



# **Coordination of Hospice & Personal Care Services (PCS) for Adults Residing in a Primary Private Residence**

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# Objectives

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- To educate providers regarding the new policy amendment
- To clarify the Hospice-PCS coordination process
- To review required documentation for this new policy amendment

# Background

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- **Clinical Policy 3D, Hospice Services was amended June 2015 to allow concurrent Hospice & PCS for all adults, regardless of residential setting.**
- **Policy change will be effective January 1, 2016**
- **Concurrent services will be allowed with appropriate coordination to avoid duplication**
- **Reference: Section 7.3.3.2 of Clinical Coverage Policy 3D**

## **Background (cont.)**

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- **Medicaid-only and dually eligible adults, regardless of residential setting, may receive Hospice and Medicaid Personal Care Services (PCS) in accordance with 42 CFR 418.76(i).**
- **Medicaid Personal Care Services shall be used to the extent that the hospice would routinely use the services of a hospice beneficiary's family in implementing a beneficiary's plan of care.**

# **Requirement to Utilize Hospice Aide**

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- **Hospice aide services must be utilized to the extent that they would be if PCS were not available.**
- **The PCS aide does not replace the hospice aide. Hospice providers will identify the gap in care that supports the need for PCS aide services.**
- **Hospice must coordinate its hospice aide and homemaker services with PCS as required to meet the patient's needs.**

## **Requirement to Utilize Hospice Aide (cont.)**

- **Medicaid payments for PCS provided to an individual also receiving hospice services, regardless of the payment source, must be supported by documentation in the medical record of both providers.**
- **If duplication of services is found NC DMA may recover payment for those services.**
- **Hospice shall make hospice aide and homemaker services available and adequate in frequency to meet the needs of the hospice patient**

# Hospice Aide Services Description

- "Hospice Aide" – must be under supervision of licensed nurse, must be trained and competent per regulations, and be listed on the Nurse Aide Registry with DHSR
- If the hospice aide performs Nurse Aide II tasks, must also meet the requirements established by the N.C. Board of Nursing as defined in 21 NCAC 36 .0405



# **Personal Care Aide Services Description**

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- **The Personal Care Services aide provides assistance with the distinct tasks associated with the performance of the activities of daily living (ADL) and the instrumental activities of daily living (IADL).**
  
- **PCS aides may or may not be certified nurse aides.**



# Coordination Overview

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- The hospice agency shall coordinate its hospice aide and homemaker services with the **prior approved** personal care services required to meet the beneficiary's needs.
- Hospice and PCS services shall be provided with approved and documented coordination of services.
- Hospice providers are to submit the Hospice-PCS Coordination Form (DMA-3165) via fax to NC DMA within five (5) days of hospice admission.

