



NC Department of Health and Human Services

Personal Care Services Stakeholder Meeting

Juanita Jefferson
PCS Unit Manger

October 25, 2022

Agenda

- **Welcome and Introductions**
- **Program Updates**
 - Quality Assurance Activities
- **Managed Care Updates**
 - Transitions of Care
 - Completing the 3051
 - Tailored Plan Readiness Resources
- **ACH In-Reach**
- **DHB teams and NCDHHS Divisions**
- **Stakeholder Feedback**
- **Additional Resources**

PCS Unit Quality Assurance Activities: LTSS PCS Internal Audit In Progress October 2022

- **Random selection of providers will receive a certified letter requesting either:**
 - Documentation of mandatory competency training records;
Needs to be actual proof of trainings (i.e., tests, certificates of completion; per DHSR guidelines, PCS Skills test must be given and signed off by an RN and certificate must be given on completion)
 - NC Medicaid 3136 and 3085 (if applicable) also must be submitted;
3136 form due annually; next round due by 12/31/2022
 - Documentation of in-home PCS supervisory visits performed by a qualified RN Nurse Supervisor
- **If information for more than one beneficiary is requested, please submit separately**
- **Desktop Assessment review completed August 2022**
- **Beneficiary Satisfaction Survey completed July 2022**

Transitions of Care Updates

Continuity of care process overview

- Health plan notifies current providers of anticipated disenrollment; provides guidance and current prior authorization status
- PCS provider coordinates completion of [DHB-3051 form](#) with beneficiary's primary care physician (PCP) or treating physician
- PCS provider must submit signed DHB-3051 to Liberty Healthcare of North Carolina on time to ensure no delays in payment or services

[Personal Care Services Beneficiary Managed Care Disenrollment Process and Updated Referral Form on July 17, 2021](#)

PCS Form DHB-3051: Key Information

- 7 sections – A through G. Not required to complete all sections each time you submit the form; just those specific to type of request
 - Sections A through D must be completed by Primary Care Physician or Attending Physician Only
 - Sections E, F and G must be completed by Beneficiary, Caregiver or PCS Provider Only
- Completing ALL fields ensures timely processing of submitted requests
- NOTE: Forms received with blank information fields are returned to referring physician. If not completed timely, the request will be denied.
- Refer to the Request for Independent Assessment for Personal Care Services (PCS) Form DHB-3051 with Instructions available at nc-pcs.com/Medicaid-PCS-forms/

PCS Form DHB-3051

Managed Care Disenrollment: Sections

Complete these sections for Managed Care disenrollment requests

Section A

Beneficiary Demographics

Section B

Beneficiary's Conditions That Result in Need for Assistance with ADLs

Section C

Practitioner Information

Section E

Managed Care Disenrollment

PCS Form DHB-3051

Managed Care Disenrollment: Section E

Managed Care Disenrollment was added to DHB-3051 effective July 1, 2021, and should be completed if a beneficiary is disenrolling from Medicaid Managed Care and wants to continue with PCS as a participant of NC Medicaid Direct

SECTION E: Managed Care Disenrollment	
Disenrolling from; Plan name (Select One): <input type="checkbox"/> AmeriHealth Caritas NC, Inc. <input type="checkbox"/> Carolina Complete Health, Inc.	
<input type="checkbox"/> Blue Cross Blue Shield of NC, Inc. <input type="checkbox"/> UnitedHealthcare of NC, Inc. <input type="checkbox"/> WellCare of NC, Inc.	
Disenrollment Effective Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Current PCS Hours: <input type="text"/>
BENEFICIARY'S CURRENT PROVIDER)	
Agency Name: <input type="text"/>	Phone: (<input type="text"/>) <input type="text"/>
Provider NPI#: <input type="text"/>	Provider Locator Code# <input type="text"/>
<input type="text"/>	
Facility License # (if applicable): <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Physical Address: <input type="text"/>	

PCS Form DHB-3051

Manage Care Disenrollment: Check Points

When completing the Managed Care Disenrollment section be sure to indicate:

- Managed Care Plan name beneficiary is disenrolling from
- Disenrollment effective date
- Current PCS hours being received from Managed Care Plan
- Beneficiary's current PCS Provider Agency's information

