NC Medicaid
Long Term Services and Supports

Provider Webinar
Personal Care Services (PCS) NC Medicaid Internal Audit

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Overview of Topics

- PCS Unit Team Organization
- NC Medicaid Required Compliance Documentation
- Supervisory Visits
- Aide Training Documentation
- Questions
- Resources

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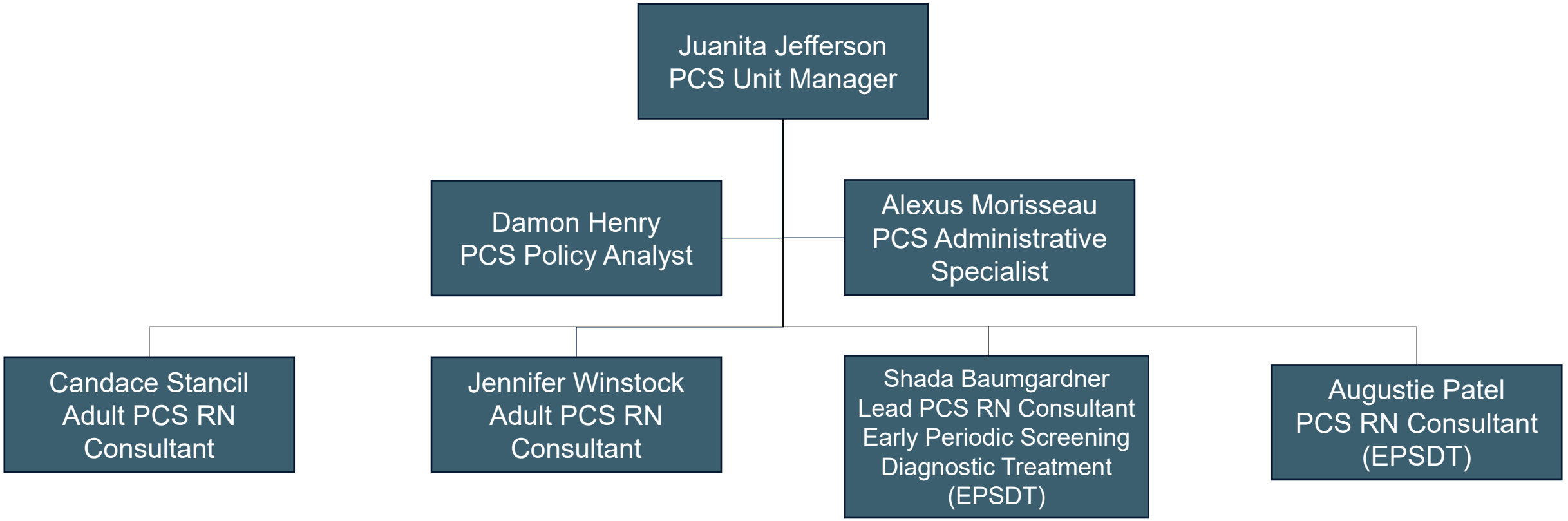
Personal Care Services Team Organization



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Division of Health Benefits (DHB) Internal Audit

Purpose: These reviews are completed as a quality measure to ensure all providers operate as guided in Clinical Coverage Policy (CCP) 3L and 3L-1 and as attested to on the Internal Quality Improvement Program Attestation Form (NC Medicaid 3136).

- **How are Providers chosen for the NC Medicaid Internal Audit?**
  - **Providers are selected through a random query provided quarterly by VieBridge Support (QiRePort) which identifies 100 providers Adult Care Home (ACH) and In Home Care (IHC) depending on what activity is being audited (Supervisory Visits or Aide Training Documentation) that have rendered PCS.**

- **How often is the Internal Audit completed?**
  - **These audits are conducted quarterly (four times a year)**

- **Who conducts the Internal Audit?**
  - **These audits are conducted by NC Medicaid's PCS Unit**

- **What is done with the results of the Internal Audit?**
  - **The results are utilized to identify provider compliance rate and to track patterns and trends of provider compliance status. For providers identified on more than one occasion as "non- compliant," these results are shared with the Office of Compliance and Program Integrity (OCPI) which may impact a provider's ability to provide PCS and may be subject to a post-payment audit.**

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Required Compliance Documentation

Quality Improvement Attestation Form - Due annually by December 31

- Quality Improvement Attestation Form (NC Medicaid 3136)
- INSTRUCTIONS - Quality Improvement Attestation Form Instructions (NC Medicaid 3136-ia-i)

PCS Training Attestation Form – Must be submitted once along with the curriculum used for training.

