



Personal Care Services

2024

Personal Care Description of Services

PCS Code	Description
T1019	Personal Care for a Non-RCF Beneficiary aged 20 and under, per 15 minutes
T1019-U3	Personal Care for a non-RCF Beneficiary aged 21 or older, per 15 minutes
T1019-U4	Personal Care for school/cooperative based Beneficiary aged 20 and under, per 15 minutes
T1019-U5	Personal Care for a Beneficiary aged 16-20, on the jobsite, per 15 minutes
T1020	Personal Care in a Residential Care Facility or Assisted Living Facility

Review Completion Times

Prior Authorization	Review Turn Around Time
PA with current assessment	Within 15 working days after all necessary documentation is received
PA without current assessment	Within 15 working days after all necessary documentation and assessment are received
PA Reconsideration	Within 30 days after all necessary documentation has been received



Required Documentation

- ✓ Personal Care Service Plan (DMS-618)
 - ✓ Care plan dates must be current
 - ✓ Current Diagnosis
 - ✓ Functional Status
 - ✓ Agency RN must sign and date page 5
 - ✓ Beneficiary or Guardian must sign and date
- ✓ Freedom of Choice declaration signed and dated by Beneficiary or Guardian and at least one witness



Reconsiderations and Appeals

- ✓ Partially Certified and Not Certified cases can request a reconsideration with updated documentation to support reconsideration request, if the determination was due to lack of supporting documentation.
- ✓ Cases that are Partially Certified or Not Certified due to an expired assessment or no assessment on file will need a new PA submitted, in order to generate a referral for an assessment.
- ✓ Clients currently receiving services who receive Tier 0 assessment results can request services continue during the appeal process. New applicants or new assessments do not qualify for continued services or temporary PAs.
 - ✓ Provider must request the extension or continuation during the appeal process
 - ✓ Provider may still be financially responsible for the cost of the services if the appeal hearing results in the tier 0 being upheld
- ✓ Tier determination appeals can be made by the provider in writing to:
Arkansas Department of Health Medicaid Provider Appeals Office,
4815 West Markham St., Slot 31, Little Rock, AR, 72205.



Role of Acentra Health vs Optum

Acentra Health	Optum
Receive PA request	Receive referral request
Verify if there is a current tier determination and what the expiration date is	Contact beneficiary/guardian to schedule assessment
Send referral for assessment to Optum, if needed	Perform assessment
Receive Task & Hours tool for 21+ and tier assignment for all ages from Optum	Assign a tier based on the assessment
Apply Task & Hours tool for 20 and under	Apply Task & Hours tool for 21 and over
Process determinations to PA request	Upload Task & Hours tool for 21 and over and tier for all ages



Optum Assessment Referral Process

- ✓ To trigger an Optum referral, the provider will need to submit a new PA request. ***Do NOT use the “Referral” button**, as this will not submit a referral request for you*
- ✓ If the beneficiary needs an Optum assessment, the PA request will trigger a referral for assessment
- ✓ Once Optum receives the referral for assessment, they will initiate contact with the beneficiary, in order to schedule the appointment. ***Please make sure your clients/guardians are answering the phone number you provided***
- ✓ The beneficiary or their guardian can contact Optum at **844-809-9538** to schedule their appointment.

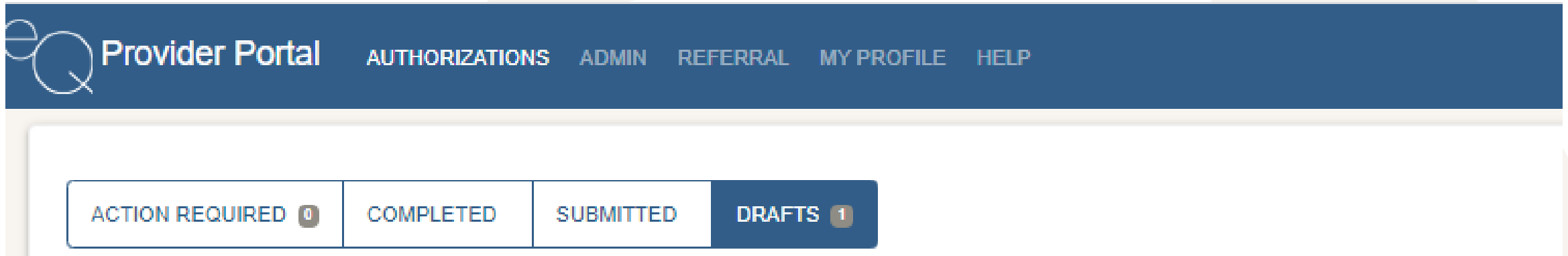


How is a Repeat Referral Submitted?

- ✓ If Optum has not completed the process of closing the referral, it is possible that Optum will still schedule the assessment, without closing it out. Call 844-809-9538, to find out.
- ✓ If Optum states that “a new referral is needed,” the provider will need to submit a new PA request, which will trigger the new assessment referral.
- ✓ If you have questions regarding your referral request or a status of a prior authorization request, that you are unable to answer through a status check on the portal, please contact our Intake Team at 888-660-3831 or email arkansaspr@acentra.com.

Renewals

- Renewals can be found in the provider portal, under the “DRAFTS” tab, no sooner than 90 days prior to the existing assessment expiration date.
- If there are items in your “drafts” tab that you do not recognize or do not remember saving as a draft, please check to see if it is a renewal.



Finding Assessment Status on the Portal



Provider Portal

AUTHORIZATIONS

ADMIN

REFERRAL

MY PROFILE

HELP

- ✓ You can locate the status of your existing Optum Assessment requests, by clicking on “REFERRAL” at the top of your portal.
- ✓ Beneficiaries are listed by name, Medicaid ID, Acentra Case number, Request date, Transmission Status, Transmission date, Process Completion date, Assessment expiration date, and your Practice ID number.



Provider Change Requests

Provider 2:

- Submit your PA to us, as normal, with a DMS-618 and/or Service Plan, with Freedom of Choice signed and dated by the beneficiary.
- Your PA will not start until Provider 1 has been notified and their authorization has ended
- If your request is within 90 days of the expiration of the assessment, submit a help ticket so we can look at it prior to the assessment completion

Provider 1:

- Your PA will be assigned an end date.
- You will receive the following communication from eQHS:
 - “Change of provider request/notification has been received for this beneficiary. This PA has been modified to reflect an end date of (_____). If it is determined that this beneficiary wishes to continue services with this provider, a new PA request and new freedom of choice form signed and dated by the beneficiary is required to be submitted for review.”
- If the client is not leaving your facility and your services need to continue, you will need to submit a new PA request to our portal, with an updated and signed Freedom of Choice
- If you do not provide us with a new PA and updated/signed Freedom of Choice, the PA submitted by Provider 2 will stand
- Overlapping authorizations are not permitted.
- Provider 1 end date will not be retroactive unless they provide us with a discharge date
- Provider change requests are processed in the order in which they are received, within 15 working days



Acentra Contact Information

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