



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 8 No. 17

March 1998

TO: Home Health Agencies and Homemaker Agencies Providing Personal Care Assistant Services in Essex and Hudson Counties

SUBJECT: Personal Care Assistant (PCA) Initiative for Beneficiaries Residing in Essex and Hudson Counties

EFFECTIVE: March 29, 1998

BACKGROUND: NJAC 10:60 is the Home Care Services Manual for the New Jersey Medicaid Program and the NJ KidCare Program. Provider notification requirements are described in Section 10:60-1.16. Providers of home care services must notify the Medicaid District Office (MDO) when services are initiated or terminated.

PURPOSE: To inform providers of PCA services that beginning March 29, 1998, the MDO will be initiating a concurrent beneficiary review and assessment process of Medicaid and NJ KidCare-Plan A beneficiaries residing in Essex and Hudson Counties.

ACTION: In accordance with N.J.A.C. 10:60-1.16(a), providers of PCA services must notify the MDO when a PCA service is initiated or terminated. There is no change to the requirement that written notification must be submitted to the MDO when PCA services are initiated. DMAHS is clarifying the notification documentation requirements for PCA services, and adding a new requirement regarding submittal of documentation to the MDO related to the six month nursing reassessment.

Effective March 29, 1998, regardless of the number of hours of PCA services, providers must notify the MDO, in writing, by completing and submitting the Prior Authorization Form (FD-365) and the evaluation scale, (PCA Socio-Medical Evaluation form) when serving Medicaid or NJ KidCare-Plan A beneficiaries living in Essex and Hudson

Counties. This procedure is to be followed by providers which intend to begin PCA services after an initial nursing **assessment** or to continue PCA services following a nursing **reassessment**. This procedure is to be followed for **hour one up to 40 hours per calendar work week**. If additional medical information is needed by the MDO reviewer, such as provider patient records, HCFA-485, or other forms, they may be requested by the MDO.

Consistent with N.J.A.C. 10:60-1.10(d)3, the provider must initiate a nursing reassessment every six months before the current period ends. The Division is now requiring that the PCA Socio-Medical Evaluation and FD-365 be submitted to the MDO within five working days of the completion of the nursing reassessment. Since the MDO requires fifteen working days to schedule and perform the concurrent review, the provider must start the nursing reassessment 30 working days before the reassessment is due. This should provide sufficient time for a concurrent review to be completed before the end of the current six month cycle of PCA services.

Note: Providers should continue their current reassessment schedule. The Division is not requiring any additional nursing reassessments.

EXAMPLE: A patient has a six month reassessment due because the current cycle ends on the last day of April. The provider nursing reassessment should be performed by April 1 which is thirty days before the end of April. The PCA Socio-Medical Evaluation and FD-365 must be submitted to the MDO by April 7 to provide sufficient working days for a concurrent review to be completed at the MDO and the provider advised of the outcome before the 30th of April.

Unless formal prior authorization is needed for over 25 hours of PCA services, the provider may initiate and/or continue services while the concurrent review and assessment is being conducted. Ongoing, medically necessary PCA services may be provided or continue to be provided following the initial nursing assessment or reassessment unless formal prior authorization for over 25 hours is required and must be renewed.

The Hudson or Essex MDO will notify the provider verbally and confirm in writing the outcome of the concurrent review and assessment for PCA services.

For information concerning the prior authorization process, please call the Medicaid District Office serving the beneficiary's county of residence. Questions regarding this Newsletter may be directed to the Office of Beneficiary and Provider Services at 609-584-4380, the Essex MDO at 973-648-3700, or the Hudson MDO at 201-217-7100.

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