



# PCS 101 for Providers Training

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# Agenda

- Introduction and Overview
- Personal Care Services 101
- Questions and Answers
- Training Feedback



# Personal Care Services 101

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- The goal of this training is to provide broad overview of:
  - Personal Care Services
  - Provider Requirements
  - QiRePort



# Medicaid Personal Care Services (PCS)

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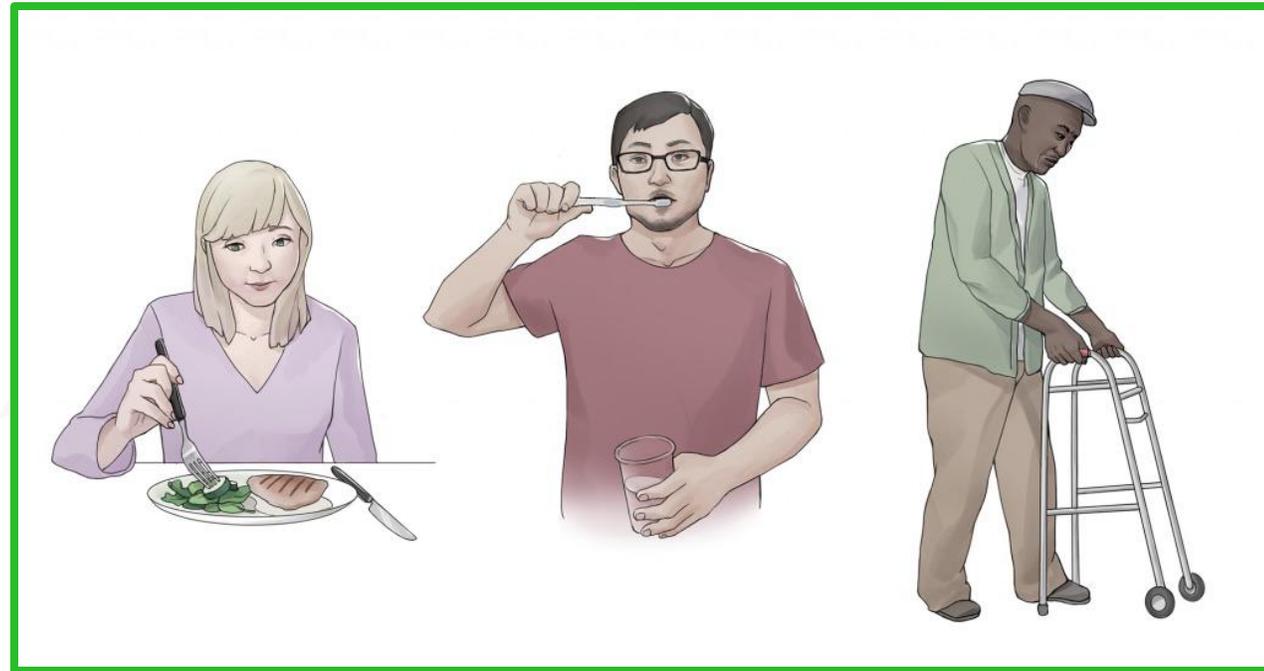
## What are PCS?

- State provided assistance with Activities of Daily Living (ADLs).
- Services provided in the Medicaid beneficiary's primary private residence.
- Services provided by paraprofessional aides employed by licensed home care agencies, licensed adult care homes, or home staff in supervised living homes.
- The amount of prior-approved service is based on an assessment conducted by an independent assessment entity (IAE), Acentra Health, to determine the beneficiary's ability to perform ADLs.



# Activities of Daily Living (ADLs)

- Bathing
- Dressing
- Mobility
- Toileting
- Eating



# Covered Services Include:

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- Assistance to help with qualifying ADLs
- Assistance with medications that treat medical conditions that effect the qualifying ADLs
- Assistance with devices directly linked to the qualifying ADLs

# PCS Tasks Not Covered

- Skilled nursing by LPN or RN
- Respite care
- Care for pets or animals
- Yard work
- Medical or non-medical transportation
- Financial Management
- Errands
- Companion sitting



# PCS Eligibility Criteria

- Have active Medicaid
- Have a medical condition, cognitive impairment or disability that limits them from performing their activities of daily living
- Be considered medically stable
- Be under the care of their primary care physician or attending physician for the condition causing limitations
- Have seen their treating physician within the last 90 days
- Reside in a private living arrangement, or in a residential facility licensed by the State of North Carolina as an adult care home, a combination home, or a group home as a supervised living facility
- Not have a family member or caregiver who is willing and able to provide care



# How Does The Beneficiary Qualify For PCS?

## **The beneficiary must have at a minimum:**

- 3 of the 5 qualifying ADLs with limited assistance;
- 2 ADLs, one of which requires extensive assistance; or
- 2 ADLs, one of which requires assistance at the full dependence level.



# How Many Hours Can A Beneficiary Receive?

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- **80 Hours**

- For a beneficiary who does not meet the criteria for Session Law 2013-306.

- **60 Hours**

- EPSDT on the initial assessment hour generation.
- All EPSDT assessments go to NC Medicaid for final hour calculation/evaluation.

- **180 Hours**

- For a beneficiary who meets the criteria for Session Law 2013-306



# PCS Requirements for Physician Referral

- A beneficiary, family or legally responsible person must contact his/her primary care or attending physician and request they complete the 'Request for Independent Assessment for PCS Form (DHB-3051 form) in order to have an assessment for PCS.
- The form can only be completed by a MD, NP, or PA.
- The beneficiary is required to have seen the referring physician within the last 90 days from the date received by the IAE.



# The Assessment

Once the MD, NP, or PA completes a DHB-3051 Form and sends it to the IAE (Acentra Health), the PCS assessment is performed by a Nurse Assessor at the beneficiary's home or residential facility.

