



NC Department of Health and Human Services

PCS Stakeholder Meeting Presentation

NC Medicaid

February 18, 2021

House Keeping

- This meeting is being recorded
- Presentation and recording will be available on <u>NC</u> <u>Medicaid PCS Stakeholder webpage</u>

https://medicaid.ncdhhs.gov/PCSStakeholder

- Please enter questions and comments via the chat option
- FAQ to be posted based on questions in chat

Agenda

1) Welcome & Introductions	
2) COVID-19 ACH Outbreak Rate/Hour Update – Refresher Training	Cassandra McFadden and Trish Farnham NC Medicaid
3) PCS Updates	Cassandra McFadden and Kamila Woodruff
- PCS Policy update	NC Medicaid
 Quality Assurance Initiatives and form submission 	
- Telephonic Assessments and PCS Utilization	
4) Liberty Updates	Natalie Peterson
	Liberty Healthcare
5) EVV Updates	Cassandra McFadden
	NC Medicaid
6) Adjourn	Cassandra McFadden
	NC Medicaid

PCS Updates

- 3L PCS Policy Public Comment Period
- Quality Assurance Initiatives / Form Submission
- Telephonic Assessments and PCS Utilization

PCS Updates

- PCS 3L Clinical Coverage Policy is currently posted for 45-day public comment period. The comment period runs from 01/08/21 to 02/22/21.
- Proposed revisions include the addition of the Electronic Visit Verification (EVV) requirement along with the addition of the PCS service calendar to support EVV implementation
- To comment on the 3L Policy revisions visit the <u>Proposed NC Medicaid</u> and <u>Health Choice Policies</u> webpage <u>https://medicaid.ncdhhs.gov/meetings-notices/proposed-medicaid-and-nc-health-choice-policies</u>

Proposed Revisions

Section 4.2.2 – Medicaid Not Covered Specific Criteria

a. Medicaid shall not cover PCS when:

14. Providers subject to Electronic Visit Verification (EVV) have not enrolled with an EVV solution as required by Section 12006 1903(I) of the 21st Century Cures Act.

Note: Adult Care Home Providers are not subject to the EVV requirement.

Proposed Revisions

Section 6.1.4 – Requirements for State Plan PCS On-Line Service Plan

Providers shall develop an on-line PCS service plan through the Provider Interface. The following requirements for the on-line PCS service plan must apply.

q. Provider organizations subject to EVV shall ensure that the service calendars are adjusted to reflect the monthly service authorization as needed.

r. Provider organizations subject to EVV shall adjust service calendars when Service Plan revisions are required.

For more details on the PCS service calendar, visit the <u>NC Medicaid EVV webpage</u> under Provider Meetings and Trainings - EVV Regional Training Nov. 17-19 Presentation.

Proposed Revisions

Section 7.4.2 – Electronic Visit Verification (EVV) Minimum Requirements Providers Subject to EVV must comply with the requirements listed below:

a. Comply with Section 12006 1903 (I) of the 21st Century Cures Act and any subsequent amendments.

b. Register with the State's EVV solution or procure an alternative EVV solution. If provider selects alternative solution, the solution must be compliant with the 21st Century Cures Act and all state requirements.

c. Provider agencies must have written documentation that they have informed beneficiaries of the EVV requirement.

d. Provider agencies must complete all required EVV trainings prior to providing services.

e. Provider agencies must train staff on use of the EVV system selected and ensure continued training.

Proposed Revisions – cont.

Section 7.4.2 – Electronic Visit Verification (EVV) Minimum Requirements

EVV visit verification validation components required by the 21st Century Cures act are listed below:

- a. Type of service performed;
- b. Individual receiving the service;
- c. Date of the Service;
- d. Location of Service delivery;
- e. Individual providing the service; and
- f. Time the service begins and ends.

- Attestation NC Medicaid will create an attestation for Providers to be used as compliance that Providers have informed their beneficiaries of the EVV requirement. The attestation will be available prior to 3/31/21.
- PCS Service Calendar To address the proposed language in the 3L Policy and the process for completion of the Service Calendar as an extension of the PCS Service Plan, NC Medicaid will host a Stakeholder Meeting on 2/26 at 10am to discuss the Service Calendar requirement.

 Despite working remotely and the use of telephonic assessments to ensure the safety of state employees, assessors, and Medicaid beneficiaries, NC Medicaid remains committed to ensuring quality performance of assessments.

