

Key Message and Tips for Providers: Personal Care and Support Services



Message

Medicaid personal care services help elderly, chronically ill, and disabled beneficiaries with daily activities so they can remain in the community. A personal care aide or attendant helps the beneficiary with daily activities such as bathing, dressing, and light housekeeping.[1] Medicaid requires a person-centered service plan detailing the needed services that is signed by all persons responsible for implementation.

Properly documenting the Medicaid beneficiary's personal care and support needs ensures payment for services billed. Non-compliance with State policies and documentation requirements are the leading cause of Medicaid payment errors and denied claims for personal care services.[2]

TIPS

- Check for required physician orders;
- Ensure staff meet qualifications to provide the service;
- Ensure all services provided are in the service plan;
- Check that documentation reflects the service provided, and is complete;
- Ensure dates of service billed do not overlap with periods of institutionalization, except on date of admission or discharge, and match the dates of service on the documentation;
- Check procedure code and corresponding number of units billed against service logs; and
- Check with your State Medicaid agency for information about services in your area since these programs vary from State to State.

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1 Personal Care Services, 42 C.F.R. § 440.167. Retrieved May 18, 2015, from <http://www.gpo.gov/fdsys/pkg/CFR-2009-title42-vol4/pdf/CFR-2009-title42-vol4-sec440-167.pdf>

2 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (2013). Medicaid and CHIP 2013 Improper Payments Report. Retrieved May 18, 2015, from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Downloads/2013MedicaidandCHIPImproperPaymentsReport.pdf>