

# NC Medicaid Long Term Services and Supports

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## Personal Care Services (PCS)

**Juanita Jefferson**  
**PCS Unit Manager**

**June 5, 2025**



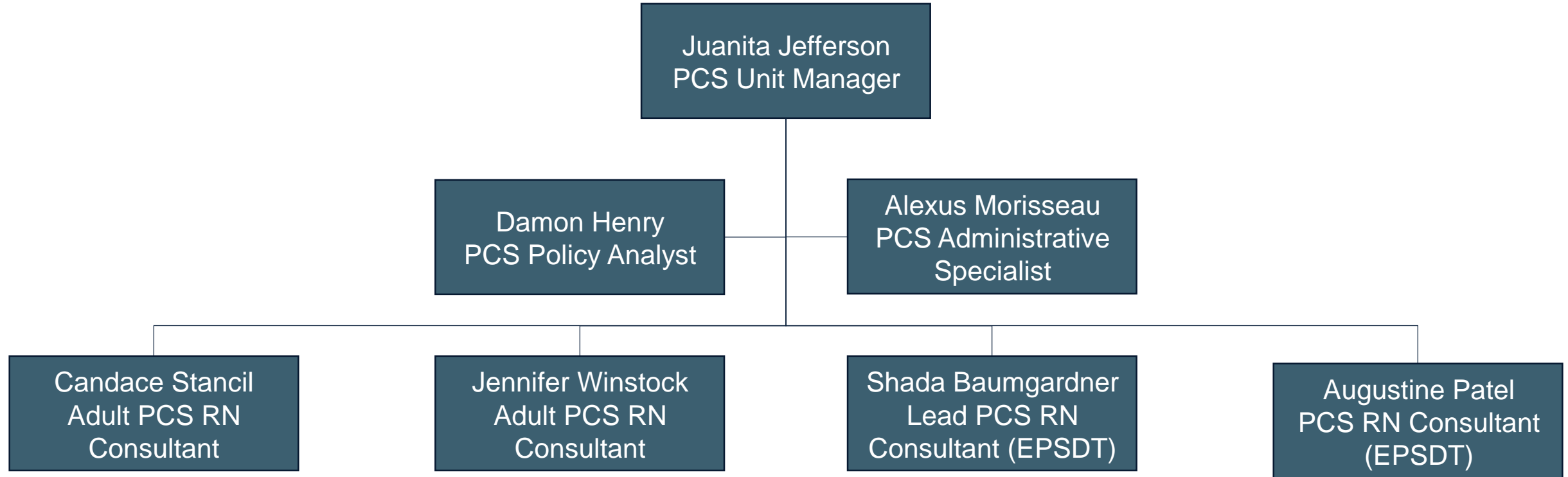
NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits



# Overview of Topics

- **PCS Unit Team Organization**
- **NCLIFTSS Program Updates**
- **Clinical Coverage Policy Updates**
- **Quality Assurance Activities**
- **Questions**
- **Resources**

