Personal Care Agency Forum
Q & A Document
Created 12/09/2022

This Q & A document relates to the Personal Care Agency (PCA) Forum facilitated by the Division of Quality Assurance (DQA), Bureau of Health Services (BHS) on 10/12/2022 and 11/09/2022.

DQA - General		
1	Will you provide a web address to find the recording?	The recording will be posted to https://www.dhs.wisconsin.gov/regulations/pca/pca-forum.htm
2	Are DQA recertification surveys currently behind? What do we do if recertification is approaching but we haven't been surveyed yet?	There has been some backlog of survey work due to a suspension of all survey activity during the early part of the pandemic. At this time a given survey might be past the 5-year parameter but likely not greater than 1-3 months past that timeframe. If you have questions about a particular agency survey you can contact Kelly at kelly.terrab@dhs.wisconsin.gov or Laura at Laura.Luckow@dhs.wisconsin.gov.
3	Since DQA is behind on recertification surveys when should I expect a visit? Will this delay us being able to provide services?	All DQA survey visits are unannounced, a delayed survey will not affect your ability to provide services.
4	Regarding Compliance Review Tools - what is the difference between Survey Guide P-00191 & Surveyor Guide F-00264? Which one is better to follow?	P-00191 is a Publication available online through DQA for anyone to use. This publication contains information for the PCA on what to expect of the survey process, who to contact at the department etc. F-00264 is a form for surveyors to use while conducting a survey to make sure all requirements are reviewed allowing for notes. I cannot say one is better that the other, again P-00191 is for the public so it is written for PCA providers.
5	How long are records required to be kept for personal care services?	All records shall be retained by a provider for a period of not less than 5 years https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/106/02/9/e/2
6	Can you please describe the difference between DQA and OIG and why agencies are overseen by both entities? I am interested in knowing the reason for both organizations, thanks!	Personal Care Agency certification requires an initial on-site review by the Division of Quality Assurance(DQA) for compliance with the regulations and a final review by the Office of Inspector General (OIG). DQA reviews an agency application and conducts an onsite survey for requirements related to DHS 105.17 – link to checklist here: Personal Care Agency Application Regulatory Guidance Checklist | Wisconsin Department of Health Services and 107.112. DQA recommends approval (or denial) to OIG once a successful survey is achieved (no citations)….after approval, the provider is then eligible to apply for Medicaid enrollment. OIG reviews the ForwardHealth application for compliance with all Wisconsin Medicaid requirements in DHS 105.17 and conducts an onsite visit to meet federal requirements per 42 CFR § 455.432

DQA - Licensing		
1	Where can I find the DQA application checklists?	Application Checklists F-00262A and F-00262 can be found at the following webpage: https://www.dhs.wisconsin.gov/regulations/pca/providerinfo.htm. To obtain a PCA application and application information letter you must email DHSDQALCCS@wisconsin.gov or Lisa.Imhof@wisconsin.gov.
2	We have been a certified PCA agency for several years and never received an official "license" to display to the public. How do we obtain this?	DQA does not provide certificates or licenses. After a successful initial survey, providers are given an approval letter recommending Medicaid certification which is a providers record of approval from DQA. If a replacement letter is needed from the initial approval, you may email DHSDQALCCS@wisconsin.gov with that request.
3	Where does a provider submit updated business hours to?	You may submit to DHSDQALCCS@wisconsin.gov or directly to the Licensing Specialist Lisa.Imhof@wisconsin.gov
4	What is considered sufficient documentation for the Administrator as proof of training and experience? A resume? A letter from the employer?	Typically, a combination of documentation such as a resume and employment letters.
DQA – Background Checks		
1	What is the difference between the administrator background check and the personal care worker background checks?	"Entity Background Checks" are conducted by DHS for persons applying for certification. "Caregiver Background Checks" are conducted by PCAs and required for employees and contractors with direct client contact. There are some similarities, but the processes are distinct. More info here: https://www.dhs.wisconsin.gov/misconduct/backgroundchecks.htm
2	Are current administrators required to apply for a background check? Or is it just for PCAs applying for PCA certification?	A current entity background check is required for any principal that is seeking initial approval to operate a PCA or already received certification.
3	Is the IBIS letter and DOJ reports for caregiver background checks a free service?	The cost of completing a caregiver background check is $10. You will receive the IBIS letter and criminal history from DOJ. For more information, see https://www.dhs.wisconsin.gov/misconduct/employee.htm
4	Is it required to have employees sign another Background Information Disclosure (BID) form for the four-year background check?	Yes. For more information see https://www.dhs.wisconsin.gov/misconduct/employee.htm
5	How often are OIG, national sex offender, and WI CNA registry background checks required to be ran on each employee?	A complete caregiver background check is required for all entity employees and contractors that meet the definition of a "caregiver." A caregiver background check queries more than the Misconduct Registry and OIG data, however the National Sex Offender Public Website is not included. Caregiver background checks are required at the time of hire, every four years thereafter, and at any time there is a change in an employee or contractor's eligibility (ex. criminal conviction, or governmental findings). See - https://www.dhs.wisconsin.gov/misconduct/employee.htm

