

# MEETING RECORD

## PERSONAL CARE SERVICES STAKEHOLDERS MEETING



May 18, 2017 | 1:00pm-3:00pm | Meeting Location: Dix Campus, Kirby Building, Conference Room 297

### AGENDA TOPICS

#### 1) Welcome/Introductions

Facilitator: Cassandra McFadden, Program Operations Manager

Round-robin of individual introductions with name and agency representation

#### 2) Program Updates

##### a) Liberty Updates

Liberty Healthcare provided an update on the completion of Provider training. 692 Providers pre-registered and 81% of those that registered attended training. Providers that attended the training will receive a survey and Liberty will evaluate the results to determine training success. A Webinar of the training will be available online at the end of the month for those who were not able to attend training in person.

Liberty advised Stakeholders that Provider Focus Groups will resume this summer and additional information will be sent to Providers prior to kick-off.

##### b) ICD-10 Transition Forms-Update (Cassandra McFadden, DMA)

There are approximately 9000 transition forms outstanding. This topic will remain a focus on the Stakeholder Meeting Agenda until the missing forms are completed and submitted. DMA is working to outline a process to address the remaining outstanding forms. Outstanding Transition forms may be subject to denial of payment until the form is submitted. Providers should utilize their Caseload Report, available through QiRePort, to identify beneficiaries with outstanding ICD-10 forms.

If you have questions regarding the report or how the ICD-10 transition form should be submitted, contact Liberty Healthcare. DMA will issue a Medicaid bulletin in the coming months that will outline next steps in addressing providers with outstanding transition forms.

##### c) Outstanding Service Plans-Update

Currently, there are more than 600 outstanding service plans, which range from 8 days to over 1 year past the completion deadline. Clinical Coverage Policy 3L Section 6.1.4 states that *"the PCS service plan must be developed and validated within seven (7) business days of the Provider accepting the IAE referral"*. DMA and Liberty will begin work to remove the workflows for beneficiaries with outstanding service plans, which will necessitate the submission of a new DMA 3051.

##### d) Pettigrew v. Brajer Resolution- Update

The joint notice for dismissal of Pettigrew v. Brajer was submitted for the judge's signature this week, once signed, this case will be closed.

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### e) NC HIEA/NC HealthConnex

DMA shared information about NCGS 90-414.7 that passed in 2015 and created the North Carolina Health Information Exchange Authority (NC HIEA). The NC HIEA was created to oversee and administer the NC Health Information Exchange Network. The NC HIEA operates North Carolina's statewide health information exchange—NC HealthConnex. NC HealthConnex is a tool that links disparate systems and existing HIE networks together to deliver a holistic view of the patient record through a secure, standardized electronic system so that providers can share important patient health information. The use of this system promotes the access, exchange and analysis of health information.

By February 1, 2018, all Medicaid providers must be connected and submitting data to the HIE to continue to receive payments for Medicaid services provided. To meet the state's mandate, a Medicaid provider is "connected" when its clinical and demographic information pertaining to services paid for by Medicaid and other State-funded health care funds are being sent to NC HealthConnex, at least twice daily—either through a direct connection or via a hub (i.e., a larger system with which it participates, another regional HIE with which it participates or an EHR vendor).

The NC HIEA will host a webinar on Monday, 05/22/17 for Providers seeking more information about the regulation and associated requirements.

### f) Electronic Visit Verification

Effective January 1, 2019 for Personal Care Services, the 21st Century Cures Act (Public Law No: 114-255) requires the use of an Electronic Visit Verification (EVV) system for personal care services requiring an in-home visit by a provider that are delivered under a state plan or waiver of the plan.

Additional guidance to the regulation is expected from the Centers for Medicare and Medicaid in January of 2018 and details will follow as the information becomes available. A DMA workgroup is a possibility.

### g) Beneficiaries Turning 21

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiaries under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination. When a Medicaid beneficiary turns 21, they are no longer eligible for consideration under EPSDT.

Personal Care Services (PCS) beneficiaries receiving PCS under EPSDT will be required to submit a new DMA 3051 Request for Independent Assessment for Personal Care Services Attestation of Medical Need prior to the date of their 21<sup>st</sup> birthday. This form must be completed by the beneficiary's primary care physician or the practitioner providing care for the medical, physical, or cognitive condition causing the functional limitation. If a new request for assessment is not received by the beneficiary's 21<sup>st</sup> birthday, authorization for PCS will end on the date of the 21<sup>st</sup> birthday.

Additional information regarding this process will be provided in an upcoming Medicaid Bulletin.

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### 3) Announcements

Questions can be sent at any time to [PCS PROGRAM Questions@dhhs.nc.gov](mailto:PCS_PROGRAM_Questions@dhhs.nc.gov)

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### 4) Reports from Other Divisions

a) **DAAS**

No updates at this time.

b) **DMA/DD/SAS**

No updates at this time.

c) **DSHR**

No updates at this time.

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### 5) Meeting Adjourned

Next meeting is July 20,2017.