The Nurse Assessor captures the following during the assessment:

- Demonstrations of a beneficiary's ability to perform their activities of daily living (ADLS)
- Available caregivers
- Daily medicine regimen
- Diagnosis information
- Paid supports/Non-Paid supports
- Special assistive tasks
- Exacerbating conditions that impact their ability to perform their ADLs
- Environmental conditions and home safety evaluation
- Beneficiary preferred providers
- Return frequency



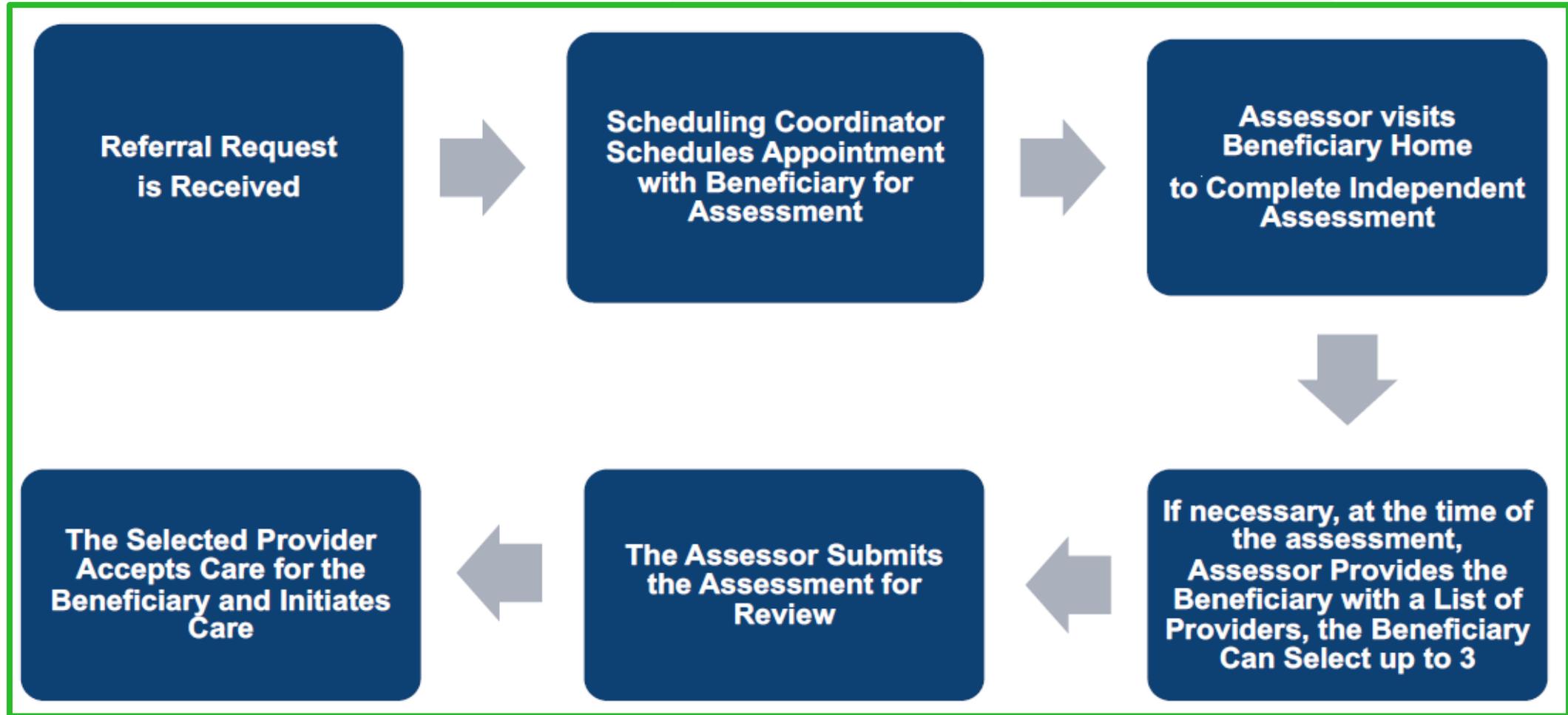
# Assistance Levels

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<b>Assistance Levels</b>	<b>Defined</b>
<b>Totally Able</b>	Self-perform 100% of the activity with or without assistance of aid or assistive devices and without supervision to set up supplies and environment for task.
<b>Verbal Cueing or Supervision</b>	Self-perform 100% of the activity with or without assistance of aid or assistive devices and requires, monitoring or assistance to retrieve or set up supplies or equipment.
<b>Limited Hands-on Assist</b>	Self-perform 50% of the activity and requires hands-on assistance to complete the remainder of the task.
<b>Extensive Hands-on Assist</b>	Able to self-perform less than 50% of the activity and requires hands-on assist to complete remainder of activity.
<b>Cannot Do At All</b>	Unable to perform any of the activity and is totally dependent on another person to perform the activity.



# PCS Independent Assessment Process



# Overview Of The DHB-3051 Form

## DHB-3051 Request for Independent Assessment for Personal Care Services (PCS) Attestation of Medical Need

- All PCS providers, regardless of setting, use the DHB-3051 form.
- DHB-3051 is the only form that allows physicians to provide written attestation to the medical necessity for up to 50 additional PCS hours per NC Session Law 2013-306.
- Download the current form (Effective 12/07/2023) at: [download \(ncdhhs.gov\)](https://www.ncdhhs.gov/download)

Beneficiary Name: \_\_\_\_\_ MID#: \_\_\_\_\_

**DHB-3051**  
REQUEST FOR INDEPENDENT ASSESSMENT FOR PERSONAL CARE SERVICES (PCS)  
ATTESTATION OF MEDICAL NEED

**MEDICAL CHANGE OF STATUS OR NEW REQUESTS, PRACTITIONERS COMPLETE PAGES 1 & 2 ONLY**

**Step 1** REQUEST TYPE: (select one) DATE OF REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_

Change of Status: Medical  New Request  Managed Care Disenrollment

Form Submission: Fax Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1800 (toll free).  
Expedited Assessment Process Info: Contact Liberty Healthcare Corporation at 1-855-740-1400.  
Questions: Call Liberty Healthcare at 855-740-1400 or 919-322-8944.

**Step 2** SECTION A. BENEFICIARY DEMOGRAPHICS

Beneficiary's Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medicaid ID#: \_\_\_\_\_ RSID#(ACH Only): \_\_\_\_\_ RSID Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Language:  English  Spanish  Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Contact (Select One):  Parent  Legal Guardian (required if beneficiary < 18)  Other

Relationship to Beneficiary (NON-PCS Provider): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Active Adult Protective Services Case?  Yes  No

Beneficiary currently resides:  At home  Adult Care Home  Hospitalized/medical facility  Skilled Nursing Facility

Group Home  Special Care Unit (SCU)  Other \_\_\_\_\_ D/C Date (Hospital/SNF): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Step 3** SECTION B. BENEFICIARY'S CONDITIONS THAT RESULT IN NEED FOR ASSISTANCE WITH ADLs

Identify the current medical diagnoses related to the beneficiary's need for assistance with qualifying Activities of Daily Living (bathing, dressing, mobility, toileting, and eating). List both the diagnosis and the COMPLETE ICD-10 Code.

