Individual consumer-directed attendant care provider training

IAPEC-0721-17

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Consumer-directed attendant care

- Under the Medicaid Home- and Community-Based Services Waiver Program, there is an opportunity for members to have help in their own homes.
- Consumer-directed attendant care (CDAC) is available for members in the following waiver programs:
  - AIDS/HIV Waiver
  - Brain Injury Waiver
  - Elderly Waiver
  - Health and Disability Waiver
  - Intellectual Disability Waiver
  - Physical Disability Waiver
- The services are designed to help members do things that they would normally do for themselves.

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Services not covered under CDAC

- Heavy maintenance or minor repairs to walls, floors, railings, etc.
- Nonessential support: polishing silver, folding napkins, etc.
- Heavy cleaning: moving heavy furniture, floor care, painting and trash removal
- Yard work
- Supervision of the member, verbal prompts or reminders
- Any services that are **not** specifically described in the *CDAC Agreement*

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Services covered under CDAC

- Unskilled service examples:
  - Getting dressed/undressed
  - Bathing and grooming
  - General housekeeping
  - Scheduling appointments and communications
- Skilled service examples:
  - Monitoring medication
  - Catheter and colostomy care
  - Recording vital signs

The *CDAC Agreement*

- The *CDAC Agreement*:
  - Is required when a provider is first matched with a member.
  - Will be reviewed annually with the member.
  - Will be reviewed when there are changes in the **needs** of the member.
  - Is not valid until signed by the member, provider and case manager.
  - Is specific to each member/provider combination; no two agreements are alike.
  - Provides services based upon the assessed member **needs** — not member wants.
  - May provide many of the available services to a member or just a few.

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The *CDAC Agreement* (cont.)

- Contains only payable services and units
- Is used by providers and members to identify the specific services the member **needs** and the provider agrees to perform

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CDAC services

- Each service category has been assigned a code.
- The service codes are the same codes used to complete the *Daily Service Records (DSRs)*.
- The service codes are **not** used on the claim form.

	Non-Skilled Service Components. To be completed by the member or member's legal representative.	D th
N1	Dressing	
N2	**Bathing, grooming, personal hygiene** – includes shaving, hair care, make-up, and oral hygiene.	
N3	**Meal preparation and feeding** – includes cooking, eating, and feeding assistance (but not the cost of meals themselves).	
N4	**Toileting** – includes bowel, bladder, and catheter assistance (emptying the catheter bag, collecting a specimen, and cleaning the external area around the catheter).	
N5	**Transferring, ambulation, mobility** – includes access to and from bed or a wheelchair, repositioning, and mobility in general.	
N6	**Essential housekeeping** – activities which are necessary for the health and welfare of the member such as grocery shopping, laundry, general cleaning.	
N7	**Minor wound care** – includes foot care, skin care, nail trimming, and skin/nail observation and inspection.	

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Overview of the agreement

- The agreement outlines the specific services the provider agrees to provide for the member.
- The agreement outlines the amount of time/units allotted per month for each agreed-upon service.
- The provider, member and case manager will determine a rate per fifteen minutes to be paid to the provider.
- The maximum unit rate is set by the *Iowa Administrative Code*.

DSRs

- *DSRs* must be completed and signed daily by provider (one form per day that services are provided).
- Form is available in a template version at https://dhs.iowa.gov/sites/default/files/CDAC_Daily_Service_Record_470-4389.pdf.
- The *DSRs* are important because the *Iowa Administrative Code*, 79.3(2)d(35) requires providers to keep accurate logs of services provided each day.
- The *DSRs* should be reflective of the services outlined in the provider agreement.

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DSRs (cont.)

- The *DSR* must be completed in English.
- The record must contain:
  - The date service activities were performed (in the format MM/DD/YY).
  - The time of service (e.g., 8-10 a.m., 1:30-4:30 p.m.).
  - What was done for the member (e.g., bathed Mrs. M., prepared breakfast, did light housekeeping).
- The *DSR* must match the claim form for the dates of service and units of service.

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DSRs (cont.)

- Records must be maintained for a minimum of five years. Even if you stop being a CDAC provider, you must keep these records for a period of five years from the time you billed Medicaid.
- Your records are subject to audit by the federal and state governments. Upon request, you must make these records available to the Iowa Department of Human Services.
- **You will be required to repay any amount paid to you by Medicaid if you do not have these records.**
- Failure to maintain accurate records can result in denial of payment, returning money to the managed care organization or losing your position as an enrolled CDAC provider.

Claim for Targeted Medical Care

- The claim must accurately reflect the total units of services performed in a month.
- The claim must be signed by both the provider and the member.
- Providers can submit claim forms as often as desired on or after the first day of the following month. DSRs should **not** be submitted with the claim form.

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Claim for Targeted Medical Care (cont.)

