

PCS Program Updates
Pettigrew v. Brajer (previously Pashby v. Wos) Webinar
Frequently Asked Questions (FAQ's)
1/6/2016

- 1. Who is an authorized representative?** The authorized representative references the beneficiary's legally responsible person or power of attorney.
- 2. Is the eating ADL change one that is already being implemented?** DMA has not implemented any changes in the assessment process per the Pettigrew vs. Brajer settlement agreement. Any changes to the assessment process per the Pettigrew v. Brajer Settlement Agreement will be implemented after final approval by the Court.
- 3. Will a new Clinical Coverage Policy be issued to cover these changes, especially the reconsideration process?** DMA will update the PCS Clinical Coverage Policy to coincide with the implementation of program changes per the Pettigrew v. Brajer Settlement.
- 4. Can a beneficiary ask that the Independent Assessment Entity (Liberty Healthcare) contact the current provider?** Liberty Healthcare will send the referral for services to the provider requested by the beneficiary. Pending acceptance of the referral, the beneficiary and the provider will receive notification.
- 5. Does DMA have an idea of how many people are affected and how many individual's an agency can expect to receive new referrals/authorizations per month?** The class size continues to grow based on denials/termination of PCS under the 3L policy. However, the settlement agreement specifies members of the class that are entitled to reinstatement/reassessment. See slide 15 (Reinstatement and Reassessment). We anticipate that there will not be significant impact to any single provider.
- 6. Will existing beneficiaries be able to request up to 80 hours of PCS if additional services are needed through the Reconsideration process?** The Reconsideration process only applies to initial requests for PCS.
- 7. When will there be updates regarding Pettigrew V. Brajer and PCS program sent out to provider?** Information regarding changes to the program per the settlement agreement will be available to providers through Medicaid Bulletins and during Stakeholder Meetings in the upcoming months.