



MEETING RECORD

PERSONAL CARE SERVICES STAKEHOLDERS MEETING

Sept 20, 2018 | 1:00pm | Meeting Location: Dix Campus, Kirby Building, Conference Room 297

AGENDA TOPICS

Welcome

Facilitator: Shannon Spence, PCS Program Manager

Program Updates

Liberty Healthcare: Denise Hobson & Jill Elliott

Fall Provider Training

Fall Provider Training registration becomes available on Mon, Sept 24th, and will be located on Liberty's Website. Liberty shared that the upcoming provider training includes breakout sessions that offer providers a variety of topics to choose from. Training schedule dates and locations are listed below.

- ◇ Greenville - Oct. 18
- ◇ Asheville - Oct. 29
- ◇ Raleigh - Oct. 22
- ◇ Charlotte - Oct. 30
- ◇ Fayetteville - Oct. 24
- ◇ Greensboro - Nov. 1

ICD-10 Form

Liberty reminded providers to submit ICD-10 Forms to the new fax number. Effective Aug 31st, the previous fax numbers were discontinued.

Providers who experience issues with physicians being non-responsive were encouraged to complete and document 3 outreach attempts. Documentation should include, Physician name, Practice Name, Practice Phone Number, Practice Fax Number, Beneficiary Name, Beneficiary DOB or MID, and the Dates of all contact attempts.

Provider Focus Group

The most recent Provider Focus Group, held Sept. 20th, had 7 providers in attendance. Liberty reported that the focus group discussed several topics and received helpful feedback. Notable topics that were discussed include; how to keep new providers engaged and in compliance, how to get started with Quality Improvement from the provider point-of-view, and training providers on Form Completion.

The next Provider Focus Group will be held in the Spring of 2019. Stakeholders who are interested in joining the focus group or in making suggestions regarding agenda items, were encouraged to contact Liberty Healthcare by emailing Jill Elliott at jelliott@LibertyHealth.com or Denise Hobson at dhobson@LibertyHealth.com.



Program Updates, Cont.

NC Medicaid: Shannon Spence & Cassandra McFadden

Referral Screening Verification Process (RSVP)

RSVP, previously known as the Diversion Screening Process is replacing the Pre-Admission Screening Resident Review (PASRR) for ACHs. At this time, the RSVP implementation date is scheduled for 11/1/2018.

Shannon reminded stakeholders that, similar to PASRR, a Referral Screening ID will be issued to verify the referral was made. Beneficiaries referred to or seeking placement in an ACH must initiate the RSVP process. In addition, verification of the Referral Screening ID is required to receive a PCS assessment or prior approval.

Further information is located on the FAQ sheet <https://files.nc.gov/ncdhhs/documents/RSVP-FAQ.pdf> and the RSVP Fact sheet <https://files.nc.gov/ncdhhs/documents/RSVP-Fact-Sheet.pdf>. Additional questions can be sent to DMH representatives stacey.lee@dhhs.nc.gov, or tamara.smith@dhhs.nc.gov, and for PCS related RSVP questions, PCS_Program_Questions@dhhs.nc.gov.

Clinical Coverage Policy 3L

Clinical Coverage Policy 3L was recently amended to reflect process changes in response to the upcoming implementation of RSVP. A draft of the proposed updates was reviewed at PAG during the first week of August, and subsequently approved. Currently, the updated policy is posted for a 45-day public comment period and can be found at <https://files.nc.gov/ncdma/documents/files/public-comment/Public-Comment-3L-CT-PCS.pdf>.

NC Medicaid's Quality Improvement Initiatives

PCS Internal Audit

The most recent PCS Internal Audit, conducted for the 2nd quarter of 2018, has been completed. PCS Nurses reviewed 30 randomly selected providers, 7 of which were ACH providers. The Office of Compliance and Program Integrity (OCPI) received referrals for 22 of the 30 providers audited. The audit results revealed the following 4 reasons that providers were found to be non-compliant:

- a) Aide Training Documentation: 3 providers
- b) Supervisory Visits: 4 providers
- c) Non-responsive: 5 providers
- d) Timely submission of NC Medicaid-3136 & NC Medicaid-3085: 10 providers

Providers who would like to receive the results of their audit should contact NC Medicaid directly.

NOTE: The current audit was completed prior to the change in email addresses used for form submission; the audit was not affected by this change. Ongoing, providers should submit completed NC Medicaid-3136 Forms to Medicaid.PCSQualityImprovement@lists.ncmail.net and completed NC Medicaid-3085 Forms to Medicaid.PCSTraining@lists.ncmail.net.

PCS Customer Satisfaction Surveys

To ensure PCS beneficiaries are receiving quality services, NC Medicaid routinely completes Customer Satisfaction Surveys. The Customer Satisfaction Survey, administered by PCS Nurse Consultants, is a tool used to assess a beneficiary's satisfaction with their experience scheduling and receiving an LHC assessment.

There were 75 beneficiaries surveyed in the most recent lot of surveys conducted. This survey sample, in comparison with previous years, showed an increase in the number of ACH beneficiaries. Shannon reported that due to a process change at Liberty, the question asking if a business card was provided, has been removed. It was also noted that the high percentage of "N/A" responses for the question that asked if a randomized provider list was provided, was likely due to the increase in ACH beneficiaries, in addition to those beneficiaries who are happy with their current provider.



Electronic Visit Verification (EVV)

EVV is a method used to verify services provided as part of Home and Community Based programs. As required by the 21st Century Cures Act, DHHS will implement an EVV system for PCS.

