

# North Carolina Medicaid Special Bulletin



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## **Attention: Adult Care Home Providers**

# **Transition Planning for Implementation of Consolidated Personal Care Services**

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The Centers for Medicare & Medicaid Services (CMS) approved North Carolina's State Plan Amendment revising the scope and nature of Personal Care Services effective May 1, 2012. This approval extended the sunset deadline for In-Home Care (IHC) and Adult Care Home (ACH) personal care services from April 30, 2012 to December 31, 2012. Effective January 1, 2013, Medicaid personal care services for recipients in all settings, including licensed care home facilities (Adult Care Homes, Family Care Homes, 5600a and 5600c Supervised Living Homes), will be provided under a consolidated Personal Care Services (PCS) benefit.

Pursuant to [North Carolina General Assembly Session 2011](#) House Bill 950, DHHS will apply for a Medicaid State Plan Amendment to implement the new consolidated PCS benefit and develop PCS policies for children under 21 years of age and for adults ages 21 years and older. The State will not pursue CMS approval to provide these benefits under the 1915(i) Home and Community Based Services (HCBS) option. DHHS and DMA will apply to CMS for approval to provide personal care under the 1915(i) HCBS option to elderly individuals with dementia who are typically served in Special Care Units (SCUs) and memory care units.

DHHS and CMS are working on implementation details of the consolidated PCS benefit. DMA has also convened a stakeholder group to provide recommendations and assist with implementation of the State Plan PCS benefits for adults and children, and to assist with planning for the 1915(i) HCBS benefit for elderly recipients with dementia.

**Recipient Eligibility for Consolidated Personal Care Services Benefit**

Effective January 1, 2013, individuals must meet the program functional eligibility requirements set forth in House Bill 950 to qualify for PCS services. Adults 21 years and older with a medical condition, disability, or cognitive impairment who meet the functional eligibility requirements set forth in state law may qualify for up to 80 hours of PCS per month. In accordance with HB 950, errands will no longer be covered in the consolidated PCS program.

Recipient eligibility and authorized service levels will be determined by an independent assessment conducted in the recipient's residence. To qualify for services, adults must demonstrate unmet need for assistance with three qualifying activities of daily living (ADLs), or with two ADLs, one of which is assessed at the extensive assistance or full dependence level. The five qualifying ADLs are bathing, dressing, mobility, toileting, and eating.

**Eligibility Assessments of Current Licensed Home Residents**

DMA contracted with the Carolinas Center for Medical Excellence (CCME) to conduct recipient eligibility assessments for all recipients seeking authorization for PCS, including current licensed home residents. Transition assessments of current licensed care home residents are scheduled to begin the week of July 23, 2012 and continue through November 2012. CCME will begin contacting facilities the week of July 9, 2012 to verify residents who wish to be assessed and to schedule resident assessments. CCME will use facility contact information on file with DMA. Licensed home providers should update contact information as necessary.

CCME will contact facilities a minimum of two weeks in advance to schedule resident assessments. A preliminary timeline of [estimated assessment dates by facility](#) is available on this [DMA webpage](#). This timeline is for general planning purposes only and will be updated as needed to reflect changes. **Please note that changes to the initial projected timeline may be substantial.** Providers are encouraged to cooperate with reasonable requests to schedule residents earlier or later than indicated in the preliminary timeline.

Functional eligibility assessments of current licensed home residents will be conducted using a standardized process and assessment tool provided or approved by DMA. The assessment will incorporate observation, interview, and recipient demonstration of ADLs and associated IADLs; interviews with home staff; and review of facility records.

Completion of resident assessments will require that the assessor review some or all of the following resident records: resident confidentiality statement or agreement, emergency medical release, or HIPAA form; guardianship documents, if applicable; resident admission records; FL-2 or MR-2; Medication Administration Record (MAR); physician orders; 3050R, Person Centered Plan, Service Plan, Aide Task List, and Supervision Notes. Please be prepared to present or allow assessors to access these facility records as needed. Assessors will also verify facility license number and date.

DMA and CCME are planning additional licensed home provider trainings, to include provider and recipient eligibility requirements, independent assessments, request processes for new

admission and status change assessments, and recipient appeals. Please see the projected timeline of provider trainings below. Additional information on the trainings, eligibility assessments, and assessment scheduling will be available on this [DMA's webpage](#) as it becomes available.

### **Medical Attestation for Current Licensed Home Residents**

A completed Medical Attestation form, verified and signed by the licensed care home resident's physician or designee, will be required for every resident who undergoes an independent eligibility assessment. Completion of the Medical Attestation form is initiated by the resident's licensed home provider and forwarded to the attesting practitioner for verification and completion. The completed and signed attestation form should be returned to the licensed home provider for presentation to the CCME independent assessor at the time of the resident's scheduled assessment.

Both the Medical Attestation form and the independent assessment will be required to determine recipient PCS eligibility and authorized service level. In order to ensure that PCS services continue on January 1, 2013, current licensed home residents must have a completed independent assessment that demonstrates PCS qualification is met and have submitted a completed attestation form to CCME by the close of the transition assessment period. In accordance with federal regulation, maintenance of service will be available for recipients whose proper request for continuation of PCS has been denied or reduced and the recipient has filed a timely appeal.

Providers are encouraged to initiate completion of Medical Attestation forms for all Medicaid residents **immediately** to ensure the completed form is available at the time of each resident's scheduled assessment. The [Medical Attestation form](#) and [instructions](#) for licensed home care providers and attesting practitioners are available on this [DMA webpage](#).

### Consolidated PCS Benefit Provider Training Timeline

The following table provides a general overview and projected timeline of consolidated PCS program training topics and dates.

Date	Description	Topic
June 21, 2012 10:00 – 11:30 a.m.	Webinar Training: Transition Planning for Licensed Adult Care Home Providers	Eligibility, Independent Assessments (Completed)
July 11, 2012 10:00 – 11:30 a.m.	Institutions for Mental Disease (IMD) Training for Licensed Adult Care Home, Family Care Home, & Supervised Living Home (5600a and 5600c) Providers	IMD characteristics and reviews  Providers may register online at Register online at <a href="https://www1.gotomeeting.com/register/198750193">https://www1.gotomeeting.com/register/198750193</a>
July 26, 2012 September 20, 2012 November 15, 2012  all 10:00 – 11:30 a.m.	Webinar Trainings	Varied topics, including Policy and Eligibility, Recipient Appeals, Billing and Aide Documentation
August 6 – August 17, 2012	Regional Trainings for Licensed Home Providers	Eligibility Assessments, Recipient Appeals
September-October 2012	Regional Trainings for Licensed Home and Home Care Agency Providers	Policy, Billing and Aide Documentation

Updates and more details on the Provider Training Timeline will be announced in future Medicaid Bulletins and on this [DMA's webpage](#).

Questions regarding eligibility assessments for the consolidated PCS program may be directed to the CCME Independent Assessment Help Line at 1-800-228-3365, or to

[PCSAssessment@thecarolinascenter.org](mailto:PCSAssessment@thecarolinascenter.org).

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