Medical Diagnosis	ICD-10 Code	Impacts ADLs	Date of Onset (mm/yyyy)
1. _____	_____	Yes No	_____
2. _____	_____	Yes No	_____
3. _____	_____	Yes No	_____
4. _____	_____	Yes No	_____
5. _____	_____	Yes No	_____
6. _____	_____	Yes No	_____
7. _____	_____	Yes No	_____
8. _____	_____	Yes No	_____
9. _____	_____	Yes No	_____
10. _____	_____	Yes No	_____

In your clinical judgment, ADL limitations are:  Short Term (3 Months)  Intermediate (6 Months)  Age Appropriate

Expected to resolve or improve (with or without treatment)  Chronic and stable

Is Beneficiary Medically Stable?  Yes  No

Is 24-hour caregiver availability required to ensure beneficiary's safety?  Yes  No

DHB-3051  
7/1/2021



# Completing the DHB-3051 Form: Key Information

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- The DHB-3051 Form has 7 sections – A through G. You are not required to complete all the sections of the DHB-3051 Form each time you submit the form, just those specific to type of request.
- Sections A through D must be completed by the *Primary Care Physician or Attending Physician Only*.
- Sections E, F and G must be completed by the *Beneficiary, Caregiver, or PCS Provider Only*.
- Completion of **ALL** fields ensures timely processing of the submitted requests.

**NOTE:** Forms received with blank information fields are returned to the 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:

[download \(ncdhhs.gov\)](https://www.ncdhhs.gov)



# Completing PCS DHB-3051 – New Request

Complete the Following Sections for New Requests:

<b>Section A</b>	<ul style="list-style-type: none"><li>• Beneficiary Demographics</li></ul>
<b>Section B</b>	<ul style="list-style-type: none"><li>• Beneficiary's Conditions That Result in Need for Assistance with ADL's</li></ul>
<b>Section C</b>	<ul style="list-style-type: none"><li>• Practitioner Information</li></ul>



# Completing PCS DHB-3051 – New Request (continued)

## Section A: Beneficiary Demographics

**SECTION A. BENEFICIARY DEMOGRAPHICS**

Beneficiary's Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicaid ID#: \_\_\_\_\_ RSID#(ACH Only): \_\_\_\_\_ RSID Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Male  Female      Language:  English  Spanish  Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Contact (Select One):  Parent  Legal Guardian (required if beneficiary < 18)  Other

Relationship to Beneficiary (NON-PCS Provider): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Active Adult Protective Services Case?  Yes  No

Beneficiary currently resides:  At home  Adult Care Home  Hospitalized/medical facility  Skilled Nursing Facility

Group Home  Special Care Unit (SCU)  Other \_\_\_\_\_ D/C Date (Hospital/SNF): \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Completing PCS DHB-3051 – New Request (continued)

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## Section A: Beneficiary Demographics (continued)

- Enter Beneficiary Name, Date of Birth, Address and Phone
- Medicaid ID Number – Only active Medicaid participants are eligible
- Beneficiary's alternate contact – Parent, Guardian, or Legal Representative **Note:** A PCS Provider cannot be listed as an alternate contact
- Indicate if the beneficiary has an active Adult Protective Services case.
  - If yes, request will be expedited.
- RSID# and RSID Date (For ACH Beneficiaries Only)
- Indicate where the beneficiary currently resides **Note:** Those being discharged from the hospital, a Skilled Nursing Facility, or part of the Transition to Community Living Initiative will be expedited.



# Completing PCS DHB-3051 – New Request (continued)

## Section B: Beneficiary’s Conditions That Result in Need for Assistance With ADLs

SECTION B. BENEFICIARY’S CONDITIONS THAT RESULT IN NEED FOR ASSISTANCE WITH ADLs			
Identify the current medical diagnoses related to the beneficiary’s need for assistance with qualifying Activities of Daily Living (bathing, dressing, mobility, toileting, and eating). List <i>both</i> the diagnosis and the COMPLETE ICD-10 Code.			
Medical Diagnosis	ICD-10 Code	Impacts ADLs	Date of Onset (mm/yyyy)
1. [ ]	[ ]	Yes No	[ ]
2. [ ]	[ ]	Yes No	[ ]
3. [ ]	[ ]	Yes No	[ ]
4. [ ]	[ ]	Yes No	[ ]
5. [ ]	[ ]	Yes No	[ ]
6. [ ]	[ ]	Yes No	[ ]
7. [ ]	[ ]	Yes No	[ ]
8. [ ]	[ ]	Yes No	[ ]
9. [ ]	[ ]	Yes No	[ ]
10. [ ]	[ ]	Yes No	[ ]

In your clinical judgment, ADL limitations are:  Short Term (3 Months)  Intermediate (6 Months)  Age Appropriate

Expected to resolve or improve (with or without treatment)  Chronic and stable

Is Beneficiary Medically Stable?  Yes  No

Is 24-hour caregiver availability required to ensure beneficiary’s safety?  Yes  No



# Completing PCS DHB-3051 – New Request (continued)

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## Section B: Beneficiary's Conditions That Result in Need for Assistance With ADLs (continued)

- Enter both the Medical Diagnosis related to the beneficiary's need for assistance with ADLs, the Diagnosis Code(s), and the date of onset. Incomplete or inaccurate codes may result in request processing delays.
- Indicate, for each diagnosis, if the condition impacts the beneficiary's ability to perform ADLs.
- Indicate the expected duration of the ADL limitations.
- Indicate if the beneficiary is medically stable and if 24-hour caregiver availability is required.



# Completing PCS DHB-3051 – New Request (continued)

## Section B: Optional Attestation

- If the criteria listed in this section is applicable to the beneficiary, the Practitioner should initial each line item that applies for consideration in the assessment for PCS.