# Personal Care Services Team Organization



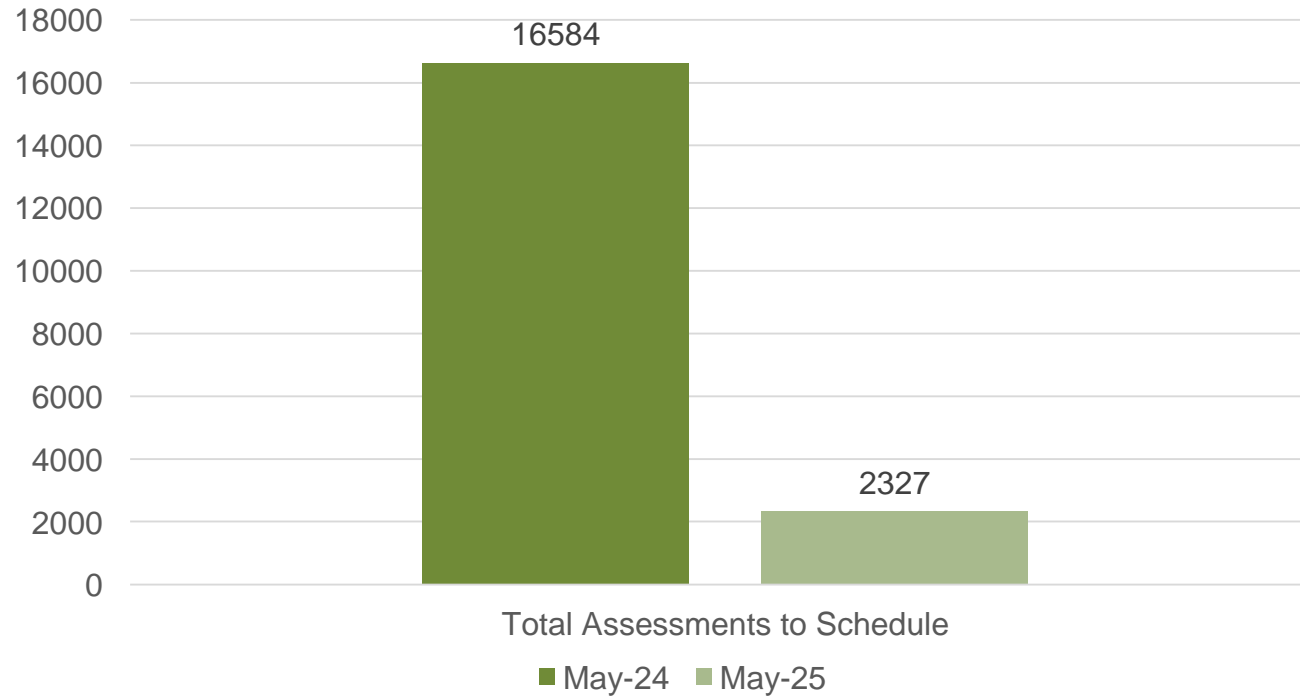
**NCLIFTSS**  
**34,486**

**Total PCS Assessments Completed**  
**May 2024-April 2025**

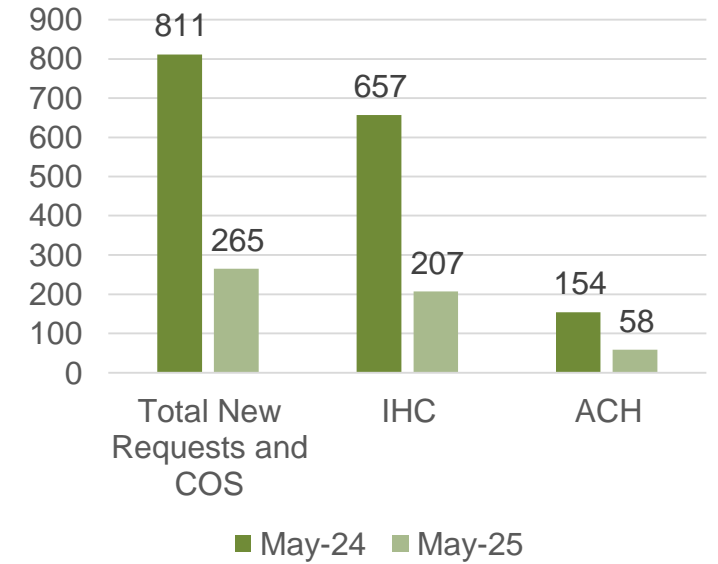
# NC LIFTSS

## Assessment To Be Scheduled

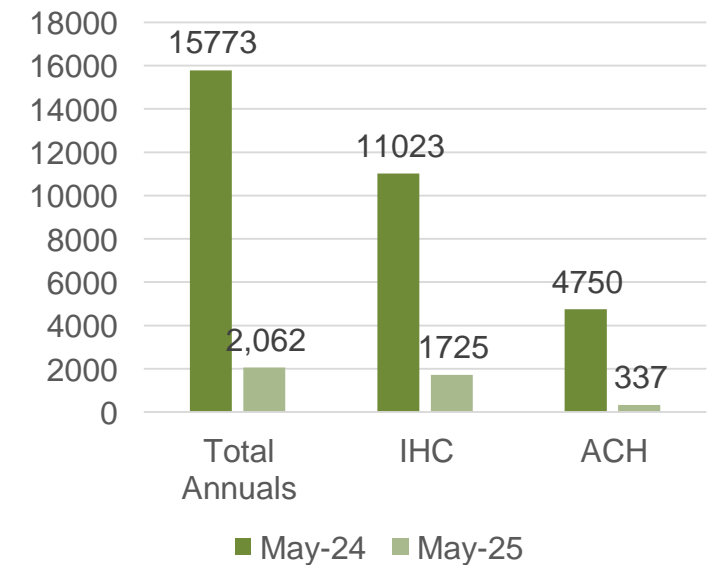
Total Assessments to Schedule (All Types)



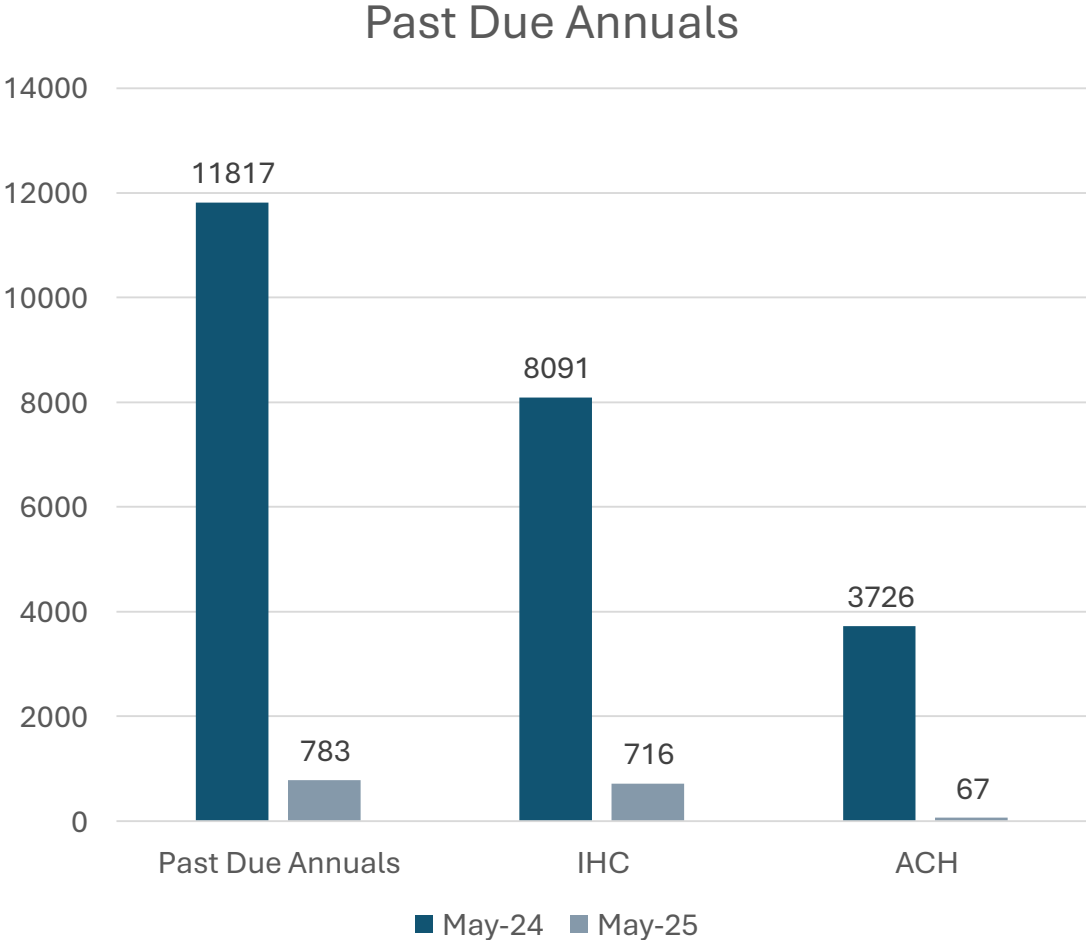
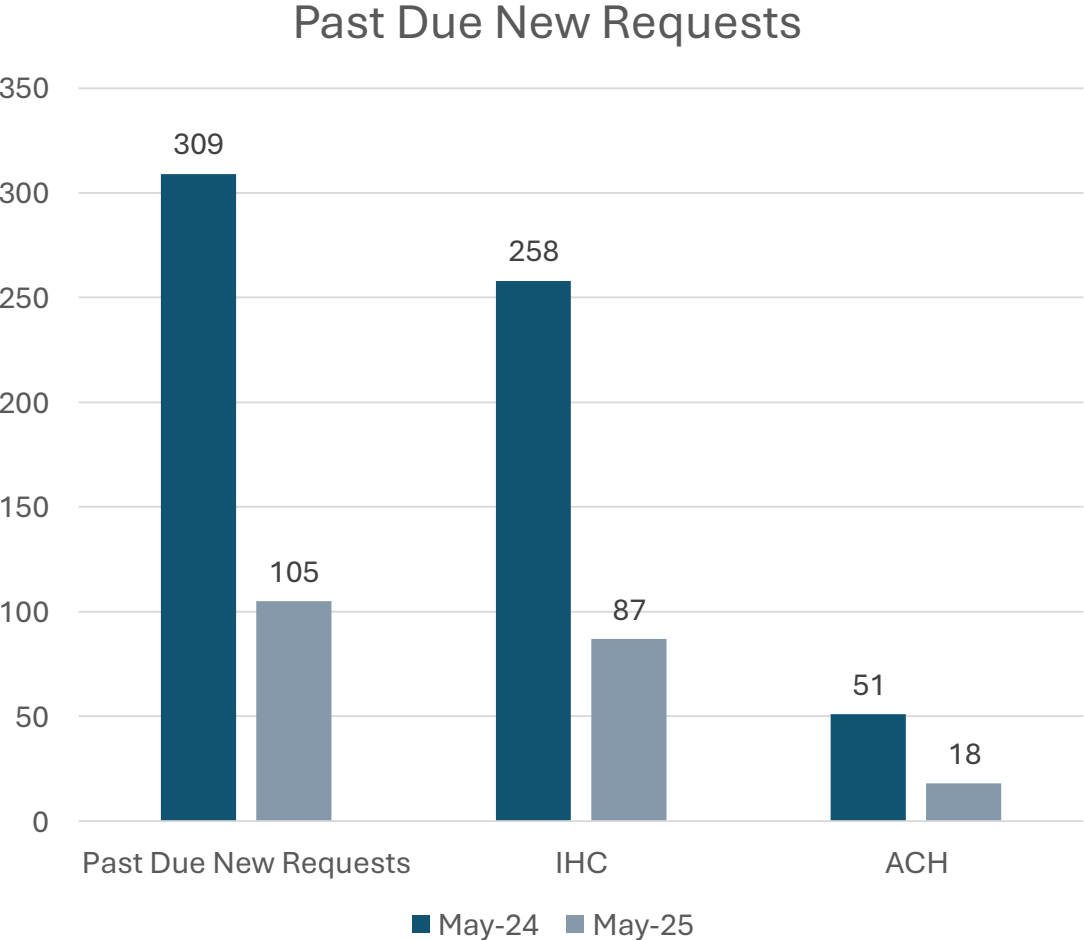
New Requests and COS