PCS Form DHB-3051

Managed Care Disenrollment: Submission

- Complete all applicable sections (A, B, C & E)
- Practitioners submit pages 1 & 2
- Non-Practitioners submit page 3

Fax

919-307-8307 or
855-740-1600 (toll free)

OR

Mail

Liberty Healthcare Corporation of NC
Attn: Referral Processing Department
5540 Centerview Drive, Suite 114
Raleigh, NC 27606

- Keep copies of all forms and fax confirmations for your records.
- Questions regarding the form:
NC-IASupport@libertyhealth.com or 919-322-5944



Tailored Plan Readiness Resources

Behavioral Health and I/DD Tailored Plans launch delayed to April 1, 2023

- Press release: [ncdhhs.gov/news/press-releases/2022/09/29/ncdhhs-delays-medicare-managed-care-tailored-plans](https://www.ncdhhs.gov/news/press-releases/2022/09/29/ncdhhs-delays-medicare-managed-care-tailored-plans)
- Medicaid website: [medicare.ncdhhs.gov/Behavioral-Health-IDD Tailored-Plans](https://www.medicare.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans)
- Note that Tailored Care Management and 1915(i) options will still launch Dec. 1, 2022, pending CMS approval

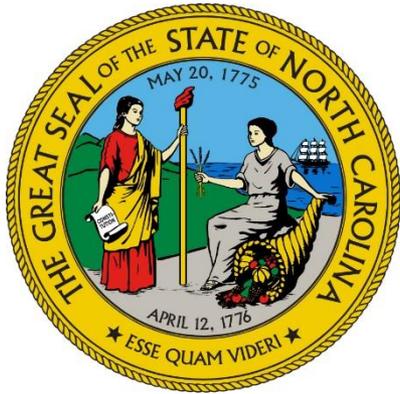
Contracting with Tailored Plans

[medicare.ncdhhs.gov/providers/provider-contracting-health-plans](https://www.medicare.ncdhhs.gov/providers/provider-contracting-health-plans)

Medicaid Managed Care Back Porch Chats

Next Chat: Thursday Nov. 17, 5:30 p.m. to 6:45 p.m.

Register: zoom.us/webinar/register/WN_m_8q640tQvqv5cm-uKNohg



DOJ Settlement Agreement In-reach and Transition

Settlement Agreement Priority Populations

This year, DOJ is focusing on populations 1, 2 & 3

1

ACHs deemed IMDs

2

ACHs with 50+ beds > 25% MI

3

ACHs with 20-49 beds > 40% MI

4

SPH discharge to homeless or unstable housing

5

ACH Diversion

In-Reach: Definition

In-Reach is an engagement, education and support effort designed to accurately and fully inform adults with SMI or SPMI about community-based mental health services and supports, and permanent supportive housing (PSH) options

In-Reach is frequent and ongoing with the goal of educating individuals about all services and supports that may be beneficial so they can make an informed choice about where they want to live, work, and learn

In-Reach Specialist Responsibilities

- Use current NCDHHS TCL letter / templates to send a letter to facility owners, individuals and guardians, if applicable
- Contact facility to provide education on TCL and schedule a time to meet with individuals, and confirm meeting time with individuals and guardians
- Engage individuals and guardians to build trust, establish rapport and identify strengths, needs and preferences
- Educate about PSH, including Bridge housing, and available community-based services / supports (i.e., enhanced services, IPS) and make referrals as needed
- Collaborate with Ombudsman when there are concerns / barriers related to Resident Rights

In-Reach Specialist Responsibilities

- Complete required documents/tools (i.e., In-Reach/Transitions to Community Living (IR/TCL) tool & Informed Decision-Making (IDM) tool)
- Meet with individuals as many times as requested or as necessary to help them explore options, respond to questions and provide additional resources
- Provide opportunities to meet individuals with disabilities in the community who are living, working, and receiving services, along with meeting family and providers
- Refer to Transition Coordinator (TC) as soon as individual says “yes” to transitioning into the community and to the LME/MCO RN, OT and/or PT, especially for individuals with complex physical health needs

