

# HOME CARE SERVICES

SecureBlue MSHO & BlueAdvantage MSC+  
BCBS of MN – Partner Relations Team  
Date recorded: 11/14/2024



# OBJECTIVES

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Participants will :

- Be knowledgeable of the Home Care Services
- Learn the role of the Care Coordinator
- Learn the process for approval and authorizing Home Care Services



# HOME CARE SERVICES

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- Medicare Skilled Home Care Services do not need a Prior Authorization or notification to UM from the Care Coordinator. See [Provider Quick Point](#)
- Medicaid Home Care Services (MA State Plan Services) include the following:
  - Skilled Nurse visits (SNV) (including RN and LPN)
  - Home Health Aide visits (HHA)
  - Physical, Occupational, Respiratory, and Speech Therapy
  - Community First Services and Supports (CFSS- previously known as PCA)



**\*\* Reminder: Member must use an in-network provider if available.**

# ROLE OF CARE COORDINATOR

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## Medicare Skilled Home Care Services:

- Provider will submit claims based on the Medicare criteria.
- You will not need to submit any information for authorization or approval.
- Coordinate continuation of home care services under MA once member no longer meets Medicare criteria.

\*\*\* Provider of Medicare services should reach out to CC so Support Plan can be updated.



# ROLE OF CARE COORDINATOR

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## Medical Assistance Home Care Services :

- Based on assessment with member, coordinate service needs with provider and member
- Determine if CC can approve or request approval for level of service
- Enter authorization into Bridgeview (See BV user guide for instructions)
- Follow guidelines in Community Based Services Manual (CBSM) and Minnesota Health Care Programs (MHCP) Manual
- Coordinate with other waiver Case Manager, as applicable
- Coincide authorization and waiver span or assessment year as applicable
- Authorizations must be entered into Bridgeview directly
- Complete a DTR as applicable



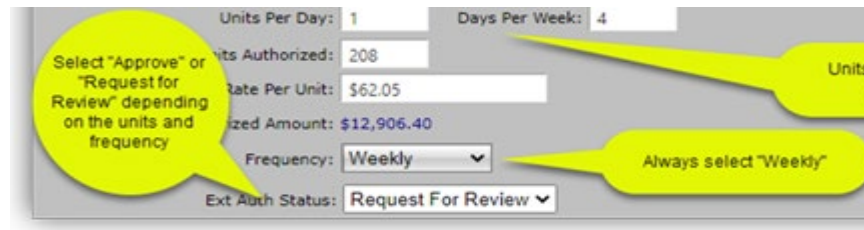
# SERVICE AUTHORIZATIONS: APPROVAL/REQUEST FOR REVIEW

- **Approval:** Services you approve without the need for approval from UM up to the prescribed amounts. Select **Approve** if MA Home Care Services do not require a Utilization Management (UM) review.



Frequency: Monthly  
Ext Auth Status: Approve  
Select "Approve"

- **Request for review:** Services that require UM review (see slide #7 for those amounts that exceed and need review).



Units Per Day: 1 Days Per Week: 4  
Units Authorized: 208  
Rate Per Unit: \$62.05  
Authorized Amount: \$12,906.40  
Frequency: Weekly  
Ext Auth Status: Request For Review

Select "Approve" or "Request for Review" depending on the units and frequency

Always select "Weekly"

Units



# CARE COORDINATORS CAN APPROVE

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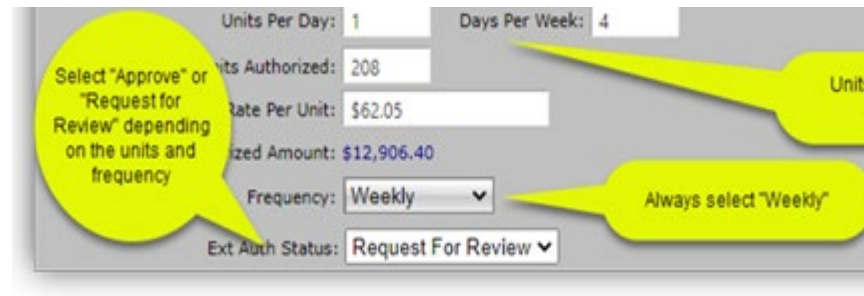
- Up to **52** Skilled Nurse Visits per year (not to exceed 2 visits per week)
- Up to **156** Home Health Aide visits per year (not to exceed 3 visits per week)
  - if the member does not live in Adult Foster Care or Customized Living
  - if the member is not receiving CFSS services
- Up to **20 visits** per discipline per year of MA home therapy: physical, occupational, speech, or respiratory therapy
- CFSS Services (formerly known as PCA Services)



# CARE COORDINATORS MUST REQUEST FOR REVIEW

- MA Home Care Services exceeding approval notification limits from slide 7 above
- Home Health Aide visits for members in Customized Living or Adult Foster Care\*\*
- Home Health Aide requested in conjunction with CFSS Services

**\*\*Note: HHA service requests for members residing in Customized Living or Adult Foster Care; attach a copy of the member's Residential Services tool to the service auth request.**



The screenshot shows a form with the following fields and values:

Units Per Day:	1	Days Per Week:	4
Units Authorized:	208	Units	
Rate Per Unit:	\$62.05		
Authorized Amount:	\$12,906.40		
Frequency:	Weekly	Always select "Weekly"	
Ext Auth Status:	Request For Review		

Yellow callout boxes provide instructions: "Select 'Approve' or 'Request for Review' depending on the units and frequency" and "Always select 'Weekly'".





