

MEETING RECORD

PERSONAL CARE SERVICES STAKEHOLDERS MEETING

June 21, 2018 | 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, Liberty Healthcare)

Liberty Healthcare provided updates regarding Spring Provider Trainings, which were held in the month of May. There were over 805 attendees across the six regions which is the highest attendance recorded. Of those attendees, just under 40% were new providers. In addition, there were about 100 attendees for the live webinar hosted on June 6, 2018. Survey results were very informative and indicated overall positive feedback.

Liberty also discussed the importance of ensuring that provider information in NCTracks is updated when a beneficiary residing in an ACH moves to a different location within the Provider community. A reminder was also posted on the Provider Portal to update all contact information when a beneficiary moves to a different location as this has been a barrier to the assessment scheduling process.

Liberty shared that the next Provider Focus Group meeting will be held on November 15, 2018. Liberty encouraged Stakeholders to provide suggestions for the topics discussed in this forum. For registration to attend the focus group or to make suggestions concerning agenda items, Stakeholders are encouraged to email Charlene Hamel at Chamel@Libertyhealth.com.

b) DMA Quality Initiatives (Shannon Spence, DMA)

DMA shared information regarding the most recent Internal Audit being conducted for second quarter 2018. A randomized selection process was used to select 30 providers for the PCS Internal Audit. Fifteen are being audited for supervisory visits and 15 are being audited for Aide Training documentation. A quality component was added to the audit ensuring providers are also in compliance with timely submission of the DMA 3085 form and DMA 3136 form. Selected providers should submit audit information via fax within ten business days of the date on the letter. Providers who would like results of their audit may contact DMA directly.

DMA provided an update concerning Service Plan non-compliance and unmet standards in accordance with Section 6.1.4 of PCS Clinical Coverage Policy 3L. Currently there are 506 outstanding Service Plans that are 7 days or more overdue and 385 Service Plans that are 14 days or more overdue. The Office of Compliance and Program Integrity will send a letter via certified mail to providers identified as non-compliant, notifying them that they are at risk for a penalty identified by OCPI if they continue to remain non-compliant with completing the beneficiary's service plan. Providers will be given 5 business days from the date the letter is received to complete the Service Plan in QiReport. Providers who remain noncompliant will face a penalty identified by OCPI. This process will occur quarterly.

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c) Referral Screening Verification Process (Shannon Spence, DMA)

DMA shared information about the Referral Screening Verification Process (RSVP), previously referred to as the Diversion Screening Project. RSVP will replace Pre-Admission Screening Resident Review (PASRR) for ACHs, providing a more streamlined and effective process to screen Transition to Community Living Initiative (TCLI) target populations. Regardless of diagnosis, all Medicaid-eligible individuals seeking admission to ACHs, with the exception of group homes, will be referred to a LME-MCO for the RSVP, to determine whether the individual has serious mental illness (SMI) or a serious and persistent mental illness (SPMI). Beneficiaries residing in an ACH will not receive a PCS assessment or prior approval without verification of a Referral Screening ID. A Referral Screening ID will allow users to verify that the referral was made, like PASRR. The PASRR will no longer exist for ACH admissions after RSVP is implemented. The implementation of this initiative has been postponed from August 1, 2018 to October 1, 2018.

Stakeholders inquired about how this new initiative affects individuals that already have a PASRR. Individuals who have had a previous PASRR for an ACH do not need an additional screening through RSVP unless there has been a significant change in psychiatric or medical status for those with SMI/SPMI. Stakeholders with additional questions are advised to contact DMH representative Stacey Lee at stacey.lee@dhhs.nc.gov or 919-715-2056 or DMH representative Tamara Smith at tamara.smith@dhhs.nc.gov.

d) Electronic Visit Verification (Cassandra McFadden, DMA)

DMA informed stakeholders that the Electronic Visit Verification (EVV) initiative remains in the planning phase as DMA continues to conduct market research and discuss systems adopted by other States. At this time, DMA confirms moving forward with an Open Vendor Model, which allows providers with existing EVV technology the flexibility to maintain use of their current systems as long as it complies with Cures Act requirements. In addition, DMA plans to request an extension of the January 1, 2019 implementation deadline. If the extension is approved, EVV will go live in North Carolina on January 1, 2020. Prior to implementation, DMA expects to form key stakeholder workgroups with representation from in-home care providers, adult care homes providers, and associations.

Stakeholders shared their concerns regarding EVV and were encouraged to respond to the EVV system utilization survey as that information will help guide decisions during planning. Stakeholders were informed that the survey, updates, and other EVV information can be found at dma.ncdhhs.gov/evv. Stakeholders were asked to submit questions related to EVV to Medicaid.EVV@dhhs.nc.gov.

e) Personal Care Services Program Updates (Cassandra McFadden, DMA)

DMA contracts with an outside entity to conduct independent assessments and reassessments for the PCS program. The Independent Assessment Entity (IAE) processes all incoming physician office referrals, conducts beneficiary assessments, and issues service authorizations to qualified providers.

The current IAE contract with Liberty Healthcare Corporation of North Carolina will end June 30, 2019 and will be rebid. If you have any suggestions or comments, please email them to PCS_Program_Questions@dhhs.nc.gov.

3) Star Rating Study Overview

a) DHSR Rule Review and Star Rating Study (Tichina Hamer)

DHSR informed stakeholders that DHSR is currently involved in reviewing all rules associated with 10A NCAC Chapter 13 Subchapter F and Subchapter G. Stakeholders were informed that they are able to participate in the public comment period regarding the re-adoption of rules.

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Stakeholders were informed that the Star Rating Program became effective January 1, 2009 and is administered by the N.C. Division of Health Service Regulation (DHSR), Adult Care Licensure Section. The program is designed to be used as a tool to assist beneficiaries or their caregivers in making informed decisions regarding care options. Star Ratings provide consumers with information based on facility inspections by DHSR.

House Bill 657 requires the evaluation of the Star Rating Program to determine whether it is beneficial to consumers. Due to this, a stakeholder workgroup was identified and an initial meeting was held in December of 2017. Currently, research is being conducted concerning the effectiveness of the current rating system and the workgroup is analyzing information on other types of rating systems used in other states as well as alternatives that can be used to assist consumers in making informed choices.

DHSR is looking for public participation thus a statewide web-based survey for public comment has been created to gather opinions on ratings through July 31, 2018 at <https://www2.ncdhhs.gov/dhsr/acls/star/request.html>.

Questions regarding the Star Rating Program can be sent via e-mail to DHSR.AdultCare.Star@lists.ncmail.net. If you need further assistance, please contact the Star Rating Administrator at 919-855-3765, or toll-free at 1-800-662-7030.

4) Reports from Other Divisions

a) DAAS

No reports

b) DMH/DD/SAS

No reports

5) Stakeholder Feedback

Stakeholders shared concerns regarding barriers to having the ICD-10 Transition Form (DMA 3137) completed by the primary care physician. DMA encouraged Providers to clearly document at least three attempts to have this form completed. After at least three unsuccessful attempts, please report this issue to Liberty Healthcare. If Liberty Healthcare continues to have issues with the physician completing the form, the issue will be escalated to DMA for assistance.

Stakeholders also requested an update on the Health Information Exchange Authority (HIEA) and were informed that their questions can be directed to HIEA staff at 919-754-6912 or hiea@nc.gov.

6) Meeting Adjourned

Next meeting is September 20, 2018.