



LTSS PCSP Provider Signature Process

Provider Training

1/18/2019

Goals



- Understand WHY Buckeye is implementing the LTSS Provider Signature Requirement.
- Know how to sign a Person Centered Service Plan (PCSP) for Buckeye LTSS members.

The WHY?



- To assure compliance with (CMS) 42 CFR 441.301
- The Conditions of Participation rule, Ohio Administrative Code (OAC) 5160-45-10 (effective 1/1/18) references compliance with OAC 5160-44 including rule 5160-44-02 which requires the person-centered services plan “be finalized and agreed to, with the informed consent of the individual, in writing, and by all people and **providers** responsible for its implementation.”

Ohio Guidance to Date



- The provider(s) signature shows that the provider acknowledges and agrees to provide the waiver service, as authorized in the person centered service plan (PCSP).
- The preferred method of signing the PCSP is through the Buckeye secure portal.
- A signature is required when a new service is authorized, an existing service authorization is adjusted and anticipated to continue for the duration of the service plan or a new service plan has been issued. Only the provider affected by the change needs to provide a signature.

Ohio Guidance to Date



- Requirements for obtaining signatures will vary based on the categorization of waiver service- i.e., direct care versus in-direct care.
 - Direct Care providers must sign the PCSP.
 - Direct care services are defined as personal care, waiver nursing, home care attendant, choice home care attendant, out of home respite, enhanced community living, adult day health services, social work counseling and independent living assistance.
 - In-Direct Care provider signatures may be satisfied by the appending the contract signature page to the member's PCSP while assuring the provider has access to the most recent PCSP and the providers contract includes language that acknowledges his/her agreement to provide services per the authorized service plans.
 - In-direct care services are all other waiver services not listed under direct care services above.

Current Process



Implementation Phase

- Started on 1/1/19
- Requiring signature of in-network direct and out of network direct and in-direct providers only at this time.
- Buckeye Provider Portal is the medium of choice to capture the provider signature.
- Opportunity to absorb LTSS provider feedback/input. This can be done through Buckeye Provider Services.

Notification to Sign



Initial Prompt to Sign the PCSP

- **PLEASE NOTE: NEW STATE MANDATED Waiver Provider SIGNATURE REQUIREMENT!** Effective 12/31/2018 and in compliance with 42 CFR 441.301, all providers of direct care waiver services are responsible for signing the members Person–Centered Services Plan with any new service initiation or substantial change in service delivery. Signature must be obtained within 30 calendar days after service initiation. Please go to <https://provider.buckeyehealthplan.com> to add your signature.

Secure Provider Portal



- When creating a new account on the Buckeye provider portal, please follow the general guidelines below:
 - Practice Account Manager creates a portal account.
 - After Account Manager is granted access, all others can register on the portal.
 - Account Manager reviews and approves access for others.

Secure Provider Portal continued...



- Through the secure provider portal you can:
 - Check member eligibility
 - Submit and manage claims
 - Submit and view prior authorizations
 - Review and download payment history
 - View member gaps in care
 - Secure Message Buckeye Health Plan
 - Manage multiple accounts

Provider Portal – Log In



The screenshot shows the top navigation bar with the Buckeye Health Plan logo on the left, followed by logos for "allwell.™ from Buckeye Health Plan", "ambetter.™ from Buckeye Community Health Plan", and "MyCareOhio Connecting Medicare + Medicaid". On the right side of the navigation bar are links for "Features", "Join Our Network", and a "CREATE ACCOUNT" button.

The main content area is divided into two columns. The left column features a large heading "The Tools You Need Now!" followed by the text "Our site has been designed to help you get your job done. Manage all products with ease in one location." Below this are two service cards: "Check Eligibility" with a thumbs-up icon and the description "Find out if a member is eligible for service.", and "Authorize Services" with a checkmark icon and the description "See if the service you provide is reimbursable." The right column contains a "Login" form with fields for "User Name (Email)" (containing "name@domain.com") and "Password", a green "Login" button, and a link for "Forgot Password / Unlock Account".

At the bottom right of the main content area, there is a link that says "Need To Create An Account?".

