

PAS Notification- Denial Guide

1. Upon receiving a task indicating that the participant has been either fully or partially denied for a PAS service request, the SC will contact the participant to discuss.
2. The SC will document the details of this discussion using the PAS Notification-Denial Session in Function Portal.

Add Session

MCO *
PA Health & Wellness

Owner
Stephanie Kovatich
Manager

Session Type *
PAS Notification - Denial

Start Time *
4/23/2024 11:46 AM

End Time *
4/23/2024 11:47 AM

1 minutes: 0 billable units

1 Conditions
5 remaining

1. Was the legal representative invited to participate? *

CANCEL SAVE DRAFT

3. SC will answer if a legal representative was involved with the call

Add Session

MCO *
PA Health & Wellness

Owner
Stephanie Kovatich
Manager

Session Type *
PAS Notification - Denial

Start Time *
4/23/2024 11:46 AM

End Time *
4/23/2024 11:47 AM

1 minutes: 0 billable units

1 Conditions
Completed

1. Was the legal representative invited to participate? *

Legal representative was invited to participate.
 Legal representative was NOT invited to participate.
 Legal representative invitation is not applicable.

4. Where did the visit take place? *

Adult Day Care
 Adult Family Care Home (AFCH)

CANCEL ADD SESSION

4. SC will select where the visit took place
 - a. If it was over the phone, SC will select “other” and state that it was “telephonic”

Add Session

4. Where did the visit take place? *

- Adult Day Care
- Adult Family Care Home (AFCH)
- Assisted Living Facility (ALF)
- Doctor's Office
- Hospice Facility
- Hospital
- Mental Health Facility
- Nursing Home
- Own Home (Alone)
- Own Home (with a Caregiver)
- Public Housing
- Other's Home
- Other

CANCEL ADD SESSION

5. SC will then provide the details and reason for the call, as well as select who provided the information during the contact

Add Session

5. Other visit location, details and reason *

Telephonic, SC spoke with John Smith/ptp about how task was received from PHW that they partially denied John's request for 80 hours per week of PAS. PHW approved 42 hours per week and denied 38 hours per week. John is not satisfied with this decision and stated that when he got the denial letter from PHW he already filed an appeal.

6. Information provided by *

- Enrollee only
- Enrollee's Authorized Representative Only
- Enrollee and Enrollee's Authorized Representative
- Enrollee and Other
- Other

CANCEL ADD SESSION

6. SC will answer questions about if the participant's demographics changed

7. SC will answer questions about where the participant currently lives

a. If the participant lives with a caregiver, then additional questions will need to be answered related to the level of support the caregiver provides.

Active - Is Eligible un

Info

2070325
4/18/2024 9:35 am - 9:35
0 minutes: 0 non-billable units
Active
Administrator
Submitted successfully
Scheduled By: Visit Schedule

EDIT EXPORT

2065093
4/15/2024 10:33 am - 10:5
22 minutes: 1 billable units
Active

Add Session

8. Did HALIMAH's demographics change? *
- HALIMAH's demographics changed.
 - HALIMAH's demographics did NOT change.
10. Where does HALIMAH currently reside? *
- Adult Family Care Home (AFCH)
 - Assisted Living Facility (ALF)
 - Home (Alone)
 - Home (with a caregiver)
 - Homeless
 - Hospice Facility
 - Nursing Home - Custodial Care
 - Nursing Home - Rehabilitation
 - Rehabilitation
 - Shelter

CANCEL ADD SESSION

Face to Face Visits This Year
s remaining

Recertification
8/8/2015

Date
dated on 3/16/2023

erly Contact
7/15/2024

OSTPONE

Active - Is Eligible un

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2070325
4/18/2024 9:35 am - 9:35
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EDIT EXPORT

2065093
4/15/2024 10:33 am - 10:5
22 minutes: 1 billable units
Active

Add Session

11. Caregiver name *
- Betty Smith
12. Caregiver relationship *
- Daughter/HHA
13. Does the caregiver lives with member? *
- The caregiver lives with the member.
 - The caregiver does NOT live with the member.
14. Does the caregiver provide natural support? *
- The caregiver provides natural support.

CANCEL ADD SESSION

Face to Face Visits This Year
s remaining

Recertification
8/8/2015

Date
dated on 3/16/2023

erly Contact
7/15/2024

OSTPONE

- 8. SC will select what type of call, inbound or outbound
- 9. SC will select who they spoke with

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Administrator
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4/15/2024 10:33 am - 10:5
22 minutes: 1 billable units
Active
Anna Burlachuk

2 Details Completed

1. Note category *
- Inbound Call Note
 - Outbound Call Note
2. Who did you speak with during this call to notify of the Denial? *
- SC spoke with HALIMAH ABDALLAH to notify of PAS hours.
 - SC spoke with HALIMAH ABDALLAH's authorized representative to notify of PAS hours.
 - SC spoke with HALIMAH ABDALLAH's POA to notify of PAS hours.
3. What Type of denial was this? *
- Full Denial of hours

CANCEL ADD SESSION

Recertification
8/8/2015

Date
dated on 3/16/2023

erly Contact
7/15/2024

OSTPONE

10. SC will select what type of Denial is being discussed
11. SC will specify what amount of hours for PAS were approved
12. SC will select if the participant is satisfied with the approved amount of hours or if they will be filing a grievance

Active - Is Eligible un

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Administrator
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EDIT EXPORT

2065093
4/15/2024 10:33 am - 10:5
22 minutes: 1 billable units
Active
Anna Burlachuk

Add Session

3. What Type of denial was this? *

Full Denial of hours
 Partial Denial of hours

4. HALIMAH has been approved for the following number of hours *

42

5. Is the participant satisfied? *

HALIMAH is satisfied with the decision and does not wish to appeal.
 HALIMAH is not satisfied with the decision and would like to appeal. SC informed participant of grievance rights and timelines. Participant will call PHW to file grievance.

BACK

CANCEL ADD SESSION

Face to Face Visits This Year
remaining

Recertification
8/8/2015

Date
3/16/2023

Primary Contact
7/15/2024

POSTPONE