



Wisconsin Personal Services Association, Inc.

840 Enterprise Drive Suite #2
Slinger, WI 53086
1-800-628-2334 X103

Family Care Issues with Personal Care/Supportive Home Care **PRIORITY ISSUES:**

1. Problems with Payment of Personal Care Supervised by RN.

- FC/CMO wants to only pay for the actual time it takes for a PCW to do a delegated task at the level of care requiring supervision of a RN. They do not want to pay for a higher level of care rate even though an RN is needed to monitor and supervise all cares provided to a consumer in this category (a consumer in the category needing nurse supervision and monitoring would be defined as medically unstable, medically compromised and one who has delegated tasks).
- The majority of consumers are medically stable and receive supportive home care and homemaking services that do not require the careful monitoring of a RN, but those consumers with a higher acuity of care level need RN supervision and monitoring to foster wellness and prevention.

EXAMPLE: Consumer is quadriplegic and requires regular bowel program by trained PCW. The PCW provides the bowel program, personal care before and after the bowel program and homemaking clean-up associated with bowel program (change bed linen and clothes, make bed, wash linen and clothes).

- Is the SDS member able to choose not to have a RN supervisor over the personal care worker?

2. Delegated Tasks

- We need clarification on what constitutes “delegated tasks.”

EXAMPLE: A pivot transfer is listed as a delegated task and may very well be if that consumer has serious balance and other health issues, including the consumers’ potential for falling, or the potential for staff injury; however, in many cases a pivot transfer is a regular ADL for a personal care worker (the same with a slide board transfer).

Whether a task is a delegated task may depend upon the medical condition and acuity level of the individual needing assistance and not the task per se.

3. Billing

- Develop a standardized billing system for all the MCOs to use which would be cost effective. For providers, different billing systems for each MCO add costs to the system.

ADDITIONAL ISSUES:

4. Problems with Authorizations.

- Authorizations come in late and in some cases these authorizations are different from the previous authorization and we find out after the fact that we have been providing services that do not agree with the authorization.
- Several authorizations may come in for one consumer and they have overlapping time periods on them, different authorized units and incorrect dates. This causes our billing department a lot of work sorting out/finding out which is the correct authorization and is not cost effective for providers.
- Some authorizations separate out the delegated tasks from the personal care tasks. We have received authorizations for delegated tasks when the consumer has no delegated tasks.
- Some authorizations do not come in writing. They come in verbally.

5. Need for additional PRN Hours.

- The consumer may need personal care unexpectedly for toileting or if he/she is not feeling well. We have been advised to use some of the regularly authorized hours for the consumer. If the need for additional care amounts to more than ½ hour, then we do not have enough regular hours required to adequately care for the consumer according to the care plan.
- The need for additional hours often happens after 5:00 PM during the week or on weekends and our staff is unable to get hours approved before cares are completed. We were initially told by Family Care/Community Care when the program started in Racine and Kenosha in 2007 that we should provide unexpected visits to consumers when/if needed due to illness, or additional toileting needs and that Family Care would honor these visits for payment because we acted in “good faith” and for the welfare of the consumer. Now they say in most cases any and all additional visits can be paid from the existing hours authorized which would mean reducing the necessary time needed to provide routine daily activities of living for consumers.

6. Timely Communication is Necessary.

- We e-mail and/or call family care case managers and/or nurses and often times do not hear from them in a timely fashion. Or the “Family Care Team” meets once a week only, and we need input on a situation immediately.
- Family Care/CC wants our aides to go with the consumer to MD appointments and to confer with the MD and relay that information back to the SAI Home Care Supervisor. Our aides/personal care workers often times do not have the training for this. The role of our agency has been defined as:
 1. Development of the consumer care plan
 2. Supervision of the personal care worker/aide

We need a clear definition of the role of the Family Care Case Manager and our Home Care Supervisor.

7. Co-Employment Definition

- A clear definition of co-employment that is utilized by all MCOs/CMOs is needed.

8. Quality Assurance

Assure training of workers under family care/SDS utilizing direct care competency curriculum.

9. Billing

- Personal Care Worker travel time is billable with Medicaid Personal Care Services and needs to be included in Family Care rate structures.

10/20/09

For questions or more information, please contact:

Jean Rumachik

WPSA Legislative Co-Chair

262-637-9128

Jean.rumachik@sai-inc.org