Find Patient



The navigation bar for MyCareOhio. It includes the Buckeye Health Plan logo, the text "MyCareOhio Connecting Medicare + Medicaid", and several menu items: "Eligibility", "Patients", "Authorizations", "Claims", and "Messaging". Below the navigation bar, there is a "Viewing Patients For:" section with two dropdown menus (one showing a dash and the other showing "Medicaid") and a green "GO" button. To the right is a red "Find Patient" button with a person icon, which is highlighted by a red arrow pointing left.

A search form with two input fields and a "Find" button. The first field is labeled "Member ID or Last Name" and contains the text "123456789 or Smith". The second field is labeled "Birthdate" and contains the text "mm/dd/yyyy". A red "Find" button is positioned to the right of the birthdate field.

Person Centered Service Plan (PCSP) Signature Addendum



Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Please tell us about your patient's health

Adult Needs Assessment V1
Please take a few minutes to fill out the assessment below.

Adult Needs Assessment
Adult Needs Assessment

Comprehensive Assessment Update
Comprehensive Assessment Update

Health Risk Assessment
Health Risk Assessment

OH - Biopsychosocial Assessment V3
Please take a few minutes to fill out the assessment below.

Health Risk Assessment Pediatric
Health Risk Assessment Pediatric

OH LTC Biopsychosocial HRA
OH LTC Biopsychosocial HRA

Person Centered Service Plan (PCSP) Signature Addendum
Please take a few minutes to fill out the form below.

Previous Assessments

Assessment Name	Submit Date
OH - LTC Biopsychosocial HRA_V6	11/12/2018
Modified Morisky Scale	11/12/2018
HCBS Functional Tool_v1	11/12/2018
HCBS Functional Tool_v1	06/26/2018
Pt. Health Questionnaire-9 (PHQ-9) V2	10/17/2017
Modified Morisky Scale	10/17/2017
OH - LTC Biopsychosocial HRA_V6	10/17/2017
HCBS Functional Tool_v1	10/17/2017
OH - LTC Biopsychosocial HRA_V6	09/09/2016
Modified Morisky Scale	09/09/2016

Health Record

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Notes

Comprehensive Assessment Update
Comprehensive Assessment Update

Health Risk Assessment
Health Risk Assessment

OH - Biopsychosocial Assessment V3
Please take a few minutes to fill out the assessment below.

Health Risk Assessment Pediatric
Health Risk Assessment Pediatric

OH LTC Biopsychosocial HRA
OH LTC Biopsychosocial HRA

Person Centered Service Plan (PCSP) Signature Addendum
Please take a few minutes to fill out the form below.

Pt Health Questionnaire-9 (PHQ-9) V2
Please take a few minutes to fill out the assessment below.

PHQ-2
Please take a few minutes to fill out the assessment below.


Modified Morisky Scale	11/12/2018
HCBS Functional Tool_v1	11/12/2018
HCBS Functional Tool_v1	06/26/2018
Pt. Health Questionnaire-9 (PHQ-9) V2	10/17/2017
Modified Morisky Scale	10/17/2017
OH - LTC Biopsychosocial HRA_V6	10/17/2017
HCBS Functional Tool_v1	10/17/2017
OH - LTC Biopsychosocial HRA_V6	09/09/2016
Modified Morisky Scale	09/09/2016
HCBS Functional Tool_v1	09/09/2016
HCBS Functional Tool_v1	05/24/2016
OH - LTC Biopsychosocial HRA_V5	10/02/2015

Person Centered Service Plan (PCSP) Signature Addendum



Waiver Service Provider Signat

Are there Waiver Service Provider Signatures to collect?

Service Type 

Provider Name

This Person Centered Service Plan (PCSP) was developed for:

This PCSP was made on

I have reviewed the Person Centered Service Plan (PCSP).

By signing below, I agree with the information provided in the above referenced PCSP, unless otherwise noted below.


Provider Signature

Date:

Are there more Waiver Service Provider Signatures to collect?

See Resource Slide to determine Service Type to select.

Service Type is under development and subject to change.



