciplines, the assistant's work must be supervised by a qualified provider from each of the services involved. Evidence of supervision must be documented in the student's service record.

# Personal Care Services

If the personal care assistant provides personal care services under supervision of multiple disciplines (e.g., PT and nursing), there must be multiple plans of care completed by the appropriate qualified professional documented in the student's record.

# Personal Care Services

Supervision of the personal care assistant must be carried out according to licensing requirements of the supervising provider of the services as listed in the plan of care.

# Here's what may be changing

Disclaimer:

In the next few slides, proposed requirements are described in blue. These will go into effect only upon CMS approval of Virginia's state plan amendment.

# Here's what may be changing

- To qualify for reimbursement, personal care services must either be:
  - Included in the student's IEP, or
  - Included in a plan of care/treatment plan document that meets Medicaid requirements.
- Regardless of IEP versus no IEP, the plan of care must be developed and signed by the licensed provider acting within their license scope
  - A separate plan of care must be developed if services are being supervised by different disciplines
- Service documentation must be completed
- Whether or not the services were provided pursuant to an IEP or not must be documented in the progress notes, service log or treatment notes.



# DOCUMENTATION REQUIREMENTS

Local Education Agency Provider Manual Ch. VI  
Utilization Review and Control

# General Documentation Requirements

- **NEW requirement:** Documentation of a direct service provided must be completed within 30 days of the date of service.
- Documentation must follow general documentation requirements outlined in the provider manuals for all providers, as well as service specific documentation requirements
- Must also be in accordance with the requirements of the applicable licensing board and Virginia statutes and regulations

# General Documentation Requirements

- Documentation records must be retained for at least 6 years from last date of service and be complete, accurate, organized and readily accessible upon request
- The following types of service documentation must be available at the request of DMAS:
  - Service-specific assessments/evaluations
  - Plans of Care/Treatment Plans
  - Service Logs/Progress Notes/Treatment Notes, including evidence of supervision where required/necessary



# Documentation Requirements

## Signatures

- All documentation requiring a provider signature must use the signature format including first initial, last name and title of the provider. The signature must be dated Month/Day/Year
- Electronic signatures must follow DMAS guidelines set forth in the DMAS Physician/Practitioner Manual Chapter VI
  - Identifies the individual signing the document by name and title
  - Assures documentation cannot be altered after signature has been affixed

# Personal Care Services Plan of Care

- Must be developed by a DMAS qualified provider acting within the scope of their license
- A separate Plan of Care (POC) should be developed per discipline based on the services required
- Valid for 365 days

# Personal Care Services Plan of Care

- Student's Legal Name
- Medicaid ID number
- Date of POC Implementation
  - Cannot be backdated
- Medical condition and diagnosis/identifying issue being addressed by the service
- ICD-10 Code.
  - Specific to needs identified for the service based on the diagnosis/identifying issue as stated above

# Personal Care Services Plan of Care

- Measurable goals
  - Should relate to what is outlined in IEP for services if service is rendered due to an IEP.
- Type of treatment, intervention and to be used to address the goals
- Frequency of service required to address the goal
  - Don't include specific times of day
- Approximate amount of time for each service.
- Signed and dated by the qualified provider that is supervising the POC.

# Personal Care Services Log

- Student's Legal Name
- Medicaid ID Number
- Indicate if the services is based on IEP or non-IEP
- Date of Service
- Amount of Time for the Service
- Type of Contact (Individual vs. Group)
- Activity or Service Performed
- Student Response to Treatment

# Personal Care Services Log

- The school health assistant rendering the service should be clearly indicated
  - Should include school health assistant's signature, role title and printed name
- The qualified provider supervising that discipline specific service must confirm that services rendered were carried out in accordance with the Plan of Care.
  - This confirmation must include the supervising qualified provider's signature



# SUPERVISORY VISITS

Local Education Agency Provider Manual Ch. II  
Provider Participation Requirements

# Supervisory Visits

- The student's service record must contain documentation of supervisory visits
- Supervisory visits must be carried out in accordance with applicable licensing laws
- Supervising licensed professional must document, in the student's service record, that a supervisory visit has occurred consistent with licensing laws, and at least every 90 days



# Supervisory Visits

- Whether the supervisory visit is held directly or indirectly is determined by licensing requirements
- During the supervisory visit, the qualified supervising provider should review the child's progress and make any adjustments to the treatment plan



# MEDICAL EVALUATIONS

Local Education Agency Provider Manual Ch. II  
Provider Participation Requirements

Local Education Agency Provider Manual Ch. IV  
Covered Services and Limitations

**Slide 24**

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**VP1**

Shall we take this out and make a specific EPSDT/Medical Eval powerpoint?

VITA Program, 3/9/2022

# Medical Evaluations

Qualified providers of medical evaluations include:

- A physician licensed by the Board of Medicine;
- A physician's assistant licensed by the Board of Medicine; or
- A nurse practitioner licensed by the Board of Nursing

School divisions may bill for medical evaluation services when performed by a physician, physician's assistant, or nurse practitioner acting within their scope of practice under State law.

# Medical Evaluations

In addition to the general documentation requirements outlined in the LEA Provider Manual, Ch VI, documentation of medical evaluations must also include the following:

- Source of referral for medical evaluation;
- Positive and negative examination findings;
- Diagnostic tests ordered and the results of the tests, if applicable;
- Diagnostic impressions; and
- Recommendations for further services or treatment.



