

## Question

## Response provided

Good morning,  
should a family member taking care of loved ones get a background check through DCH?

Answered in call

ARC CSERV

How long does PMOA take for a CCSP to be approved?

There are 45 and 60 day sop (standard of promptness) for dfcs but stay in touch with case management re each dfcs application. It can vary and sometimes case management must resubmit when members don't give the needed verifications.

Is there a way ARC can expedite the process for CCSP application. I have a client that has been waiting since February? Until now she has to hear from ARC.

At ARC, we prioritize calls from clients or FAMILY members over third-party referrals, because we receive hundreds of referrals each week, most of which are ineligible or decline to move forward with estate recovery or cost share. Have the client contact us, and we will respond in a much more timely response (7-10 days)

ARC CSERV

for incident report when submit but the problem i am having is the send to case manager they never response

Reach out to Jill and Carolyn and we can assist.

out location actually does fingerprinting in Covington

I can give info on sites reading fingerprinting. Email jill.

Does the family caregiver background check have to be done through GCHEX or the police department?

If you hire family with your private home care under app k, you use gxchs. If you hire for sfc, you don't use gchxs.

Exactly who are we supposed to use to run the fingerprints for SFC contractors if not GCHEX? We are having a very hard time finding a facility that can/will do this for us.

Email Jill and Ill give you some info on this.

do you see when a provider gets disconnected and comes back in? My connection has failed me a few times during the call

The system will show each time you logged in and your total lenght of attendance.

ARC CSERV

Under the Family Structured Waiver, if a background check for the family member comes back unsatisfactory, are we to overlook the determination or are we to not hire the family member?

Don't hire and follow policy 1406 in the pss manual.

I have reached out to GCHEXS to inform them that the fingerprints taken for my staff is still showing Determination in Process. This has been like this since April 29th. I have left messages and sent emails for assistance. What do I need to do to receive my Satisfactory Letter for my staff? I've already paid for the fingerprinting.

Did you try this email? [gchexs.user@dch.ga.gov](mailto:gchexs.user@dch.ga.gov)?

Crazy question but are providers responsible for paying for fingerprinting for each employee? I ask because when I've told potential employees they are responsible and tell them the amount they either never come back or they look at me like I am crazy.

Providers (Adult Day Centers, Assisted Living Communities, Home Health Agencies, Hospices, Intermediate Care Homes, Nursing Homes, Personal Care Homes, and Private Home Care Providers) are responsible for ensuring that they obtaining a fingerprint record check application for all employees (owners, administrators, onsite managers, directors, and direct access employees) during the onboarding process and as indicated within policies to maintain employment and provider enrollment. That state does not mandate who pays for the cost of obtaining the check. It will be the provider's decision to determine who will pay for the fingerprinting and they are free to make those arrangements at their discretion.

can we get a baseline of data on each member asap before the redetermination process starts.

What do you mean by "baseline"

ARC CSERV

When will the adjustment for the 10% increase for ALS Providers be implemented? It's been almost a year since the effective date.

Answered in call

ARC CSERV

Are you going to add the additional amount of the increase from this session for fingerprints to the waiver amount?

No, fingerprinting cost will not be added into the reimbursement methodology at this time.

How long does it usually take to get the PA entered into the EVV System?

It depends on when the provider tells case management they started the care. Case management then adds the PA and it pushes to gammis. Gammis then, in a day, pushes to evv IF the mdcd type is billable in the waiver.

If our members want to continue with telehealth AFTER the PHE ends would we be able to continue that?

These allowances are currently being reviewed to determine if they are in the best interest of the member care and services. Please stay tuned to this and other webinars regarding telehealth allowances.

I've noticed that there are ICD10 codes that are specific, however, the Harmony MDS assessment program doesn't recognize them. This has happened more than once. I've used the specific code on the LOC, however, will it be acceptable since Harmony doesn't recognize?

Harmony is not an accurate gauge re billable. I would google current billable codes and use those. Providers are encouraged to consult a certified Coder or use the most recent ICD-10 coding books and software.

Is this slideshow available to print?

It will be available on Empowerline after the meeting (maybe later this week)

ARC CSERV

Could you please let us know when we receive 10% increase for last year(after July 1st)? We have not received them yet.

Should be coming by June 1. Reimbursement is being conducted per specialty and have begun to be distributed. Please review your Remittance Advices beginning in June.

Does that apply to Care Management agencies also? Checks going out by June 1?

yes

How can we receive the extra 10% ? By check or bill on the system?

The 10% rate increase will be remitted to providers as you currently receive reimbursement.

Where can I get the Powerpoint presentation for today's meeting?

Will be on Empowerline later this week

ARC CSERV

Where can I get the Powerpoint presentation for today's meeting?

It will be uploaded to the Empowerline website after the meeting (later this week or early next week)

ARC CSERV

Will we have access to the recording of the meeting?

Yes. You can follow-up with me if you don't receive it directly or find it on Empowerline by next week. knelson@atlantaregional.org

ARC CSERV

Will there be acknowledgement of incident reports. How will we know if the reports have been received?

Once you submit for waiver incidents, they go to case management for the needed follow up.

Will the PA push to EVV if the member is 449?

449 is billable for waiver, yes. It will push.

Not all unspecified codes deny for case management. such as Alz does not require early, late onset be specified for reimbursement.

