

CDC+ PCA Provider Training – Frequently Asked Questions

1. If a consumer provides a consultant with an incomplete packet for requesting PCA for children under 21, should the consultant submit the incomplete materials to eQHealth?
 - It is the responsibility of the consultant to ensure that all required documentation is submitted to eQHealth.
2. My private health insurance will only cover one wellness visit per year. Will Medicaid cover the second doctor's visit?
 - Yes, Medicaid will cover the cost of the second physician visit.
3. You asked the physician to indicate for what frequency or duration PCA is needed. With CDC+, we are accustomed to following the quarter hour rule. Will this be in quarter hours?
 - No. The number of hours requested or approved is not in quarter hours. The number of hours requested or approved for PCA is in units. One unit equals one hour (i.e., 1 unit = 1 hour).
4. In what respect are you asking about frequency or duration—when a parent is not available, or when a parent is available?
 - The frequency and duration is in terms of both, when the parent is available or when the parent is not available. The doctor should determine how much PCA is needed, regardless of the parent's availability.
5. What are ADLs?
 - ADL means "activity of daily living." ADLs include but are not limited to:
 - Bathing and dressing;
 - Toileting;
 - Transferring; and
 - Eating (oral feedings and fluid intake).
6. Since our purchasing plan can change from month to month, do we need to resubmit a POC every time our purchasing plan changes?
 - The plan of care only needs to be submitted every 6 months (at recertification of PCA services).
7. Will a paycheck stub be sufficient to show full-time status? Do we have to submit this documentation every six months?
 - You will need to complete the Parent or Legal Guardian Work Schedule Form. It will need to be submitted only once, unless the parent or legal guardian's work schedule changes.
8. Is there an appeals process for denied or reduced PCA?
 - The recipient needs to submit in writing a fair hearing request to their local Medicaid Area Office (AHCA).

9. If there are more than one provider rendering services to only one consumer, would I need to complete one plan of care for each provider?
 - No. You would not need to complete a plan of care for each provider. However, you would need to document in the “Provider Information” section the contact information for all providers.

10. What is the notification process after PCA (which AHCA refers to as personal care services or PCS) has been either approved, fully denied, or partially denied?
 - eQHealth will mail out an authorization letter to the consumer, physician, and consultant.

11. Once the documentation has been submitted, what is the time frame for receiving an authorization?
 - Once all completed documentation has been received by eQHealth, the time frame for the review to be completed is one to three business days.

12. If there is more than one recipient in the home receiving personal care services, is there a split rate?
 - No, CDC+ does not have the ability to split rates of caregivers. If one care giver is splitting their time between two recipients in the home, then the hours submitted on their timesheet would only reflect the time actually spent providing care to that specific consumer.

13. The CDC+ Rule Handbook states that for PCA for minors, you must access this service through the Medicaid State Plan (MSP). If a minor does not qualify for this service through Medicaid, would it be available under CDC+?
 - A consumer who is under the age of 21 might be able to purchase PCA service if they are using unspent, unrestricted dollars and if there is a clear justification provided on the purchasing plan for the need for this service. A copy of the denial letter from Medicaid will need to be submitted. In addition, a consumer can choose to purchase more hours of PCA than what has been authorized by Medicaid as long as they are using unspent, unrestricted dollars.

14. If my child is currently receiving PCA through Medicaid State Plan (MSP) and we are wanting to enroll onto CDC+, will this PCA funding be automatically transferred to his CDC+ Account?
 - No, the authorization that was issued for Personal Care Assistance through MSP is specific to your current Medicaid provider. In order to be able to receive the PCA funding as part of your child’s overall CDC+ monthly budget, you will need to re-apply for PCA as a CDC+ consumer, identifying who your CDC+ provider(s) will be.
 - Once your child is enrolled onto CDC+, then your consultant will work with you to submit a new purchasing plan based on a re-calculated budget that includes PCA funding. This new purchasing plan must be accompanied by the eQHealth PCA approval letter.