# BILLING INSTRUCTIONS

Local Education Agency Provider Manual Ch. V  
Billing Instructions

# Billing Instructions

## Service Limits

- Billing for personal care services are limited to 8.5 hours per day or 34 units per day
- If the total number of units billed ends up a fraction of a unit, round to the nearest whole unit

Ex: 500 vs 505 service minutes for the month

- $500/15 = 33.33$  units. Total units billed = 33
- $505/15 = 33.66$  units. Total units billed = 34

# Billing Instructions

## **NPI Number/ORP Provider**

Personal care services and medical evaluation services do not require the NPI of an ORP provider on claims.



# Personal Care Service Limitations

## Service Units

- A unit of service equals 15 minutes
- You can only claim for one personal care service per student for a given unit of time, even if the service being performed requires more than one School Health Assistant to complete it.
- Can claim for up to six service units when supervising multiple students during a single specialized transportation trip. (One unit for each student supervised up to a maximum of six.)



# RANDOM MOMENT TIME STUDY (RMTS)

# The RMTS Connection

- The Medicaid in Schools program is not a “fee-for-service” program. Schools aren’t paid based on submitting claims for the individual services provided to students.
- Instead, schools submit “interim” claims to document to DMAS that a covered service was provided to a Medicaid-enrolled student, but those “interim” claims are paid at “interim” (temporary) rates that are later re-calculated via a cost settlement process.
- This type of reimbursement program, referred to as “cost-based” or “cost settlement” is great for schools because it allows school divisions to ultimately receive reimbursement based on actual incurred costs to provide Medicaid-covered services.

# The RMTS Connection

- The Medicaid in Schools program uses the RMTS to measure and quantify the amount of time all of the staff (providers) employed by school divisions across the state spend doing work activities that qualify for Medicaid reimbursement.
- Therefore, when you answer a moment, the RMTS is determining whether the work activity happening at the time “counts” for reimbursement in the Direct Services program, the Medicaid Administrative program, or neither program.

# The RMTS Connection

- When responding to the RMTS, providers should apply your understanding of program reimbursement and interim billing requirements to your moment responses.
- Your moment response must provide enough complete information so that we can determine whether the work you were doing can be “counted.”
- **Note:** You’ll never need to identify any student specifically, and you’ll never need to consider whether the student you were working with is enrolled in Medicaid or FAMIS when responding to an assigned moment.
  - A moment response is never about the student – it’s about your work activity

# RMTS Tips

- Provide sufficient information so that the ***context*** of your work is understood.

Don't Say:	Say this instead:
Completing paperwork	Documenting notes about the personal care services I provided to an IEP student
Assisting a student	Assisting an IEP student with eating lunch per their personal care service plan
In a meeting	In my monthly meeting with the PT who oversees the personal care service plan for my 1:1 student providing feedback on the student's progress and getting updated instructions from the PT.
Bus duty	Transferring and positioning IEP student who is in a wheelchair onto bus at end of day, per the personal care service plan

# RMTS Tips

- When an aide or assistant is working with a student, providing personal care services pursuant to a care plan supervised by a licensed health care professional, in Medicaid's view you are providing a health care service. But we see many moments answered saying that you're addressing the student's educational needs.
- Remember that educational needs and health care needs can and do overlap!
- The personal care service plan you follow was written to address underlying health care issues for the student, so be sure to keep that perspective in mind.

# RMTS Tips

- Provide sufficient information so that it's clear whether or not the service being provided meets Medicaid requirements for interim billing (*ignoring the actual Medicaid status of the student*).
- RMTS uses language like “Medicaid-qualified” to encompass many aspects of service delivery, like
  - Was supervision in place, where required?
  - Is there an active plan of care?
  - Are services continuing after the qualified provider has discharged the student?



# RMTS Tips

- For interim billing purposes, you submit an interim claim for each “visit” or “session” that meets Medicaid’s requirements – thinking about “face-to-face” time with the student.
- Medicaid determines the true cost of providing all those services by “counting” all working time that is an ***integral component*** of service delivery through the RMTS, including:
  - Time spent documenting your service notes/progress/logs
  - Time spent preparing to provide a service(e.g. gathering the materials you’ll need, getting out supplies/equipment, taking the student to the bathroom or the kitchen/cafeteria for toileting or feeding, etc.)
  - Time spent traveling to provide a covered services (e.g. between the elementary school and the middle school)
  - Time spent completing paperwork or electronic interim billing forms/documents

# RMTS Tips

- Because the RMTS needs to capture and “count” all the working time that is an ***integral component*** of service delivery, even when not “face-to-face” with the student, we still need to know that the Medicaid requirements for reimbursement of the related service are met.
  - If your moment responses are not clear, you might get a follow-up question asking you about the “purpose of your travel” and things of that nature.
- **Note:** with the expansion of program reimbursement to include services that are not related to a student’s IEP, your RMTS moment responses need to clearly identify work that is related to a student’s IEP vs. when it’s not.

# RMTS – “Administrative” Claiming

- Many work activities that school-based providers perform may not be reimbursable as a “direct service” but instead are reimbursed through Medicaid Administrative Claiming.
- In the Administrative Claiming program there are no interim claims, just the RMTS is used to quantify work time spent doing reimbursable activities, such as:
  - Referrals, care coordination, monitoring – “indirect service” time
  - “Big picture” planning (not specific to any one student) for health care service delivery needs/programs
  - Clinical supervision
  - Conducting or receiving training related to health care services and practice

# Resources

Sheri and Kirsten, please add your contact info here

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