



**Colorado Medicaid
Frequently Asked Questions
Children's Long Term Home Health Prior Authorization Requests (PARs)**

In December 2011, the Department issued an update and guidance on Home Health PARs for Home Health services for children. Below are frequently asked questions about this change.

- Q:** Does the recent update apply to all Home Health PARs?
- A:** No, only Home Health PARs for pediatric clients (children ages 20 and under) are affected. However, the update does apply to both children's Extraordinary (also known as "EPSDT") Home Health PARs, as well as Long Term Home Health PARs.
- Q:** Which services are subject to revision for partial approval of the PAR?
- A:** Certified Nursing Assistant (CNA) services are the only services impacted. The Department is temporarily allowing these partial approvals while working to establish medical necessity criteria for CNA services.
- Q:** If I changed my 485/Plan of Care to match the amount of the partially approved CNA services what should I do?
- A:** Any changes to the 485/Plan of Care should be completed with supplemental doctor's orders (may be a verbal order) and/or when the next 60-day 485 is completed.
- Q:** We continued to provide all of the requested services even though only a portion of them were approved in the partially approved PAR. The PAR has now been revised to approve all of the requested services. Can we bill for those services?
- A:** Yes, you may adjust a previously billed claim to include the additional services that were provided (but not reimbursed) once the PAR has been revised to allow them. For example, if you were providing 8 hours of services when the partially approved PAR allowed only for 4 of the 8 requested hours of service, you may adjust your claim to add the additional units and charges to the affected lines so they can be paid. If you were providing only the 4 hours of service allowed by the original PAR, you would resume billing the full 8 hours on the next day you provide services. As always, you must have documentation to support services rendered and billed. If you attempt to file a new claim for dates of services that have already been paid, the claim will be denied as a duplicate of the original claim.
- Q:** How many months of service can we now request in a PAR?
- A:** Effective December 12, 2011, Home Health Agencies must request all pediatric home health services for a 6-month period of service. Any pediatric Home Health PAR received after January 31, 2012 that exceeds a 6-month period will be denied as a technical denial, and the Agency will be required to submit a new PAR for the correct PAR length. Because adult Home Health PARs are not affected by this change, they should still be requested for a 12-month period.



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- Q:** Does the 6-month period for pediatric Home Health PARs apply to revisions as well as new requests?
- A:** Any PAR revision must match the timeframe of the original PAR. The revision must cover the same dates of service as the original PAR, whether it is for 6-months or 12-months.
- Q:** Are there any exceptions that would allow a Home Health Agency to request a 12-month pediatric home health PARs?
- A:** No. All pediatric home health PARs must be submitted for 6-month period. Nursing and therapy services will be reviewed for medical necessity and appropriateness, but until CNA review criteria is developed, requested CNA services will be approved as requested.
- Q:** If the PAR was mailed to ACS before December 12, 2011 but has not yet been approved, does a PAR need to be resubmitted with a 6-month service period?
- A:** All PARs received from December 13, 2011 through January 31, 2012 will be automatically updated by the Department to encompass a 6-month PAR period and services will be amended to match the PAR period. During this grace period, agencies will not need to resubmit the PAR to reflect a 6-month treatment plan. There is no need to resubmit PARs submitted before December 12, 2011.
- Q:** When can Home Health Agencies once again submit pediatric home health PARs for a 12-month service period?
- A:** Until otherwise notified, Home Health Agencies should continue to submit pediatric Home Health PARs for a 6-month period. Should a PAR period expire before the Department has changed its instruction regarding PAR timeframes, an agency must request a new PAR for a 6-month period.
- Q:** How do I know if my PAR is for Extraordinary Home Health or if it is for Long Term Home Health?
- A:** In April 2007, the Department issued a Provider Bulletin that listed the criteria that makes a pediatric home health request extraordinary in nature. If one or all of the below criteria is met, the "extraordinary home health" box should be checked, and the PAR should be sent to The ColoradoPAR Program for review:
- A pediatric client's medical need for home health exceeds the maximum daily amount of \$339.48;
 - Some or all of a pediatric client's Home Health services that must, for medical reasons, be provided at locations other than the child's place of residence;
 - A pediatric client has a medical need for unskilled personal care services.



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Updated January 23, 2012**

Q: What is the focus of the upcoming Benefits Collaborative meeting on January 31, 2012? Is it only to talk about pediatric clients and CNA services delivered by family members?

A: No, the upcoming Benefits Collaborative meeting will focus on CNA services for all Medicaid clients, regardless of who is providing the CNA services or the age of the client. The Department anticipates multiple meetings to allow for time to cover the various aspects of Home Health CNA services.

Q: Can anyone attend these Benefit Collaborative meetings?

A: Yes, these meetings are open to the public, and anyone who would like to attend or participate may do so by appearing in person or dialing into the teleconference number. The first meeting is:

**January 31, 2012
1:30 pm to 4:30 pm
1st floor conference room
225 E 16th Ave, Denver, CO**

Call-in:1-877-820-7831, conference code is 977000#

Please note that there are space limitations within the conference room, and we ask that agencies coordinate to help avoid overcrowding.

Q: Should all pediatric home health (LTHH & Extraordinary) PARs be requested for 6-month increments regardless of the services requested?

A: Yes, all pediatric PARs submitted to ACS or the ColoradoPAR Program shall be for 6-month increments, regardless of what services or combination of services are requested (CNA only, Nursing only, Therapy only or a combination of any of those services).

Q: How many days of service are covered in a 6-month PAR?

A: To ensure consistency across the Department's reviewing agencies, providers should create PARs for 183 days of service. The PAR start date should be the first day that services will be delivered, and the end date will be 183 days later (which includes the start date of services). For example, if the first day that services will be delivered is February 1, 2012, the end date must be August 1, 2012 so that the PAR encompasses 183 days of treatment. When you renew a PAR, the new start date should be the day after the current PAR expires.



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- Q:** I submitted a pediatric PAR for 183 days, but the Department’s reviewing agency is requesting more information, why?
- A:** Home Health Agencies must continue to submit PARs in accordance with requirements outlined in the Home Health rule, which includes a correct and complete PAR form, and a completed Plan of Care with the goals of treatment and services to be provided at each visit.
- Q:** Are there any circumstances in which I might receive a partial approval for a pediatric client?
- A:** Yes, all home health PARs must be submitted at least ten business days prior to the start date of the PAR. If a PAR is received by the Department’s reviewing agency more than ten business days after the start date of a PAR, the amount of services approved will only include services up to ten business days prior to the start date of the PAR. Also, PARs will be partially approved when more than 24 hours of services are requested in a day.

Reminder: A prior authorization is not a guarantee of payment.