August 30, 2012

SUBJECT: Special Notice to Beneficiaries Residing in Licensed Adult Care Homes

Dear County Director of Social Services:

During the week of August 20th Medicaid beneficiaries residing in licensed Adult Care Homes (ACH) were mailed the attached notice informing them of upcoming changes to the personal care services program. The changes are planned to take place on January 1, 2013.

If you have any questions regarding this information, please contact Karen Feasel at 919-855-4343.

Sincerely,

[Signature]

Michael Watson, Director

MW/sr
Special Notice to Beneficiaries Residing in Licensed Adult Care Homes, August 2012

This notice is being sent to Medicaid residents of licensed Adult Care Homes about upcoming changes to the Personal Care Services program.

**Important Information For Medicaid Recipients Under Age 21**

**This pertains to all services mentioned in this notice.** Children under age 21 who have Medicaid are entitled to medically necessary screening, diagnostic and treatment services that are needed to “correct or ameliorate defects and physical and mental illnesses and conditions” under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, regardless of whether the requested service is covered under the Medicaid State Plan. For more information about EPSDT, please refer to: [http://www.dhhs.state.nc.us/dma/epsdt](http://www.dhhs.state.nc.us/dma/epsdt). EPSDT does not apply to children who have NC Health Choice.

**IMPORTANT INFORMATION FOR NORTH CAROLINA MEDICAID RESIDENTS OF LICENSED ADULT CARE HOMES**

This notice is to let you know about important information and changes that are taking place. Beginning **January 1, 2013**, Medicaid will no longer offer services under the Adult Care Home personal care services program you may currently participate in, or under the current In-Home Care program that provides services to recipients in their private homes. Both of the current personal care services programs will be replaced by a new **Personal Care Services** (PCS) benefit.

You are receiving this notice because you may have been approved in the past to receive personal care services or reside in a licensed Adult Care Home. Licensed Adult Care Homes include assisted living facilities, family care homes, supervised living homes (“group homes”), and some skilled nursing facilities that are licensed as “combination homes.” If you no longer live in a residence licensed as an Adult Care Home and receive personal care services, please disregard this notice.
What are the new services?
The new Personal Care Services benefit will be provided by an Adult Care Home or Group Home aide, or in a private residence by an aide from a home care agency. The services include help with self-care tasks (“Activities of Daily Living,” or ADLs), such as bathing, dressing, toileting, and getting around within your residence. They also include help with your meals and medications.

Who will qualify for the new Personal Care Services benefit?
Some people who are already receiving personal care services will also be able to continue to receive services through the new PCS benefit. If you need help with ADLs, you may qualify for Personal Care Services.

How will Medicaid determine if I qualify for the new Personal Care Services benefit?
Between July and November 2012, a nurse from the Carolinas Center for Medical Excellence (CCME) will visit you where you live and assess your needs. Medicaid will then review your assessment under the new PCS benefit rules. If you qualify, you will be authorized to begin receiving the new PCS benefit immediately on January 1, 2013. If Medicaid determines that you do not qualify, you will have the right to appeal this decision.

Do I need to request an assessment for the new Personal Care Services benefit?
No. If you are currently receiving personal care services in an Adult Care Home or Group Home, your home provider will help you arrange for an assessment. Your doctor must complete a form to authorize your assessment, and your home provider may assist with filling out the form. A nurse from CCME will also contact your home provider to schedule your assessment.

How will I know if I qualify for the new Personal Care Services benefit?
After your assessment, you and your home provider will receive a letter called a “Notice of Decision.” The notice will tell you whether or not you qualify for the new Personal Care Services benefit. If you qualify, the notice will tell you your approved service level and time period. If you do not qualify, the notice will tell you why and explain how to appeal the decision. You should receive the notice within a few months of your assessment but no later than November 30, 2012.

What if I do not qualify for the new Personal Care Services benefit?
If you do not qualify for the new program, you have the right to appeal the decision. The notice you receive will also have instructions about how to file an appeal. If you appeal the decision, you will be able to continue to receive the same amount of service you are presently receiving, until your appeal is resolved.

IMPORTANT INFORMATION FOR NORTH CAROLINA MEDICAID RESIDENTS OF LICENSED ADULT CARE HOMES
This notice is to let you know about important information and changes that are going to take place on January 1, 2013.

Who to Contact With Questions About Information in This Notice: For questions or concerns please contact the Department of Health and Human Services Customer Service Center at 1-800-662-7030 (English/Spanish) or 1-877-452-2514 (this is a TTY number and only those with TTY equipment can talk to a person when this number is dialed). The Customer Services Center is available to assist you Monday – Friday 8:00 am to 5:00 pm.

Si necesitas ayuda para leer y entender la carta, por favor contáctese con el 1-800-662-7030. DIGA AL OPERADOR QUE LA NOTIFICACION Personal Care Services.