OPTIONAL ATTESTATION: <i>Practitioner should review the following and initial <u>only</u> if applicable:</i>	
<b>Beneficiary requires an increased level of supervision.</b>	Initial: <input type="text"/>
<b>Beneficiary requires caregivers with training or experience in caring for individuals who have a degenerative disease, characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills.</b>	Initial: <input type="text"/>
<b>Beneficiary requires a physical environment, regardless of setting, that includes modifications and safety measures to safeguard the beneficiary because of the beneficiary's gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills.</b>	Initial: <input type="text"/>
<b>Beneficiary has a history of safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls.</b>	Initial: <input type="text"/>



# Completing PCS DHB-3051 – New Request (continued)

## Section C: Practitioner Information

**SECTION C. PRACTITIONER INFORMATION**

Attesting Practitioner's Name: \_\_\_\_\_ Practitioner NPI#: \_\_\_\_\_

Select one:  Beneficiary's Primary Care Practitioner  Outpatient Specialty Practitioner  Inpatient Practitioner

Practice Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Practice Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Date of last visit to Practitioner: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **\*\*Note: Must be < 90 days from Received Date**

**Practitioner Signature AND Credentials** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*Signature stamp not allowed\**

*"I hereby attest that the information contained herein is current, complete, and accurate to the best of my knowledge and belief. I understand that my attestation may result in the provision of services which are paid for by state and federal funds and I also understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state laws."*



# Completing PCS DHB-3051 – New Request (continued)

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## Section C: Practitioner Information (continued)

- Attesting Practitioner's Name and NPI#
- Practice Name and NPI#
- Practice Contact Name, Address, and Phone
  - **Note:** Practice stamps are accepted vs. completing each of these fields
- Date of last visit to the Practitioner - The last visit date must have occurred within 90 days of the request date.
- The 3051 Form for the New Referral MUST be signed by the referring practitioner and credentials indicated along with the date; acceptable credentials include a MD, NP, or PA.
  - **Note:** Signature stamps are not accepted



# Completing PCS DHB-3051 – New Request (continued)

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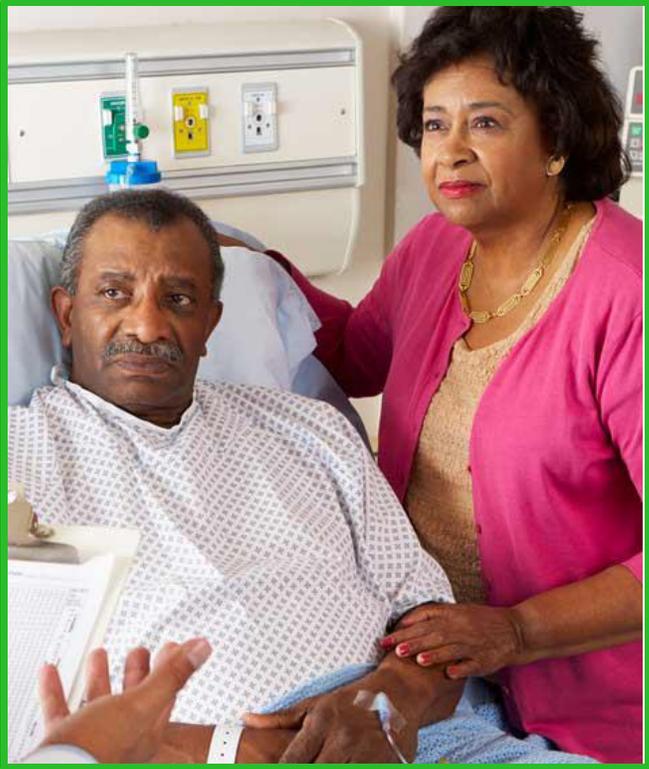
## What Happens Next:

- If the New Referral Request is complete and meets the requirements as outlined in *Clinical Coverage Policy 3L*, the request will be processed and entered into QiRePort within 2 business days of receipt.
- If the information is not complete, the request form will be returned to the referring physician via fax within 2 business days.
- Acentra Health will verify that the beneficiary has active Medicaid coverage, and the recipient will be contacted to schedule a Medicaid PCS eligibility assessment.
- If the beneficiary is determined to be eligible for PCS, the Provider of Choice will receive the referral via the QiRePort Provider Interface.



# Completing PCS DHB-3051 – Change of Status Medical

Complete the Following Sections for Medical Change of Status Requests:



<b>Section A</b>	<ul style="list-style-type: none"><li>Beneficiary Demographics</li></ul>
<b>Section B</b>	<ul style="list-style-type: none"><li>Beneficiary's Conditions That Result in Need for Assistance with ADLs</li></ul>
<b>Section C</b>	<ul style="list-style-type: none"><li>Practitioner Information</li></ul>
<b>Section D</b>	<ul style="list-style-type: none"><li>Change of Status: Medical</li></ul>



# Completing PCS DHB-3051 – Change of Status Medical (continued)

## Section D Required Fields

- Describe in detail the change in medical condition which results in a need for decreased or increased hours of PCS.
- *For clarification when completing the DHB-3051 form, “Medical” is defined as any change in a person’s health condition.*

**SECTION D. CHANGE OF STATUS: MEDICAL Complete for medical change of status request only.**

Describe the specific medical change in condition and its impact on the beneficiary’s need for hands on assistance (Required):



# Completing PCS DHB-3051 – Change of Status Medical (continued)

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## Things to remember:

- The Change of Status: Medical should be submitted when there is a change in the beneficiary's medical condition, and
- Must be completed and submitted by the beneficiary's Primary Care Physician or Attending Physician.
- **Note:** "Medical" is defined as any change in a person's health condition that results in improved or decreased ability to perform their Activities of Daily Living.



# Completing PCS DHB-3051 – Managed Care Disenrollment

Complete the Following Sections for Managed Care Disenrollment Requests:

<b>Section A</b>	<ul style="list-style-type: none"><li>• Beneficiary Demographics</li></ul>
<b>Section B</b>	<ul style="list-style-type: none"><li>• Beneficiary's Conditions That Result in Need for Assistance with ADLs</li></ul>
<b>Section C</b>	<ul style="list-style-type: none"><li>• Practitioner Information</li></ul>
<b>Section E</b>	<ul style="list-style-type: none"><li>• Managed Care Disenrollment</li></ul>



# Completing PCS DHB-3051 – Managed Care Disenrollment (continued)

**SECTION E: Managed Care Disenrollment**

Disenrolling from; Plan name (Select One):  AmeriHealth Caritas NC, Inc.  Carolina Complete Health, Inc.  
 Blue Cross Blue Shield of NC, Inc.  UnitedHealthcare of NC, Inc.  WellCare of NC, Inc.

Disenrollment Effective Date:  /  /  Current PCS Hours:

**BENEFICIARY'S CURRENT PROVIDER)**

Agency Name:  Phone: (  )   
Provider NPI#:  Provider Locator Code#

Facility License # (if applicable):  Date:  /  /   
Physical Address:

**SECTION E: Managed Care Disenrollment was added to the DHB 3051 effective 7/1/2021 and should be completed if a beneficiary is disenrolling from Medicaid Managed Care and wishes to continue with PCS as a participant of Medicaid Direct.**



# Completing PCS DHB-3051 – Managed Care Disenrollment (continued)

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

1. Managed Care Plan name the beneficiary is disenrolling from.
2. Disenrollment effective date.
3. Current PCS hours being received from the Managed Care Plan.
4. Beneficiary's Current PCS Provider Agency's information.