Agreed. Trying to get with DCH/Brian re these. If it pays case management, give that to the providers.

Will the Appendix D Attestation be revised to include a question for the caregiver and payee responsibilities for the member?

What do you mean? Email jill and carolyn.

If ALS is short staffed but all other components are suitable for fully reopening, does contingency staffing retain facility to NOT fully reopening?

Did you mean adh?

am i supposed to sign in to get credit? Thanks Kathy Holcomb, Habersham Senior Center

If you are able to see the screen, we should have a record of your attendance.

ARC CSERV

What is the email address for Rebecca Dugger?

provided in slideshow

ARC CSERV

When will providers be reimbursed for the increase from July 1 2021

June 2021. Watch your RA.

When do we get the back pay for our SOURCE and CCSP clients? We were told that GAMMIS will be reprocessing the claims with the new rate but we have not received them yet.

June 2021. Watch your RA.

Good Morning. Please clarify- Do Private Home Care providers are to submit Incident Reports AND to HFR as well. Also is the 7 day follow-up still completed by the Care Coordinators?

Follow up is done by case management. Providers do both incidents. Email jill for the links or see the handout on empowerline.

How much detail is needed for Incident Report follow ups?

They are only done by case management. They know what to do.

Will you be reviewing or discussing the April Policy Revisions - especially regarding the new Rep Payee and Unemancipated adult language for SFC Caregivers?

Discussed during the call.

ARC CSERV

be impacted by these changes? Also looking to understand what you have asked your CM's to do to help support these impacted CG/members?

They have been told to reevaluate members who no longer meet.

Since PHE has new date of ending, does that mean telehealth continues for rest of this year?

Answered on call

ARC CSERV

I do not have information on the townhalls for EDWP waiver expiring	The townhalls have already been held. They were posted on the DCH website and AAAs sent out "blasts" about them to the email address we have on file for local providers.	ARC CSERV
PHE ends July 15 so we have 6 months from there the grace period of trying to get back to normal operations correct?	Answered on call	ARC CSERV
Who follows up? Provider? or Case Managment and is ther particular form to follow up?	Re incidents? Only case management follow up.	
We will be informed on those before PHE ends correct?	yes- watch banner messages on gammis.	
Do we need to have CPR/First Aid hands on training?	For sfc? No.	
some of our new employee that did finger print , we are not able to get the result .What do we need to do	Email Jill. You must have these.	
PMAO patient paid her cost share and received service for a two weeks which the cost is more than the cost share, the case worker asked us to stop the service because there ot sure if she will be approved for the waiver .Now case worker asking us to return the cost share .Client received120units of PSSX and paid \$308 cost share.Please advise	Email jill the details.	
In regards to the Medicaid eligibility redetermination process, when will that start? Will these be done based on birth month? How will providers know if a client is now deemed ineligible?	The redetermination process will begin at the end of the Federal Public Health Emergency. Providers and members will be notified as to the exact dates. Members should begin now to upate their address in the Gateway system.	
Was there a slide for the EVV info Jill just reviewed?	Email jill to discuss.	
Can you be a DDP for two different providers? Also can a provider contract DDP services period	Email Jill Nikki.	

do we have to input any diagnoses into EVV for billing

yes- one and avoid unspecified

The cost of finger printing is high, how can agencies with hundreds of employees who quit after a few weeks of work manage?

Providers (Adult Day Centers, Assisted Living Communities, Home Health Agencies, Hospices, Intermediate Care Homes, Nursing Homes, Personal Care Homes, and Private Home Care Providers) are responsible for ensuring that they obtaining a fingerprint record check applicatrion for all employees (owners, administrators, onsite managers, directors, and direct access employees) during the onboarding process and as indicated within policies to maintain employment and provider enrollment. That state does not mandate who pays for the cost of obtaining the check. It

I was informed that I had to do the incident report online and also an EDWP. Is that accurate?

yes- see handout on empowerline for each site.

For the 7 day follow up for incident reports Is it the care provider agency that does this follow up or is it the case management company who performs this.

Just case management does follow up.

The second link to report HRF complaint intake looks like it's for reporting complaints and not incident report. It doesn't have spaces to report hospitalization. So are we supposed to report here too when members to the ER/hospital?

Follow up with hfr re their guidelines for incidents. They verified that was the correct site.

We are getting denied off diagnostic codes that we have been using. Is that an issue with the evv system?

Make sure the claims only have ONE on the claim and it is a billable code.

Besides the rate that is in place ,can we request a rate increase? If so does that increase the clients cost share?

You will get the 10% by june. Check your RA. No other increases are scheduled for now.

Are the ICD-10 codes pulling from Gammis when billing through EVV? I have chnaged my ICD-10 codes and deleted all 3rd and 4th codes

That is what I was trying to work out with gainwell and Brian. Check your claims and I can give you info on how to rebill those denied claims with multiple codes.

Where can we go to complete waiver input surveys?

The sruevy has already closed; the next opportunity for input is the public comment period after the draft renewal is approved by the board. That comment period is slated for June 2-July 1. More information will be provided as those dates approach.

ARC CSERV

Is there a sample policy on completing telehealth visits?

No, telehealth visits should not differ in scope or duration. The only thing that will differ is the modality in which a member is accessed to receive services.