Resources



Waiver Service	Billing Code	Modifier	Direct vs. Indirect	Service Description	Provider Portal - Signature Service Description
Adult Day Service Transportation	T2003		Indirect	Transportation	Transportation
Adult Day Service Transportation	T2025		Indirect	Transportation	Transportation
Adult Day Service Transportation	A0800		Indirect	Transportation	Transportation
Assisted Living Service - Tier 1	T2031	U1	Direct	Assisted Living	Assisted Living
Assisted Living Service - Tier 2	T2031	U2	Direct	Assisted Living	Assisted Living
Assisted Living Service - Tier 3	T2031	U3	Direct	Assisted Living	Assisted Living
Community Transition Service	T2038		Indirect	Transition Services	Transition Services
Emergency Response System (pers)	S5161		Indirect	Emergency Response Services	Emergency Response Services
Emergency Response System (pers)	S5162		Indirect	Emergency Response Services	Emergency Response Services
Emergency Response System (pers)	S5160		Indirect	Emergency Response Services	Emergency Response Services
Emergency Response System (pers)	S5161	U2	Indirect	Emergency Response Services	Emergency Response Services
Emergency Response System, second pendant (pers)	S5161	U3	Indirect	Emergency Response Services	Emergency Response Services
Adult Day Service	S5101		Direct	Adult Day Services	Adult Day Services
Adult Day Service	S5102		Direct	Adult Day Services	Adult Day Services
Home Care Attendant Services, nursing	S5125	N/A	Direct	Home Health Aide	Home Health Aide
Home Care Attendant Services, personal care tasks	S5125	U8	Direct	Home Health Aide	Home Health Aide
Home Health Setting, Social Work Counseling Service	G0155		Direct	Benefits Counseling	Benefits Counseling
Home Service, chore	S5121		Indirect	Homemaker Services	Homemaker Services
Home Service, minor modification	S5165		Indirect	Home Modification	Home Modification
Homemaker Service	S5130		Indirect	Homemaker Services	Homemaker Services
Independent Living Assistance: In-Person Activities	S5135		Direct	Companion Services	Companion Services
Independent Living Assistance: Travel Attendant	S5135	U5	Indirect	Companion Services	Companion Services
Independent Living Assistance: Telephone Assistance	T2025		Indirect	Companion Services	Companion Services
Meals: Home Delivered	S5170		Indirect	Home Delivered Meals	Home Delivered Meals
Nutritional Consultation Service	S9470		Indirect	Nutritional Services/Supplies	Nutritional Services/Supplies
Nursing Services by private duty/independent nursing service(s)	T1000		Direct	Skilled Nursing	Home Health Aide
Nursing Services by agency RN	T1002		Direct	Waiver Nursing	Home Health Aide
Nursing Services by agency LPN	T1003		Direct	Waiver Nursing	Home Health Aide
Nursing Services by non-agency RN	T1002		Direct	Waiver Nursing	Home Health Aide
Nursing Services by non-agency LPN	T1003		Direct	Waiver Nursing	Home Health Aide
Personal Care Aide Services by agency personal care aide	T1019		Direct	Personal Assistant Services	Personal Assistant Services
Personal Care Aide Services by non-agency personal care aide	T1019		Direct	Personal Assistant Services	Personal Assistant Services
Supplemental, Home Medical Equipment and Supplies	T1999		Indirect	Specialized Medical Equipment/Supplies	Specialized Medical Equipment/Supplies
Supplemental, Adaptive and Assistive Device Services	T2029		Indirect	Assistive Technology	Assistive Technology
Out-of-home respite services	H0045		Direct	Respite	Respite
Transportation, medical	T2003		Indirect	Transportation	Transportation
Transportation, medical	T2025	U6	Indirect	Transportation	Transportation
Transportation, non-medical	A0100		Indirect	Transportation	Transportation
Transportation, non-medical	A0200		Indirect	Transportation	Transportation

Questions?



To Provide Input into this process or if you have questions on the process itself please contact:

Provider Services is available online at

<https://mmp.buckeyehealthplan.com/mmp/contact-us.html> or by phone at

1-866-296-8731.