Cassandra provided several EVV updates, including the news that legislature approved the 1-year extension that NC Medicaid previously requested. As a result, the new go live date is scheduled for Jan. 1, 2020. The CMS requirement will only apply to In-Home Care Providers, and not licensed residential settings. To review the updates made in mid-Aug, Cassandra recommended that stakeholders visit the EVV website, located at <https://medicaid.ncdhhs.gov/electronic-visit-verification>.

It is currently expected that the Request for Information (RFI) for EVV will be posted for a 30-day period in October. Prior to awarding the Request for Proposal (RFP), an EVV Workgroup will convene to obtain feedback from stakeholders, including representation from In-Home Care and Adult Care Home providers, as well as associations. It is expected that business requirements will be shared with participants during EVV Workgroups. Those interested in joining the EVV workgroup should email cassandra.mcfadden@dhhs.nc.gov.

Further questions regarding EVV should be sent to Medicaid.EVV@dhhs.nc.gov.

Hurricane Florence

A facility or agency closed due to the effects of Hurricane Florence, please email the PCS team providing the agency name, address, NPI, the number of impacted beneficiaries and roster, as well as the relocation facility name and NPI. If possible, please provide the ETA that services will resume.

Displaced beneficiaries due to Hurricane Florence, please call Liberty Healthcare, at 919-322-5944, or toll free, at 1-855-740-1400. Be prepared to provide the beneficiaries name and MID, current provider name and NPI, and whether the displacement is temporary or permanent.

NC Medicaid has temporarily authorized the following to ensure that Medicaid beneficiaries continue to receive essential services. Providers should bill and document for services provided, to the extent possible, as normal.

Providers are approved to provide reimbursable services, to beneficiaries:

- a) In Emergency Shelters.
 - ✧ If providing PCS in a shelter, notify LHC of the beneficiary's name, MID, and the provider's name and address.
- b) Evacuated and accepted by an ACH.
- c) In their current location.
 - ✧ Notify LHC if residing at this location for over 30 days.

NC Medicaid has temporarily waived the:

- a) Service Plan Requirements, for impacted beneficiaries, for up to 30 days.
- b) ACH/PASRR Requirements, for up to 30 days.

Contact LHC and/or NC Medicaid regarding upcoming assessments coming due; current Prior Approvals will be extended for 90 days for beneficiaries in areas significantly impacted by Hurricane Florence.

NOTE: Liberty is currently working to reschedule the assessments that were canceled due to the hurricane.



DHSR Updates

Tichina Hamer

Star Rating Program

As part of the Star Rating Program, the Division of Health Service Regulation (DHSR) conducts inspections of licensed agencies in order to identify the facility's rating. Beneficiaries and caregivers are then provided the facility ratings in an effort to assist with making informed, care-related decisions. To remain in compliance and to assess the effectiveness of the program, a review began of the program began in Dec 2017. The review results have recently been submitted to legislators by the Star Rating Chief and Coordinator. Stakeholder recommendations, in addition to the program review results, enabled DHSR to identify areas the Star Rating Program could improve.

Re-Adoption of Adult Care Home Rules

As part of their rule re-adoption project, DHSR began a review of all ACH rules that are associated with 10A NCAC Chapter 13 Subchapters F & G. Tichina stated that DHSR has reviewed these rules and are collecting stakeholder input on how they should be revamped.

Family Care Home Administrator Renewal

Family Care Homes have a new process that require interested parties be approved prior to becoming an Administrator. Currently, the renewal process is being completed, with an extension. The next review cycle, for new Administrators, will be in 2019; ongoing it will be on a biannual cycle.

Licensure Renewal and Data Requests

Facility Licensure Renewal Applications will soon be sent to agencies. In 2019, there will be additional licensure application requirements, such as providing a working email address. Tichina advises stakeholders to contact DHSR's Healthcare Group for questions about data requests.

New Section Contact Information

DHSR directs stakeholders to the Announcement Section of the DHSR website to locate new contact information.

Reports from Other Divisions

DAAS

No Updates

DMH/DD/SAS

No Updates



Stakeholder Feedback & Questions

Feedback

- a) A concern was expressed regarding credentialing timelines. The example given described a provider with a pending Managed Change Request, for an address update in NCTracks. This provider is experiencing an issue with timely processing of their recredentialing.
 - ✧ NC Medicaid's response: Specifics should be provided to NC Medicaid so that provider enrollment can be contacted and provide guidance.

Questions

Stakeholders had the following questions regarding those PCS beneficiaries displaced by Hurricane Florence.

- a) How should a PCS provider bill for a beneficiary that has been temporarily transferred to a sister facility?
 - ✧ NC Medicaid's response: Complete a billing number change for beneficiaries that have been temporarily transferred to a sister facility. This is only appropriate for transfers between facilities within the same organization. NOTE: Complete billing for "Facility A" prior to billing for "Facility B".
 - ✧ A stakeholder stated that there is lag time of about 2-days for such changes within NC Tracks, meaning the PA will not show for 2 days.
- b) If sister facility is at full capacity, can agency staff provide services to the beneficiary at a hotel?
 - ✧ Medicaid's response: Yes. Providers should continue to provide PCS services from the hotel. Billing processes should not change. NOTE: Providers should continue to complete supporting documentation, specifically regarding the living arrangement in this situation.
- c) Is NC Medicaid requiring that, in the above situations, providers submit completed flow/task sheets for each beneficiary/each day?
 - ✧ NC Medicaid's response: Aide Task Sheets are always required; however, Medicaid is only requesting Task Sheet submissions from Adult Care Homes who have received evacuated beneficiaries when the Adult Care Home is not a sister facility. NOTE: NC Medicaid asks all PCS providers to maintain sufficient documentation to withstand an audit. During beneficiary displacement, bill, to the extent possible, as normal.

Meeting Adjourned