- Session Law 2013-306 PCS Training Attestation Form (NC Medicaid 3085-ia.pdf)

- INSTRUCTIONS - Session Law 2013-306 PCS Training Attestation Form (NC Medicaid-3085-I.pdf)

Note: All compliance documentation must be uploaded to QiRePort.

PCS Webpage link below

- Personal Care Services Webpage

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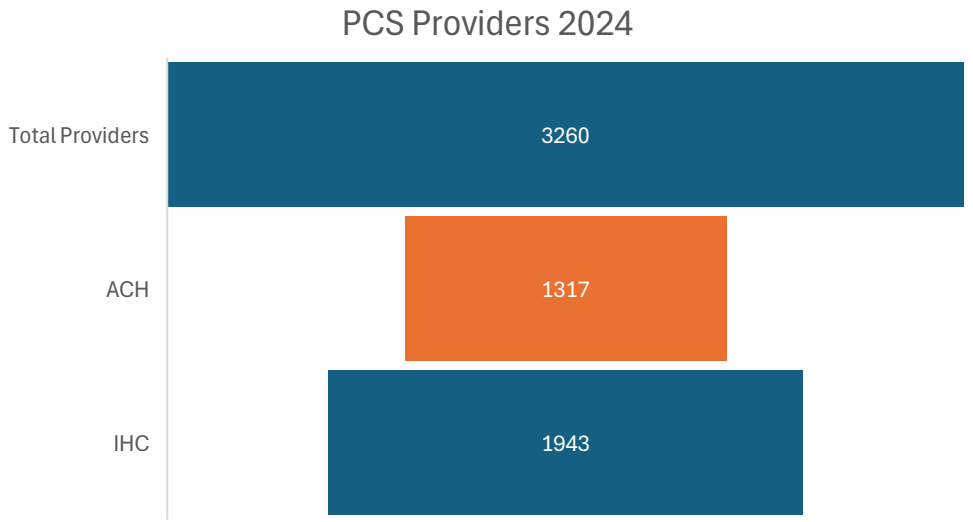
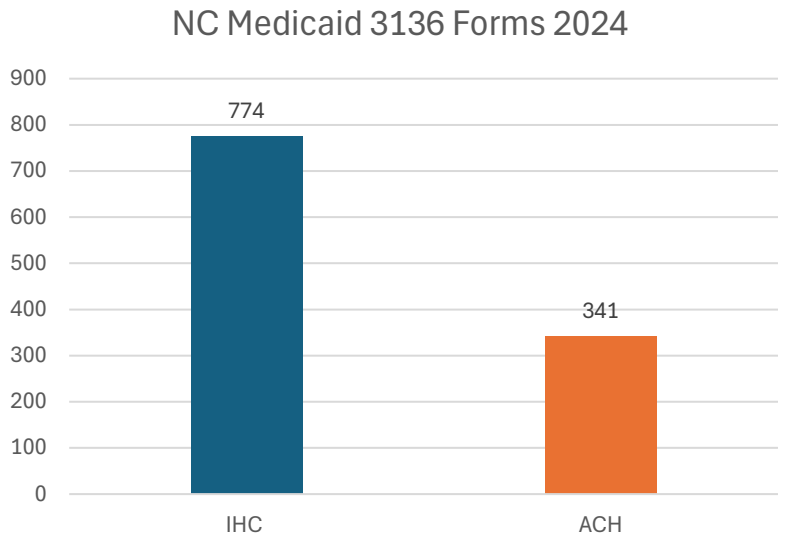
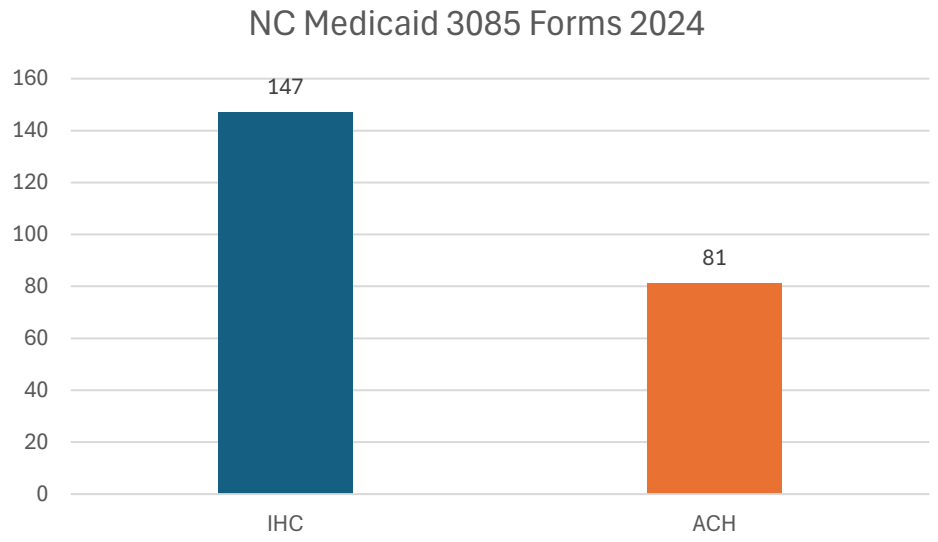
Required Compliance Documentation







