

# MEETING RECORD

## PERSONAL CARE SERVICES STAKEHOLDERS MEETING



June 16, 2016 | 1:00pm-3:00pm | Meeting Location: Dix Campus, Anderson Building, Conference Room 139

### AGENDA TOPICS

#### 1) Welcome/Introductions

Facilitator: Cassandra McFadden, PCS Program Manager

Round-robin of individual introductions with name and agency representation

#### 2) Program Updates

##### a) PCS Provider Focus Group (Lacey Barnes, Liberty)

Provider focus groups have been formed based on volunteers and nominees requested at the June Stakeholder meeting. The list of all providers that will be participating in the focus group was read and additional providers were given the opportunity to join. Providers were informed that the focus groups would not take the place of the monthly stakeholder meeting.

##### b) PCS Desk Reviews (Cassandra McFadden, DMA)

At this time, approximately 70 desk reviews have been conducted by DMA. This review did not result in any beneficiary being awarded a new assessment based on the measurement criteria. DMA confirmed that the assessments reviewed were appropriately scored based on the policy and guidance implemented. Liberty Healthcare is currently conducting desk reviews utilizing the same criteria provided by DMA on adverse annual assessments conducted in May 2016 for beneficiaries who did not file an appeal. A sample of over 800 assessments were provided and 50% or more desk reviews will be completed and the results shared with Stakeholders as they are available. The goal of the desk review is to compare 2015 and 2016 assessments and determine whether or not changes in hours are the result from a change in condition/caregiver status, updates to Clinical Policy 3L Guidance, or due to a quality assurance review.

Stakeholders voiced concerns about fluctuations in beneficiary hours from multiple assessments. Rationale for varying hours were discussed and those with specific examples were asked to contact DMA with specific cases, DMA will review individually. Consistency in assessor ratings was also discussed and it was stated that the primary factor in addressing consistency is the review of the narrative vs. the overall self-performance rating. DMA will continue to monitor the performance of assessments and work with Liberty Healthcare to ensure assessments are performed in accordance with policy.

##### c) Policy Implementation (Cassandra McFadden, DMA)

Clinical Coverage Policy 3L was implemented on 07/01/16. The Settlement Agreement of Pettigrew v. Brajer was discussed as well as its potential impact on beneficiaries and providers. The following information was provided:

- Reconsideration is now effective. 08/01/16 is the earliest date that reconsiderations can be submitted.

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- Reinstatement and Reassessment letters will be mailed to beneficiaries within the next two weeks.
- The eating ADL has also been implemented and providers are able to request potential impact data for their facility from DMA.

DMA is working with Liberty Healthcare and staff to ensure that everyone is appropriately trained on the current policy and its' changes.

Stakeholder voiced concern about identification of Special Assistance as a duplication of eating ADL tasks 6-9. Stakeholders were informed that the current scoring of Eating ADL was mandated through the settlement of Pettigrew v. Brajer. In the ACH setting, meal prep and clean up (tasks 6-9) duplicate State/County Special assistance and will be scored as needs met. Stakeholders with additional questions regarding the duplication of Special Assistance and eating adl tasks may send those questions to [PCS Program Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov) for further discussion.

Follow – up from June Meeting

**Customer Satisfaction Surveys:** Seventy customer satisfaction surveys were conducted on recently-assessed beneficiaries. The results of these surveys were presented and providers were informed that customer satisfaction surveys will take place at least quarterly. DMA will work to increase the participation of beneficiaries residing in Adult Care Home facilities in the survey process. A copy of the survey results will be provided with the minutes.

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### 3) Announcements

- Fall provider training has been scheduled for October 2016. Additional information and dates will be provided as they become available.

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### 4) Reports from Other Divisions

- a) **DAAS**  
No reports
- b) **DMA/DD/SAS**  
No reports

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### 5) Stakeholder Feedback

- Technical denials – Stakeholders voiced a concern regarding the number of technical denials. The process of issuing a technical denial was explained by DMA, Liberty Healthcare, and the DOJ. The process as it relates to the settlement was also explained and it was indicated by all that Liberty staff make at least 3 calls to the beneficiary/legal guardian over a 7 day period before issuing a technical denial.

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- Change of Status during an active appeal – Stakeholders had questions regarding this process. It was suggested that there was some confusion on the part of the providers as to how the Change of Status process works when the beneficiary is under appeal. This process was explained in detail by both Cassandra McFadden and Ellen Newby (AG). It was made clear that while COS/Medical - COS requests can be made during the appeal process, new requests will not be processed until the appeal is closed. Additional guidance/training was requested by providers.
- Hour award during mediation – Stakeholders asked questions regarding mediation nurses only being able to award 20 hours or offer a new assessment. DMA and Liberty healthcare both spoke to this and confirmed the mediation process. Additional guidance was requested on this issue. DMA explained that if hours over 20 are warranted, Liberty will offer a new assessment to ensure that the assessment captures the needs of the beneficiary.
- Medical Records – Stakeholders asked if they could provide their medical records and RN notes for their beneficiary's mediation/appeal. Ellen Newby stated that whatever providers want to submit would be reviewed, but typically, third party medical information (from the beneficiary's TP or specialists) would hold the most weight as third parties do not have a stake in whether or not the beneficiary receives hours.
- The distinction between mediation vs. full hearing was also discussed. Ellen Newby informed providers that counsel is notified any time something new is submitted, this includes prior assessments.

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### 6) Meeting Adjourned

Next meeting August 18, 2016