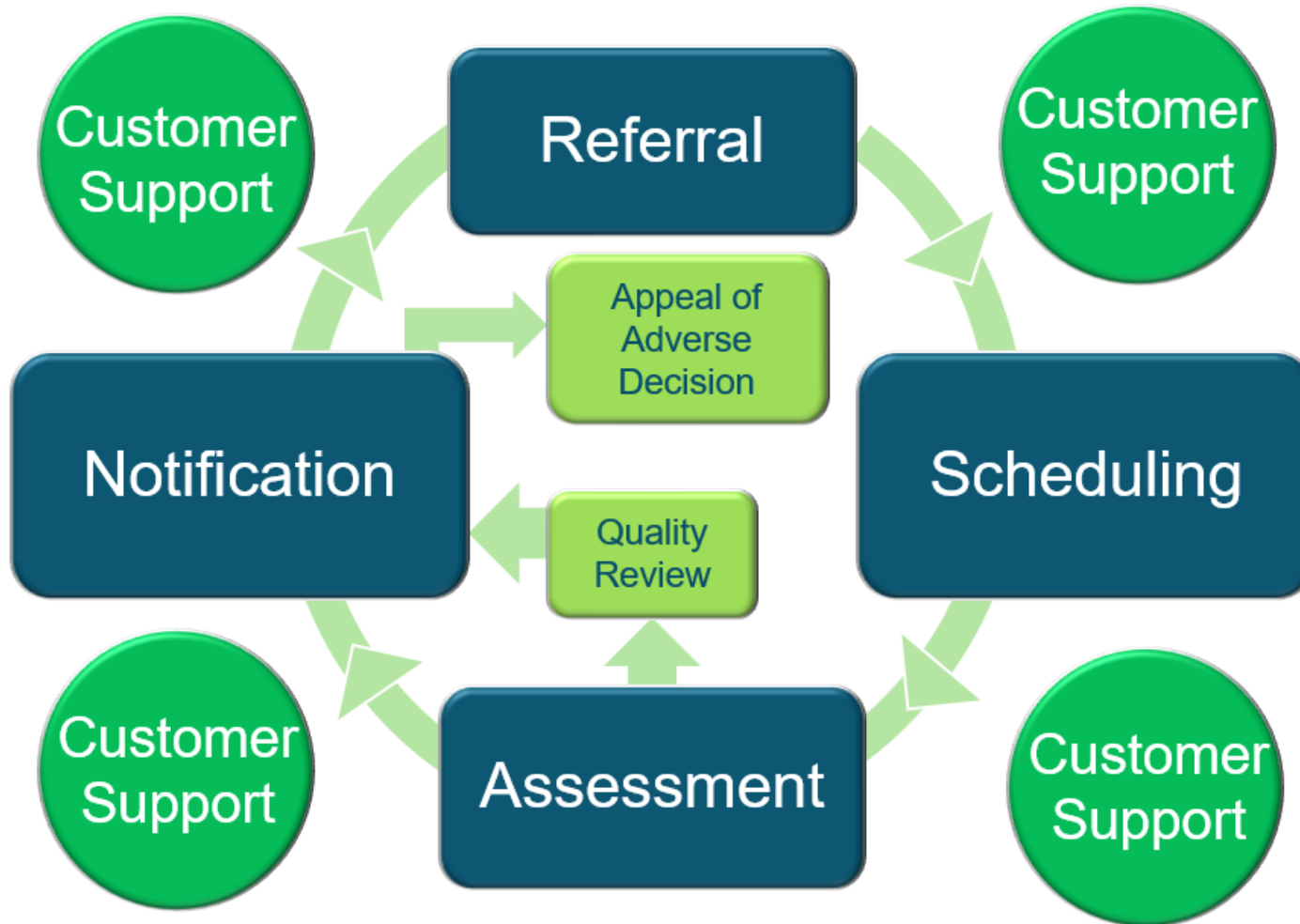
Annuaals



# NC LIFTSS Backlog



# PCS Independent Assessment Process



# NCLIFTSS Stakeholder Engagements

(May 2024 – May 2025)



**May 15, 2024**

Front Porch Chat:  
BPG Form, Hours  
Calculation, and  
Days of Need

Attendees: 34

Satisfaction Response:  
97.62%



**June 25, 2024**

Longer Term Services  
and Supports (LTSS)  
Provider Forum

Attendees: 350

Satisfaction Response:  
96%



**Aug. 15, 2024**

Front Porch Chat:  
Mediation and Appeal Rights  
& Reconsideration Process

Attendees: 64

Satisfaction Response:  
98%



**Oct. 30, 2024**

PCS Provider Webinar:  
Assessment Process  
Overview & Billing and  
Prior Authorizations

Attendees: 84

Satisfaction Response:  
98.2%



**Nov. 23, 2024**

Front Porch Chat:  
Beneficiary Rights  
and Responsibilities

Attendees: 11

Satisfaction Response:  
95%



**Feb. 20, 2025**

Front Porch Chat:  
Activities of Daily Living  
(ADLs) and Instrumental  
ADLs, Change of Status

Attendees: 45

Satisfaction Response:  
97.25%



**March 27, 2025**

PCS Provider Webinar:  
Submitting &  
Processing a PCS  
referral

Attendees: 88

Satisfaction Response:  
98%



**May 15, 2025**

Front Porch Chat:  
Needing PCS, Who can  
Provide PCS, What to  
Expect, PCS Survey

Attendees: 39

Satisfaction Response:  
97.5%

**Front Porch Chats** intended audience is PCS beneficiaries; **Provider Forum/Webinars** intended audience is PCS Providers



# Personal Care Services Updates

- **NC Medicaid Age Alignment**
  - Adult Age 18
- **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Review Process updates**
  - Supporting Documentation Collection
- **International Classification of Diseases-10 code updating**
  - Proactive measure taken to identify updated, expanded, or end dated codes
- **Provider Ombudsman Process ( Provider issues, billing, claims, disenrollment, etc.)**

