



Direct Care Service Agencies

Fee-for-Service Overview



Direct Care Worker (DCW)

A person who assists an elderly person or an individual with a disability with activities necessary to allow them to reside in their home.

- **These individuals, also known as Direct Support Professionals, must be employed/contracted by DCW Agencies.**

Direct Care Services

Direct Care Services are available only to Arizona Long Term Care Service (ALTCS) members who reside in their own home.

- The number and frequency of authorized Direct Care Services is determined through an assessment of the member's needs by the case manager with the member and/or the member's family, guardian, or representative, in tandem with the completion of the cost-effectiveness study.**

Services

- **Attendant Care services are not limited to the boundaries of the member's home. As indicated in the Service Plan, the Direct Care Worker, under Attendant Care, may accompany the member as necessary in order to meet his/her needs in a variety of settings, including, but not limited to:**
 - **A physician's office,**
 - **School setting, or**
 - **The workplace.**

DCW Agency Responsibilities

- **DCW Agencies hire/contract, supervise/monitor, and control/define the responsibilities and tasks of the Direct Care Worker as well as establish the rate of reimbursement/wages for the DCW.**
- **Agencies shall register with AHCCCS and sign and attest to meeting the terms of the AHCCCS Provider Participation Agreement.**
- **Agencies shall also ensure the basic testing, documentation, and training requirements for DCW's are satisfied.**

Standards and Requirements

All Direct Care Workers, shall comply with the following standards:

- a. Hold certification in Cardiopulmonary Resuscitation (CPR) and first aid.
 - i. Training in CPR and first aid shall be provided or sponsored by a national recognized organization; and
 - ii. Training sessions shall be in person in order for the participant to demonstrate learned skills such as mouth-to-mouth resuscitation, chest compressions and first aid skills. *Web-based training without the benefit of on-site return demonstration of skills is not acceptable.*

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- b. Comply with recommendations and requirements resulting from routine monitoring and supervision by the ALTCS Contractor or AHCCCS Administration to ensure the competency of the DCW.**

All monitoring and supervision assessments shall be documented and kept in the DCW's personnel/contract file.

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- c. Comply with the objectives and methods specified in the member's individualized service plan.**

The service plan, based on an assessment of the member's level of functioning and need for direct care service and other services, shall be developed by the case manager for each member who is to receive Direct Care Services. The DCW, or agency representative, shall notify the case manager or designee of any changes in member condition.

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- d. Comply with the applicable Education Requirements described in Section E of AMPM 1240-A.**
- e. Comply with the applicable background check and Arizona Adult Protective Services Registry screening requirements check as specified in Section C (4) of AMPM 1240-A.**

Billing for Services

Attendant Care providers must bill for services on a CMS 1500 claim form. Claims for services will be compared with the case manager's authorization for the services. The criteria match includes:

- **Provider ID**
- **Member ID**
- **Date(s) of Service**
- **Procedure Code**
- **Units of Service**

If the claim does not match the information on the Case Manager Service Plan, the claim will be denied.

Billing Information

- **Provider Type: 40 (Attendant Care)**
- **Claim Form Type: CMS 1500**
- **EDI: 837/ AHCCCS Web Portal**
- **Atypical Provider: Allowed to bill with the 6 digit AHCCCS Provider number or a NPI number. The Service and Group provider fields must have the appropriate provider ID numbers listed.**

Claim Submission

<u>Paper claims</u>	<u>HIPAA-compliant 837 electronic</u>	<u>AHCCCS Online (Provider Portal)</u>
<p>AHCCCS Claims P.O. Box 1700 Phoenix, AZ 85002</p>	<p>AHCCCS also accepts HIPAA-compliant 837 electronic Fee-For-Service claims from all certified submitters. Providers and clearinghouses must successfully complete testing to be certified to submit 837 transactions.</p>	<p>Claims may also be submitted through the AHCCCS Online claim submission process. Document attachments may be submitted through the web upload attachment process in the Transaction Insight (TI) Portal or through batch 275.</p>

AHCCCS Online Provider Portal

Trainings on claim submission through the AHCCCS Online Provider Portal is posted on the AHCCCS website.

Professional Claims: [click here](#)

Key Fields

- **HCPCS code**
- **Modifier (if applicable)**
- **Correct begin and end dates**
- **Total units and billed amounts**
- **Overlapping dates of services from multiple authorization periods on a single line may result in an incorrect payment or denial of the claim.**

Important

- **The services listed on the attachment require a Prior Authorization by the AHCCCS PA department or the Tribal Case Manager.**
- **NEMT transports that are over 100 miles either single or round trip will require a Prior Authorization.**
- **DCW's may be allowed to bill services based upon your individually assigned Category of Services (COS). Providers can view their COS via the AHCCCS Online Website.**

Important

- The next slide is a list of services that may be provided by a Direct Care Worker.
- This is *not* an all inclusive list. Each DCW provider should confirm if it is appropriate to provide and bill the service prior to rendering the service.
- **DCW Agencies that are designated as an IHS provider will not require an authorization of attendant care services.**
- See exceptions on next slide.