# Completing PCS DHB-3051 – Change of Status: Non-Medical

Non-Medical Change of Status Request, Complete The Following Sections of Page 3 only:

<p><b>Top Section</b></p>	<ul style="list-style-type: none"> <li>Beneficiary Demographics (all fields required to be completed)</li> </ul>
<p><b>Section F</b></p>	<ul style="list-style-type: none"> <li>Change of Status: Non-Medical</li> </ul>

Beneficiary Name: \_\_\_\_\_ MID#: \_\_\_\_\_

**NON-MEDICAL CHANGE OF STATUS OR CHANGE OF PROVIDER REQUESTS, COMPLETE PAGE 3 ONLY**

**Step 1** REQUEST TYPE: (select one)  Change of Status: Non-Medical  Change of Provider DATE OF REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Submission: Fax Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1800 (toll free).  
 Questions: Call Liberty Healthcare at 855-740-1400 or 919-322-9044.

**Step 2** **BENEFICIARY DEMOGRAPHICS**

Beneficiary's Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medicaid ID#: \_\_\_\_\_ Gender:  Male  Female Language:  English  Spanish Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Other: \_\_\_\_\_ County: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Alternate Contact (Select One):  Parent  Legal Guardian (required if beneficiary < 18)  Other  
 Relationship to Beneficiary (NON-PCS Provider): \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Beneficiary currently resides:  At home  Adult Care Home  Hospitalized/medical facility  Skilled Nursing Facility  
 Group Home  Special Care Unit (SCU)  Other: \_\_\_\_\_ D/C Date (Hospital/SNF): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Step 3** **SECTION F: CHANGE OF STATUS: NON-MEDICAL**

Requested by (Select One):  PCS Provider  Beneficiary  Legal Guardian  Power of Attorney (POA)  Responsible Party  Family (Relationship): \_\_\_\_\_

Requestor Name: \_\_\_\_\_  
 PCS Provider NPI#: \_\_\_\_\_ PCS Provider Locator Code# \_\_\_\_\_  
 Facility License # (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Contact's Name: \_\_\_\_\_ Contact's Position: \_\_\_\_\_  
 Provider Phone: ( ) \_\_\_\_\_ Provider Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Change in Condition Requiring Reassessment (Select One):  Change in Days of Need  Change in Caregiver Status  Change in Beneficiary location affects ability to perform ADLs  
 Other: \_\_\_\_\_

Describe the specific change in condition and its impact on the beneficiary's need for hands on assistance (Required):  
 \_\_\_\_\_



# Completing PCS DHB-3051 – Change of Status: Non-Medical (continued)

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- Non-Medical Change of Status should be submitted when there is a:
  - Change in beneficiary's location
  - Change in caregiver status
  - Change in days of need
- Can be submitted by the beneficiary, caregiver, legal guardian, or PCS Provider



# Completing PCS DHB-3051 – Change of Provider

For Change of Provider Requests, Complete The Following Sections of Page 3 only:

<p><b>Top Section</b></p>	<ul style="list-style-type: none"> <li>Beneficiary Demographics (all fields required to be completed)</li> </ul>
<p><b>Section G</b></p>	<ul style="list-style-type: none"> <li>Change of Provider Request</li> </ul>

Beneficiary Name: \_\_\_\_\_ MID#: \_\_\_\_\_

**NON-MEDICAL CHANGE OF STATUS OR CHANGE OF PROVIDER REQUESTS, COMPLETE PAGE 3 ONLY**

**Step 1** REQUEST TYPE: (select one) DATE OF REQUEST: \_\_\_\_\_  
 Change of Status: Non-Medical  Change of Provider

Form Submission: Fax Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1600 (toll free).  
 Questions: Call Liberty Healthcare at 855-740-1400 or 919-322-5944.

**Step 2** **BENEFICIARY DEMOGRAPHICS**  
 Beneficiary's Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_ / /  
 Medicaid ID#: \_\_\_\_\_ Gender:  Male  Female Language:  English  Spanish Address: \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_  Other \_\_\_\_\_ County: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Alternate Contact (Select One):  Parent  Legal Guardian (required if beneficiary < 18)  Other  
 Relationship to Beneficiary (NON-PCS Provider): \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Beneficiary currently resides:  At home  Adult Care Home  Hospitalized/medical facility  Skilled Nursing Facility  
 Group Home  Special Care Unit (SCU)  Other \_\_\_\_\_ D/C Date (Hospital/SNF): \_\_\_\_\_ / /

**Step 4** **SECTION G: CHANGE OF PCS PROVIDER**  
 Requested by (Select One):  Care Facility  Beneficiary  Other (Relationship): \_\_\_\_\_  
 Requestor's Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Status of PCS Services (Select One):  
 Discharged/Transferred  Scheduled Discharge/Transfer  No Discharge/Transfer Planned.  
 Date: \_\_\_\_\_ / / Date: \_\_\_\_\_ / / Continue receiving services until established with a new provider.

**BENEFICIARY'S PREFERRED PROVIDER (Select One):**  
 Home Care Agency  Family Care Home  Adult Care Home  Adult Care Bed in Nursing Facility  SLF-5600a  SLF-5600c  Special Care Unit

Agency Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Provider  
 NPI#: \_\_\_\_\_ Provider Locator Code# \_\_\_\_\_  
 Facility License # (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_ / /  
 Physical Address: \_\_\_\_\_



# Completing PCS DHB-3051 – Change of Provider (continued)

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## Things to remember:

- Change of Provider requests can be made by completing the DHB-3051 form or by calling Acentra Health. *Form completion is not required. Request can be made by a call to Acentra Health by the beneficiary or legal guardian.*
- For an IHC Change of Provider, a request may only be submitted by the beneficiary, Power of Attorney, or Legal Guardian.
- An ACH facility may submit a Change of Provider request if a current PCS beneficiary is admitted.
- If a beneficiary needs assistance in selecting an 'Alternate Preferred Provider', an Acentra Health Customer Support Representative can assist.
- Acentra Health will confirm all Change of Provider requests with the beneficiary or legal guardian.