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DHB Internal Audit Process

- **Current - Certified letters sent via USPS. Please ensure that your "correspondence" contact in NCTracks is updated.**

- **Future State – Notification sent directly through QiRePort Provider Interface - date of implementation not determined. However, communications will be sent out via Medicaid Bulletin, QiRePort, NCTracks and NCLIFTSS webpage prior to implementation. The proposed date for this change is the middle of 2026.**

- **Note: You have 10 business days from the date on the letter to respond to the request for information. Documentation received after the 10 days is not accepted.**

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Supervisory Visits

Supervisory Visits Information Requested - IHC Providers Only

As part of the NC Medicaid quarterly internal quality improvement program for PCS, we are requesting documentation of in-home **PCS supervisory visits performed by a qualified RN Nurse Supervisor.**

Supervisory visits should be conducted per NC Medicaid State Plan PCS Clinical Coverage Policy 3L, Section 7.10 (b), "Supervisory Visits in Beneficiary Private Residences." **Submit documentation of all RN Supervisory Visits within the last two years from the date of letter for the following beneficiary:**
Name: Medicaid ID:

Documents must be faxed to 919-287-2505 within ten business days of the date on this letter. If you are assigned more than one beneficiary, please send their information separately. Documentation must be legible.

In addition, all providers are required to upload their NC Medicaid 3136 and NC Medicaid 3085 forms to the QiRePort portal. When conducting compliance audits, this will be the only database used to verify the submission of these forms. As outlined in Clinical Coverage Policy 3L, all PCS providers should comply with certain documentation requirements. The Quality Improvement Attestation Form (NC Medicaid 3136) is due each year by December 31 for each National Provider Identifier (NPI). This form is to be submitted by all providers to attest to their compliance with Clinical Coverage Policy 3L, Section 7.7, Internal Quality Improvement Program. If applicable, QiRePort will also be reviewed for submission of the Session Law 2013-306 PCS Training Attestation Form NC Medicaid-3085. This requirement is documented in NC Medicaid's State Plan PCS Clinical Coverage Policy 3L, Section 6.1.2 (d).

