MEETING RECORD

PERSONAL CARE SERVICES STAKEHOLDERS MEETING

November 16, 2017 | 1:00pm-3:00pm | Meeting Location: Dix Campus, Kirby Building, Conference Room 297

AGENDA TOPICS

1) Welcome/Introductions

Facilitator: Shannon Spence, Program Manager
Round-robin of individual introductions with name and agency representation

2) Program Updates

a) Liberty Updates (Denise Hobson/Jill Elliott, Liberty Healthcare)

Liberty and DMA conducted Fall Regional Provider Trainings in the month of October. There were 513 attendees across the six regions and 39 attendees for the live webinar hosted on November 15, 2017. Survey results indicate an overall positive reaction, specifically to the peer-to-peer discussion. Questions that were submitted during all the trainings are currently being compiled and will be posted along with their answers to Liberty's website.

Liberty provided updates on the Provider Focus Group held November 16, 2017 and stated that Stakeholders provided valuable feedback regarding Liberty's processes and engaged in thought-provoking discussion. It was noted that the feedback and suggestions provided in this forum will be used when developing topics for Provider Training. Stakeholders interested in participating in the focus group are encouraged to email Charlene Hamel at Chamel@Libertyhealth.com.

b) Daily Billing Cap Update (Shannon Spence, DMA)

DMA again shared information regarding implementing a daily billing cap for PCS providers to combat inappropriate billing and potentially capping billing at a maximum of 8 billable hours per day for adults and 16 billable hours per day for EPSDT recipients in NC Tracks. Currently, there are providers that have billed more than 24 hours of PCS per day and may even be billing for an entire month's hours in one day. DMA again solicited provider feedback on any potential situations where a provider may need to bill for more than 8 hours per day outside of an EPSDT situation, but there was no additional feedback. DMA reported that they will move forward with the implementation of the billing cap.

c) Assessing Intoxicated Beneficiary Guidance (Shannon Spence, DMA)

DMA discussed recent reports of Liberty's assessors encountering intoxicated beneficiaries during assessments as well as reports of situations where beneficiaries only need assistance with ADLs due to intoxication. DMA shared that assessments will not be conducted for beneficiaries who are intoxicated and Personal Care Services will be terminated for beneficiaries stating that they are only in need of PCS due to intoxication as he/she does not meet the eligibility criteria. There are Medicaid substance abuse programs that are more appropriate to treat these circumstances.

3) Diversion Screening Project (Tamara Smith, DMH)

Division of Mental Health (DMH) representative Tamara Smith gave an overview of a new, more streamlined process and tool that will replace the need for an Adult Care Home (ACH) to utilize the Pre-Admission Screening and Resident Review (PASRR). Currently, under Medicaid Clinical Coverage Policy 3L, all Medicaid beneficiaries who are referred to or seeking admission to an ACH licensed under NC General Statute (G.S.) 131D-2.4 must be screened through the PASRR process to determine whether the individual has serious mental illness (SMI) or a serious and persistent mental illness (SPMI).

The State of North Carolina entered into a settlement agreement with the United States Department of Justice (DOJ) in 2012 and the purpose of this agreement was to ensure that persons with mental illness can live in their communities in the least restrictive settings of their choice. The State of NC and The NC Department of Health and Human Services (NCDHHS) are implementing the agreement through the Transition to Community Living Initiative (TCLI) via The Diversion Screen Project, which is the new initiative that DMH is working on and will provide informed choices regarding housing options to individuals with SMI/SPMI considering admission to an ACH. The Diversion Screening will be done by the local LME/MCOs and the referral to the LME/MCO will come from anyone who is seeking placement, looking to place an individual in an ACH, or a person looking to pursue independent living.

DMH will be in constant communication with the LME/MCOs for testing and enhancement of this process and to ensure that the screening is done appropriately. The Diversion Screening Project will prevent unnecessary delays in identifying people with SMI/SPMI and shorten the time-period for admission, providing transition within 90 days.

ACHs will need to know about the new diversion process. With the new process, they should know they are able to make referrals themselves or contact the LME/MCOs for assistance. The referrals will be made utilizing the NCDRST, through the link provided by the external vendor, Emphasys. The ACHs should know that by making referrals, prior to an individual's admission, gets the individual into the LME/MCO system for other services and/or supports. This new initiative will be introduced July 2018 and subsequently, the PASRR process will be removed from Clinical Coverage Policy 3L through an amendment of the policy.

Stakeholders shared their concerns regarding the Diversion Screening Project and whether private pay will be included in this process. DMA encouraged Providers to submit questions and concerns to PCS_Program_Questions@dhhs.nc.gov by December 1, 2017 so the feedback could be shared with DMH representatives.

4) Electronic Visit Verification (Cassandra McFadden, DMA)

DMA shared with stakeholders that effective January 1, 2019 for Personal Care services the 21st Century Cures Act (Public Law No: 114-255) requires the use of an Electronic Visit Verification (EVV) system for personal care services requiring an in-home visit by a provider that are delivered under a state plan or waiver. EVV is required for all providers and, with automated technology, will track and monitor service date, location, provider, time service begins, and ends, in real-time. Although the exact process has not yet been identified, the Medicaid Integration team and Program Staff will facilitate this project; this team will make a good faith effort to implement this requirement timely. NC is anticipating additional guidance from CMS in January concerning the EVV process.

Stakeholders shared their concerns regarding the EVV process and allowing interfaces vs creating a system and the regulatory burden that this may provide for ACH. Stakeholders are concerned about whether EVV will satisfy documentation requirements including the Service Plan, the financial burden to providers, and if the system would be able to generate billing and payroll. DMA will continue to address concerns raised by the Stakeholder group and will work with Stakeholders on potential resolution to issues raised.

DMA welcomes provider feedback and concerns. Stakeholders were asked to submit questions related to EVV to PCS_ProgramQuestions@dhhs.nc.gov so that these questions could be fielded to the Medicaid Integration Team.

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5) Reports from Other Divisions

a) DAAS

Chris Orso has retired and Charlotte Gibbons will be the new point of contact for In-Home Special Assistance.

b) DMH/DD/SAS

See report above from Tamara Smith (DMH)

c) DSHR

No reports

6) Stakeholder Feedback

7) Meeting Adjourned

Next meeting is January 18, 2018