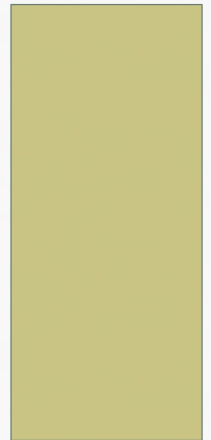
ATTENDANT CARE

THE FOUNDATION OF HOME AND COMMUNITY BASED SERVICES



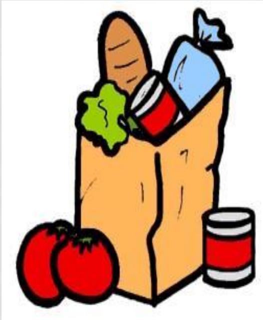
ATTENDANT CARE SERVICE REMAINS ONE OF THE DEFINING LINES BETWEEN A CLIENT REMAINING HOME OR HAVING TO ENTER A NURSING HOME

MAINTAINED THROUGH EFFECTIVE CARE PLANNING

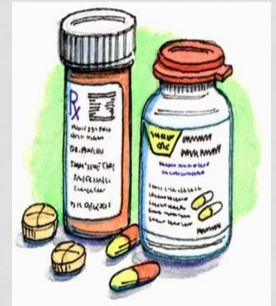
YOU ARE ALL IN IT TOGETHER

DOING WHAT IS NECESSARY AND WHAT IS RIGHT

INSTRUMENTAL ACTIVITIES of DAILY LIVING



Meal Planning and Preparation
Shopping and Errands
Laundry and Housekeeping



Reminders to take medication-
Such as assistance with reading labels and opening bottles; REMEMBER: a non-licensed caregiver should never dispense and/or administer client medications (it is against the law)

ACTIVITIES of DAILY LIVING

Eating
Bathing
Dressing
Personal Hygiene
Toileting
Mobility/Ambulation

AUDITING ATTENDANT CARE AGENCIES

DOCUMENTATION IS PROOF OF SERVICES BEING PROVIDED

ACCEPTABLE DOCUMENTATION

What It Is Not

- Everything documented at the end of the day
- Date not included
- Time not included
- Signature not included
- No explanation of why a service wasn't provided
- No documented oversight entry by an RN

What It Is

- Each service documented upon completion
- Date service provided
- Time service provided
- Signature of caregiver
- Documented explanation of services not provided
- Routine documented oversight by RN

A UNIT IS TIME
A UNIT IS MONEY

1-unit is equivalent to 15 minutes of *service* which has been provided.

FORMS, DOCUMENTATION AND SIGNATURES

WHAT'S THE BIG DEAL

RED CLAIM PROTOCOL AS A RESULT OF OVERLAPPING ISSUES

- **The way that it is:**

- **Attendant care staff goes out and cares for a client from 7:00 a.m. until 11:30 a.m.**
- **2:00 p.m. the client is admitted to the hospital.**
- **Your agency bills for the 4.5 attendant care hours and is *denied payment* because the hospital is being paid for the date of admission or your agency is paid and eventually sent notification of *recoupment* for that amount.**

- **RED CLAIM for payment:**

- **Correctly fill out a red claim form (FORM1500) for those hours. Instructions can be found at www.nucc.org .**
- **Include sufficient documentation that verifies date of service (s), time of service (s), explanation of service(s) provided and the signature of the person providing those services.**
- **A form with √'s *will not suffice* when addressing recoupment and/or non-payment issues.**

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
(Medicare#)	✓ (Medicaid#)	(ID#/DoD#)	(Member ID#)	(ID#)	(ID#)	(ID#)	8888888001

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY / SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Smith Joe T.	08 15 1955 M ✓ F	Smith, Joe T.
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
999 Hello Lane	Self ✓ Spouse Child Other	999 Hello Lane
CITY: My Town / STATE: AR	8. RESERVED FOR NUCC USE	CITY: My Town / STATE: AR
ZIP CODE: 77777 / TELEPHONE (Include Area Code): (xxx) xxx-xxxx		ZIP CODE: 77777 / TELEPHONE (Include Area Code): (xxx) xxx-xxxx

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
		8888888001
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES / NO ✓	a. INSURED'S DATE OF BIRTH MM DD YY: 08 15 1955 / SEX M ✓ F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES / NO ✓ PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES / NO ✓	c. INSURANCE PLAN NAME OR PROGRAM NAME: Medicaid
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES / NO ✓ *If yes*, complete items 9, 9a, and 9d.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. XXXX	B. XXXX	C. XXXX	D.
E.	F.	G.	H.
I.	J.	K.	L.

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	02	18	01	02	18	12								NPI	12345678
2	01	03	18	01	03	18	12								NPI	12345678

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
		✓ YES NO	$	$	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
SIGNED DATE	a. NPI b.	a. NPI b. 12345678

TRANSPORTATION VERIFICATION UPDATE EMAILED TO PROVIDERS ON MAY 4TH , 2018

Our Waiver Administrator was made aware of all the concerns surrounding the recent exchange of information between some attendant care providers meeting the transportation needs of their clients.

For clarification in meeting the needs of the clients:

- Each client is allotted a set amount of hours for attendant care on their person-centered service plan (PCSP).
  - Within those hours the needs of the client must be met by the agency who has agreed to provide services.

- Attendant Care staff cannot transport/drive a client to their medical appointments.

- The attendant care aide can ride on the NET (non-emergency medical transport) van with the client and go to medical appointments with them.
  - NET is allocated and paid monthly to do non-emergency medical transport for every/all Medicaid clients in the state. However, they have to have at least a 48-hour notification of need prior to the appointment time. If an attendant care aide is going to ride with the beneficiary then they have to request a seat on the van.

- Attendant care staff **can transport beneficiaries within the community;** however, the agency must have business/liability policies in place to ensure that any staff member who transports/drives beneficiaries out in the community has adequate insurance coverage that remains current to protect the beneficiary in case of an accident/incident.

- Medicaid does not reimburse for fuel or mileage associated with taking the beneficiaries out into the community whether it be shopping or running errands. Therefore, the client cannot be asked to “pay for fuel or mileage” associated with agency staff assisting their clients out in the community.

- Any outside activities-shopping, medical appointments, errands have to remain within the overall allotted hours on the beneficiary’s PCSP while meeting all needs outlined on their PCSP.

Please refer to Section II: 213.210 in your provider manual and in Section I for more information.

THANK-YOU FOR ALL THAT YOU DO!!

QUESTIONS?? CONTACT THE DIVISION OF PROVIDER SERVICES AND QUALITY ASSURANCE AT 501-682-2441