# Completing PCS Form DHB 3051 – Change of Provider (continued)

## New Request vs. Change of Provider?

Beneficiary Moves From:	Required Request Type
ACH to ACH	COP request – Effective in 1 day
IHC to IHC	COP request – Effective in 10 days
IHC to ACH	New Request
ACH to IHC	New Request



# Completing DHB-3051

## Form Completion Recap

REQUEST TYPE	COMPLETED BY	REQUIRED PAGES	REQUIRED SECTIONS
NEW REQUEST	PRACTITIONER	1 & 2	SECTION A, B, C
CHANGE OF STATUS: MEDICAL	PRACTITIONER	1 & 2	SECTION A, B, C, D
MANAGED CARE DISENROLLMENT	PRACTITIONER & PCS PROVIDER	1 & 2	SECTION A, B, C, E
CHANGE OF STATUS: NON-MEDICAL	BENEFICIARY, CAREGIV ER, PCS PROVIDER	3	TOP SECTION AND F
CHANGE OF PROVIDER	BENEFICIARY, CAREGIVER, ACH FACILITY	3	TOP SECTION AND G



# Completing DHB-3051 (continued)

## Submitting the Completed Form

- Complete all appropriate sections
- Fax the completed form to: 833-521-2626 or for PCS Expedited Assessments, fax 833-551-2602.
- If preferred, forms can be mailed to:

Acentra Health

Attn: NCLIFTSS PCS

2000 CentreGreen Way, Suite 220

Cary, NC 27513

**Reminder: Practitioners must submit pages 1&2; Non-Practitioners should submit page 3.**

- Keep copies of all forms and fax confirmations for your records.
- For questions regarding the form,  
email: [NCLIFTSS@Kepto.com](mailto:NCLIFTSS@Kepto.com) or call 919-568-1717 or 833-522-5429 (toll free).



# PCS Expedited Process – Eligibility

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## Requirements:

- There is an active Adult Protective Services (APS) case; or
- The beneficiary is currently hospitalized in a medical facility or in a Skilled Nursing Facility (SNF); or
- Is under the Transition to Community Living Initiative (TCLI).
- For those being admitted to an Adult Care Home (excluding 5600 facilities), the beneficiary must have a Referral Screening ID.
  - To learn more on this form and process, please go to:  
[RSVP-Fact-Sheet.pdf \(nc.gov\)](#)
- The beneficiary is medically stable.
- The beneficiary has active or pending Medicaid.



# Expedited Process – Submitting the Form

---

- Form should be completed and submitted by one of the following –
  - Hospital Discharge Planner
  - Skilled Nursing Facility Discharge Planner
  - Adult Protective (APS) Worker
  - An approved LME-MCO Transition Coordinator\*
- Persons submitting the 3051 will need to have the beneficiary select a provider of services **PRIOR** to calling Acentra Health and completing the expedited process.
- Completed forms should be sent to Acentra Health via fax at 833-551-2602 followed by a call to Acentra Health at 919-568-1717 (local) or 833-522-5429 (toll free).

*\*LME-MCO Transition Coordinators, who are approved through NC Medicaid, are able to execute the expedited process.*



# Expedited Process – Next Steps

1. Once connected with Acentra, the request will be reviewed and immediately approved or denied based on eligibility only, by a Customer Service Team Member.
2. If eligibility is approved, the caller will be transferred to a Acentra Health nurse who will conduct a brief phone assessment.
3. If a need for PCS is identified, the beneficiary will be immediately awarded temporary hours for personal care services, up to 60 hours, and the referral is sent to the selected PCS Provider for acceptance.
4. Then, Acentra Health contacts the beneficiary within 14 business days to schedule a complete assessment in person.



# Provider Requirements



# Forms, Forms, and More Forms

- NC Medicaid-3085: Session Law 2013-306 PCS Training Attestation Form
- NC Medicaid-3136: Internal Quality Improvement Program Attestation Form



# NC Medicaid-3085: Session Law 2013-306 PCS Training Attestation Form

North Carolina Department of Health and Human Services-NC Medicaid  
**SESSION LAW 2013-306**  
**PCS TRAINING ATTESTATION FORM**

Send completed form, and supporting documentation, to NC Medicaid at [Medicaid.PCSTraining@dhhs.nc.gov](mailto:Medicaid.PCSTraining@dhhs.nc.gov). For questions, contact 919-855-4360, or send an email to [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov).

<b>PROVIDER TYPE (select one):</b>		<b>DATE OF SUBMISSION:</b> (mm/dd/yyyy)	
<input type="checkbox"/> Home Care Agency	<input type="checkbox"/> Family Care Home	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Adult Care Bed in Nursing Facility
<input type="checkbox"/> SLF-5600c	<input type="checkbox"/> Special Care Unit (stand-alone SCU or SCU bed)	<input type="checkbox"/> Non-Provider: _____	

**PART I: SUBMITTER INFORMATION**

National Provider Identifier (NPI#): \_\_\_\_\_  
Provider Name: \_\_\_\_\_  
Submitter Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_ (zip code + 4 digit extension) Phone: \_\_\_\_\_  
Suite: \_\_\_\_\_ Email: \_\_\_\_\_ Fax (if Applicable): \_\_\_\_\_

**PART II: TRAINER QUALIFICATIONS**

Check the box to the left if you have attached additional documentation for this section.  
List Trainer Qualifications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART III: CURRICULUM OUTLINE**

Check the box to the left if you have attached additional documentation for this section.  
Outline the structure and training methodology. Include goals, core competencies, and skills validation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBMITTER SIGNATURE: \_\_\_\_\_ DATE: (mm/dd/yyyy) (\_\_\_\_/\_\_\_\_/\_\_\_\_)

NC Medicaid-3085      Session Law 2013-306 PCS Training Attestation Form      9/2019



## NC Medicaid-3085: Session Law 2013-306 PCS Training Attestation Form (continued)

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### Who is required to submit this form?

- Any provider servicing or who plans to service a beneficiary that receives additional hours mandated by N.C. Session Law 2013-306.

**NOTE:** Providers who are non-compliant with submission of the NC Medicaid-3085 Form are subject to audit by Office of Compliance and Program Integrity.

### N.C. Session Law 2013-306

- Providers serving beneficiaries seeking additional hours of PCS due to Alzheimer's or other Memory Care complications are required to have caregivers with training or experience in caring for individuals who have a degenerative disease characterized by irreversible memory dysfunction that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty learning, and the loss of language skills.



## NC Medicaid-3085: Session Law 2013-306 PCS Training Attestation Form (continued)

---

### The PCS Provider Must Include:

- **Trainer Qualifications**

If the training requires qualifications for the trainer, those qualifications should be listed in Part II.

- **Example:** If the training curriculum requires that the course may only be taught by an RN, RN should be documented in this section. If using an online pre-developed module, list reference to the module.

