

Service Agreement Quick Reference Guide

Use this SA Quick Reference Guide to obtain service authorizations in a timely and productive manner.

Getting Started

- Obtain all health insurance coverage information
- Verify recipient eligibility online through [MN-ITS](#) or by calling the phone eligibility verification line at 651-431-4399 or 1-800-657-3613
 - If the recipient is eligible for a waiver or Alternative Care (AC), contact the recipient's case manager or lead agency
 - If the recipient is MHCP eligible without a waiver or AC, follow the process outlined in the Quick Reference section

Bill Medicare and other insurance before billing MHCP.

Authorization Guidelines

Service agreements (SAs) are for temporary (45 days) or long-term (up to 365/366 days) services. Request prior authorization for:

- All home health aide services
- All private duty nursing services
 - Skilled nurse visits above nine visits per recipient, per calendar year for MA
- All tele-home-care visits
- More than two face-to-face PC A assessment visits conducted by the county PHN, per recipient, per calendar year
- More than one service update assessment visit by the county PHN per recipient, per calendar year; and
- All PCA services and supervision of PCA services

The provider agency submits temporary and long term authorization requests for SNV, HHA, and PDN directly to DHS using the MN-ITS Authorization Request (278) transaction and faxes supporting documentation directly to DHS at to 651-431-7447.

The lead agency assessor, under contract with the county submits the service authorization request to DHS for PCA services. Review the Service Authorization immediately for content and comments. Line item dates may differ from header dates. If you are unclear about comments or have questions about the authorization, contact the Provider Call Center at 651-431-2700 or 1-800-366-5411.

Exceptions to Retroactive Prior Authorization

DHS will consider retroactive authorization requests only in the following cases:

1. **Emergency Service Provision:** The home care service(s) were required to treat an emergency medical condition that if not immediately treated, could cause a recipient serious physical or mental disability, continuation of severe pain, or death. Substantiate the emergency by documentation such as reports, notes, and admission or discharge history.

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- **SNV, HHA, and PDN:** Submit retroactive authorization request within five (5) working days of providing the initial service
 - **PCA:** Contact the county PHN to request retroactive authorization within five (5) working days of providing the initial service
2. **Retroactive Eligibility:** Home care services were provided on or after the MHCP recipient's eligibility begin date, but before the date the recipient was notified that his/her case opened.
- **SNV, HHA and PDN:** Submit retroactive authorization request within 20 working days of the date the recipient was notified that the case was opened with the required documentation for a long-term authorization (refer to the appropriate home care service policy section) and a copy of the notice of eligibility
 - **PCA:** Contact the county PHN to request retroactive authorization within 20 working days of the date the recipient was notified that the case was opened
3. **Third Party Payer:** A third party payer for home care services denied or paid the claim.
- **SNV, HHA and PDN:** Submit retroactive authorization request within 20 working days of the notice of denial or payment with the required documentation for a long-term authorization (refer to the appropriate home care service policy section) and a copy of the third party payer's notice
 - **PCA:** Contact the county PHN to request retroactive authorization within 20 working days of the notice of denial or payment
4. **Administrative Error:** The local county agency or DHS made an error.
- **SNV, HHA and PDN:** Submit required documentation for a long-term authorization (refer to the appropriate home care service policy section) and include a statement that specifies which agency made the error, what the error was, and when it occurred. If a county agency made the error, include supporting documentation from that agency
 - **PCA:** Submit the request to the county PHN
5. **Medical Need:** The professional nurse determines an immediate medical need for up to 40 skilled nursing or home health aide visits per calendar year. Exceptions to prior authorization requests are evaluated according to the same criteria applied to prior authorization requests.

DHS cannot authorize waiver or Alternative Care (AC) services requested by a Home Care Provider (refer to Waiver and AC program sections).

Face-to-face Assessments

The lead agency may conduct up to two face-to-face assessments per recipient per calendar year without prior authorization when one of the following situations is present:

- A recipient is requesting PCA services for the first time
- A recipient's condition changes significantly
- PCA services change(s) is needed
- A recipient is using PCA Choice

The lead agency or certified assessor under contract with the county must:

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- Complete the assessment within 30 days of request
- Conduct all assessments for PCA services
- Conduct service updates, and temporary service increase requests for PCA services
- Provide information about options available in the PCA program
- Develop a service plan appropriate to the recipient's needs
- Recommend and provide referral information about other services as appropriate
- Assist the recipient in identifying the most appropriate professional (if selected) to supervise the PCA
- Recommend the necessary amount of PCA services and supervision of PCA services (if selected) to MHCP, including requests for temporary service authorizations and temporary service increases from MHCP
- Provide the recipient or responsible party with a list of enrolled PCPOs and PCA Choice providers, if requested

A lead agency that is also a provider of PCA services cannot conduct assessments for its own PCA recipients. These county agencies must contract with one of the following:

- Another lead agency
- An independent certified assessor either:
 - Not employed by or under contract with the lead agency
 - Not under contract with an enrolled PCPO to conduct the assessment and reassessment

An assessment must include the [MA Health Status Assessment](#) (DHS-3244), [Home Care Service Plan](#) (DHS-3244A), and any additional documentation as necessary to substantiate services.

