

# North Carolina Medicaid Special Bulletin



An Information Service of the  
Division of Medical Assistance

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June 2013

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**Attention:**

**Adult Care Homes and Group Homes**

## **Short-Term Financial Assistance**

- **SL 2012-142 Section 10.23.A(f)**
- **SL 2013-4 House Bill 5**

*Providers are responsible for informing their billing agency of information in this bulletin.  
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Due to the implementation of NCTracks on July 1, 2013, Personal Care Service (PCS) Providers seeking temporary, short-term financial assistance must file all claims through Hewlett-Packard (HP) Enterprise Services by **June 20, 2013 (Checkwrite cycle cutoff date)**. In accordance with legislation, all funds allocated for financial assistance are only available through **June 30, 2013**. If providers have taken the necessary steps to receive short-term financial assistance (as indicated in steps 1 and 2 below) by **June 10, 2013**, claims will be paid by HP through the June 30, 2013 deadline.

The State approved two acts in which providers are eligible to receive temporary, short-term financial assistance. They are as follows:

1. In accordance to SL-2012-142 10.23A (f), the N. C. General Assembly appropriated the sum of **39,700,000** to the Community Living Fund and designated this amount for the implementation of the State's plan to provide temporary, short-term assistance to adult care home providers. This assistance is available from January 1, 2013 until June 30, 2013.

Funds approved by this act are accessed when an Adult Care Home (ACH) Provider first refers a resident to whom they have issued a discharge notice to the local Department of Social Services (DSS). The Local DSS will determine the Lead Agency to be the local DSS or Local Management Entity (LME). The local DSS will ensure that the lead agency certifies with the Department of Health and Human Services as to the lack of placement for the beneficiary. Once the beneficiary has been certified, prior approval will be issued to allow the ACH provider to submit claims and receive reimbursement. Claims for dates of service no earlier than January 1, 2013 will be submitted using the CMS 1500 form.

The effective date of the prior approval for each beneficiary will be determined by the date of the lead agency certification. Providers may use any diagnosis code. Claims for service dates from 1<sup>st</sup> to 90<sup>th</sup> day from a beneficiary's certification or June 30, 2013, whichever is earlier, will be billed using the HCPCS code S5216 with modifier SE. Claims for service dates from the 91<sup>st</sup> through the 180<sup>th</sup> or June 30, 2013, whichever is earlier, will be billed using HCPCS code S5216 with modifier TS. The Division of Medical Assistance (DMA) asks for ten (10) business days from the beneficiary certification date before submitting claims to allow for verification and transmission of the prior approval. All claims must be submitted no later than June 30, 2013.

### **Accessing Funds after a Beneficiary's Unsuccessful Appeal of the PCS Transition Denial**

Beneficiaries receiving ACH/PCS on or before December 31, 2012, who are denied transition to the State Plan PCS effective January 1, 2013, and who file a timely appeal will be authorized for Maintenance of Service (MOS) at the December 31, 2012 service level, up to the PCS policy limit up to 80 hours during the pendency of the appeal. If the PCS transition denial is upheld, the ACH provider may access the special transition funds by following the steps outlined in the section above.

Follow the below link to learn more about the process for accessing the appropriated funds.  
[www.ncdhs.gov/dma/pcs/Forms/PROVIDER-FLOW-CHART-20130103.pdf](http://www.ncdhs.gov/dma/pcs/Forms/PROVIDER-FLOW-CHART-20130103.pdf)

2. In accordance to SL-2013-4 House Bill 5, An Act Requiring The Department Of Health And Human Services To Provide Temporary, Short-Term Financial Assistance To (1) Group Homes Serving Residents Determined Not To Be Eligible For Medicaid-Covered Personal Care Services As A Result Of Changes To Eligibility Criteria That Became Effective On January 1, 2013, and (2) Special Care Units Serving Residents Who Qualify For Medicaid-Covered Personal Care Services On Or After January 1, 2013.

Transition funds available through House Bill 5 provide temporary, short-term financial assistance to beneficiaries of Group Homes and Special Care Units who meet the above mentioned criteria. To access House Bill 5 temporary funds, Group Homes and Special Care Unit Providers will submit an excel spreadsheet listing eligible residents for DMA to review via secure email (zix-mail or other secure email). The spreadsheet is posted on the PCS Web page under "Important Links" titled **HB5 Payment Authorization**. Spreadsheets are to be emailed to [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov) with the subject line "HB5 Payment Authorization."

Providers should include in the email their provider name and contact information. DMA will prior approve residents for access to the funds and submit the spreadsheet to HP for processing. HP will enter prior approval files into the system for billing. DMA will notify providers within five (5) business days of the submission of spreadsheets to HP. Once the provider is notified by DMA; providers may place claims for reimbursement with HP.

Follow the below link to learn more about House Bill 5 Temporary Funding for Group Homes and Special Care Units.

[ncdhhs.gov/dma/bulletin/pdfbulletin/0413\\_Special\\_Bulletin\\_HB5.pdf](http://ncdhhs.gov/dma/bulletin/pdfbulletin/0413_Special_Bulletin_HB5.pdf)

Those with additional questions regarding this bulletin article should contact the PCS program by email at [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov)/ or by phone at 919-855-4340.

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**Carol H. Steckel, MPH**  
**Director**  
**Division of Medical Assistance**  
**Department of Health and Human Services**

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**Melissa Robinson**  
**Executive Director**  
**HP Enterprise Services**