



MnCHOICES Assessments and PCA Services for Families and Children (F/C) [PMAP] Enrollees As of 10/29/15

Purpose of Guidance Document for Phase One:

To provide guidance and clarification to counties and tribes when Families and Children (F/C) [PMAP] enrollees request county/tribe provided programs and services, e.g., waivers for persons with disabilities, Rule 185/DD case management, and Family Support Grant (FSG). Counties and tribes conduct the assessments using MnCHOICES.

- **Counties:** When F/C (PMAP) enrollees request an assessment for only PCA Services, the county refers the enrollee to the MCO. These PCA assessments continue to be the responsibility of the MCO and are completed using the legacy PCA Assessment tool.
- **Tribes:** Some tribes may already be conducting PCA assessments using the legacy PCA Assessment tool for tribal members who are F/C enrollees.

A. MCO Responsibilities

1. Accept MnCHOICES eligibility results for PCA services.
2. Communicate and coordinate with county/tribe agency.
3. Provide MCO contact information to DHS and counties/tribes.
4. Develop process for maintaining MnCHOICES information.
5. Provide support to the member when a PCA provider is selected.
6. Allow adequate transition time, if member is new to the MCO.
7. Provide follow-up when assessed needs indicate a referral for other state plan services such as skilled nursing visits, home health aide (HHA) and/or therapies located in the PCA Provider Summary and the MnCHOICES Assessment Report.
8. Maintain PCA Provider Network.
9. Contact certified assessor lead agency management with identified assessment result trends specific to a certified assessor, as needed.

B. County/Tribe Responsibilities:

1. Conduct MnCHOICES assessment within the required timelines.
2. Communicate MnCHOICES assessment and support planning information to MCOs.

3. Use the *Recommendation for State Plan Home Care Services Form DHS-5841* and existing processes when a person is on a waiver for people with disabilities and when service needs are assessed that the MCO is responsible to authorize and pay.

C. DHS Responsibilities:

1. Provide a report to counties showing the total number of Families and Children enrollees currently receiving PCA services. The report will identify enrollees by MCO, by county, and by age group, e.g., adults and children.

1. Intake and Assessment	Explanations
<p>County/Tribe Tasks:</p> <ol style="list-style-type: none"> a. Processes intake assessment referral when requesting county/tribe administered services and programs. If the enrollee is receiving PCA services at the time of the request, intake contacts the MCO for the amount of PCA services authorized. b. Completes a MnCHOICES assessment within 20 calendar days of the person requesting/accepting assessment – certified assessor responsibility. c. Enters a Long-Term Care Screening Document (LTC SD) into MMIS following every MnCHOICES assessment. 	<ul style="list-style-type: none"> • Intake staff should ask the enrollee/caller if any services are being provided, e.g., PCA, skilled nursing, home health aide, therapies, when processing a referral. • Intake staff documents the number of PCA hours the MCO is authorizing at the time of the request to inform the certified assessor.
2. Following a MnCHOICES assessment, the enrollee is eligible for and accepts PCA services only	Explanations
<p>County/Tribe Tasks:</p> <ol style="list-style-type: none"> a. Provides the <i>MnCHOICES Community Support Plan Worksheet DHS- 6791A</i> to the person/legal representative at the assessment – certified assessor responsibility. b. Provides the county/tribe support plan which meets state and federal requirements or the <i>MnCHOICES Community Support Plan form DHS-6791B</i> and completes the <i>Coordinated Services and Supports Plan section: Emergency and Back-up Plan for Services and Supports</i> and provides to the person/legal representative and MCO within 40 calendar days from the assessment. 	<ul style="list-style-type: none"> • The MnCHOICES Community Support Plan with the Coordinated Services and Support Plan DHS-6791B includes both the CSP and CSSP. The MCO will receive only the CSP portion of this document because the county/tribe is not authorizing PCA services via the CSSP. • The member is eligible for PCA services from the date of the initial/new assessment.¹ • If more than one new/initial assessment request is made to both the MCO and the county/tribe which results in multiple assessments, the assessment with the most recent date will be utilized to determine the authorization.

¹ A “new” MnCHOICES assessment means the person is not receiving any LTSS services for which MnCHOICES determines eligibility at the time of the assessment.