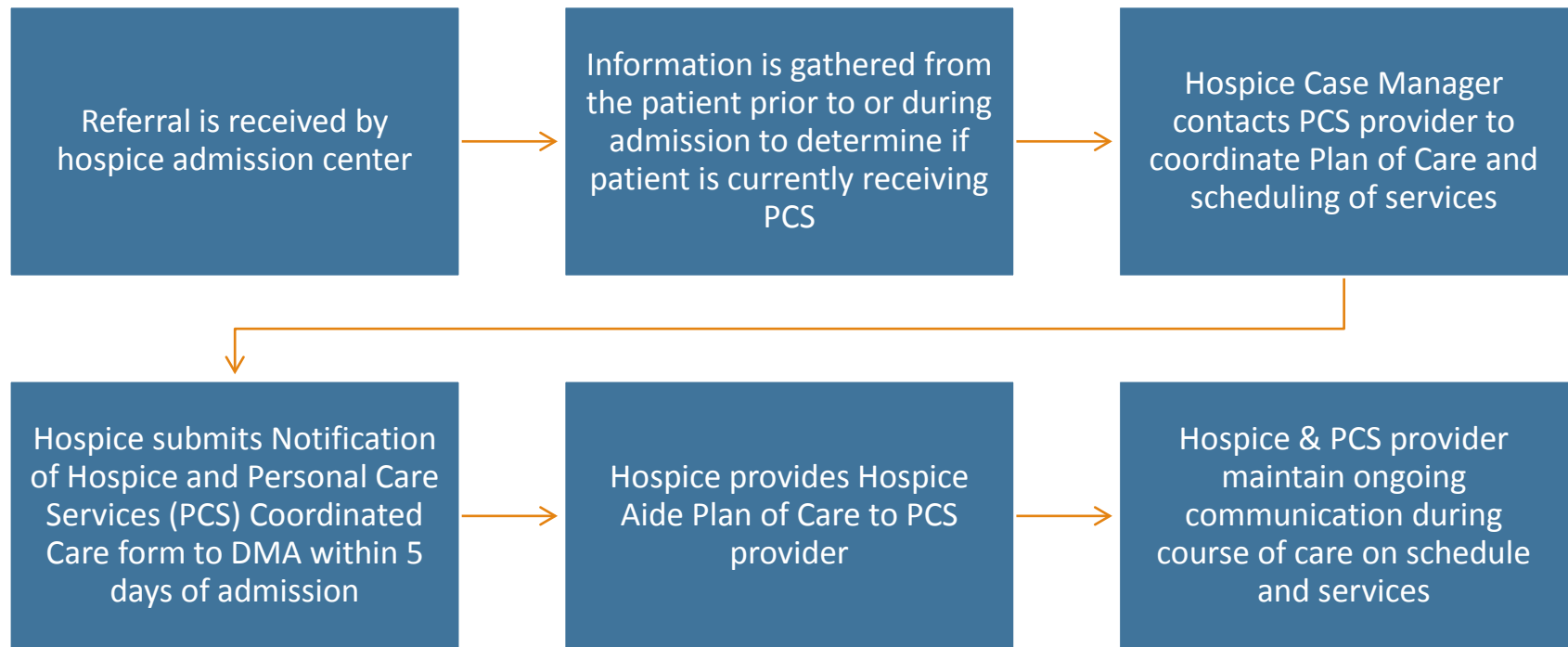
# **Coordination Process – PCS First**

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## **If PCS services are in place prior to hospice admit:**

- **The hospice agency will contact the PCS provider to coordinate the plan of care and scheduling of services.**
- **The hospice agency will submit the Hospice-PCS Coordination Form (DMA-3165) to NC DMA within five (5) days of admission.**
- **The hospice agency will submit the Hospice Aide Plan of Care to the PCS provider.**

# Process Flow – PCS First



# **Coordination Process – Hospice First**

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## **If Hospice is in place prior to the PCS request:**

