Medica Protocols

Home Health Care (HHC)

DEFINITIONS

Personal Care Assistant (PCA):	A person who is either employed by or under contract with a Personal Care Assistance Provider Agency, a home health care agency, or is jointly employed by the Recipient and a PCA Choice Provider and has completed the standardized training requirements in accordance with applicable law, to provide PCA Services according to the Recipient's Care Plan, responds appropriately to the Recipient's needs and reports changes in the Recipient's condition to the supervising Qualified Professional or physician. A PCA must meet the following requirements: (a) be at least 18 years of age, with the exception of persons who are 16 or 17 years of age with these additional requirements: (i) supervision by a Qualified Professional every sixty (60) days; (ii) employment by only one personal care assistance provider agency responsible for compliance with current labor laws; (b) be able to communicate effectively with the Recipient and the Personal Care Provider Agency, (c) has passed the criminal background check and procedures specified in Minnesota Statutes; (d) is not a consumer of PCA services; (e) is not a parent or stepparent of the minor Recipient, spouse of the Recipient, paid legal guardian of the Recipient, or family foster care provider for the Recipient in accordance with applicable law.
Personal Care Assistant Care Plan ("Care Plan"):	A written plan of care specific to PCA Services developed by a Qualified Professional or the Recipient's physician with the Recipient or Responsible Party to be used by the PCA.
Personal Care Assistance Provider Agency (PCPA):	An agency that has entered into an agreement with the Minnesota Department of Human Services to provide Personal Care Services under the Medical Assistance program. For purposes of the Agreement, the PCPA is considered a Network Provider for Home Health Care Services with Medica. In order to be eligible for reimbursement for Personal Care Services rendered to a Member, PCPA must maintain compliance with all requirements of the Medical Assistance program. Such requirements include but are not limited to criminal history checks for owners with a five (5) percent interest or more, maintenance of a surety bond and liability insurance and documentation of services provided as specified in Minnesota Rules.

Personal Care Services ("PCA Services"): The Home Health Care Services provided by a Personal Care Assistant to a Recipient. PCA Services are those services and supports provided to DUAL Solution, Medica Choice Care (which includes Minnesota Senior Care Plus ("MSC+") and Preferred Integrated Network – Dakota County only ("PIN")), or MinnesotaCare Members that fall under the following categories: (a) activities of daily living; (b) instrumental activities of daily living; (c) health related functions; and (d) and behavior redirection and intervention. PCA Services must be provided only with prior authorization, in accordance with the Administrative Requirements, from the Medica Care Management team, or from the Member's DUAL Solution or MSC+ Care Coordinator.

PCA Choice Provider: A fiscal intermediary under the PCA Choice Option that performs background checks handles billing to the Minnesota Department of Human Services (DHS) and pays the staff. With the PCA Choice Option the Recipient has the responsibility for hiring/firing and training the staff. The Recipient must have PCA supervision at least every one hundred eighty (180) days in accordance with applicable law.

Personal Care Services Plan: A written description of the services needed based on the assessment developed by the PCA assessor together with the Recipient or Responsible Party. The Service Plan will include a description of the needs that authorized PCA Services are to meet and a recommendation of time based on the assessed needs. The Recipient and the provider chosen by the Recipient or Responsible Party must be given a copy of the completed Service Plan within ten (10) business days of the date the PCA Assessment was conducted.

Qualified Professional: A mental health professional as defined in MN Statutes, § 245.462, subd. 18 or § 245.4871 subd. 27, or a registered nurse as defined in MN Statute §§ 148.171 to 148.285, or a licensed social worker as defined in Minn. Statutes, § 148B.21, or a Qualified Developmental Disability Specialist as defined in MN Statute § 245B.07 subd. 4. The Qualified Professional will perform the duties described in MN Rules, part 9505.0335, subp. 4 which include but are not limited to the following:

(a) writing a Care Plan.
(b) providing training to PCAs on health care needs.
(c) providing on-going monitoring and supervision of PCA services.
(d) informing a physician and/or public health nurse about any needed changes in PCA services.