<ul style="list-style-type: none"> c. Sends the <i>MnCHOICES Assessment Report, Eligibility Summary, and the PCA (Provider) Summary</i> to the MCO within 10 working days from the assessment. d. Instructs the member to contact the MCO Member Services to select a provider(s) within the MCO network – certified assessor responsibility. e. Does not enter PCA services authorization in MMIS. <p>MCO Tasks:</p> <ul style="list-style-type: none"> a. Authorizes PCA services within 10 working days of receipt of the MnCHOICES information. b. Authorizes PCA services from the date of the assessment. c. Provides follow-up with the enrollee when the PCA Provider Summary and/or the MnCHOICES Assessment Report indicate a referral for other state plan services such as skilled nursing visits, home health aide (HHA) and/or therapies. 	<ul style="list-style-type: none"> • At the time of the notification of member choosing a provider, the authorization is pro-rated from assessment date to the end of the current authorization period. • Referrals are included in the PCA (Provider) Summary under “Recipient Referrals.” • PCA services can be authorized for up to one year.
<p>3. Following a MnCHOICES assessment, the enrollee is eligible for PCA services AND is eligible for and chooses a service or program administered by a county/tribe</p>	<p>Explanations</p>
<p>County/Tribe Tasks:</p> <ul style="list-style-type: none"> a. Provides the <i>MnCHOICES Community Support Plan Worksheet DHS- 6791A</i> to the person/legal representative at the assessment – certified assessor responsibility. b. Provides the county/tribe support plan which meets state and federal requirements or MnCHOICES Community Support Plan (CSP) DHS-6791B to the person/legal representative and MCO within 40 calendar days from the assessment. c. Sends the <i>MnCHOICES Assessment Report, Eligibility Summary, and the PCA (Provider) Summary</i> to the MCO within 10 working days of the assessment. d. Instructs the member to contact the MCO Member Services to select a provider within the MCO network – certified assessor responsibility. e. Determines eligibility for a waiver, the Family Support Grant (FSG) and/or Rule 185/DD case management. 	<ul style="list-style-type: none"> • Member cannot access the Consumer Support Grant (CSG) when on Families and Children. • SNBC members can access Consumer Support Grant (CSG).

<p>Waiver Case Manager Tasks:</p> <ul style="list-style-type: none"> a. Provides the county/tribe support plan which meets state and federal requirements or the MnCHOICES <i>Coordinated Services and Support Plan (CSSP) DHS-6791B</i> to the person/legal representative within 10 working days after receiving the CSP. b. Uses pseudo code X5609 for PCA services and all state plan services on the CSSP. This information is entered into MMIS to account for MCO funded services. c. Sends the <i>Recommendation for State Plan Home Care Services Form DHS-5841</i> to the MCO within 10 working days following the assessment. d. Communicates the change of waiver status, e.g., if person goes off the waiver, to the MCO. <p>MCO Tasks:</p> <ul style="list-style-type: none"> a. Follows instructions on <i>Recommendation for State Plan Home Care Services Form DHS-5841</i> to communicate back to the waiver case manager. 	
<p>4. Following a MnCHOICES assessment, enrollee is not eligible for PCA services</p>	<p>Explanations</p>
<p>County/Tribe Tasks:</p> <ul style="list-style-type: none"> a. Provides a <i>Notice of Action DHS-2828</i> when PCA services are requested and enrollee is determined not eligible for PCA services. b. Sends the <i>Eligibility Summary</i> to the MCO within 10 working days from the assessment. <p>MCO Tasks:</p> <ul style="list-style-type: none"> a. Processes PCA assessments as requested per MCO policy. 	<p>n/a</p>
<p>5. Agency Provider Model and PCA Choice/Participant Employer Model</p>	<p>Explanations</p>
<p>County/Tribe Tasks:</p> <ul style="list-style-type: none"> a. Informs the enrollee of the options of models of service delivery - the Agency Provider Model and the PCA Choice/Participant Employer Model. 	<ul style="list-style-type: none"> • Certified assessor is required to explain the limitations of choice of model to the person who is a restricted recipient. • The MnCHOICES certified assessor does not need to be notified when an enrollee changes providers or models.