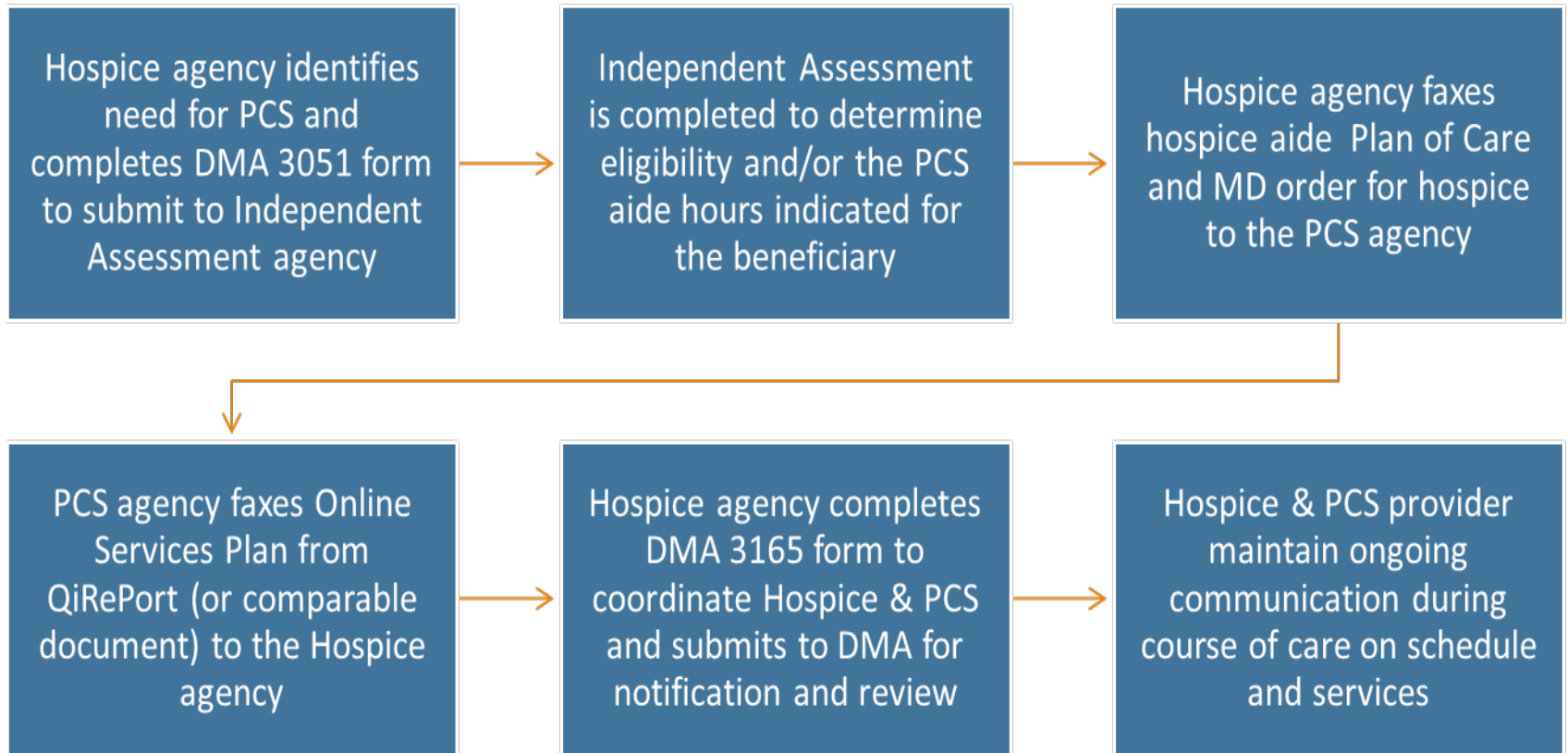
- **The hospice agency will submit the Hospice-PCS Coordination Form (DMA-3165) to NC DMA to indicate the service gap necessitating the addition of PCS.**
- **The hospice physician completes the Request for Independent Assessment for Personal Care Services (PCS) Attestation of Medical Need (DMA-3051) and faxes it to the Independent Assessment agency.**
- **Once PCS is authorized, the hospice agency will contact the PCS provider to coordinate the plan of care and scheduling of services.**

## **Coordination Process – Hospice First (cont.)**

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- **The hospice agency will submit the Hospice Aide Plan of Care to the PCS provider.**
  
- **The PCS provider will submit the Online Services Plan from QiRePort to the hospice agency.**

# Process Flow – Hospice First



# **Service Coordination and Communication**

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- **Hospice is responsible for communicating with other providers to ensure that coordination of care occurs.**
- **Hospice must conduct a thorough interview process at admission to identify all other Medicaid or other state and/or federally funded program providers of care – applies to Medicaid and dually eligible beneficiaries.**
- **Communication to coordinate care will be documented in each provider's medical record**

## **Service Coordination and Communication (cont.)**

- **If hospice determines prior to admission that PCS is in place for the patient, the hospice agency will contact the PCS provider, if known, to discuss the services being provided.**
- **The information gathered from the PCS provider will be used during the admission visit to outline the differences in services.**
- **If the PCS provider is not determined prior to admission, hospice will contact the provider immediately after the admission visit to discuss the coordinated plan of care.**



