

Personal Care Services Program's Medical Necessity Evaluation Request (PC-MNER)

Presented by KEPRO

Who is KEPRO?



- KEPRO is the Utilization Management Contractor for the Personal Care (PC) Services program.
- BMS contracts with KEPRO to complete the PAS to determine initial and continuing medical eligibility for PC services.
- KEPRO provides a framework and a process for authorizing PC services.
- KEPRO provides authorization for services that are based on the member's assessed needs and forwards authorization information to the claims payer.



WV PERSONAL CARE PROGRAM
MEDICAL NECESSITY EVALUATION REQUEST (PC-MNER)

ALL INFORMATION MUST BE LEGIBLE, OR THE REQUEST CANNOT BE PROCESSED

Type of Request (please check one): Initial Reevaluation Emergency/Facility Discharge

Submit Initial and Emergency PCMNERs to KEPRO-PC | 1007 Bullitt Street, Suite 200 | Charleston, WV 25301 | FAX-844-794-6729

Physicians, submit Reevaluation PC-MNERs to the Personal Care Agency at Fax: _____

- All information on the form must be LEGIBLE, or the request cannot be processed.
- Initials and Emergency PCMNERs are sent to KEPRO via fax.
- Reevaluations should be submitted by the Personal Care Agency.
- There are three type of requests to choose from:
 - Initial
 - Reevaluation
 - Emergency/Facility Discharge
- Location of current MNER - <https://dhhr.wv.gov/bms/Programs/PCS/Pages/Policy-and-Forms.aspx>

Choosing the Correct Type of Request:



There are three type of requests to choose from:

- Initial – This is selected the first time the applicant requests Personal Care services OR if the applicant has previously had Personal Care services and has been closed or discharged from service.
 - In this instance the MNER is most often submitted by the applicant or the physician but an agency may submit.
- Reevaluation – An anchor date is given when Personal Care services are initiated and reevaluation occurs around the anchor date one year later if the applicant has not been discharged and needs continued service.
 - This MNER is submitted by the agency via CareConnection© and attached to the record.
 - The attached MNER in the record must “MIRROR” what the agency has entered in CareConnection©. Example: Dates must align, signatures, addresses, etc.

Choosing the Correct Type of Request continued:



- The assigned Personal Care agency must submit a PC-MNER to the UMC no sooner than 90 days prior the member's PC Anchor Date and no later than 45 days prior to the member's Anchor Date. The referent's and member's/legal representative's signatures on the PC-MNER must be no older than 60 days of the date the PC-MNER is submitted/received by the UMC. The form must be data-entered into the UMC's (CareConnection©) web.
- **Emergency/Facility Discharge** – This MNER is completed when the applicant is in a facility ready for discharge and requires Personal Care Services.
 - The agency must have available staff in place to begin within 2 days of the discharge.

Signatures



- The applicant/participant must sign and date (if unable a Legal Representative must sign).
- Legal Representative, Guardian or Contact Area: MUST be completed and also sign and date the application if the applicant/participant has Alzheimer's, dementia, or a related diagnosis, if not applicable enter N/A.
- The request must be signed by the Physician (MD or DO), Nurse Practitioner, or Physician's Assistant. Original signature is required. (Signature is valid for 60 days.)
- All signatures must be valid within 60 days.

Signature of Physician (MD, DO PA or Nurse Practitioner; original required)	X	Date (valid for 60 days):
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Applicant/Member Information



APPLICANT/MEMBER INFORMATION			
First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Is the person in a Specialized Family Care Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SSN:	Medicaid #:	Medicare #	Dual Services? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, select Type of Waiver: <input type="checkbox"/> IDDW <input type="checkbox"/> TBIW <input type="checkbox"/> ADW
Member's Physical Address (Indicate Facility's name and contact info if the request is for Emergency/Facility Discharge):			
Member's Mailing Address:			
County of Residence (or Facility's County)		Member's Phone # (or Facility's Phone #):	
Signature of Applicant/Member	X		Date:
<input type="checkbox"/> Check if Applicant/Member is his/her own Legal Representative			

- All information listed should correspond and lead back to the same applicant/member, example: DOB, social security number, first and last name.
- Dual services should be marked if the applicant/member is **actively** receiving services from IDDW, TBIW, or ADW.
- If applicant/member's physical address is not the same as mailing address please include both.
- Be sure the correct county is listed.
 - The nurse will take selection forms to the applicant to be completed for that county.
- Please check if applicant/member is his/her own Legal Representative.
 - If this is not checked all information regarding the Legal Representation will need to be completed.

