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MISSOURI MEDICAID AUDIT & COMPLIANCE UNIT
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June 20, 2018

Missouri Alliance for Home Care
Attn: Executive Director Carol Hudspeth
2420 Hyde Park, Suite A
Jefferson City, MO 65109

Dear Carol,

Thank you for taking the time to meet with representatives of MMAC and DHSS DSDS last week to discuss matters of concern to your association. I am sending this letter to memorialize our discussions so you can share them with your members.

Adequate Documentation

There has been an increased use of telephony or other Electronic Visit Verification (EVV) technologies over the past couple of years. However, not all EVV systems being used by providers provide all information needed to adequately document services provided for a specific date of service.

We discussed whether MMAC is requesting all available documentation for services rendered during our on-site reviews or desk audits. Our Medicaid Specialists should be asking for all documentation available to support the services billed. Without being asked, providers should provide all documentation they have available including, but not limited to, supplemental paper timesheets, notes regarding edits to EVV records, explanations why the provider deviated from the established care plan, etc.

MMAC will make reasonable efforts to collect whatever documentation a provider has to support the services being reviewed before identifying an overpayment or improper billing procedure.

Advanced Personal Care

We discussed concerns that some providers are not billing for Advance Personal Care (APC) units because they are concerned the money will be recouped if they deviated from the specific APC task "suggested times and frequencies" listed on the participant's care plan. MMAC and DSDS are aware that circumstances may occasionally cause an attendant to need to deviate from the frequency and times suggested within the care plan.

Again, MMAC and DSDS view adequate documentation as the key to supporting the APC units that were billed. As a matter of policy, MMAC will not recoup for APC units if there is adequate documentation that an attendant was performing a different APC task than the tasks suggested for that day, or in circumstances where specific tasks take longer to perform than the suggested time – provided that the total unit

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authorizations are not exceeded. Any APC tasks performed should be authorized on the current care plan. For a given date of service, the documentation should identify APC tasks delivered to support the units billed.

MMAC and DSDS will work with stakeholders to incorporate some improved language regarding delivery of APC tasks and deviations from the care plan in our current review of the Personal Care regulation.

Homemaker Chores

We discussed Medicaid participants being authorized to receive one unit of Homemaker Chores (HC) per week because they receive services under the Aged & Disabled Waiver (ADW). The authorization of the HC units exempts them from having to pay a "spend down" amount for their Medicaid coverage in circumstances where the individual qualifies for HCB Medicaid coverage.

We discussed that some providers' telephony/EVV systems do not distinguish between PC - medically related household tasks and HC tasks, so it is difficult for them to establish that the single unit of HC was delivered each week over the course of a month. We also discussed that DSDS often authorizes a specific HC task such as "windows and blinds", when in fact the provider might be providing another HC task.

We recommend that providers and attendants recognize the unique requirements to provide and document the single HC task each week. We recommend that providers supplement their telephony/EVV records as necessary to document the HC task that was actually performed each week.

MMAC will make reasonable efforts to collect whatever documentation a provider has to support the HC services being reviewed before identifying an overpayment or improper billing procedure.

As a matter of policy, MMAC will not recoup on the single HC units for ADW participants as long as there is adequate documentation that some HC task was performed during the week and it took at least the fifteen (15) minutes needed to support billing for that task.

I hope that I accurately described our discussions and provided the guidance your members need to bill for services that are authorized and be confident the claims will not be recouped.

Sincerely,

A handwritten signature in blue ink that reads "Dale Carr". The signature is stylized with a large, sweeping "C" at the end.

Dale Carr
MMAC Director

cc: Jessica Bax - DSDS