# Coordinated Plan of Care

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- The Hospice and PCS provider will develop a plan of care (POC) in coordination with the patient, the caregiver and each other.
- The coordinated POC must clearly specify aide tasks with frequency of services by each provider to ensure that the beneficiary's daily needs are met without duplication of services.
- The POC must coordinate tasks, services and the time of day that the patient may receive visits from each provider's aide.
- Each provider maintains a copy of the plan of care in their respective medical records

## Coordinated Plan of Care (cont.)

- Hospice aide and PCS aide hours **CANNOT** overlap.
- Hospice and PCS aides must be instructed that if they arrive at the home and the other aide is there they should report this to their respective agency and leave the home.
- Any changes in scheduling for either agency will be reported to the other to avoid duplication of services at the same time.



# Hospice Staff Education

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- Hospice agencies are encouraged to develop a standard script to be used at the time of referral to gather appropriate and adequate information for service coordination.
- Hospices should educate staff regarding this new policy amendment as well as the requirement for coordination to occur for both Medicaid-only and dually eligible beneficiaries.
- Education efforts should be conducted for intake/referral center staff, claims billing staff, field staff, case managers, etc.

# Hospice Staff Education (cont.)

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- Hospice agencies are encouraged to identify a point person on their staff who will have the responsibility to complete the Hospice & PCS Coordination form.
- Information must be given to the designated person in a timely fashion so the necessary documentation can be gathered and submitted.
- Hospice field staff need to notify the team manager/leader if they determine at the start of care or anytime there after that there is a PCS provider in the home.
- The information gathered will be passed on the point person who completes the coordination form.

## **Hospice Staff Education (cont.)**

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- **The hospice aide scheduler/supervisor will gather necessary information from the involved PCS provider to schedule the hospice aide at different clock hours than the PCS worker on any given day.**
- **Hospice aides will be educated that they should leave the home if there is a PCS aide in the home already providing care.**

# PCS Staff Education

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- PCS providers should educate staff regarding the new policy amendment as well as the requirement for coordination to occur for both Medicaid-only and dually eligible beneficiaries.
- Education should be conducted for intake/referral staff, office administrators, claims billing staff, clinical supervisors, schedulers, PCS aides, etc.
- PCS providers are encouraged to educate their intake/referral staff or other designated staff to ask about other services/providers that might also be in the home including hospice.

## **PCS Staff Education (cont.)**

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- **If it is learned that Hospice is already providing care, the PCS provider should ask for the name of the hospice provider and make contact ASAP with that Hospice agency to initiate the coordination process.**
- **PCS aides should be educated that if they learn hospice is providing care they should communicate the name of the hospice to their supervisor.**
- **PCS aides and other PCS staff should be educated on the ability to have both services on the same day but that services times must not overlap on any given day.**

# Required Forms: Coordination Form (DMA-3165)

## NC Division of Medical Assistance Notification of Hospice and Personal Care Services (PCS) Coordination Form

Hospice agencies must notify the NC Division of Medical Assistance (NC DMA) when there is a need for concurrent Hospice and PCS services to be provided to beneficiaries. The purpose of this form is to facilitate care coordination between hospice and PCS agencies. This notification form and supporting documentation must be **SUBMITTED** to NC DMA within five (5) days of hospice admission or referral to avoid delay of service and reimbursement. Submit these documents via fax to 919-715-9025 to NC DMA Attention: Hospice Consultant.

### Current Status:

- Active PCS Recipient  Pending PCS Recipient

### Required Attachments:

- Individualized Hospice Plan of Care (e.g., MD order set or 485)  Online Service Plan from PCS provider if current PCS recipient  
 Individualized Hospice Aide Care Plan  Other Supporting Documentation

