

## ***Guide for Medicaid Reimbursable Personal Care Services***

*Does your school district employ paraprofessionals who work with special education students? Do these paraprofessionals spend a lot of time with students concentrating on activities of daily living (bathing, personal hygiene, eating)? Did you know that your district could recoup funds extended for these services offered?*

### **Step I: Assess the need for service:**

Most school districts in the state use paraprofessionals to assist in the classroom. With some additional training, paraprofessionals can become certified personal care aides. The LEA Supervisor needs to assess how much time is spent on what would be considered [Personal Care services](#). In order for Personal Care services to be reimbursed by Medicaid, an RN must be able to offer supervision (employee). The RN will be responsible for overseeing the personal care aides, training the paraprofessionals, writing care plans and other forms (prior authorization forms, other assessments), and reviewing records. Expect more work for the person responsible for billing Medicaid (more claims to be submitted).

### **Step II: Speak with your superintendent:**

The school district superintendent will determine if the district will get enrolled with Medicaid or not. When presenting this idea to him/her, have a district-wide implementation plan ready.

### **Step III: Apply for a Medicaid provider number:**

If the district is planning on billing Medicaid for this service, then the district will need a provider number for Personal Care. The school district will have to complete an [application](#) regardless of the other Medicaid numbers used by the district (OT, PT, SLP). Please be sure to have the responsible party (usually the superintendent) sign the contract and the W-9 and submit it (with original signature) to [Provider Enrollment at Medicaid](#). The application to Medicaid also requires a certification letter from the Arkansas Department of Education, Special Education (ADE). [Contact the ADE](#) when submitting your application to Medicaid. It will take about four to six weeks to acquire a provider number from Medicaid.

### **Step IV: Schedule training for the paraprofessionals:**

The paraprofessionals must be trained in order to become certified personal care aides. Subsequent to the Paraprofessional Modules, more training is required for the paraprofessionals to become certified personal care aides. Medicaid has developed training certification requirements for prospective personal care aides. Districts are encouraged to use the [Personal Care Training Curriculum](#)

developed by the ADE. Upon receiving the training, the paraprofessional becomes more valuable because they can perform more than just one job (more opportunity for them to work, if needed). A Registered Nurse (RN) is needed to facilitate the training.

### **Step V: Organization:**

Meet with the staff that will be affected by implementing this service. This is where specific responsibilities will be attributed to specific positions. Determine the procedures for getting the [necessary paperwork and documentation](#) completed, the billing regimen, and other tasks.

### **Step VI: Prior Authorization:**

Before a school district begins billing for Personal Care services, they need to complete a [prior authorization form](#) for each student who will be receiving these services. Providers of Personal Care services will need to complete pages one through six of form DMS-618 to request prior authorization. [Arkansas Foundation for Medical Care](#) (AFMC) is responsible for prior authorization of Personal Care services for clients under the age of 21. AFMC reviews the Personal Care provider's submitted documentation, authorized a set of amount of service time per month (expressed in service time increments, four per hour) and issues a prior authorization control number (PA number) for the approved service. Requests for prior authorization must be submitted within thirty (30) calendar days of the start of care. Approvals will be retroactive to the beginning date of service if the request is received within the 30-day time frame. Reviews will be completed by AFMC within fifteen (15) working days of receipt of a complete prior authorization request. For approved cases, an approval listing will be mailed to the requesting provider and the authorizing physician, detailing the procedure codes approved, total number of service time increments, beginning and ending dates and the authorization number. For denied cases, a denial letter with reason for denial will be mailed to the requesting provider and the authorizing physician. Reconsideration of the denial may be requested with thirty (30) calendar days of the denial date. Requests must be made in writing and include additional documentation. Personal Care prior authorizations are assigned for six months or for the life of the service plan, whichever is shorter. AFMC may validate a prior authorization for one year if the provider requests an extended prior authorization because the student is permanently disabled. A one-year prior authorization remains valid only if the service plan and services remain unchanged and the provider meets all Personal Care Program requirements. Providers receiving extended prior authorizations for permanently disabled students must continue to follow Personal Care Program policy regarding regular assessment and service plan renewals and revisions.

**Step VII: Billing:**

Billing for Personal Care services is similar as billing for other services. The procedure code for Personal Care services delivered in the school is T1019 (local code Z2326). Fifteen minutes of authorized, documented, and logged personal care equals one (1) service-time increment of Personal Care service. In a single claim transaction, a provider may bill only for service time accumulated within a single day for a single client. There is no “carryover” of time from one day to another or from one client to another. The aide’s time spent on documentation and logging activities may be included as service time for the service being documented. No other administrative activities qualify as service time.