



**MEDICAL CARE POLICY ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
Personal Care Transmittal No. 32**

September 17, 1997

TO: Personal Care Case Monitors

FROM: Joseph M. Millstone, Director *J.M.M.*
Medical Care Policy Administration

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

RE: Personal Care Case Monitor Responsibilities

The purpose of this transmittal is to reiterate to all personal care case monitors the importance of adhering to regulatory and procedural requirements. Case monitors must meet their responsibilities in the area of provider invoice review, criminal background investigations, documentation of provider medical examinations, case reassessment and monitoring of attendance records for provider agencies. The requirements are as follows.

Provider Invoice Review

Each case monitor should reread and be sure to follow COMAR 10.09.20.07 - Payment Procedures (attached) when invoices are reviewed. Personal care invoices must be compared to the plan of care to ensure that services are consistent with the plan of care. The review includes checking for correct recipient name, Medical Assistance number, proper dates and frequency of service, correct level of care and fee, provider name and provider number. Additionally, the case monitor should ensure that the provider is not over the case limits as specified in COMAR 10.09.20.05B.

Each provider invoice must be reviewed by the case monitor for completeness and accuracy prior to submission for payment. The case monitor must sign and date each correct invoice in the right side margin. The case monitor must forward the invoices to the special post office box which has been established for personal care invoices. Personal care providers must not be told the post office box number.

(Continued on reverse side)

Invoices with irregularities, additions or omissions are not to be approved until the provider gives a satisfactory explanation and corrects the deficiencies. Case monitors should explain to each provider that the consequences of committing fraud or abuse of the Medical Assistance Program may result in termination from the Program and criminal prosecution. Case monitors should periodically telephone or visit recipients to verify that the provider has actually been to the recipient's home and performed services according to the care plan.

Provider Medical Examinations

According to COMAR 10.09.20.03A(9) a personal care provider shall "Be certified by a physician within 6 months of application as physically and mentally able to perform required duties." Case monitors should review their files to ensure that documentation of the medical examination is present. If the documentation of the medical examination is not present, the provider must submit it within 60 days or be terminated from the Program.

Criminal Background Investigations

Program regulations do not require the performance of criminal background investigations. It is required that the personal care aide must agree to submit to an investigation. It is the case monitor's option to forego the investigation when there is no perceived risk to justify the expense and delay associated with its completion. One example is when services are to be provided by an aide who is a neighbor who has a longstanding relationship with the recipient's family.

Recipient Reassessments

Case monitors should be sure that each personal care recipient is reassessed for medical eligibility at least once every 12 months and that current care plans and recipient medical examinations are on file. Medical exams must have been performed not longer than six months prior to the date of reassessment. In cases where plans of care and medical examinations are not current, appropriate action should be taken by the local health department to ensure that regulatory requirements are met.

Provider Agency Employee Attendance

Case monitors should periodically review provider agency records for compliance with COMAR 10.09.20.03B(5). This regulation states that personal care provider agencies shall "be responsible for keeping accurate records which contain the case monitor's instructions, identification of each personal care aide providing services to recipients, days and times worked, tasks performed, and progress notes and observations on the aide and recipient." The records must be checked to ensure that services are consistent with the recipients' care plans. Also, provider agency attendance records should be compared to related payroll records on a test basis and documented with the date and initials of the reviewer.

Fraud and Abuse Referrals to the Program

Any case monitor who, upon review of personal care provider or provider agency invoices or records, suspects fraud must immediately telephone the Medical Care Finance and Compliance Administration at (410) 767-1448 to initiate an investigation. The case monitor should cooperate with the investigators so that any overpayments can be recovered from the provider.

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The personal care program provides a valuable service to recipients throughout Maryland. The program cannot accomplish its mission unless case monitors review cases properly. Questions regarding this transmittal may be directed to the staff specialist for personal care at (410) 767-1444.

JMM/ra
Attachment

cc: Local Health Officers

.07 Payment Procedures.

A. Requests for Payment.

(1) Every request for payment of services rendered shall be submitted according to procedures established by the Department and on the form designated by the Department.

(2) Every request for payment for personal care services shall include all days for which personal care services were rendered to a recipient during the period specified by the request.

(3) Billing time limitations for claims submitted pursuant to this chapter shall be as set forth in COMAR 10.09.36.

B. Payment to personal care providers shall:

(1) Be based upon the level of service that has been preauthorized by the Department;

(2) Be limited to the maximum number of days each recipient is certified eligible for personal care services, and subject to the number of days each recipient actually receives services;

(3) Be made according to the following fee schedule for personal care services:

<i>Description</i>	<i>Maximum Fee</i>
Day of Personal Care—Level 1	\$10
Day of Personal Care—Level 2	20
Day of Personal Care—Level 3	25
Day of Training	10

(4) Include days spent in training programs when preauthorized by the Department;

(5) Be on a per diem basis and cover all tasks required under the recipient's approved plan of personal care, regardless of actual hour or hours spent performing these tasks;

(6) Be made only to qualified personal care providers. Payment may not be made to a recipient or to a nonqualified individual or agency.

C. Payments to personal care provider agencies shall be:

(1) Based upon the level of service that has been preauthorized by the Department;

(2) Limited to the maximum number of days each recipient is certified eligible for personal care services, and subject to the number of days each recipient actually receives services;

(3) Made according to the following fee schedule:

<i>Description</i>	<i>Maximum Fee</i>
Day of Personal Care (Agency)—Level 1	\$10
Day of Personal Care (Agency)—Level 2	20
Day of Personal Care (Agency)—Level 3	25

(4) On a per diem basis and cover all tasks required under the recipient's approved plan of personal care, regardless of the actual hour or hours spent performing these tasks;

(5) Made only to qualified personal care provider agencies. Payment may not be made to a recipient or to a nonqualified individual or agency.

D. Payments to Level 4 provider agencies shall be:

(1) Based upon preauthorization by the Department for Level 4 personal care services;

(2) Limited to the maximum number of days each recipient is certified eligible for Level 4 personal care services, and subject to the number of days each recipient actually receives Level 4 services;

(3) Made according to the following fee schedule:

<i>Description</i>	<i>Maximum Fee</i>
Day of Level 4 Personal Care—Shift 1	\$30
Day of Level 4 Personal Care—Shift 2	30
Day of Level 4 Personal Care—Shift 3	30

(4) Made only to qualified Level 4 personal care provider agencies. Payment may not be made to a recipient or to a nonqualified individual or agency.

E. Payments to case monitoring agency providers shall be:

(1) Subject to requirements and limitations as specified in the agreement between the Department and the case monitoring agency;

(2) Made according to the following fee schedule for personal care case monitoring services:

<i>Description</i>	<i>Maximum Fee</i>
Month of case monitoring (Agency):	
Baltimore City	\$150
Baltimore County	160
Montgomery County	240
Prince George's County	190
Other counties	150

(3) Made only to qualified case monitoring agencies. Payment may not be made to a recipient or to a nonqualified individual or agency.