Recipient: A Medica DUAL Solution, Choice Care (includes MSC+ & PIN) or MinnesotaCare Member who requires Personal Care Services in order to live independently in the community, is in a stable medical condition, and is capable of directing his or her own care or has a Responsible Party to direct care if the Recipient is assessed as unable to direct his or her own care.

Referral Authorization Form: A document used by a Physician or other authorized health care professional to request that Health Services be rendered to a Member. Such document will be in a format that has been approved by the Member's Physician or Medica and authorizes HHC Facility Provider to render certain Health Services to a Member as provided in the Member's Benefit Contract.

Responsible Party: An individual who is capable of providing the support necessary to assist the Recipient to live in the community, is at least 18 years old, actively participates in planning and directing of PCA Services, and is not the PCA. A Responsible Party must be selected for PCA Recipients who are assessed as being unable to direct their own care.

HOME HEALTH CARE SERVICES BY VISIT TYPE

Listed below are specific types of Home Health Care Services that may be provided to Members on a Per Visit or Per Hour basis. As indicated on the Home Health Care Services Fee Maximum schedules set forth by Medica Product in the Articles of this HHC Appendix A, claims for such visits may be in units of minutes, hours, visits, procedures or per diems. Unless otherwise specified in the Agreement, payment amounts are inclusive of all services and Routine Supplies regardless of visit type.

Registered Nurse (RN): A Home Health Care Service provided by an RN for the evaluation, assessment or management of a Member. The status of the Member is generally unstable or recovering. The Member may be experiencing an inadequate response to therapy or the development of a significant complication that calls for skilled nursing care. An RN Visit includes, but is not limited to, provision of skilled Health Services, orientation, instruction and supervision of other health care professionals and record keeping. The payment rates for RN Visits are the same regardless of the type of services or care provided, including the initial visit.

Licensed Practical Nurse (LPN): A Home Health Care Service provided by an LPN for the evaluation and management of a Member. The status of the Member is generally stable, recovering, and/or improving. The Member may be responding inadequately to therapy or may have developed a minor complication. An LPN Visit includes, but is not limited to, provision of skilled Health Services. The payment rates for LPN Visits are the same regardless of the type of services or care provided, including the initial visit.

Home Aide: A Home Health Care Service provided by a Home Aide to a Member whose status is generally stable, recovering, and/or improving. A Home Aide Visit includes, but is not limited to, assisting the Member with personal care, ambulation, exercise, nutrition and food preparation, essential household services, simple procedural extensions of therapy services, observation of the Member and reporting on changes in the Member's status. All Home

	Health Care Services provided by a Home Aide are supervised by a Registered Nurse. The payment rates for Home Aide Visits are the same regardless of the type of services or care provided, including the initial visit.
Physical, Occupational, Speech and Respiratory Therapists and Social Worker (collectively referred to as "Therapist"):	A Home Health Care Service provided by a Therapist for the evaluation, assessment or management of a Member. The payment rates for services provided by Therapists are the same regardless of the type of care provided, including the initial visit.

HOME HEALTH CARE STANDARDS OF SERVICE AND ACCESS

On the Effective Date and for the term of the Agreement, HHC Facility Provider will meet and be bound by the following standards:

(a) Demonstrate the ability and utilize all reasonable efforts to provide service within Medica's service area and maintain the following standards of service access:

(i) Routine Service - within 24 hours

(ii) Urgent Service - within 24 hours

(iii) On-call Service for Members - 24 hours a day

(b) Have RN's available to provide service in Medica's service area who are certified in their applicable specialty by an agency acceptable to Medica or who have a level of certification, licensure, education, and/or experience acceptable to Medica or who are under the supervision of an RN who has a level of certification, licensure, education, and/or experience acceptable to Medica.

