



YOUR LIFE  
YOUR CARE  
YOUR PEOPLE

# Getting Started: Enrollment in the Personal Preference Program (PPP)

Ryann M. Siclari, Esq., CELA

**PORZIO**  
Bromberg & Newman



01. Which Medicaid eligibility groups cover Personal Care Assistance (PCA)?



02. Personal Care Assistance Eligibility Criteria

03. How do you service PCA?  
• Agency contracted with MCO  
• Personal Preference Program (PPP)

04. How to enroll in PPP?

# The Agenda



# Medicaid Eligibility Groups

- Dozens of “doors” to Medicaid eligibility
- Affordable Care Act Medicaid (group for individuals under 65, not Medicare eligible)
- Aged, Blind, Disabled Programs:
  - Disabled Adult Child (DAC)
  - ABD – Jersey Care/Community Medicaid
  - Workability (significantly expanded!)
  - Managed Long Term Services & Supports
- Division of Developmental Disability Specific Programs (if no other Medicaid eligibility)
  - Supports Program
  - Community Care Program (CCP)



# Medicaid Eligibility Groups

- Each eligibility group identifies a Package of Benefits
- Types of Benefits Packages:
  - FamilyCare Plan A
  - Alternative Benefit Plan (ABP)
  - MLTSS = FamilyCare Plan 4+ Special Package

Population Eligibility Group	Population Description	Authorities	MAGI or Non-MAGI	Service Package
<b>Expansion Adults</b>	Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	42 CFR 435.119; §1902(a)(10)(A)(i)(VIII)	MAGI	Plan ABP
<b>Poverty Level Aged or Disabled</b>	Individuals who are aged or disabled with income equal to or less than 100% of the FPL.	§1902(a)(10)(A)(ii)(X); §1902(m)(1)	Non-MAGI	Plan A
<b>Individuals Receiving Home and Community Based Services under Institutional Rules</b>	Individuals who would be eligible for Medicaid under the State Plan if in a medical institution, who would live in an institution if they did not receive home and community-based services.	42 CFR 435.217; §1115; §1902(a)(10)(A)(ii)(VI); STCs: 5.6, 5.9(b)(ii), 5.10(b)(ii), 5.8, 5.11	Non-MAGI	Plan A and HCBS services if applicable

# MLTSS Package of Benefits

- Special Home and Community Based benefits under MLTSS:
  - Home Delivered meals
  - Medication Dispensing Device
  - Personal Emergency Response System
  - Home Modifications
  - Private Duty Nursing
  - Social Adult Day Care
  - Etc.
- **PCA is not listed!**
  - PCA is available under FamilyCare Plan A and ABP which means it's available under any eligibility group.





# MCO

## MCO assignment

- Horizon
- United
- Aetna
- Fidelis (formerly Wellcare)
- Wellpoint (formerly Amerigroup)
- Medicaid recipient will advise MCO they are in need of PCA assistance
- MCO will send a Nurse to complete the PCA Assessment Tool



# PCA Assessment Tool

- Must use PCA assessment tool
- Tool is geared to 25 hours
- PCA max of 40 hours (increased on a case -by-case basis)
- Why do the hours matter?
  - PPP Budget is based on number of hours awarded

<b>Ambulation/mobility assistance: the process of moving between locations, e.g. room to room</b> includes pushing a wheelchair, includes contact guard (over 2 yrs. old)	Up to 30 minutes/day	# days	total minutes
<input type="checkbox"/> no assist <input type="checkbox"/> Supervision (oversight/cuing) <input type="checkbox"/> Limited Assistance (non-weight bearing support) <input type="checkbox"/> Extensive/Max assist (weight bearing support) <input type="checkbox"/> Total dependence	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
Justification of need	<input type="text"/>		





# PCA Eligibility

- Eligibility
  - Moderate, or greater, hands -on assistance in at least one activity of daily living
  - OR minimal assistance, or greater, in 3 ADLs, one of which must be hands on.
  - IADLs alone not enough
- PCA denial or reduction is an adverse determination that comes with Fair Hearing Rights.