- **Curriculum Outline**

The curriculum should include the following:

- Description of training goals
- Core competencies
- Skills Validation
- General Training Methodology



## NC Medicaid-3085: Session Law 2013-306 PCS Training Attestation Form (continued)

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### Submitting the NC Medicaid-3085 Form to NC Medicaid

Complete the NC Medicaid-3085 and submit along with any required materials as noted on the form by:

- **Email:** [Medicaid.PCSTraining@dhhs.nc.gov](mailto:Medicaid.PCSTraining@dhhs.nc.gov)
- **Provider Portal:** Upload directly to QiRePort
  - **Note:** If uploading via the QiReport Provider Interface, you must have Administrator level access for your agency.



# NC Medicaid-3136: Internal Quality Improvement Program Attestation Form

N.C. Department of Health and Human Services – NC Medicaid  
**INTERNAL QUALITY IMPROVEMENT PROGRAM ATTESTATION FORM**

Completed form should be submitted via email to NC Medicaid at [Medicaid\\_PCSQualityImprovement@dhhs.nc.gov](mailto:Medicaid_PCSQualityImprovement@dhhs.nc.gov). For questions, contact 919-855-4360 or send an email to [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov).

**SUBMISSION REQUIREMENTS**

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 by initialing each of the items described below.

**PROVIDER TYPE (select one)**

Home Care Agency   
  Family Care Home   
  Adult Care Home   
  Adult Care Bed in Nursing Facility   
  SLF-5800a  
 SLF-5800c   
  Special Care Unit (stand-alone Special Care Unit or SCU bed)   
  Non-Provider: \_\_\_\_\_

**SUBMITTER INFORMATION**

NPI: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ Zip: \_\_\_\_\_ (zip code + 4-digit extension) Phone: \_\_\_\_\_  
 Suite: \_\_\_\_\_ Email: \_\_\_\_\_ Fax (if Applicable): \_\_\_\_\_

INTERNAL QUALITY IMPROVEMENT REQUIREMENTS CLINICAL COVERAGE POLICY 3L SECTION 7.7	INITIAL
a. Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures that describe the PCS CQI program and activities;	
b. Implement an organizational CQI Program designed to identify and correct quality of care and quality of service problems;	
c. Conduct at least annually a written beneficiary PCS satisfaction survey for beneficiaries and their legally responsible person;	
d. Maintain complete records of all CQI activities and results	

Person Completing this Form:

\_\_\_\_\_  
 Name (Printed)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date (mm/dd/yyyy)

(LEGIBLY SIGN YOUR NAME, STAMPS and ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE FOR THIS FORM.)

I hereby attest that I am in compliance with the items described in Clinical Coverage Policy 3L Section 7.7. I also agree to provide any of the referenced documents to NC Medicaid, or a DHHS designated contractor upon request in conjunction with any on-site or desktop quality improvement review.

NC Medicaid-3136    INTERNAL QUALITY IMPROVEMENT PROGRAM ATTESTATION FORM    4/2019



### **What are the requirements for the PCS Provider regarding an Internal Quality Improvement Program?**

- Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures that describe the PCS CQI program and activities
- Implement an organizational CQI Program designed to identify and correct quality of care and quality of service problems
- Conduct at least annually a written beneficiary PCS satisfaction survey for beneficiaries and their legally responsible person
- Maintain complete records of all CQI activities and results.



# NC Medicaid-3136: Internal Quality Improvement Program Attestation Form (continued)

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## Key Points

- Required to be submitted to NC Medicaid by December 31<sup>st</sup> each year
- There is no standard regarding the format of the required documents
- All documents are not required to be submitted to NC Medicaid, just the NC Medicaid-3136 Form
- Providers who are non-compliant with submission of the NC Medicaid-3136 Form are subject to audit by OCPI

## Submitting the 3136 Form to NC Medicaid:

- Complete the NC Medicaid-3136 Form and submit by:
  - **Email:** [Medicaid.PCSQualityImprovement@dhhs.nc.gov](mailto:Medicaid.PCSQualityImprovement@dhhs.nc.gov)
  - **Provider Portal:** Upload directly to Qi Report



# Location of Forms

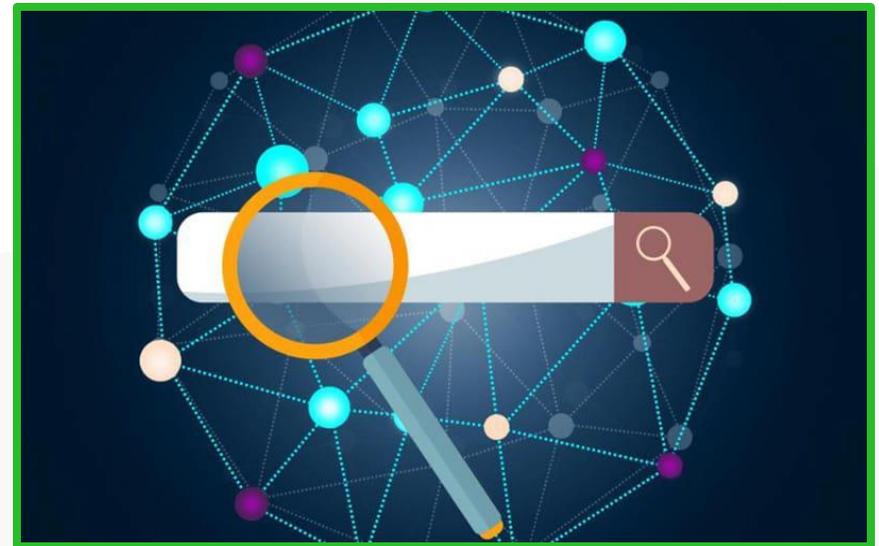
**All forms with instructions can be found in the following locations:**

1. Acentra Health NCLIFTSS website:

[NCliftss | Home \(kepro.com\)](https://www.kepro.com/ncliftss)

1. NC Medicaid PCS webpage under “Forms.”

[Adult Care Home and Personal Care Services Forms | NC Medicaid \(ncdhhs.gov\)](https://www.ncdhhs.gov/adult-care-home-and-personal-care-services-forms)



# QiRePort Overview



# What is QiRePort?

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**QiRePort** is an integrated web service designed to support the operation of the PCS program. QiRePort was developed and is hosted by VieBridge, Inc.