Date of Request:	
<b>RECIPIENT INFORMATION</b>	
Last Name, First Name, Middle Initial:	
Recipient ID:	Translator Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:
DOB:	Phone:
Address:	
Attending MD:	Hospice MD:
Responsible Party if other than patient:	
Name of person to contact to schedule assessment, if other than the recipient:	
Contact Phone:	
Has this recipient utilized personal care services in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>HOSPICE AGENCY INFORMATION</b>	
Name:	NPI:
Phone:	Fax:
Contact Name:	Contact Phone:
<b>PCS AGENCY INFORMATION (If not yet in place, DMA will add when assigned)</b>	
Name:	NPI:
Phone:	Fax:
<b>SERVICE GAP (Describe needs that require two providers to be involved, e.g., decubitus risk due to immobility, wound care, need for additional personal care due to incontinence/skin care, etc.)</b>	

**ACTIVITIES OF DAILY LIVING:** In the appropriate row/column combination, enter an "H" for services performed by Hospice, "F" for services performed by the family and "P" for services performed by the PCS Provider. "AM" signifies that services are performed 8:00 am-Noon, "Mid" signifies Noon-4:00 pm and "PM" signifies 4:00 pm-8:00 pm. \* Indicates nurse aide tasks. # Indicates NA II tasks.

	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	A	Mid	PM
Bathing																					
Mouth Care																					
Hair Care																					
Nail Care																					
Skin Care																					
Shampoo																					
Dressing																					
Toileting - Assist with Garments																					
Toileting - Hygiene																					
Toileting - Clean BSC/Bedpan/Area																					
Transfer/Positioning																					
Mobility																					
Ambulation																					
Clear/Declutter Pathways																					
Eating - Assist																					
Meal Preparation																					
Housekeeping																					
Laundry																					
Essential Shopping																					
BP Monitoring																					
Medication Reminders																					
<b>Special Tasks</b>																					
* Blood Glucose Monitoring																					
* Foley Care																					
* Wound Care																					
# Remove Impaction / Enema																					
# Ostomy Care																					
# Enteral Feeding Assist																					
# Oxygen - Assist																					
# Suctioning																					

Beneficiary/Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ Hospice Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR DMA USE ONLY:</b>	
<input type="checkbox"/> Accepted	Effective Date: _____ End Date: _____
<input type="checkbox"/> Rejected	Reason: _____
NC DMA Representative signature: _____	Date: _____



# Required Forms: PCS Request Form (DMA-3051)

Print Form

**North Carolina Department of Health and Human Services - Division of Medical Assistance**  
**REQUEST FOR INDEPENDENT ASSESSMENT FOR PERSONAL CARE SERVICES (PCS)**  
**ATTESTATION OF MEDICAL NEED**

*PCS is a Medicaid benefit based on an unmet need for assistance with Activities of Daily Living (ADLs), which means bathing, dressing, toileting, eating, and mobility in the setting of care.*

Completed form should be faxed to Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1600 (toll free).  
 For the Expedited Assessment Process contact Liberty Healthcare Corporation at 1-866-740-1400.  
 For questions, call 855-740-1400 or 919-322-6944 or send an email to NC-MSupport@libertyhealth.com.

Please select one:  New Request  Change of Status: Medical Date of Request: \_\_\_/\_\_\_/\_\_\_

**Step 1** → **Step 2** →

**SECTION A. BENEFICIARY DEMOGRAPHICS**

Beneficiary's Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
 Medicaid ID#: \_\_\_\_\_ PASRR#(For ACHs Only): \_\_\_\_\_ PASRR Date: \_\_\_/\_\_\_/\_\_\_  
 Gender:  M  F Language:  English  Spanish  Other \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alternate Contact (Non-PCS Provider)/Parent/Guardian (required if beneficiary < 18): Name: \_\_\_\_\_  
 Relationship to Beneficiary: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Active Adult Protective Services Case?  Yes  No

Beneficiary currently resides:  At home  Adult Care Home  Hospitalized/medical facility  Skilled Nursing Facility  
 Group Home  Special Care Unit (SCU)  Other \_\_\_\_\_ DIC date (Hospital/SNF): \_\_\_/\_\_\_/\_\_\_

**Step 3** →

**SECTION B. BENEFICIARY'S CONDITIONS THAT RESULT IN NEED FOR ASSISTANCE WITH ADLs**

Identify the current medical diagnoses related to the beneficiary's need for assistance with qualifying Activities of Daily Living (bathing, dressing, mobility, toileting, and eating). List each diagnosis and the ICD-10 code for each.