# I Want PPP!

- How to service the hours?
  - Home Health Agency who contracts with particular MCO
  - Personal Preference Program
- Medicaid applicant advises MCO they want PPP ...

*WHAT HAPPENS NEXT?*





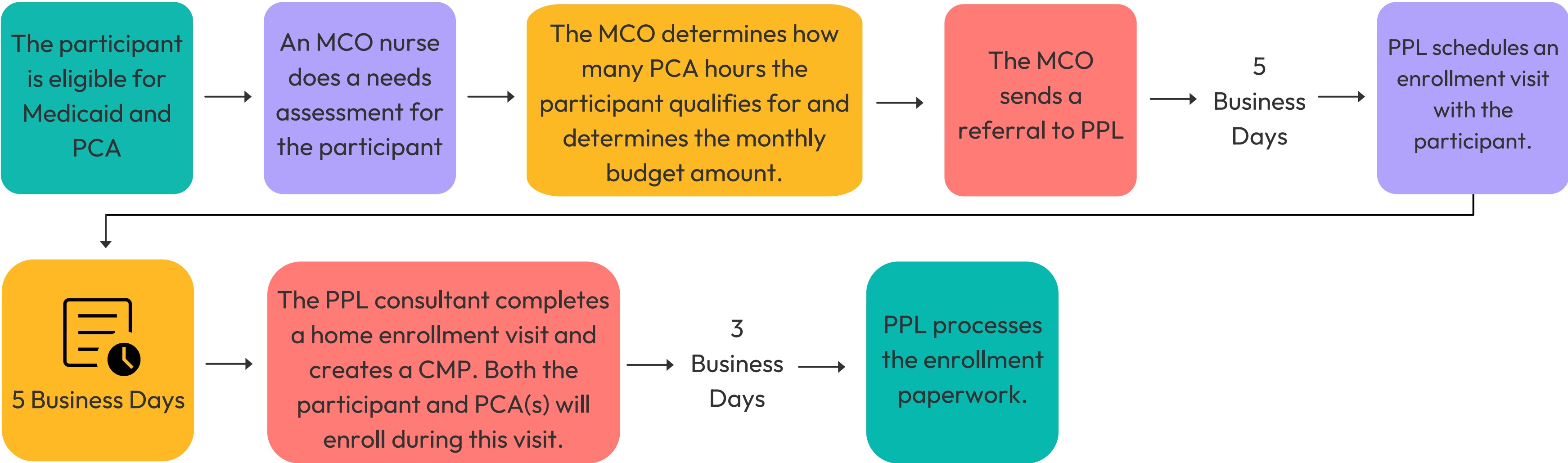
# Enrollment

- Referral from MCO
- Initial Contact – Welcome Call
- Enrollment Meeting
- Start Date Determined (EIN, WC, etc...)
- Employer Training
- Monthly Contacts (6 months after start date)
- Quarterly Visits
- Annual Visit



# The Path to Enrollment with PPL

## Personal Preference Program



IRS – Internal Revenue Service

SPO – State Program Office

PCA – Personal Care Assistance

CMP – Cash Management Plan

PPL – Public Partnerships LLC

DMAHS – Division of Medical Assistance and Health Services

EIN – Employer Identification Number

MCO – Managed Care Organizations





## Key Points

- Budget is based on number of PCA hours awarded
- There are fees to use PPP which come out of your budget
- You get to decide who you hire! BUT they have to be an employee so they must qualify to work
  - All Other Relationships \* most common option
  - Child Under 21
  - Employee Under 18
  - Foreign Student
  - Parent
  - Parent ALSO caring for grand -child
  - Spouse
- You get to decide hourly rate between minimum wage and \$25. The more you pay the fewer hours you get!





YOUR LIFE  
YOUR CARE  
YOUR PEOPLE

# Ryann M. Siclari, Esq., CELA\*

Porzio, Bromberg, & Newman  
100 Southgate Parkway  
Morristown, NJ 07962  
973-889-4271

\*Certified Elder Law Attorney as Certified  
by the National Elder Law Foundation

**PORZIO**  
**Bromberg & Newman**