PERSONAL CARE ASSISTANT SERVICES BY CATEGORY

Listed below are categories and descriptions of services for each category of Personal Care Assistance Services that may be provided to DUAL Solution, Choice Care (which includes MSC+ and PIN), or MinnesotaCare Members by PCAs. Unless otherwise specified in the Agreement, payment amounts are inclusive of all PCA Services.

Activities of Daily Living ("ADLs"):	ADLs include assistance with dressing, grooming, bathing, eating, toileting, transferring, positioning and mobility.
Behavioral Assistance:	To qualify for Behavioral Assistance, the Member's behavior must require assistance at least four (4) times per week and the Member must exhibit one or more of the following behaviors: (1) physical aggression toward self or others, or destruction of property that requires the immediate response of another person; (2) increased vulnerability due to cognitive deficits or socially inappropriate behavior; or (3) verbal aggression and resistance to care.
Complex Health-Related Interventions:	A Member qualifies for Complex Health-Related Interventions if the Member requires one or more of the following that are ordered by a physician, specified in a Personal Care Assistance Care Plan and involve the following: certain tube feedings, certain wounds, certain parenteral therapy, certain respiratory interventions, certain catheter procedures, certain bowel program services, certain neurological interventions, certain other congenital or acquired diseases in accordance with applicable law.
Critical ADLs:	Transferring, mobility, eating, and toileting.
Instrumental Activities of Daily Living ("IADLs"):	The PCA assessment will determine time based on ADL dependencies and will indicate if there are IADL needs present that directly support the ADL dependencies. When the assessment indicates that a Recipient has IADL needs, some of the authorized PCA time may be used to assist with IADLs. IADLs include meal planning and preparation, managing finances, shopping for food, clothing and other essential items, completing necessary household tasks integral to the personal care need, communicating by telephone and/or other media, getting around in the community, including to medical appointments and participating in community activities.

PERSONAL CARE ASSISTANT SERVICES STANDARDS OF SERVICE AND ACCESS

On the Effective Date and for the term of the Agreement, Provider will meet and be bound by the following standards:

(a) Demonstrate the ability and utilize all reasonable efforts to provide PCA Services within Medica's service area and maintain the following standards of service access:

(i) routine service - within twenty-four (24) hours

(ii) urgent service - within twenty-four (24) hours

(b) Have PCAs, who have passed background checks before services are provided, available to provide PCA Services in Medica's service area. PCAs must be certified in their applicable specialty by an agency acceptable to Medica or who have a level of certification, licensure, education, and/or experience acceptable to Medica or who are under the supervision of a Qualified Professional who has a level of certification, licensure, education, and/or experience acceptable to Medica.

(c) Any individual who has been removed from PCA status, either by Medica, Provider or DHS, may not provide any services to Members.

HHC Facility Provider will comply with the following protocols of Medica:

1. Follow approved billing procedures of Medica.
2. Obtain prior authorization in accordance with the Administrative Requirements for certain Health Services as defined by Medica. Prior authorization is not a guarantee of payment.
3. If applicable, provide Health Services pursuant to a medical treatment plan by and under the direction of a Physician, pursuant to the Member's Benefit Contract. In the event of a medical emergency, a medical treatment plan and prior written authorization will not be required.
4. Be bound by Medica's Administrative Requirements and comply with the service, access and quality standards, as modified from time to time by Medica and communicated to HHC Facility Provider under the terms and conditions of the Agreement.
5. Refer Members only to other Network Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Benefit Contract or required by state law[1].
6. If the Member's Benefit Contract is one that requires the Member to receive all or any Health Services from or upon referral by a primary care physician, the following additional protocols must be adhered to when those Health Services are rendered:

   (a) Referrals to other Network or non-Network Providers must first be authorized by the Member's primary care physician; and

   (b) Health Services must be provided pursuant to the terms and limitations of the Referral Authorization Form issued by or on behalf of the Member's primary care physician.