Provider Type 40 - HOME AND COMMUNITY BASED SERVICES

Important: The services listed below require a Prior Authorization by the AHCCCS PA department or the Tribal Case Manager. NEMT transports that are Over 100 miles either single or round trip will require a Prior Authorization. This is not an all inclusive list and each provider should confirm if it is appropriate to provide and bill the service prior to rendering the service. See the exceptions listed below.

Service Type	Code	Unit Increments
Non-Emergency Transportation Services	A0090	Per mile
NON-EMERGENCY TRANSPORTATION; TAXI	A0100	Base code
NON-EMERGENCY TRANSPORTATION AND BUS,	A0110	Base code
NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA	A0120	Base code
NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN	A0130	Base code
WHEELCHAIR VAN, MILEAGE, PER MILE	S0209	Per Mile
NON-EMERGENCY TRANSPORTATION; MILEAGE	S0215	Per Mile
HOME CARE		
HOME CARE TRAINING TO HOME CARE CLIENT	S5108	Per 15 Minutes
HOME CARE TRAINING, FAMILY;	S5110	Per 15 Minutes
HOME CARE TRAINING, NON-FAMILY	S5115	Per 15 Minutes
ATTENDANT CARE	S5125	15 Minute increments
For purposes of modifier U4 or U5, family member means:	S5125 / U3	Provided by spouse, limited to maximum of 40 hours/week
• Adult children/Step children of member	S5125 / U4	Provided by family member, non-spouse, not residing in member's home
• Son/Daughter-in-law of member		
• Grandchildren of the member		
• Siblings /Step Siblings of member	S5125 / U5	Provided by family member, non-spouse, residing in member's home
• Parents /Step Parents of members	S5125	
• 18 years (per Federal policy, parents of members < 18 cannot be paid caregivers)	S5125 / U2 S5125/ U6	Self-Directed Attendant Care (SDAC) - Skilled services
• Grandparents	S5125 / U7	Agency With Choice (AWC)
• Mother/Father-in-law		
• Brother/Sister-in-law		
HOMEMAKER	S5130	15 Minutes = 1 unit
Companion Care	S5135	15 Minutes = 1 unit
	S5136	Per Diem
RESPITE CARE		
Short Term In-home	S5150	15 Minutes (48 units and under)
Continuous In-home	S5151	Per Diem (49 units and over)
PERSONAL CARE SERVICES	T1019	Per 15 Minutes not for an inpatient stay
TRANSPORTATION WAITING TIME, NON-EMERGENCY TRANSPORT	T2007	PA required.
HABILITATION, RESIDENTIAL, WAIVER;	T2017	15 Minutes
DAY HABILITATION, WAIVER;	T2020	Per Diem - 1 unit per day.
HOME HEALTH SERVICES / HOME HEALTH AIDE	T1021	1 Unit per Visit
RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED	T2033	1 Unit per day
Community Transition Service -		
A Prior Authorization is NOT REQUIRED.	T2038	1 Unit per episode (once per 5 years)

Supervisory Visits

DCW agencies are required to perform periodic supervisory/monitoring visits to assess the DCW's competency in performing the assigned duties in accordance with the member's individualized service needs and preferences.

Supervisory visits must be documented in two places:

- The Member's Case File, and
- The Direct Care Worker's Personnel File

There are two types of supervisory visits that need documented in a member and DCW's file:

1. Supervisory Visit *Requiring* the Presence of the DCW
2. Supervisory Visit *Not-Requiring* the Presence of the DCW

Supervisory Visit *Requiring* the Presence of the DCW

- A supervisory/monitoring visit is *required* once within the first 90 days of the DCW's initiation of services for each member served.
- These supervisory/monitoring visits are *required* to be completed annually thereafter, or more frequently if warranted.

Supervisory Visits *Not-Requiring* the DCW's Presence

From the date of initial service provision and for the next 90 days, supervisory visits are required by the 5th day, 30th day, 60th day (is only required if issues are identified) and 90th days from the initial service provision date.

- The 5th day visit shall not occur on the day of the initial service provision. The 30th, 60th and 90th day visits must occur within five days of their due date.
- After the initial 90th day visit, all other visits occur at least every 90 days from the previous visit. This 90th day visit must not occur more than five days after its due date.
- Home Health Agency visits are in accordance with 9 A.A.C. 10, Article 11

Provider Records and Registration

DCW Agencies must provide documentation of all employees and their required licenses, if requested.

- This is per chapter 3, Provider Records and Registration, of the Fee-For-Service Provider Billing Manual: “Agencies and companies without licensing requirements must provide documentation of all employees (i.e. attendant care companies, non-emergency transportation providers etc.) and their required licenses or certification upon request.”**

Program Management Components

- **DCW Agencies are responsible for following the program management components as mentioned in the AMPM 1240-A (Section C).**
- **Link to AMPM 1240-A [Direct Care Services](#)**

NEMT Services

Effective 6/1/2015 a provider registering as Provider Type 40 will be *required* to be an AHCCCS registered provider for a period of twelve (12) months prior to being able to bill for non-emergency medical transportation (NEMT) services.