Registered Nurse Supervisory Visit Audit Documentation

What is reviewed:

- RN Supervisory Visit Dates must be within the last two years of letter, not prior.
- Documentation must be ***legible*** with the beneficiary's full name and date of visit.
- Documentation must be ***legible*** with the aide's full name.
- Ensure that documentation clearly states if the aide was ***present*** or ***not present*** during the supervisory visit.
- Was the aide present for at least two supervisory visits during the year?
- Supervisory visits must be documented and have occurred every **90 days** per licensure rule (10 A NCAC 13J.1110).
- If a change in the beneficiary's condition was documented, was a Medical Change of Status (MCOS) submitted to NCLIFTSS?

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Registered Nurse Supervisory Visit Audit Documentation

- **What is reviewed:**

- Health and Safety Risks were identified, evaluated and appropriately documented and corrected if possible.
- Did the RN Supervisor document the beneficiary's level of satisfaction with both the in-home aide services and those provided by the home care agency?
- Arrival and departure time of RN conducting the supervisory visit.
- The purpose of the visit was recorded appropriately, i.e., Initial Assessment, Supervisory Visit, Change in Condition.
- Any findings by the RN performing the visit must be documented.
- Documentation must be legible and include RN full name and credentials.

Aide Training Documentation

Aide Training Documentation Requested

Provider Name
123 Address
City, NC Zip

Dear Provider,

As part of NC Medicaid's quarterly internal quality improvement program for Personal Care Services (PCS), we are requesting documentation of mandatory competency training records. The records requirement is documented in NC Medicaid's State Plan PCS Clinical Coverage Policy 3L and 3L-1, Section 6.1.2, "PCS Paraprofessional Aide Minimal Training Requirements." Please provide documentation of aide training in the following areas:

a. Beneficiary rights;
b. Confidentiality and privacy practices;
c. Personal care skills, such as assistance with bathing, dressing, mobility, toileting, and eating;
d. Requirements of Session Law 2013-306 including submission of the NC Medicaid-3085 via QiRePort upload;
e. Documentation and reporting of beneficiary accidents and incidents;
f. Recognizing and reporting signs of abuse and neglect; and,
g. Infection control.

***Acceptable documentation is proof that the training occurred (i.e., test with a detailed description of the training that was provided, or certificates of completion). Per DHSR guidelines, the PCS Skills test must be given and signed off by an R.N. and certificate must be given upon successful completion). All documents must include the name of the aide and date of completion. If an aide has been employed less than 6 months and has not had the 80-hour PCS Skills training, you must submit documentation confirming the hiring date of the employee and proof of basic training provided on each of the ADLs in the absence of the required documentation.**
Documentation must be legible.

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Aide Training Documentation Requested

- **Submit documentation of the training credentials listed on the letter, including corresponding AIDE TASK SHEETS for provided date on the letter**
- **For ACH providers, include all the requested documentation for aides on the FIRST SHIFT ONLY**
- **All documentation of aide training must be faxed within 10 business days of the date of the letter**
- **Timely submission of NC Medicaid-3136 will also be reviewed in the PCS Database and NC Medicaid-3085, IF APPLICABLE (as it pertains to the requested beneficiary)**

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Acceptable Documentation for Aide Training

The training documentation requested must be a certificate of completion, a detailed description of the training that was provided or a test of the training requested (i.e. beneficiary rights, confidentiality and privacy practices, accidents/incidents, signs of abuse and neglect, infection control and session law training, if applicable.)

- **Certificate of Completion:** This must include the Aide's name/signature, Trainer's signature and date
- **Detailed description of the training that was provided:** This must include the Aide's name, signature and date
- **Test taken by the Aide:** This must include the aide's signature and date

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Required Aide Training Documentation

(a) Beneficiary Rights: document must show aide training regarding resident's or beneficiary's rights

(b) Confidentiality and Privacy Practices: document must show aide training regarding confidentiality and privacy practices (i.e. Health Insurance Portability and Accountability Act (HIPAA)

(c) Personal Care Skills (Bathing, Dressing, Mobility, Toileting, Eating/Meal Prep): document must show aide training regarding the following Activities of Daily Living (ADLs), bathing, dressing, mobility/ambulation, toileting and eating/meal prep

(d) Verification of Training related to Session Law 2013-306 (NC Medicaid-3085): document must show aide training regarding Alzheimer's and Dementia. Proof of the training given per the details on the NC Medicaid-3085 must be submitted. At this time, the submission and upload into QiRePort of the NC Medicaid-3085 will also be verified

Required Aide Training Documentation

(e) Documentation and Reporting of Beneficiary Accidents and Incidents: document must show aide training regarding documenting and reporting of accidents and incidents involving the beneficiary

This is the most incorrect training submission that we receive. As the letter states, documentation must be related to the beneficiary accidents and incidents. An employee safety checklist is not acceptable as the focus has to be on what to do if the beneficiary has an accident or incident.