**Medicaid Managed Care Provider Ombudsman:**

**Phone: 866-304-7062**

**Email: [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov)**

# Quality Assurance Activities

- **Beneficiary Satisfaction Surveys (PCS Beneficiaries)**
- **Desktop Reviews (NCLIFTSS)**
- **NC Medicaid Internal Audits (Providers)**
  - **Supervisory Visits (IHC providers only)**
  - **Aide Training Documentation**

# Beneficiary Satisfaction Survey

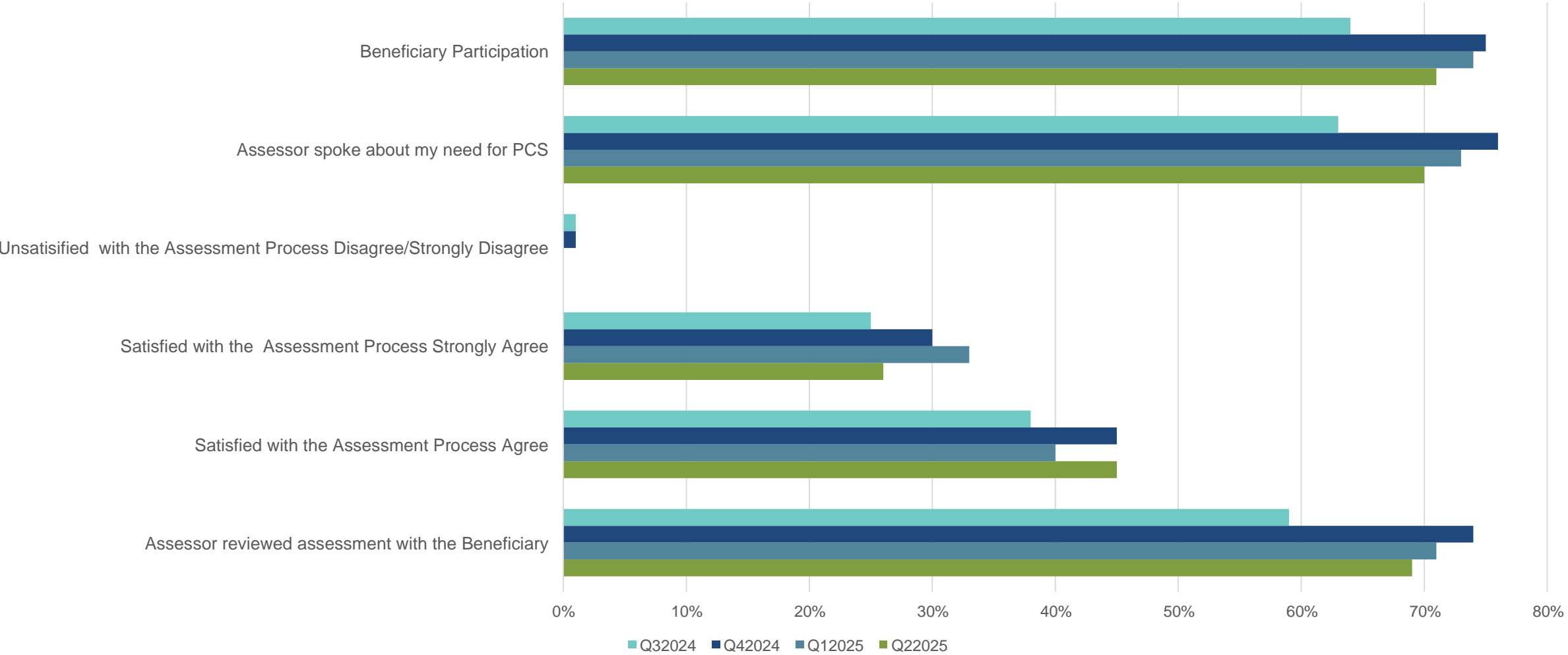
**Purpose:** To ensure the satisfaction on the beneficiaries' engagement with NCLIFTSS and the work they are doing on behalf of NC Medicaid.

- How are beneficiary's chosen to participate in the Beneficiary Satisfaction survey?
  - PCS Beneficiaries are chosen to participate in this process through a random query of names in our system. Usually, 100 beneficiaries who recently had an independent assessment are selected.
- How often are these surveys completed?
  - These surveys are conducted four times a year (quarterly).
- Who conducts the Beneficiary Satisfaction surveys?
  - NC Medicaid
- One question beneficiaries will be asked during the survey, “Do you have an email that you would like to share with NCLIFTSS so that you are able to be placed on their email distribution list to receive updates and announcements”?
- This question is asked so NC LIFTSS and NC Medicaid can share important updates an announcements with you about PCS.

**Note:** Receiving these communications may have an impact on your data and/or rates by your phone or internet provider.



# Beneficiary Satisfaction Survey cont.



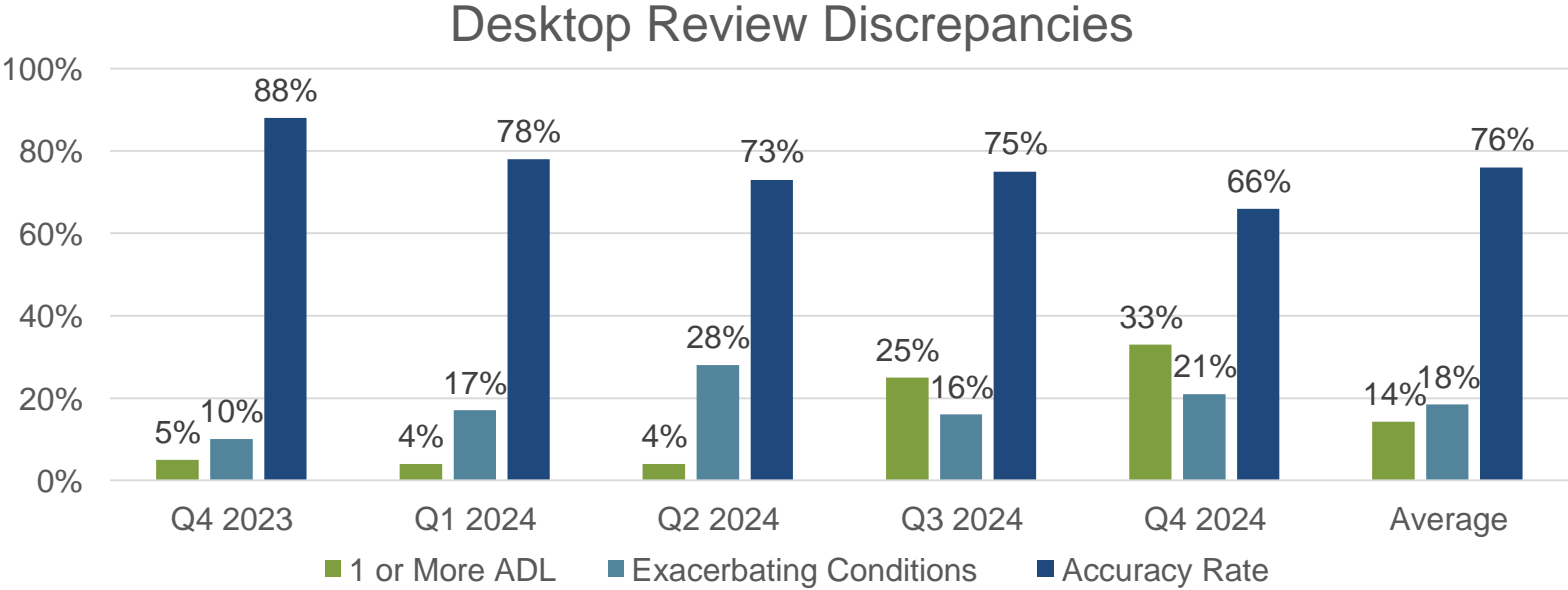
# Desktop Reviews

**Purpose:** These reviews are completed as a quality measure to ensure all assessments are completed as guided in CCP 3L and 3L-1.