# ROLE OF CARE COORDINATOR

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## Medical Assistance State Plan Home Care for member with another waiver CM:

- CC must coordinate services with the other waiver CM and authorize applicable Home Care Services using the span for auth that follows from other waiver CM.
- If member receiving Home Care services, other waiver CM completes assessment.
- CC to obtain, review, and if in agreement, authorize all Home Care Services and enter authorization in Bridgeview if new member or reassessment.
- Note all services are entered in MMIS by other waiver CM.



# MODIFYING AUTHORIZATION FOR MA HOME CARE SERVICES IN BRIDGEVIEW

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- To modify an MA Home Care Service in Bridgeview, you cannot modify an existing “from date” or “rate”. Instead, you must close out the existing service agreement and create a new one. (\* See Bridgeview Care Coordination User Guide for more details)
- Enter the external authorization number from Helios if applicable.
- If you have recently entered an MA service agreement into Bridgeview and the MA service authorization has not yet been created in Helios, enter eight 9’s in (ie. 99999999) as the auth number to alert UM and add a comment to service description: New authorization number is not available at time of change, auth not in Helios.
- Follow DTR process as applicable



# NO IDENTIFIED CFSS PROVIDER- FOR ENTERING INTO BRIDGEVIEW

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- If member has no identified CFSS provider, you will enter the authorization into Bridgeview using Unassigned CFSS Provider UMPI number A666666666.
- Once obtaining the CFSS provider name, send email to [Bridgeview.-.serviceagreements@bluecrossmn.com](mailto:Bridgeview.-.serviceagreements@bluecrossmn.com) and include:
  - Member name
  - ID number
  - Service Agreement number you would like to assign a CFSS agency
  - UM authorization number from Helios of the original request
- Bridgeview Team will update existing authorization and send updated file to UM



# AUTHORIZATIONS FOR HOMECARE SERVICES – EW

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- If member **is** open to EW, the following services must count toward and fit under their case mix cap.
  - CFSS (including supervision but excluding Consultation Services)
  - Home Health Aide (HHA)
  - Skilled Nurse Visits (including RN and LPN)

The following home care services do NOT need to fit under the EW cap:

- Physical Therapy (PT)
  - Occupational Therapy (OT)
  - Speech Therapy (ST)
- Member **not** on EW- Member does not have a case mix cap.



# AUTHORIZATIONS FOR HOMECARE SERVICES – COMMUNITY WELL

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- Bridgeview has a drop-down option W-Community Well (for the case mix field) for members not on EW who receive MA Home Care Services.
  - Create an LTCC/Case Mix span and add service authorization for all MA Home Care Services.
- \*\* There is no need to enter an LTCC/Case Mix span for CW members receiving no services.



# SKILLED NURSE VISIT CODE FOR RN AND LPN

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If the home care agency anticipates the member will receive visits from both RNs and LPNs, you must enter 2 separate service agreements in Bridgeview: RN using procedure code T1030 and LPN using T1031.

- If the number of each type of skilled nurse is unknown, equally divide the total units authorized between RN and LPN.
- If/as there is a change in the total number of visits for each type of skilled nurse visit, CC must modify the Service Agreement to update the number of visits, requesting how many will need to be left in the line that is modified.
- CC must update both service agreements indicating how many units are needed for each discipline. Include description of Technical Change per provider on (date) request to move from one service to the other.
- Follow the process outlined in section *Modifying Service Agreements* in Bridgeview CC User Guide.



# NEW TO BLUE PLUS WITH EXISTING SERVICES

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When a member is new to BluePlus with MA Home Care Services previously approved, the CC must enter the authorization in Bridgeview per instructions in the Bridgeview Care Coordinator User Guide beginning with date of enrollment.

- If the authorization is with a Blue Plus in-network provider, the Care Coordinator continues authorization through the current span, or
- If the current authorization is with an out-of-network provider, the Care Coordinator must confirm the provider is enrolled with DHS. The CC must add in Service Description that this is for a new member and provider is out of network as well as whether provider is enrolled with DHS. If the provider is not enrolled with DHS, the provider cannot be authorized. The CC will need to locate another provider.



# ELDERLY WAIVER EXTENDED HOME CARE SERVICES

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- Extended Home Care Services are waiver services that are to be used only after utilizing the same services authorized under MA Home Care services under MA first.
- Extended Home Care services under EW can only be used if a member needs more services than what is allowed under MA Home Care services.
- All extended services are entered into Bridgeview and are not subject to prior authorization through UM.





# EXTENDED STATE HOME HEALTH SERVICES

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- The following are EW Extended Home Care Services:
  - ❖ Home Health Aide Extended
  - ❖ LPN Regular Extended
  - ❖ LPN Complex Extended
  - ❖ CFSS Extended
  - ❖ RN Regular Extended
  - ❖ RN Complex Extended



# SERVICE AUTHORIZATION ERRORS

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- If you need to modify MA Home Care Services for Elderly Waiver and/or Community Well with MA Home Care Services, you must review with the provider how many units to leave in the closed SA, and close out the existing Service Agreement and create a new one in Bridgeview. You must include in the Service Description a description of the change.
- Follow DTR process as applicable



# RESOURCES:

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- [Care Coordination Website](#) - for guidelines, Prior Authorization form, Service Authorization Error Form, Bridgeview information including Bridgeview User Guide.
- [MHCP Manual](#)- including State Plan Home Care Services and CFSS Services
- [CBSM](#)- including EW, CAC, CADI, BI waiver information and Extended services
- [Bridgeview Care Coordination User Guide](#) – for guidance how to enter SA's, and data entry of HRA's, retrieve enrollment reports.
- Your Partner Relations Consultant- for questions



# THANK YOU.

Any questions?

Contact your Partner Relations Consultant or  
email [Partner.Relations@bluecrossmn.com](mailto:Partner.Relations@bluecrossmn.com).