(f) Recognizing and Reporting Signs of Abuse and Neglect: document must show aide training regarding recognizing and reporting of signs of abuse and neglect of the beneficiary

(g) Infection Control: document must show aide training regarding infection control

Acceptable Documentation for Aide Training

- **Personal Care Skills Test or Training Checklist:** must be signed and dated by an RN with the credentials to accompany the signature, must include the aide's signature and date of completion. ***Orientation checklists are not acceptable.***

  *** If you have an aide that has been working less than six months and has not had the 80-hour PCS Skills training, you must submit documentation confirming the hiring date of the employee and proof of basic training provided on each of the ADLs in the absence of the required documentation.
  This proof of training may be signed by persons other than a RN.

- **Electronic Documents are acceptable for training certificates:** If using a training platform with a third-party vendor such as Relias or Collins Learning where multiple trainings are provided, please send the detailed training that applies to what was requested for the audit. Titles only will not suffice. A certificate could be acceptable if it has the aide's name and date on it, with title of each training provided.

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PCS Aide Task Sheet

Submitted PCS Aide Task Sheet must show the following:

- Date of PCS Aide Task Sheet being reviewed
- PCS Aide Signature on Aide Task Sheet
- PCS Aide Shift corresponds to date being reviewed **(FIRST SHIFT only for ACHs)**
- PCS Aide Task Sheet corresponds to Service Plan for date of service identified on the letter sent to the provider

  ****The service plan in QiRePort must match the Aide Task Sheet (ATS); if not, there needs to be a documented deviation on the ATS.****

****IMPORTANT: As per Policy 3L and 3L-1, 4.2.1 Medicaid shall not cover Personal Care Services when the PCS is performed by an individual who is the beneficiary's legally responsible person, spouse, child, parent, sibling, grandparent, grandchild or equivalent step or in-law relationship to the beneficiary.

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Internal Audit Follow- up

- **Current State: Follow- up emails are sent to providers that have been noted as non-complaint for the absence of the NC Medicaid 3136, NC Medicaid 3085 or both, non- responsive or who sent in a late submission. These findings are noted and tracked each quarter and when a pattern or trend is noticed the information is shared with OCPI for further follow- up with the providers.**

- **Future State: Follow-up emails will continue to be sent to providers that have been noted as non-complaint for the absence of the NC Medicaid 3136, NC Medicaid 3085 or both, non- responsive or who sent in a late submission. These findings are noted and tracked each quarter and when a pattern or trend is noticed the information is shared with OCPI for further follow-up with the providers.**

- **Also, providers that are found to be non-compliant for specific findings during the audit will be notified of what those findings are.**

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Contact Information

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Questions?

Resources

Q: How often are NC Medicaid Internal Audits conducted?

A: NC Medicaid Internal Audits are conducted quarterly.

Q: How are providers selected for the NC Medicaid Internal Audits?

A: QiRePort runs a query that randomly selects 100 providers each quarter for the period being requested.

Q: What documentation is being audited?

A: NC Medicaid Audit Supervisory Visit Documentation and PCS Aide Training Documentation.

Q: What if providers no longer serve the beneficiary selected for the Supervisory Visits?

A: If a provider did not serve the beneficiary selected for the Supervisory Visits, they must fax back the letter received along with that information documented on a separate form or the cover sheet. Do not just disregard the letter or call and leave a voicemail. Documentation of this is needed.

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Resources

Q: What training documentation is acceptable for the PCS Aide Training audit?