- **How are beneficiary's chosen for the Desktop Review?**
  - Beneficiaries are chosen to participate in this process through a random query provided by VieBridge Support QiRePort) which identifies 100 beneficiaries that have had an independent assessment conducted by NCLIFTSS during the quarter in which the review is being conducted.
- **How often are these surveys complete?**
  - These surveys are conducted quarterly (four times a year)
- **Who conducts the Desktop Reviews?**
  - These surveys are conducted by NC Medicaid's PCS Unit RN Consultants
- **What is done with the results of the Desktop Review?**
  - The Desktop Review results are review with NCLIFTSS and a Corrective Action Plan is provided to address any discrepancies found during the review.

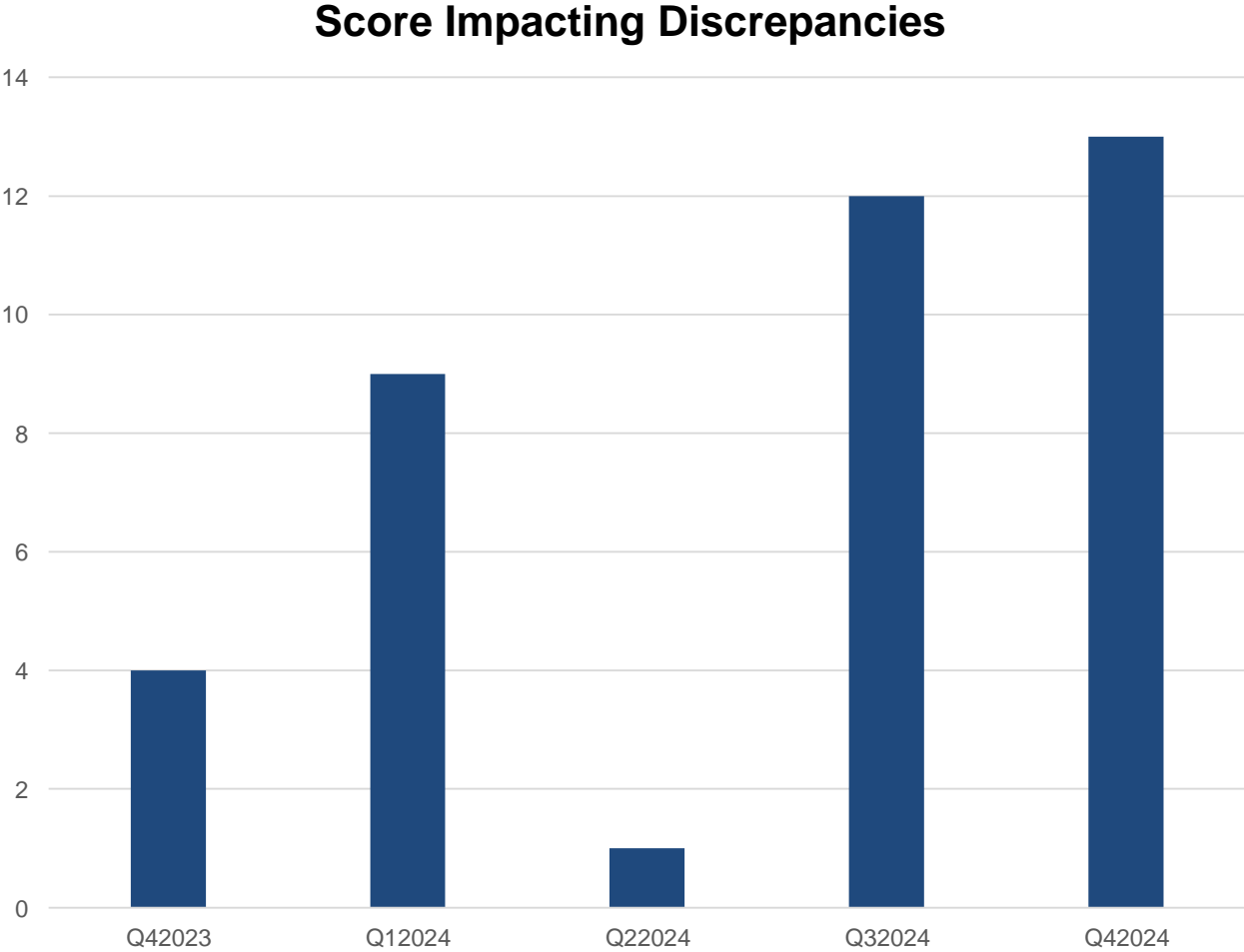
## Desktop Review Results

Desktop Review Discrepancies	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Average
1 or More ADL	5%	4%	4%	25%	33%	14%
Exacerbating Conditions	10%	17%	28%	16%	21%	18%
Accuracy Rate	91%	78%	73%	75%	72%	78%



The targeted accuracy rate is 90%.

# Discrepancies Impacting Beneficiary Assessment Scores

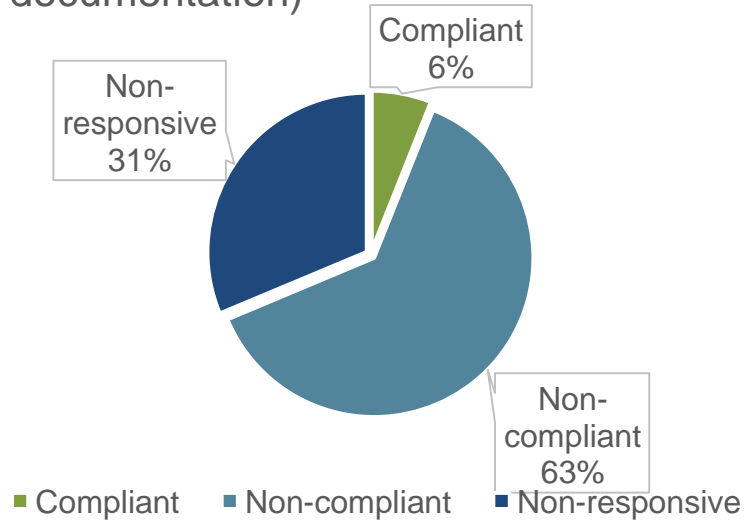


Out of 120  
Assessments  
Reviewed

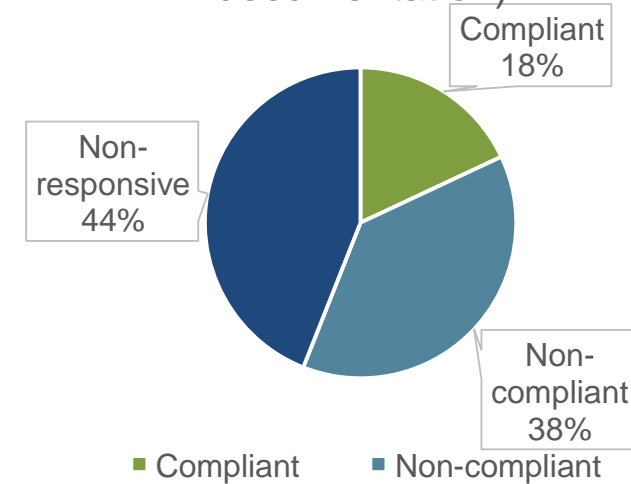
# NC Medicaid Internal Audit

- What is the NC Medicaid Internal Audit and why is important?
- Types of NC Medicaid Internal Audits
- Additional Resources