6	When collecting clerk of court documents, what does the employer need to look for on the documents or is the employer simply supposed to collect the documents and file in HR file?	Please review the Wisconsin Caregiver Program Manual, pp 22-26 which outlines provider responsibilities related to background checks of their employees. The manual can be found here: https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf
7	I didn't see the statute number 961 charge listed on the P-00274. Is this any charge starting with 961? For example, 961.41(1M). Is there a timetable under 5/7 years of conviction?	Wis. Statute Chapter 961 is found within the DHS 105.17 PCA regulations for Fit and Qualified and is a factor taken into consideration for determination of approval or denial of the application. Here is a link to what Controlled Substance convictions fall under Wis. Stat. ch 961: https://docs.legis.wisconsin.gov/statutes/statutes/961
DQA – Quality Assessment Committee		
1	To meet the requirement for the quality assessment committee, can an employee have multiple roles such as a registered nurse and administrator? Or is it required to have four individual people to hold those titles to meet the requirement?	A PCA can have the RN Supervisor serve as the Administrator too. However, keep in mind if that person cannot operate then the PCA will have vacancy in two positions making operation of the PCA difficult if not impossible.
2	Can be a person who holds two roles meet the requirement for the committee? For example, a total of three people on the committee because of the dual role instead of 4 individual people with four different roles?	So long as the required positions are represented (Administrator, Substitute Administrator, RN Supervisor and 1 other staff member.
3	Can an office assistant be on the committee?	So long as the required positions are represented, yes, the other staff member could be the office assistant.
DMS and OIG		
1	We submitted Medicaid recertification documents and we are still in review. How long does recertification take? What should we do?	Due to the Pandemic Response, review of recertification applications were placed on hold. We are now working through as quickly as possible, but this delay will not impact your enrollment status or ability to submit claims for services you provide. Please call provider services if you have questions.
2	How many months are you guys behind on revalidation? Or will an agency automatically be revalidated since there is a delay in surveys?	Our goal is to have outstanding revalidations complete by the end of the National Public Health Emergency. Flexibilities from CMS do allow for longer than this, however our goal is to have them complete at that time.
3	How long is the wait period to get approval for Medicaid enrollment?	There is a several month delay in the processing of revalidation applications due to the public health emergency, however this does not affect your current enrollment status therefore you are able to continue to bill for services that are provided to Medicaid members. New provider applications are processed first and are typically finalized within 60 days of receipt of completed application.

4	What about the timeframe it takes for the mailed paperwork from DQA regarding a revalidation when DQA is asking for corrected information? Is that time included in the 30-day time frame? That takes away from the deadline I believe.	When a provider submits their revalidation, and additional or missing info is needed the Application Tracking Number(ATN) is put on hold for 30 days waiting the needed info. If not received within those 30 days, the ATN is denied back to the due date of the revalidation. The ATN's are processed in the order they are received so you may not get notified right away of the approval. You can check the process on the enrollment homepage. After submitting the revalidation application, providers may check on the status of their revalidation at any time by logging in to their secure Provider Portal account or by entering their ATN in the Enrollment Tracking Search available on the Portal home page. Providers may also check on the status of their revalidation by contacting Provider Services and giving their ATN.
5	After the PCA get the recommendation from DQA, how long before we get to be a provider?	After an agency receives a recommendation from DQA and submits a new provider application to ForwardHealth for Medicaid approval, enrollment is typically finalized within 60 days of receipt of a complete application.
6	What happens when a member is approved for service 45 days after initial submission of a PA and we do not have an authorization number to link the EVV with the claim? Are we allowed to manually enter the hours for the cares provided during the PA wait time?	Yes. The visit can be entered manually. There is no limit to the number or time frame to make manual adjustments, including the time spent waiting for an authorization.
7	When the client has straight Medicaid, the PCA submits the EVV exemption with the authorization. When the client has IRIS or Family Care, the PCA does not submit the authorization, so the PCA is unable to attach the EVV exemption to it. The agency submitting the authorization is not the one providing the caregiver to client, so they do not send the EVV exemption. How should this be managed?	If an authorization is not yet processed at the time of care, the EVV administrator should input the visit manually. There is no limit to the number of times an EVV administrator may enter a visit manually. For more details, please refer to our Client Module Training resources, available at https://www.dhs.wisconsin.gov/evv/training-administrators.htm
8	If caregivers are documenting in the EVV system, do they need to document their tasks and time on the paper timesheet also? Since Sandata now allows documentation of tasks, can we get rid of paper timesheets?	Yes- the Sandata system can document all required aspects of record of care and time. However, the system won't prompt workers to document tasks. You will want to make sure your workers understand they'll need to document tasks performed in the application. I'd really encourage you to read through our 2022-38 Update and our EVV Supplemental Guide. Update is available here: https://www.forwardhealth.wi.gov/kw/pdf/2022-38.pdf. Supplemental guide is available here: https://www.dhs.wisconsin.gov/publications/p02745.pdf - please see page 23.
9	Are the workers required to punch in and out per care provided?	Workers are not required to punch in and out for all tasks provided. Workers choose a broad service code that covers many tasks; there is no need to check in and out for individual tasks. If using the SMC mobile application, they will simply need to check in at the beginning of their shift and check out at the end. There are many trainings about this on the Wisconsin DHS EVV Website; we'd also encourage you to reference the Wisconsin EVV Supplemental Guide. As a reminder, tasks are not required by DHS, but an HMO, MCO, FEA, or provider agency can require that tasks are included in EVV.