<p>b. Determines the enrollee’s eligibility for choice of model by checking MMIS to see if the enrollee is in the Minnesota Restricted Recipient Program – certified assessor responsibility.</p> <p>MCO Tasks:</p> <p>a. Makes changes to authorization to reflect enrollees choice of model, if required by MCO process.</p> <p>PCA Provider Tasks:</p> <p>a. Complies with and provides the enrollee with the Home Care Bill of Rights.</p> <p>b. Have a written agreement on file for all PCA recipients that include all the components outlined in Minnesota Statute 256B.0659, subd 20 and subd 28.</p>	<ul style="list-style-type: none"> • MCOs are not required by DHS to track an enrollees utilization of Agency Provider Model or PCA Choice/Participant Employer Model
<p>6. Shared Care</p>	<p>Explanations</p>
<p>County/Tribe Tasks:</p> <p>a. Determines selection of Shared Care option – certified assessor responsibility.</p> <p>MCO Tasks:</p> <p>a. Makes changes to authorization when enrollee moves to Shared Care per MCO process.</p> <p>b. Communicates with the Qualified Professional regarding Shared Care if the enrollee is interested in Shared Care.</p> <p>Provider Tasks:</p> <p>a. Works with enrollee to arrange Shared Care.</p> <p>b. Maintains the enrollee’s Shared Care written agreement.</p> <p>c. Develops the care plan for utilization of Shared Care.</p> <p>d. Submits claims with a modifier that indicates the amount of Shared Care utilized by each enrollee.</p>	<ul style="list-style-type: none"> • Shared Care information is communicated in the MnCHOICES Assessment Report in the “Assessor Conclusions” domain.

7. Responsible Party	Explanations
<p>County/Tribe Tasks:</p> <ul style="list-style-type: none"> a. Notifies/invites the responsible party to the assessment, if a responsible party is known. b. Includes the name of the responsible party in the MnCHOICES Assessment and PCA (Provider) Summary, if a responsible party is known/identified. 	<ul style="list-style-type: none"> • If a person needs a responsible party, the responsible party is not required to be present during the MnCHOICES assessment.
8. Notice of Action (NOA) / Denials, Terminations or Reductions (DTR)	Explanations
<p>County/Tribe Tasks:</p> <ul style="list-style-type: none"> a. Gives a <i>Notice of Action</i> DHS-2828 to the enrollee and MCO when PCA services are denied, decreased or terminated as a result of the assessment – certified assessor responsibility <p>MCO Tasks:</p> <ul style="list-style-type: none"> a. Provides a DTR with a denial, termination or reduction in PCA services when the MCO action is not consistent with the results of the MnCHOICES assessment due to duplication of services 	<ul style="list-style-type: none"> • The agency that performs the assessment and the outcome is a denial, termination, or reduction in PCA services provides the NOA to the enrollee. • The MCO does not send the enrollee a DTR when implementing county/tribe assessment results.
9. Appeals	Explanations
<p>County/Tribe Tasks:</p> <ul style="list-style-type: none"> a. Represents the action taken when enrollee/legal representative appeals the MnCHOICES assessment eligibility results. <p>MCO Tasks:</p> <ul style="list-style-type: none"> a. Represents the action taken when enrollee/legal representative appeals on MCO authorization that is not consistent with the MnCHOICES eligibility results. 	<ul style="list-style-type: none"> • The MCO authorization may not be consistent with the MnCHOICES eligibility results when the MCO determines the services are duplicative, e.g., home health aide services (HHA). <p><i>Note: Not all HHA services are duplicative of PCA services. HHA services may be appropriate due to the skill required to perform the tasks and the supervision needed by a nurse.</i></p>
10. Minnesota Restricted Recipient Program (MRRP)	Explanations
<p>MCO Tasks:</p> <ul style="list-style-type: none"> a. Follows the MRRP requirements according to the contract. b. Provides prior authorization and ensures continuity of care. 	<ul style="list-style-type: none"> • DHS may restrict enrollees to certain providers of health care services for the following reasons: <ul style="list-style-type: none"> ○ To prevent duplication or abuse of services ○ To prevent violation of prior authorization requirements ○ To ensure continuity of care

	<ul style="list-style-type: none"> MCOs enter their own restricted recipients into MMIS; do not need to contact financial workers.
11. Interpreters	Explanations
County/Tribe Tasks: <ul style="list-style-type: none"> a. Bills Minnesota Health Care Programs (MHCP) for interpreter services. 	<ul style="list-style-type: none"> All MHCP-enrolled providers may bill MHCP for sign and spoken language interpreter services if the provider cannot effectively communicate with the recipient. Use code T1013 to bill for interpreter services.

Additional Resources:

- [PCA Consumer Information Website](#)
- [PCA Program Manual](#)
- [Community Based Services Manual \(CBSM\) Forms](#)
- [MnCHOICES CountyLink page](#)