Q4 2024 Audit(Aide Training documentation)



Q1 2025 Audit(Supervisory Visit documentation)





# **NC Medicaid Internal Audit**

## **Results Q1 2025**



# PCS Provider Compliance

## Compliance Outcomes from the Q1 2025 Internal Audit

### Compliant

Providers who submitted required documentation and met audit standards.

01

### Non-Compliant

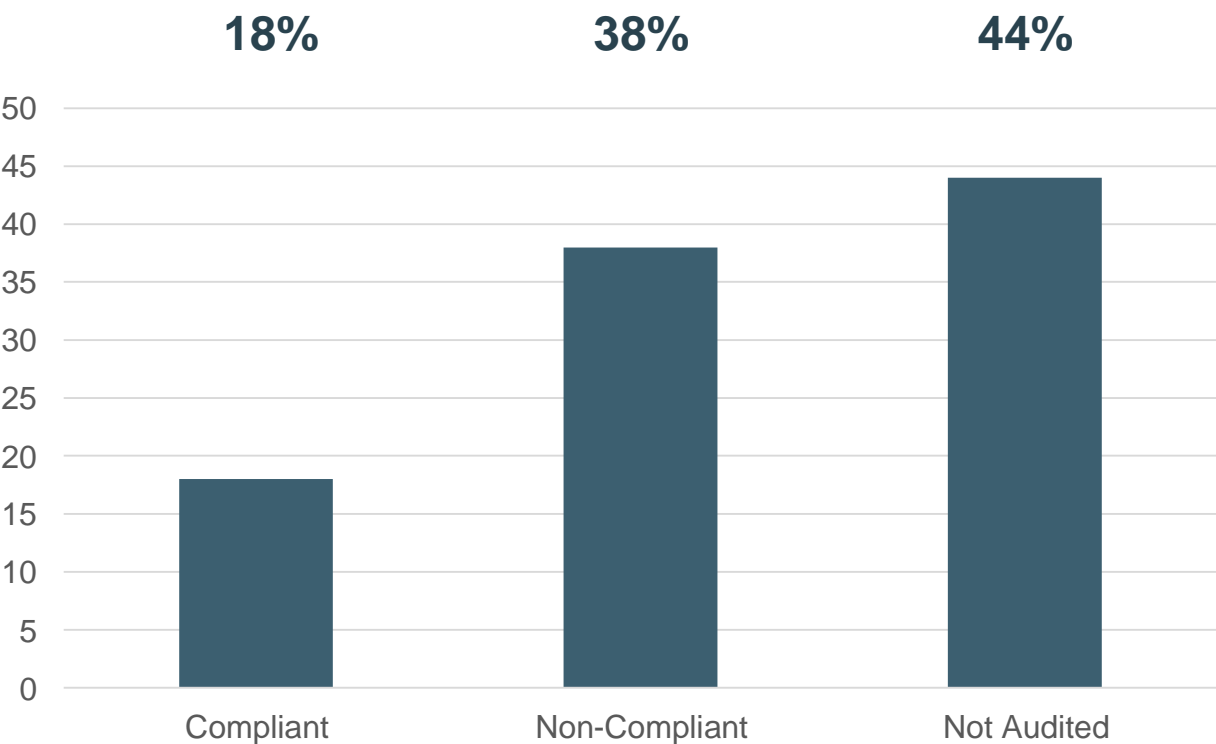
Providers who submitted documentation on time but had audit findings; documentation was incomplete or did not meet requirements.

02

### Not Audited

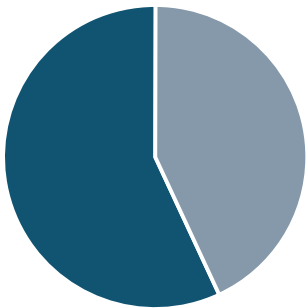
Providers who did not respond or submitted documentation late; audit not completed.

03



# Why Providers Were Not Audited

Submission barriers among non-audited providers in Q1 2025



43%

Late Submission

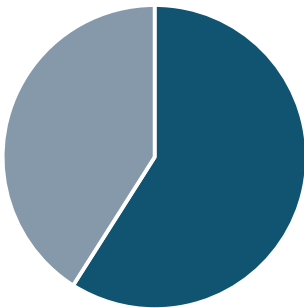
Documentation received after the audit deadline.



16%

Certified Letter Returned

Letter was undeliverable and returned to sender.