Claim for Targeted Medical Care

(If handwritten, use blue or black ink only. **Accuracy** is important.)
This form may be downloaded at http://dhs.iowa.gov/ime/providers/forms

Member Information

1. Medicaid ID Number		2. Member's Name	

Provider Information

3. NPI Provider Number		4. Provider's Name	
5. Provider Address			
6. Zip Code		7. Taxonomy Code	

Other Information

8. Other Health Insurance	Yes / No	9. Other Health Insurance Denied	Yes / No
10. Other Health Insurance Payment		11. Client Participation Amount	

Services

12. Procedure Code	13. Modifier	14. Place of Service	15. First Date	16. Last Date	17. Units	18. Total Line Charge
				19. Total Claim Charges		

Authorized Signature(s)

I certify that the statements on the back apply to this bill and are made a part of it.	*For consumer-directed attendant care claims only.*
Provider Signature Date	Member/Guardian Signature Date

470-2486 (Rev. 08/14) White: Iowa Medicaid Enterprise Yellow: Provider Print Form

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Claim for Targeted Medical Care member information

Member Information	
1. Medicaid ID Number	2. Member's Name

- The member's state ID should be entered in field 1. The ID is seven numbers followed by a letter and can be found on the member's Medicaid eligibility card.
- The member's name in last, first and middle initial format should be entered in field 2.

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Claim for Targeted Medical Care provider information

Provider Information

3. NPI Provider Number		4. Provider's Name	
5. Provider Address			
6. Zip Code		7. Taxonomy Code	

- The provider's assigned number must be in field 3 (10-digit number that starts with an X).
- The provider's full name must be in field 4.
- The provider's address must be in field 5.
- The provider's ZIP code must be in field 6.
- Field 7 can be left blank.

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Claim for Targeted Medical Care insurance information

Other Information	
8. Other Health Insurance ☐ Yes ☐ No	9. Other Health Insurance Denied ☐ Yes ☐ No
10. Other Health Insurance Payment	11. Client Participation Amount

- Field 8 is required. Indicate whether or not the member has other insurance that covers the services billed.
- Field 9, 10 and 11 may be left blank.

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Claim for Targeted Medical Care — services fields 12-16

Services

12. Procedure Code	13. Modifier	14. Place of Service	15. First Date	16. Last Date

- Field 12— Enter the procedure code of each service being billed on the claim:
  - CDAC is T1019.
- Field 13 — situational: Only enter a two-digit modifier if it is required for the services being provided:
  - E.g., Skilled services require a U3 modifier.

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Claim for Targeted Medical Care — services fields 12-16 (cont.)

Services

12. Procedure Code	13. Modifier	14. Place of Service	15. First Date	16. Last Date

- Field 14 — Enter the two-digit place of service where the services being billed were provided. Place of service codes are listed on page 2 of the form.
- Field 15 — Enter the first date of service for the month in which services were provided. Dates of service must be entered in MM/DD/YY format.

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Claim for Targeted Medical Care — services fields 12-16 (cont.)

Services

12. Procedure Code	13. Modifier	14. Place of Service	15. First Date	16. Last Date

- Field 16 — Enter the last date of service for the month in which services were provided. Dates of service must be entered in MM/DD/YY format.
- Dates of service should not span more than one calendar month. If billing for more than one month on the same claim form, each month must be on a separate line.

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Claim for Targeted Medical Care — services fields 17 and 18

- Field 17 — The total number of units being billed for the month must be entered. Only whole numbers may be used. Units should be rounded to the nearest whole number.
- Field 18 — The total charge for that particular line on the claim form must be entered.
- It is important to enter the amount in dollars and cents (##.##). If this is not done, the payment may be different from what the provider is expecting.

17. Units	18. Total Line Charge

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Claim for Targeted Medical Care — services field 19

19. Total Claim Charges	

- Field 19 — The sum of the total line charges must be entered. This is the total reimbursement amount of services being billed to Medicaid.
- It is important to enter the amount in dollars and cents (##.##). If this is not done, the payment may be different from what the provider was expecting.

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Claim for Targeted Medical Care — authorized signature

Authorized Signature(s)	
I certify that the statements on the back apply to this bill and are made a part of it.	*For consumer-directed attendant care claims only.*
Provider Signature Date	Member/Guardian Signature Date

- The bottom box on the left is labeled Provider Signature and Date. The provider must sign and date the claim in this field.
- The bottom box on the right is labeled Member/Guardian Signature and Date. The member or the member's guardian must sign and date the claim in this field.

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CDAC billing

- Submit the *Claim for Targeted Medical Care* form to receive payment.
- Claims can be submitted as often as weekly in the following ways:
  - Via fax: 1-800- 400-3463
- Via mail:

  Claims Department
  Amerigroup Iowa, Inc.
  P.O. Box 61010
  Virginia Beach, VA 23466-1010

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Where to ask questions

Questions about the *CDAC Agreement* should be directed to the member's case manager.

Questions about *DSRs* can be directed to the local Provider Relations representative.

Questions about the claim form should be directed to Provider Services at 1-800-454-3730.

Summary

All approved services provided to the member must be documented daily on a *DSR*.

Total minutes of service documented on the *DSR* are entered as units on the claim form.

Contact Provider Services at 1-800-454-3730.

Thank you!

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