A: The training documentation requested must be a certificate of completion or a test of the training requested with each having the employee's name and date (i.e., infection control, beneficiary rights. confidentiality and privacy practices, accidents/incidents, signs of abuse and neglect and session law training if applicable). Orientation checklists are not acceptable. The PCS Skills test or checklist must be signed and dated by an RN with the credentials to accompany the signature. If you have an aide that has been working less than six months and has not had the 80-hour PCS Skills training, you must submit documentation confirming the hiring date of the employee and proof of basic training provided on each ADL in the absence of the required documentation.

Q: If a provider did not provide services to the beneficiary selected on the day requested for the PCS Aide Documentation training audit. Does the provider still need to send in documentation?

A: Yes. If a provider did not serve the beneficiary on the identified date on the letter received requesting documentation, you will need to select the next date of service and provide that documentation. Please make sure to note the reason for the alternate date when submitting your documentation.

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Resources

Q: Does there need to be a NC Medicaid 3136 Quality Attestation form and NC Medicaid 3085 PCS Training Attestation for each NPI or each site.

A: Yes. The NC Medicaid 3136 Quality Attestation form and NC Medicaid 3085 PCS Training Attestation must be uploaded for each site.

Q: Is it okay to mail in the requested documentation on the audit letter?

A: No. The requested documentation must be faxed into the fax number that is identified in the letter that you receive.

Q: Can providers submit documentation past 10 days reference in the letter?

A: No. There is no late documentation accepted for the NC Medicaid Internal Audit. All information is time-sensitive and must be received within the time requested in the letter.

Q: Can I providers request an extension to this documentation request for the audit?

A: No. There are no extensions granted for the NC Medicaid Internal Audit. All information is time sensitive and must be received within the time requested in the letter, which is 10 days from the date on the letter.

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Resources

Q: How do providers submit NC Medicaid 3136 Quality Attestation form and The NC Medicaid 3085 PCS Training Attestation?

A: The NC Medicaid 3136 Quality Attestation form and NC Medicaid 3085 PCS Training Attestation must be uploaded in QiRePort. If assistance is needed with this process, please reach out to VieBridge Support. The individual submitting the documentation must have administrative permission in QiRePort in order to do so.

Call 1-888-705-0970
VieBridge Support Center
Email: support@QiRePort.net

Q: How often do the NC Medicaid 3136 and the NC Medicaid 3085 attestation forms need to be uploaded?

A: The NC Medicaid 3136 Quality Attestation forms must be uploaded annually by December 31 and NC Medicaid 3085 PCS Training Attestation form is only required to be uploaded one time.

Q: If providers submitted the NC Medicaid 3136 Quality Attestation form and NC Medicaid 3085 PCS Training Attestation a few years ago directly to NC Medicaid, does it still need to be uploaded.

A: Yes. These forms are required to be uploaded to QiRePort effected July 19, 2023. See the link to the announcement below for more details.

- **medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/personal-care-services-pcs#Announcements-746**

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Resources

Q: Is there a penalty for NC Medicaid not receiving the information on time?

A: Yes. Late Submissions are noted as such and are tracked for patterns and trends. When those patterns or trends are identified, these providers will be turned over to OCPI for outreach and this may impact a provider's ability to provide PCS as being responsive to all NC Medicaid information requests, by the requested date, is a part of remaining in compliance. Please refer to Clinical Coverage Policy-3L 7.6(p. 23).

Q: How can provider verify that their documentation was received by NC Medicaid?

A: Providers can verify receipt of their faxed documentation by reaching out to the PCS Unit by email at PCS_Program_Questions@dhhs.nc.gov or by phone at 1-919-855-4195.

Q: How does NC Medicaid get the address where the certified letter is mailed to request documentation for the audit?

A: The contact information that NC Medicaid uses to mail the certified letters is on the query received with the random provider listing. This information is the “correspondence contact information” listed in NCTracks.

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Resources

Q: Are all providers notified at the conclusion of the audit?

A: No. The only providers that will be notified are providers that have been found to be non-compliant, non-responsive, submitted late documentation or those whose certified letters were returned. These providers will be notified via email using the “authorized individual” email contact information in NCTracks.

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