Legal Representative/Guardian



LEGAL REPRESENTATIVE, GUARDIAN, OR CONTACT INFORMATION (REQUIRED IF APPLICANT/MEMBER HAS ALZHEIMER'S, DEMENTIA OR RELATED DIAGNOSES OR IS UNDER THE AGE OF 18– ALL ARE ENCOURAGED TO LIST A CONTACT PERSON TO ASSIST)		
Name:		Phone #:
Mailing Address:		
Relationship to Applicant/Member	<input type="checkbox"/> Guardian <input type="checkbox"/> Committee <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Medical Power of Attorney <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Contact/Other (describe): _____	
Signature of Legal Representative (not needed if contact person)	X	Date:

Legal Representative/Guardian



Does the individual have Alzheimer's, brain multi-infarct, senile dementia or a related condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please specify	
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- If applicant has Alzheimer's, brain multi-infarct, senile dementia or a related condition a Legal Representative needs to be included.
- If the applicant/member is under the age of 18 a guardian or legal representative needs to be listed.
- All are encouraged to list a contact person to assist.
- The Legal Representative will need to select the relationship to the Applicant/Member:
 - Guardian
 - Committee
 - Power of Attorney
 - Medical Power of Attorney
 - Durable Power of Attorney
 - Contact/Other (describe)
- The Legal Representative will need to sign and date form.

Referring Physician Information



REFERRING PHYSICIAN'S INFORMATION (This information may be shared with the applicant/member).			
Name (MD, DO, PA, Nurse Practitioner)		Phone #	Fax #
Mailing Address (include city, state, zip):			

- Be sure to include first and last name of MD, DO, PA, or Nurse Practitioner.
- Phone number, fax number and address are imperative and required for KEPRO to correspond with the applicant/member's physician.

Patient Diagnoses	
Other Pertinent Medical Conditions:	

- Please include the applicant/member's ICD-10 descriptions.
 - MUST BE LEGIBLE.
 - Including the ICD-10 codes does help with the request submission but is not a requirement.
- When the form indicates that the applicant has Alzheimer's, brain multi-infarct, senile dementia or a related condition it must be included in the Patient Diagnoses.

Is the Applicant/Member Terminal?



Is the patient terminal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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- Terminal, meaning prognosis of less than 6 months to live or can be defined by the physician providing services to the applicant.
- Please mark 'Yes' or 'No'.

Personal Care Contact Information



- Personal Care Department Contacts-
KEPRO

Melody Cottrell

Phone: 844.841.9874

Fax: 844.794.6729

General Email: WVPersonalCare@kepro.com

- Bureau for Medical Services

Teresa McDonough, Program Mgr.

Email: Teresa.M.McDonough@wv.gov

Website: <http://www.dhhr.wv.gov/bms/Programs/PCS/Pages/default.aspx>

350 Capitol Street, Room 251

Charleston, WV 25301

Phone: 304.558.1700

Fax: 304.558.4398

- Bureau of Senior Services –
Operating Agency

Website: <http://www.wvseniorservices.gov/HelpatHome/MedicaidPersonalCare/tabid/78/Default.aspx>

1900 Kanawha Blvd., East

Charleston, WV 25305

Phone: 304.558.2241

Claims Processing

- DXC Technology (Formerly Molina
Medicaid Solutions)

- Website: <https://www.wvmmis.com>

For Providers: 888.483.0793

For Members: 304.343.3380

Fax: 304.348.3380