Temporary Initial Authorization

Temporary requests are for services up to 45 days in length.

SNV, HHA, and PDN

To request temporary initial authorization, submit the request using the MN-ITS Home Care Authorization Request (278) Transaction.

- Temporary Service Authorization requests will **not** be accepted more than 5 working days after the start of care
- For requests submitted more than 5 working days after the start of care, follow instructions in "Long Term Service Authorization."

PCA

Contact the lead agency assessor to request an assessment before providing service or, in the case of an emergency, within 5 working days of the first home visit.

- Provide a care plan indicating an immediate need for service
- Use the Referral for PCA Services [DHS-3244P](#)

Long-Term Initial Authorization

Long-term initial authorization requests are for services that are expected to be provided for more than 45 days. Request long-term authorization for up to 365/366 days.

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SNV and HHA

To request long-term SNV or HHA services, submit the request using the MN – ITS Home Care Authorization Request (278) Transaction within 20 working days of the first home visit:

- Plan of Treatment (CMS 485 or [DHS-4633](#))
- Current clinical summary (CMS 485, CMS 486, [DHS-4633](#) or nurses notes)

PDN

To request long-term PDN services, submit the request using the MN – ITS Home Care Authorization Request (278) Transaction. Follow the process described in the updated [MA Private Duty Nursing Assessment Instructions](#) (DHS-4071B) and the [PDN Decision Tree](#) (DHS-4071C). Submit the following (see fax and address above) within 5 working days of the first home visit:

- [MA Private Duty Nursing Assessment](#) (DHS-4071A-ENG)
- Physician orders
- Home Health Certification and Plan of Care (CMS 485, [DHS-4633](#)) or similar agency form

PCA

The county PHN submits the recommendation for PCA units and service agreement span dates to DHS using MN-ITS or the [PCA Request Form](#) within 30 days after receiving the referral for assessment.

Temporary Continuing Authorization

Temporary continuing authorizations are only for requests when a discharge is anticipated. There is NO grace period for continuing requests.

SNV, HHA, and PDN

To request a continuing authorization, before the current SA ends, submit the Home Care Fax form (DHS-4074) to 651-431-74447.

PCA

To request a continuing authorization, the PCA Organization must:

- Contact the county PHN requesting a Temporary continuing authorization
- Provide the county PHN with the care plan indicating an ongoing need for service

The county PHN will:

- Review the plan
- Request the temporary continuing authorization

Long-Term Continuing Authorization

Long-term continuing service authorizations are for recipients that require ongoing care.

SNV and HHA

To request long-term SNV and/or HHA services, submit the following (to fax/address above):

- Updated Plan of Care (CMS 485 or [DHS-4633](#))
- Concise current clinical update (CMS 485, 486 or [DHS-4633](#))

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PDN

To request long-term PDN services, submit the following (to fax/address above):

- [MA Private Duty Nursing Assessment](#) (DHS-4071A-ENG)
- Updated Plan of Care (CMS 485 or [DHS-4633](#))

PCA

To request long-term authorization (a re-assessment), the PCA Organization completes and sends the MA Health Status Assessment Referral for PCA Services form ([DHS-3244P](#)) to the recipient's County Public Health Department or Case Manager 60 days before the end of the current Service Agreement.

Change of the Responsible Party

PCA

To notify DHS of a change in the recipient's responsible party, the PC A provider currently authorized to provide services can fax the MA Home Care Fax Form (DHS-4074) to DHS at 651-431-7447.

The PC A provider enters a comment in section 7 of the Home Care Fax Form - Treatment Plan/Change Request to indicate there has been a change in the responsible party and name the new responsible party.

The Responsible party currently listed or the PHN may also notify DHS of the change in the recipient's responsible party.

Changes in Medical Status or Primary Caregiver Availability

Changes in medical status include, but are not limited to:

- Change in health
- Change in level of care
- Addition of service(s)
- Change in physician orders
- Change in living arrangement (i.e., recent facility placement)
- Change in primary caregiver's availability

Changes are temporary (45 days or less) or long-term (up to 365/366 days). (DHS cannot approve back to back temporary requests.). Documentation **must** support the requested change in service.

SNV, HHA, and PDN - Temporary Change

When a change in medical status exists, the provider must fax the [Home Care Fax Form](#) (DHS-4074) to 651-431-7447.