Medical Diagnosis	ICD-10 Code (Complete Codes Only)	Impacts ADLs	Date of Onset (mm/yyyy)
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

In your clinical judgment, the ADL limitations are:  Short Term (3 Months)  Intermediate (6 Months)  
 Expected to resolve or improve (with or without treatment)  Chronic and stable  Age Appropriate

Is Beneficiary Medically Stable?  Yes  No  
 Is 24-hour caregiver availability required to ensure beneficiary's safety?  Yes  No

**Optional Step 4** →

**OPTIONAL ATTESTATION: Practitioner should review the following and initial only if applicable:**

The beneficiary requires an increased level of supervision. Initial if Yes: \_\_\_\_\_

The beneficiary requires caregivers with training or experience in caring for individuals who have a degenerative disease, characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills. Initial if Yes: \_\_\_\_\_

Regardless of setting, the beneficiary requires a physical environment that includes modifications and safety measures to safeguard the beneficiary because of the beneficiary's gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills. Initial if Yes: \_\_\_\_\_

The beneficiary has a history of safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls. Initial if Yes: \_\_\_\_\_

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 10/1/2015

Beneficiary Name: \_\_\_\_\_ MID#: \_\_\_\_\_

**Step 5** →

**SECTION C. PRACTITIONER INFORMATION**

Affecting Practitioner's Name: \_\_\_\_\_ Practitioner NPI#: \_\_\_\_\_  
 Select one:  Beneficiary's Primary Care Practitioner  Outpatient Specialty Practitioner  Inpatient Practitioner

Practice Name: \_\_\_\_\_ Practice Stamp: \_\_\_\_\_  
 Practice NPI#: \_\_\_\_\_  
 Practice Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Date of last visit to Practitioner: \_\_\_/\_\_\_/\_\_\_ \*Note: Must be < 90 days from request date

**Sign Here** → **Practitioner Signature AND Credentials:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

\*Signature stamp not allowed  
 "I hereby attest that the information contained herein is current, complete, and accurate to the best of my knowledge and belief. I understand that my attestation may result in the provision of services which are paid for by state and federal funds and I also understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state laws."

**Change of Status - Medical** →

**SECTION D. CHANGE OF STATUS: MEDICAL**  
 Complete for medical change of status request only.

Describe the specific medical change in condition and its impact on the beneficiary's need for hands on assistance (required for all reasons):

- PRACTITIONER FORM ENDS HERE -

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# Resources

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- Hospice Clinical Policy 3D:

<http://dma.ncdhhs.gov/document/community-based-services-clinical-coverage-policies>

- Notification of Hospice and Personal Care Services (PCS) Coordination Form (DMA-3165):

[http://dma.ncdhhs.gov/documents?combine=&field\\_agency\\_department\\_tid\\_1=258](http://dma.ncdhhs.gov/documents?combine=&field_agency_department_tid_1=258)

## Resources (cont.)

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- Request For Independent Assessment For Personal Care Services (PCS) – Attestation Of Medical Need:

<http://info.dhhs.state.nc.us/olm/forms/dma/dma-3051-ia.pdf>

- IA Assessment Form Instructions:

<http://nc-pcs.com/Medicaid-PCS-forms/DMA%203051-PCS-Form-Instructions-10-1-2015.pdf>

- PCS Department Contact Info: **919-855-4360** or email **[PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov)**

# Contact Information

**Regina Harrell, RN, BSN, MPH**

**Home Health, Hospice, Home Infusion Therapy**

**Nurse Consultant**

**NC Department of Health and Human Services**

**NC Division of Medical Assistance, Clinical Policy Dept.**

**919-855-4342 Office**

**919-715-9025 Fax**

**[regina.harrell@dhhs.nc.gov](mailto:regina.harrell@dhhs.nc.gov)**



**Nothing Compares**