In-Reach Specialist Responsibilities

- Participate in the initial transition meeting with TC, individual, guardian, provider and other stakeholders
- Keep ACH staff informed of individual's status in the TCL process
- Provide any assistance during the transition and post-transition process, as needed
- If an individual/guardian says “no” to community transitioning or is undecided, the IRS begins the IDM tool and works with the transition team to identify barriers to transitioning, in addition to documenting strategies and steps to address those barriers

TCL Transitions

Need Access to Resident

- Phone connection to resident
- With TCL Staff's prior notice, allowing TCL staff into facility to meet with resident
- If resident so chooses, help find a place and maintain privacy during in-reach or transition meetings

Need Neutrality

- No comments to residents dissuading transition
- Maintain same ACH care levels after their transition decision
- Express transition concerns to your supervisor or in private to TCL staff

TCL Transitions



Source: Shutterstock

TCL Staff will obtain and provide a copy of appropriate release of information for your records

However, TCL Staff cannot document in a facility's medical record

Records Vital to TCL Transition

- FL2s
- Nursing notes
- MARs
- Guardian contacts
- SA budgets
- Vital record copies
- Other as needed





Reports from Division, DHB or PHP Teams

Opportunity for any
state partners, vendors or PHPs
to make comments or provide updates

Stakeholder Feedback: Open Forum

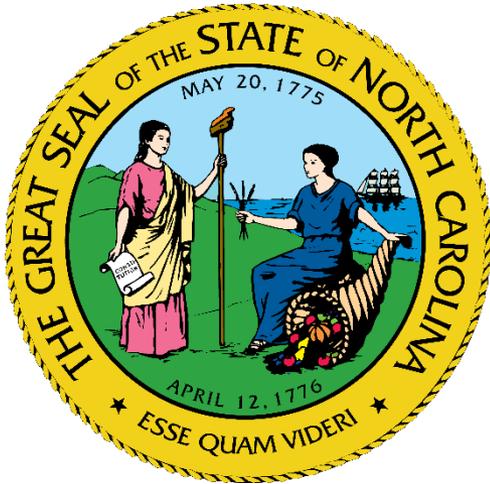
To ask a question:

- Enter a question in the chat, or
- Email your questions to PCS at PCS_Program_Questions@dhhs.nc.gov

When asking a question, include your:

- Name
- Agency name
- If you are a caregiver or advocate

All questions and responses, and the presentation, will be posted to the PCS webpage at medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/personal-care-services-pcs



Thank you for your time today

PCS_Program_Questions@dhhs.nc.gov

**Additional references follow this slide
for your convenience**

Reminders

- DHB-3051 forms and instructions are on the PCS webpage under “Resources” or use this link: [medicaid.ncdhhs.gov/dhb-3051060122/download?attachment](https://www.medicaid.ncdhhs.gov/dhb-3051060122/download?attachment)
- Instructions and help to complete the form are under the Trainings tab in “Training videos” at [North Carolina Medicaid Personal Care Services Independent Assessment | Liberty Healthcare of North Carolina \(nc-pcs.com\)](https://www.northcarolinamedicaid.com/services-independent-assessment-liberty-healthcare)
- DHB-3136 Form is due 12/31/2022: policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3136-ia-internal-quality-improvement-program-attestation-form/@@display-file/form_file/dma-3136-ia.pdf
- [Send via Fax 919-715-0102](tel:919-715-0102) or PCS_Program_Questions@dhhs.nc.gov

Retro Disenrollments

- When a beneficiary's enrollment category shows they are excluded from managed care, the system disenrolls them from the PHP
- If enrollment category is updated after the fact, individual may be disenrolled retroactively
- Reasons beneficiaries are excluded from managed care include:
 - Enrollment in Community Alternative Program (CAP)
 - Extended nursing home stay
 - Foster care
 - Dually eligible

Retro Disenrollment Tickets

- To ensure provider is paid for recouped claims due to no fault of provider, provider agency should submit claims to NCTracks for dates of service that now fall in NC Medicaid Direct
- If provider receives a denial of claims, contact Managed Care Provider Ombudsman to generate a ticket for claim reprocessing
- When contacting Ombudsman, indicate ticket should be sent to LTSS and provide as much detail as possible

medicaid.ncdhhs.gov/blog/2022/08/15/retroactive-disenrollment-nc-medicaid-managed-care