PCA - Temporary Change

Refer to [45-Day Temporary increase of PCA Services](#) policy for information and instruction.

SNV and HHA - Long-Term Change

When a change in medical status exists, the provider must submit:

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- Home Care Fax Form (DHS-4074)
- Updated Plan of Treatment (CMS 485 or [DHS-4633](#))
- Concise current clinical update (CMS 485, CMS 486 or [DHS-4633](#))

PDN - Long-Term Change

When a change in medical status exists, the provider must submit:

- Home Care Fax Form (DHS-4074)
- Completed [MA Private Duty Nursing Assessment](#) (DHS-4071A-ENG)
- Concise current clinical update (CMS 485, CMS 486 or [DHS-4633](#))

PCA – Changes in Condition or Health Status

Refer to [Change of Condition or Health Status](#) policy for information and additional instruction.

Combination of Services

PC A combinations are service authorizations that include PCA and one or more of the following:

- SNV
- HHA
- PDN

Home care services must be medically necessary and cost effective. The home care rating determines the maximum dollar amount that can be authorized for all home care services. See [PDN](#) and [PCA](#) decision trees for further information.

Multiple Providers of Services

Service authorization can be issued to more than one provider agency at the same time. Each provider agency must receive its own service authorization. Each provider agency can bill for the same type of service on the same day. Each agency must have an approved line item on the service agreement:

- Daily codes (i.e., PDN and Rehabilitation Therapies) must be billed in consecutive date spans only, to avoid duplicative billing
- 15-minute codes may be billed by more than one provider, per date of service

Each provider must submit the [Home Care Fax form](#) (DHS-4074), indicating:

- All provider names and numbers
- Dates of service for each provider
- The number of units to be used by each provider

Recipients using the PCA Choice Option cannot use more than one PCA Choice Provider or use a PCPO along with a PCA Choice Provider.

Change in Provider

A recipient may change services delivery from one provider to another provider.

Discontinuing Provider

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To discontinue using a provider, fax the [Home Care Fax Form](#) (DHS-4074) to 651-431-7447 with the following information:

- Recipient ID#
Service agreement number being adjusted
- NPI/UMPI of agency discontinuing services, last date of service with agency discontinuing services
- Last date of service with agency discontinuing services
- Total units to be transferred to the new agency

Initiating New Provider

To begin using a new provider, fax the [Home Care Fax Form](#) (DHS-4074) to 651-431-7447 with the following information:

- Recipient ID#
Service agreement number being adjusted (if available)
- NPI/UMPI of agency beginning services
- Date services will begin with the new agency

In the event the discontinuing provider does not submit the Home Care Fax Form release, the recipient, responsible party or legal guardian must provide a signed written statement indicating the last date of service, and the name of the new provider agency. Provide a copy to the provider agency terminating and initiating services.

Change in Living Arrangement

Admission to a Facility

When a recipient is admitted to a facility, the provider must submit the [Home Care Fax Form](#) (DHS-4074) to 651-431-7447 indicating:

- The last date service was provided; and
- The total number of units provided up to that date.

Discharge from a Facility to the Community

When a recipient is discharged from a facility in to the community, the provider must submit the [Home Care Fax Form](#) (DHS-4074) to 651-431-7447 indicating: The first date service will be reinstated; and the total number of units requested.

Change in Recipient ID/PMI Number

When a recipient's ID/PMI number changes, the provider must submit the completed [Home Care Fax Form](#) (DHS-4074) to 651-431-7447 indicating the:

- Previous PMI number
- Previous name
- New PMI number
- New name
- Birth date
- Date of change to the new PMI number

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Temporary PMAP Disenrollment

Review the [Health Plan \(PMAP\) disenrollment process](#) policy to request a temporary authorization for PCA services when the recipient's health plan enrollment ends. **Technical Change/Correction**

Technical changes/corrections include, but are not limited to, incorrect:

- Provider name/NPI/UMPI
- Recipient name/date of birth
- HCPCS code/units/rate;
- Diagnosis codes

Submit the correct information on the [Home Care Fax Form](#) and use the Comments section to explain why the correction is being requested.

SNV, HHA, and PDN

When a change or correction is need for SNV, HHA, and PDN services, the provider must submit the completed [Home Care Fax Form](#) (DHS-4074) to 651-431-7447:

- Stating the correct information
- Documenting in the comments section the reason the correction is being requested

PCA

When a change or correction is need for PCA services, the provider must contact the county PHN with the:

- Requested change/correction
- Effective date of request
- The reason for the change/correction

The county PHN will fax or mail the change/correction request to DHS.

DHS will make the requested change, and mail a new service agreement to the recipient and the provider.

Transitioning Home Care Services

Refer to [Transition between fee-for-service PCA and waiver](#) policy for information and instruction.