10	What happens if the caregiver has lost or broken phone?	If a caregiver is unable to collect EVV for a given visit, their agency's EVV administrator may enter the visit details manually until the caregiver finds or replaces their phone. There are no limits to the number of times an EVV administrator may enter visits manually. If using the Sandata system, the work could also collect EVV by calling in via a landline in the member's home (if available). If the worker is unable to find and replace their phone, they could also request a fixed visit verification device to log visits. This device is placed in the member's home and allows a worker to check in and out by pressing a button, obtaining a code, and calling in later to submit this code.
11	If PCWs are unwilling to use EVV and choose not to utilize. If an agency chooses to not pay PCW Due to no usage, can agency get in trouble for not paying? Even if they are still submitting paper timesheets. Both hard and soft launch.	If a PCW is unwilling to use EVV, EVV administrators may enter the visit details manually. There are no limits to the number of times an EVV administrator may enter visits manually. DHS does not have the authority to answer labor law questions and would advise you to connect with the Department of Workforce Development (DWD) with questions or concerns.
12	Can a sibling who lives with the client qualify to be the client's PCW?	Yes, so long as the sibling is not legally responsible for the client.
13	What if the sibling is the client's POA? Can the sibling qualify as the client's PCW?	An activated POA is legally responsible, so no they wouldn't qualify as a PCW.
14	What if the sibling is the POA is for finances not health care? The HCPOA is for health care but may not be activated. If not activated, it would be logical for the sibling to be the PCW.	It sounds like this is more complicated. If there isn't any legal responsibility, then it should be okay. Make sure to attend the November session when DMS will present.
15	MyChoice and Community Care have both asked our agency to hire the spouse of member and the parent of a member to provide care under S5125, S5130,T1019 revenue codes. Are we allowed to hire the spouse/parent?	As stated in ForwardHealth policy #2454, reimbursement is not available for personal care services provided by a legally responsible relative, defined as a spouse or parent of a child under 18 years of age. This rule, and the statute that supports it, does not restrict guardians (or individuals acting under a Power of Attorney) from rendering services, provided the guardian/POA is not the member's legally responsible relative.
16	So, if this is included in the plan of care, should the caregiver sign a release of responsibility form? While operating their own vehicle.	This would be a business decision for you in terms of liability. You may want to check with your insurance company.
17	Regarding desk reviews for a client that was hospitalized but both caregiver and client signed timesheets indicating services were provided. Are agencies held responsible for this during this desk review?	Personal care services provided in a hospital or a nursing home or in a community-based residential facility are not covered. Personal care claims submitted by an agency when a patient is hospitalized are subject to recoupment during an audit. https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/107/112/4/a

18	Can the OIG Nurse Consultants perform a teaching on PCST's and PA submissions to help assist agencies for approvals, so agencies can be submitting the information that is most helpful for the nurses to review, and help decrease returns and time delays?	OIG is not responsible for the review of prior authorization submissions and PCSTs, however the nurses in the Division of Medicaid Services would be. This request will be shared with the DMS division director.