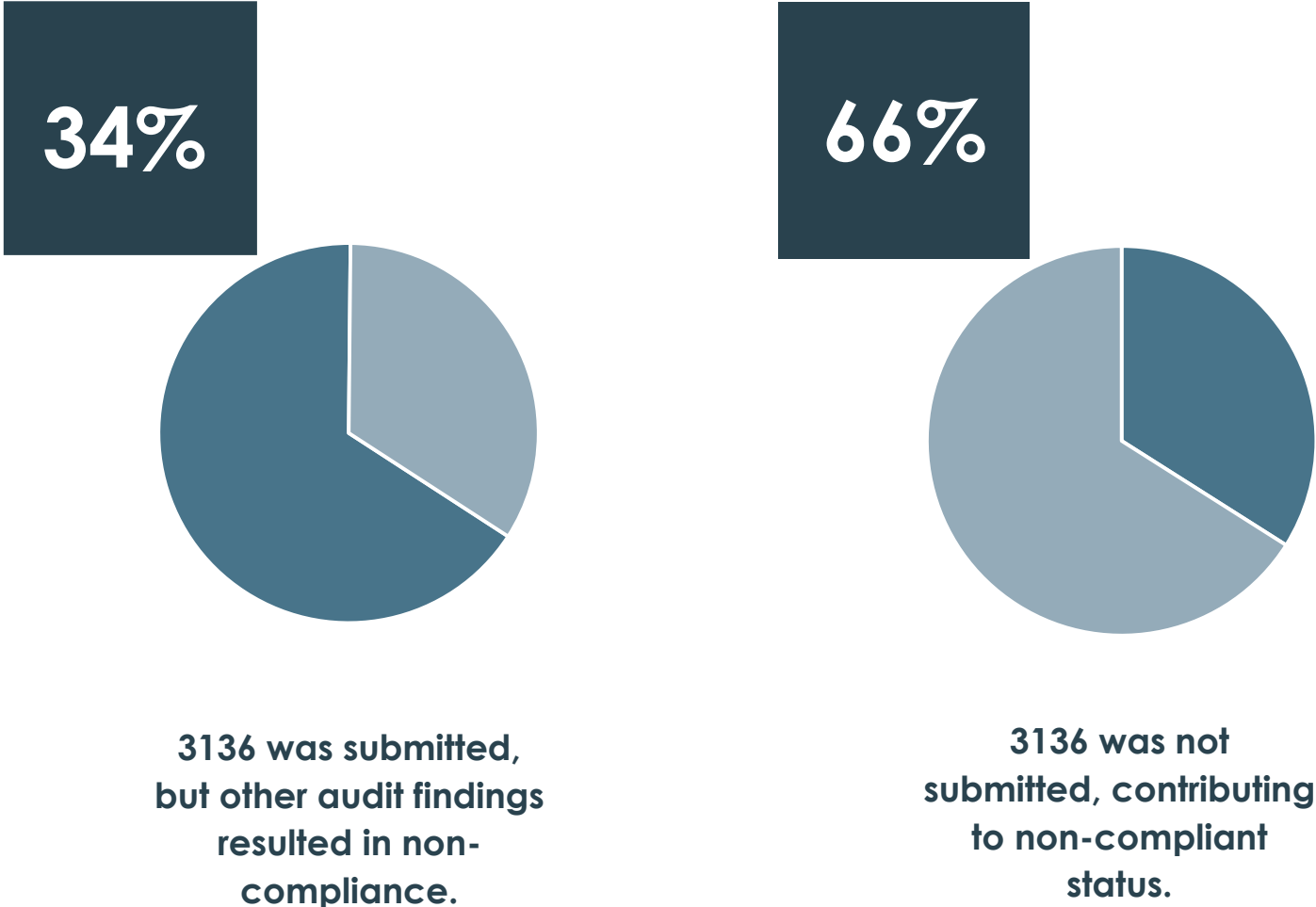
41%

No Document Received

No response or documentation was submitted.

# 3136 Submissions Among Non-Compliant Providers

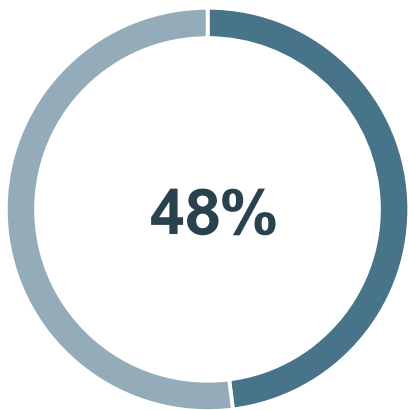
Percentage of Non-Compliant Providers Who Submitted the 3136



The 3136 is a required annual form certifying PCS provider compliance with NC Medicaid’s Continuous Quality Improvement standards in NC Policy 3L.

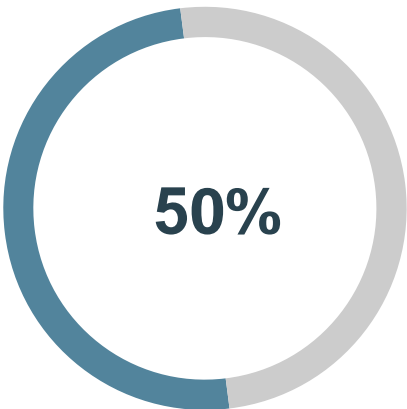
# 3085 Form Submission Among Non-Audited Providers

## Analysis of 3085 Form Presence in Providers Not Audited



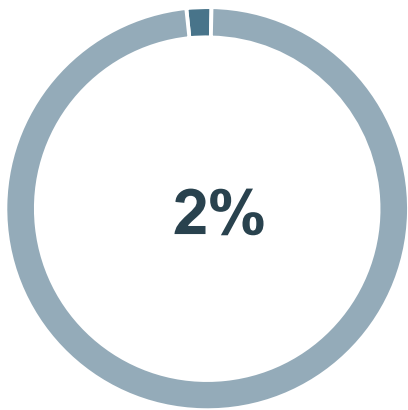
### Submitted

Submitted the 3085 form;  
audit not conducted due  
to other factors.



### Not Submitted

Did not submit the 3085  
form; audit not  
conducted.

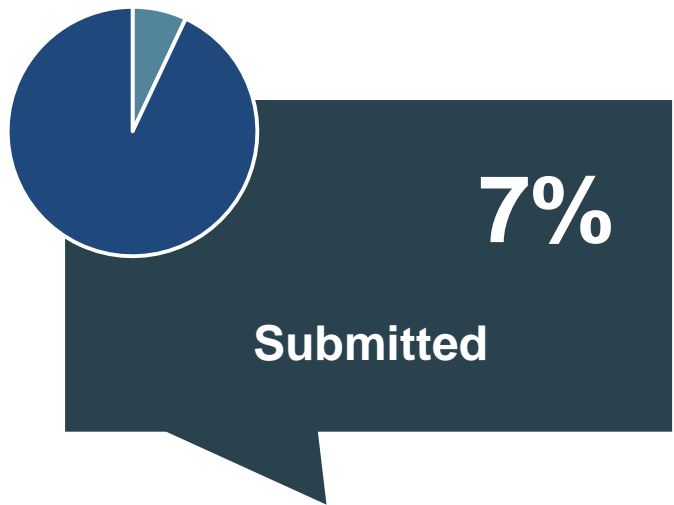


### Not Applicable

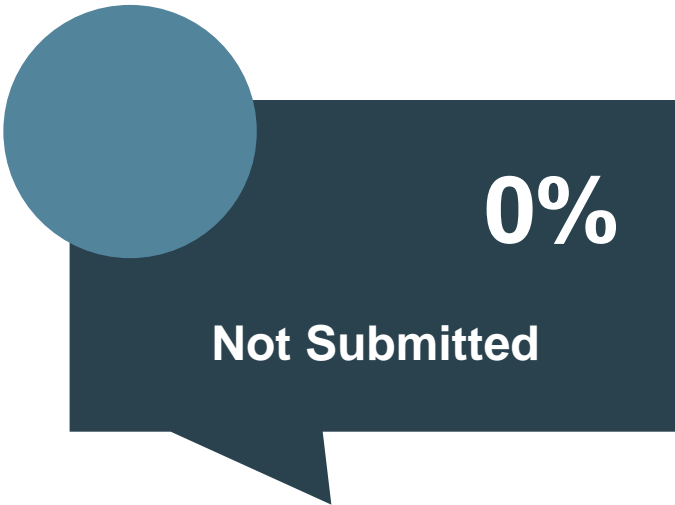
3085 form not applicable;  
audit not conducted.