[1] 36 O.S. 2011, Section 6055

7. Exclude from claims any charge for shipping and/or delivery of supplies or drugs not permitted except as otherwise agreed to by Medica.

HHC Facility Provider will comply with all reasonable protocols adopted by Medica. In the event Medica adopts any additional or revised protocols, Medica will communicate such additional or revised protocols to HHC Facility Provider forty-five (45) days prior to their adoption and permit HHC Facility Provider forty-five (45) days to comply with such additional or revised protocols, unless a longer period of time is agreed upon by both parties.

Failure to comply with the protocols of Medica may result in loss of reimbursement to HHC Facility Provider and/or termination of the Agreement.

Home Health Care Payment Protocols

HHC Facility Provider will comply with the payment protocols of Medica, including, but not limited to the following:

(a) Payment rates for Home Health Care Services are non-variable regardless of type or number of service units provided. Payment rates are applicable to Home Health Care Services provided during day, evening, night, weekend, and holiday hours and for inter-city visits.

(b) Payment Rates for Home Health Care Services include, but are not limited to:

(i) all Routine Supplies – (Note: Non-routine supplies may only be billed by a durable medical equipment provider, not by a HHC provider.);

(ii) mileage;

(iii) all costs incurred to "set-up" the case;

(iv) costs incurred when HHC Facility Provider is unable to locate Member or Member is not present at location established for visit;

(v) costs in connection with administration, education, or training;

(vi) costs in connection with consultation with the family of the Member; and

(vii) costs incurred for "escort" services to location of Member.

Any costs incurred for the above items may not be billed separately to Medica and will not, in any case, be billed to Member.

Personal Care Assistant Services Payment Protocols

Provider will comply with the payment protocols of Medica, including, but not limited to the following:

(a) PCA must maintain a Recipient file for each Recipient for whom PCA Services are being billed that contains the following, in accordance with the Administrative Requirements:

(i) the Service Plan, including the authorized hours and flexible use plan;

(ii) the Care Plan, signed by the Recipient and the Qualified Professional detailing the PCA Services to be provided;

(iii) documentation on a form signed by the PCA and the Recipient or Responsible Party, specifying the day, month, year, arrival, and departure times, with AM and PM notation, for all PCA Services provided.

(iv) all notices to the Recipient regarding PCA Service use exceeding authorized hours;

(v) prior authorization from Medica's Care Management team or the assigned Medica Care Coordinator.

(vi) a contingency plan for provision of PCA Services to the Recipient in the event that the regular PCA is unable to render services at the scheduled time.

(b) PCPA must have a documented plan for use of flexible PCA. The Recipient and/or Responsible Party and Medica must be notified in advance and as soon as possible, if the amount of PCA authorized in an authorization period is at risk of being exhausted before the end of the authorization period. The PCPA must also follow state requirements for notification of misuse of flexible PCA.

(c) All supervision services billed to Medica must be for services provided in person and specifically related to a Member's care. Any training other than the individualized training required to provide care for the specific Member is not billable Qualified Professional time.

(d) In no case may an individual PCA work more than two hundred seventy-five (275) total hours in a given month for one or more agencies. If, upon retrospective review, it is found that an individual PCA worked more than two hundred seventy-five (275) hours from all sources, Medica will reclaim payment for any hours in excess of two hundred seventy-five (275) hours.

(e) Payment Rates for PCA Services include, but are not limited to:

(i) mileage;

(ii) all costs incurred to "set-up" the case;

(iii) costs incurred when Provider is unable to locate Member or Member is not present at location established for visit;

(iv) costs in connection with administration, education, or training;

(v) costs in connection with consultation with the family of the Member; and

(vi) costs incurred for "escort" services to location of Member.

Any costs incurred for the above items may not be billed separately to Medica and will not, in any case, be billed to Member.