Upon completion of the 12 month period these provider types will be able to bill NEMT services. However, the NEMT services should not exceed 30% of the overall services billed.

Quality of Care

- **AHCCCS is responsible for investigating Quality of Care concerns for FFS members. The Direct Care Worker Agency has the responsibility to report any QOCs brought to their attention.**
- **DCW Agencies should be working with the ALTCS program, by speaking with the program administrator if there are any member concerns about services, challenges, or billing issues.**

ALTCS Tribal Contractors

- **Seven Tribes have an Intergovernmental Agreement (IGA) with AHCCCS to provide case management services to their respective tribal members enrolled in ALTCS. Native Health, a Federally Qualified Health Center, has a contract with AHCCCS to provide case management services to Tribal ALTCS members.**
- **Native Health phone number: 602-279-5262**

ALTCS Tribal Contractors

Long Term Care Tribal Contractors	Website	Phone Number
Gila River Indian Community	www.gilariver.org	602-528-1200
Hopi Tribe	www.hopi-nsn.gov	928-734-3551
Navajo Nation/Chinle	www.navajo-nsn.gov	928-674-2236
Navajo Nation/Fort Defiance		928-871-7988
Navajo Nation/Tuba City		928-283-3250
Dilkon ALTCS		928-657-8036
Pascua Yaqui Tribe		www.pascuayaqui-nsn.gov
San Carlos Apache Tribe		928-475-2138
Tohono O'odham Nation	www.tonation-nsn.gov	520-383-6075
White Mountain Apache Tribe	www.wmat.nsn.us	928-338-1242

Link: <https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/>

Fraud and Abuse

How to Report Fraud, Waste or Abuse of the Program

- **The Office of Inspector General (OIG) provides a way for members, plans, providers, and the public to report all forms of suspected fraud, waste or abuse of the program.**

Who Can Report Fraud or Abuse

- **Absolutely anyone can report fraud, abuse, or member abuse. There are no restrictions.**

Contacts

Provider Fraud

If you want to report suspected fraud by a medical provider, please call the number below:

- **In Maricopa County: 602-417-4045**
- **Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686**

Member Fraud

If you want to report suspected fraud by an AHCCCS member, please call the number below:

- **In Maricopa County: 602-417-4193**
- **Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686**

Online Form

The Office of Inspector General (OIG) provides a way for individuals, plans, and providers to report all forms of abuse including, suspected fraud or abuse of the program. Everyone (members/beneficiaries, caregivers, health plans, and the public) can report suspected fraud or abuse of the program with this online form.

Individuals may also submit attachments and/or additional information by secure email to AHCCCSFraud@azahcccs.gov and adding “[secure]” in the subject line followed by the Member or Provider’s name.

Report Suspected Fraud or Abuse of the Program

<https://www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx>

Training Resources

AHCCCS Medical Policy Manual

Chapter 1200, ALTCS Services and Setting

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/#Ch1200>

AHCCCS Fee-For-Service Provider Manual

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

FFS Website

- <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>

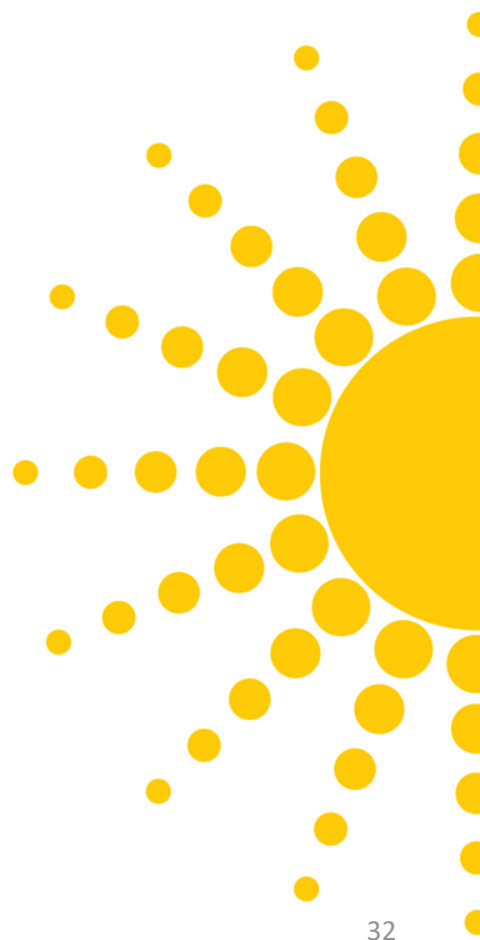
Tribal ALTCS

- <https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/>

Provider Training

- **AHCCCS Provider Training offers both in person and online training to Fee-For-Service (FFS) providers on how to submit claims, prior authorization requests, additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), etc. using the AHCCCS Online Provider Portal and the Transaction Insight Portal.**
- **The AHCCCS Provider Training team also offers periodic trainings whenever there are significant changes in AHCCCS policy or to the AHCCCS billing manuals.**
- **Training questions may be directed to:**
ProviderTrainingFFS@azahcccs.gov

Question?



Thank You.