# 3085 Form Submission Among Audited Providers

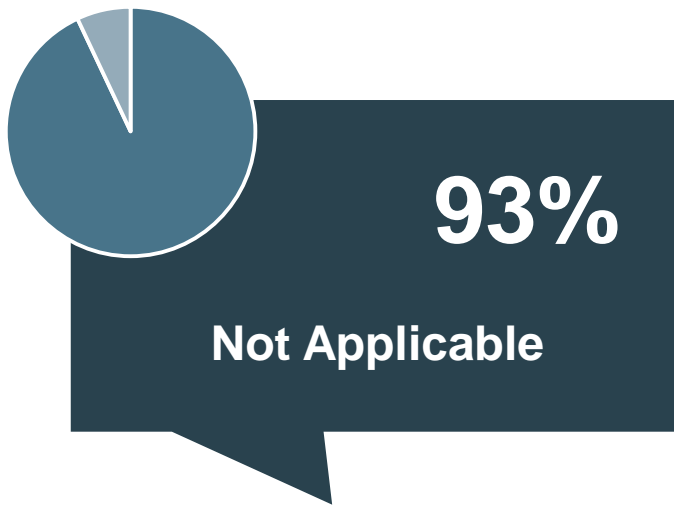
3085 Form Submission Status Among Audited Providers



7% of audited providers (three total) were required to submit the 3085 and did so, meeting compliance expectations.



0% of audited providers failed to submit a required 3085 form.



93% of audited providers were not required to submit the 3085, as it did not apply to their services or beneficiaries.

The NC Medicaid 3085 form is a required submission for providers serving beneficiaries seeking additional PCS hours due to Alzheimer's or other memory care complications. It verifies that caregivers have the necessary training or experience to care for individuals with degenerative memory conditions.



# Additional Resources

**Juanita Jefferson**

**PCS Unit Manager**

**Email:** [juanita.jefferson@dhhs.nc.gov](mailto:juanita.jefferson@dhhs.nc.gov)

**Phone:** 919-855- 5381

**Mobile:** 919-208-0761

**PCS Unit**

**Email:** [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov)

**Phone:** 919-855-4360

**NCLIFTSS**

**Telephone number:** 833-522-5429

**Fax number:** 833-470-0597

**Email address:** [NCLIFTSS@acentra.com](mailto:NCLIFTSS@acentra.com)



# Questions?





# Resources

**Q: How often are NC Medicaid Internal Audits conducted?**

**A: NC Medicaid Internal audits are conducted quarterly.**

**Q: How are providers selected for the NC Medicaid Internal Audits?**

**A: QiRePort runs a query that randomly selects 100 providers each quarter for the period being requested.**

**Q: What documentation is being audited?**

**A: NC Medicaid Audit Supervisory Visit Documentation and PCS Aide Training Documentation.**

**Q: What if providers no longer serve the beneficiary selected for the Supervisory Visits?**

**A: If a provider did not serve the beneficiary selected for the Supervisory Visits, they must fax back the letter received along with that information documented on a separate form or the cover sheet. Do not just disregard the letter or call and leave a voicemail. Documentation of this is needed.**



# Resources

**Q: What training documentation is acceptable for the PCS Aide Training audit?**

**A: The training documentation requested must be a certificate of completion or a signed and dated test of the training requested (i.e., infection control, beneficiary rights, confidentiality and privacy practices). The PCS Skills test or checklist must be signed and dated by a Registered Nurse (RN) with the credentials to accompany the signature. Orientation checklists are not acceptable.**

**Q: If a provider did not provide services to the beneficiary selected on the day requested for the PCS Aide Documentation training audit. Does the provider still need to send in documentation?**

**A: Yes. If a provider did not serve the beneficiary on the identified date on the letter received requesting documentation, you will need to select the next date of service and provide that documentation. Please make sure to note the reason for the alternate date when submitting your documentation.**

# Resources

**Q: Does there need to be a NC Medicaid 3136 Quality Attestation form and NC Medicaid 3085 PCS Training Attestation for each NPI or each site.**

**A: Yes. The NC Medicaid 3136 Quality Attestation form and NC Medicaid 3085 PCS Training Attestation must be uploaded for each site.**

**Q: Is it okay to mail in the requested documentation on the audit letter?**

**A: No. The requested documentation must be faxed into the fax number that is identified in the letter that you receive.**

**Q: Can providers submit documentation past 10 days reference in the letter?**

**A: No. There is no late documentation accepted for the NC Medicaid Internal Audit. All information is time-sensitive and must be received within the time requested in the letter.**

**Q: Can I providers request an extension to this documentation request for the audit?**

**A: No. There are no extensions granted for the NC Medicaid Internal Audit. All information is time sensitive and must be received within the time requested in the letter, which is 10 days from the date on the letter.**



# Resources

**Q: How do providers submit NC Medicaid 3136 Quality Attestation form and The NC Medicaid 3085 PCS Training Attestation?**

**A: The NC Medicaid 3136 Quality Attestation form and NC Medicaid 3085 PCS Training Attestation must be uploaded in QiRePort. If assistance is needed with this process, please reach out to VieBridge Support. The individual submitting the documentation must have administrative permission in QiRePort in order to do so.**

**Call 888-705-0970**

**VieBridge Support Center**

**Email: [support@QiRePort.net](mailto:support@QiRePort.net)**

**Q: How often do the NC Medicaid 3136 and the NC Medicaid 3085 attestation forms need to be uploaded?**

**A: The NC Medicaid 3136 Quality Attestation forms must be uploaded annually by December 31 and NC Medicaid 3085 PCS Training Attestation form is only required to be uploaded one time.**

**Q: If providers submitted the NC Medicaid 3136 Quality Attestation form and NC Medicaid 3085 PCS Training Attestation a few years ago directly to NC Medicaid, does it still need to be uploaded.**

**A: Yes. These forms are required to be uploaded to QiRePort effected July 19, 2023. See the link to the announcement below for more details.**



**[medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/personal-care-services-pcs#Announcements-746](https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/personal-care-services-pcs#Announcements-746)**

# Resources

**Q: Is there a penalty for NC Medicaid not receiving the information on time?**

**A: Yes. Late Submissions are noted as such and are tracked for patterns and trends. When those patterns or trends are identified, these providers will be turned over to the Office of Compliance and Program Integrity (OCPI) for outreach and this may impact a provider's ability to provide PCS as being responsive to all NC Medicaid information requests, by the requested date, is a part of remaining in compliance. Please refer to Clinical Coverage Policy-3L 7.6(p. 23).**

**Q: How can provider verify that their documentation was received by NC Medicaid?**

**A: Providers can verify receipt of their faxed documentation by reaching out the PCS Unit via email at [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov) or by phone at 1-919-855-4195.**

**Q: How does NC Medicaid get the address that the certified letter is mail to request documentation for the audit?**

**A: The contact information that NC Medicaid uses to mail the certified letters is on the query received with the random provider listing. This information is the “correspondence contact information” listed in NCTracks.**



# Resources

**Q: Are all providers notified at the conclusion of the audit?**

**A: No. The only providers that will be notified are providers that have been found to be non-compliant, non-responsive, submitted late documentation, or those whose certified letters were returned. These providers will be notified via email using the “authorized individual” email contact information in NCTracks.**

## Personal Care Service Policies

- [3L, State Plan Personal Care Services \(PCS\)](#)
- [3L-1, State Plan Personal Care Services \(PCS\) Provided in Congregate Settings](#)