 During the Pandemic, the NC Medicaid PCS Staff has continued to complete internal QAI activities (Desk reviews of Liberty assessments and Beneficiary Satisfaction Surveys)

Desktop Reviews

Q3 2020 –

- 100 assessments were reviewed by DHB nurse and policy consultants.
- Out of the 100 assessments, errors were identified in 4 out of the 100 assessments that impacted hours

Q4 2020 –

- 98 assessments were reviewed by DHB nurse and policy consultants.
- Out of the 98 assessments, errors were identified in 5 out of 98 that impacted hours.

NC Medicaid reviews all desktop reviews with Liberty Healthcare and discusses each case where incorrect scoring was identified. Liberty Healthcare conducts a follow up review of assessment and implements additional training for staff when errors are identified.

Beneficiary Satisfaction Surveys

Q3 2020

- 60 surveys completed.
- 100% of respondents agreed or strongly agreed that the assessor was respectful and professional.
- 100% of respondents agreed or strongly agreed that they were satisfied with the assessment process.

Q4 2020

- 26 surveys were completed. [as a result of personal cell phones used and many beneficiaries not answering unidentified numbers. There were 100 calls attempted and 26 surveys completed .]
- 100% of respondents agreed or strongly agreed that the assessor was respectful and professional.
- 100% of respondents agreed or strongly agreed that they were satisfied with the assessment process.

Yearly Submission of DMA 3136 Quality Improvement Attestation Form

- PCS Providers shall submit this Attestation to NC Medicaid by December 31st of each year certifying compliance with "a" through "d" of Clinical Coverage Policy 3L Section 7.7. A separate form should be completed for each NPI.
- Providers should have emailed completed forms to NC Medicaid at <u>Medicaid.PCSQualityImprovement@dhhs.nc.gov</u> or uploaded the forms via QiRePort.
- Out of 2,116 NPIs, we received 569 Attestation forms. This is a 27% compliance rate.
- Non-compliant providers are sent to OCPI each year.
- NC Medicaid sends a confirmation email to those who email in their forms. If you did NOT receive a confirmation email, feel free to email <u>PCS_Program_Questions@dhhs.nc.gov</u> to confirm that it was received.
- This form, and all PCS forms, can be found the <u>NC Medicaid PCS webpage</u> and on Liberty Health Care's web site under Medicaid PCS Forms: <u>https://nc-pcs.com/Medicaid-PCS-forms/</u>

- DMA 3085's Session Law 2013-306 PCS Training attestation form NC Medicaid-3085
 - Providers should submit the NC Medicaid 3085 prior to providing PCS services to individuals receiving additional hours (hours over 80 per the Session Law).
 - The 3085 is a one-time submission per NPI
 - Send completed form and support documentation to NC Medicaid at <u>Medicaid.PCStraining@dhhs.nc.gov</u>
 - Liberty Healthcare's website hosts Alzheimer Dementia Trainings that support session law criteria. Visit <u>https://nc-pcs.com/Alzheimers/</u>
 - For questions call, 919-855-4360 or send an email to PCS Program Questions@dhhs.nc.gov

Quarterly Internal Quality Improvement Program

NC Medicaid has initiated 1st quarter 2021 Internal Quality Improvement Initiative. This quarter will include Provider audits of aide training documentation, supervisory visits, and compliance with DMA 3136 and NC Medicaid 3085 form submission

Information is forthcoming on when and how the requests for documentation will be sent to providers.

Requests are based on the following sections of PCS Clinical Coverage Policy-3L
6.1.2 PCS Paraprofessional Aide Minimal Training Requirements
7.10 (b) Supervisory Visits In Beneficiary Primary Private Residences

Telephonic Assessments and PCS Utilization

Telephonic Assessments and PCS Utilizations

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August 2020 – January 2021
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Non-qualifying assessments ranged from 5.11% - 6.51% a variance of less than 2%

All individuals who experienced denials or adverse decisions continue to receive their rights to due process.

Adverse Decisions – NC Medicaid continues to track adverse letters and appeals filed to identify trends.

Liberty Healthcare Updates

EVV Updates

EVV Updates

NC Medicaid will host an EVV Stakeholder Meeting the 2nd week in March. Email notification and agenda forthcoming

NC is working closely with Sandata to assist providers who continue to have issues with welcome kits, client downloads, training, etc to ensure providers are capturing all visits by March 31, 2021.

If you are experiencing issues with the Sandata solution or have policy questions related to EVV, please contact the following for assistance:

EVV Updates

Contacts

- Sandata Customer Support Team: 855-940-4915 or <u>NCCustomerCare@Sandata.com</u>
- EVV Policy Questions: 919-855-4360 or <u>Medicaid.EVV@dhhs.nc.gov</u>
- Alternate EVV Support: 844-289-4246 or <u>NCAltEVV@Sandata.com</u>