**Important:** Registration is required for all PCS Providers. A registration form and instructions can be obtained by visiting <https://www.QiRePort.net>



# What can I do with QiRePort?

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## Provider Agencies utilize QiRePort to do the following:

- Receive service referrals and accept/reject them electronically
- Manage servicing beneficiaries' accounts, including access to historical assessments and PAs
- Submit Discharges
- Submit Service Plans
- Submit Change of Status Requests
- Upload the Beneficiary Consent Form
- Manage Servicing Territories
- Update/Correct Modifiers
- Update NPI association



# Home Page

**QiRePort** Home | Referrals | Plan | Reports  
Home Knowledge Exchange | Set Up  
Welcome Jaylene

**Announcements**

**NEW 07/02/2015 - Provider Manual Update** - Unfortunately the June version of the Provider Manual, with all policy changes included, has been delayed for posting. As soon as it is available, it will be communicated to all providers. Thank you for your patience.

**06/18/2015 - Access to Service Planning Functions** - To access the new service planning functionality, users are required to have "Add/Edit" authorization in QiRePort. To modify users currently with "View Only" authorization, submit a new registration form with "Add/Edit" access indicated.

In addition, all administrative staff should now see the "Agency Users" option on the left index of the "Set Up" page. To modify users for this option, submit a new registration form with "Administrative" access specified.

The registration form can be found at the bottom of the left index on this page (User Registration).

**06/10/2015 - New QiRePort Functionality Available!**

The new QiRePort functionality is now ready for your use. Remember any referral you accept today or thereafter requires the completion of a service plan in QiRePort. Besides the new service planning module, you will find a new beneficiary profile, supporting documents, person-centered goals, a new agency users reference file and new reports.

If you did not attend one of the recent training webinars on the new functionality, you should review the Getting Started Guide and the various instructional materials/videos available in QiRePort describing the new features.

You can also access the PowerPoint presentations that VieBridge used in the training webinars. These webinar PowerPoints will give you a quick overview of what the webinars covered. The PowerPoints are available in the new Knowledge Exchange in QiRePort.

Finally, Webinar recordings are now available! The Webinar videos are especially useful for providers unable to attend the live Webinars. See the link under Training Resources

**DMA, PCS Staff Contact Information**

**PCS Policy Analyst:**

- Cassandra McFadden, [cassandra.mcfadden@dhhs.nc.gov](mailto:cassandra.mcfadden@dhhs.nc.gov)

**Program Planner:**

- Stephen Dickson, [stephen.dickson@dhhs.nc.gov](mailto:stephen.dickson@dhhs.nc.gov)

**Nurse Consultants:**

- Janis Peirce, [janis.peirce@dhhs.nc.gov](mailto:janis.peirce@dhhs.nc.gov)
- Candace Stancil, [candace.stancil@dhhs.nc.gov](mailto:candace.stancil@dhhs.nc.gov)
- Patricia Miller, [patricia.miller@dhhs.nc.gov](mailto:patricia.miller@dhhs.nc.gov)
- Lydia Moose, [lydia.moose@dhhs.nc.gov](mailto:lydia.moose@dhhs.nc.gov)
- Karen Parnell, [karen.parnell@dhhs.nc.gov](mailto:karen.parnell@dhhs.nc.gov)
- Barbara N. Young, [barbara.n.young@dhhs.nc.gov](mailto:barbara.n.young@dhhs.nc.gov)

**PCS Administrative Support:**

**Weather Unavailable**

**Test Your Knowledge**

Which one of the following must be documented in the PCS service plan:

- Service outcomes
- Aide task schedules
- Medical monitoring parameters
- Aide instructions

**Did You Know?**

You have seven (7) business days to complete the PCS service plan once you accept the referral.

**Website Help?**

Need assistance? Let us know. Do NOT include any PHI. or Call 888-705-0970

**Ask DMA**

Ask a DMA PCS Consultant?

## Providers are able to:

- View training resources
- Ask Viebridge questions
- Ask NC Medicaid questions



# Referrals and Provider Acceptance

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- Referrals are located in QiRePort on the 'Referrals' page.
- If a PCS Provider does not respond in two business days, Acentra Health rejects the referral and submits the referral to the next provider choice.
- PAs are based on the beneficiary service authorization date.

**NOTE: PAs will not be made retroactive for failure to respond to a referral timely.**



# Referrals

Access to all beneficiary information and account management can be found under the 'Referrals' tab

The screenshot shows the QiRePort interface. At the top, there is a navigation bar with tabs for Home, Referrals, Plan, and Reports. Below this is a sub-header for 'Referrals' with a left sidebar containing two main sections: 'Referral Info' and 'Beneficiary Info'. The 'Referral Info' section includes links for 'Referrals for Review', 'Accepted (last 1 year)', and 'Denials (last 6 months)'. The 'Beneficiary Info' section includes links for 'Search Beneficiaries', 'Beneficiary Summary', 'Beneficiary Profile', 'Supporting Docs', 'Change of Status Request', 'Discharge', and 'Provider Number Change'. A table with columns for Name, MID, Notification Type, Action Date, Provider No., Notification Letter, and Hours is visible. A blue arrow points from the 'Referrals' tab to the left sidebar, and another blue arrow points from the 'Referrals' tab to the table header. Text annotations state: 'Access links are located in the left side toolbar' and 'Click the 'Referrals' tab to access beneficiary information'.

**Access links are located in the left side toolbar**

**Click the 'Referrals' tab to access beneficiary information**



# Referrals for Review

**Referrals** Referral for Acceptance Review

[Print](#)

\* = Required

**Recipient Data**

Recipient Name	Medicaid ID
Address 1	Address 2
City, State Zip	County
Phone	DOB
Gender	Status

**Requests for Independent Assessment**

Recipient Name	MID	Phone Number	Request Date	Request Type

**Independent Assessments on file for Recipient**

Assessment Date	Comments	Assessment Type	Hours
4/25/2014	[ comments ]	Change of Status	39
5/7/2013	[ comments ]	Admission	39

Referral Decision \* -- select --

Comment

**Click here to access a copy of the assessment**

**Provider should select a response to request by selecting the appropriate response decision**

**Hours awarded is displayed here**



# Referral Info – Accepted (last 1 year) - continued

The screenshot displays the QiRePort interface for 'Referrals Accepted/Reviewed Last 1 Year'. The table lists various referral events with columns for Beneficiary Name, MID, Accept Date, Notification Type, Action Date, Provider No., Notification Letter, Beneficiary Notice, and Hours. Annotations with arrows point to the Notification Type, Notification Letter, and Hours columns.

Beneficiary Name	MID	Accept Date	Notification Type	Action Date	Provider No.	Notification Letter	Beneficiary Notice	Hours
		03/17/2015	Annual Assessment	03/09/2015		[ letter ]	[ letter ]	71
		12/01/2014	Annual Assessment	12/01/2014		[ letter ]	[ letter ]	54
		11/13/2014	Annual Assessment	11/12/2014		[ letter ]	[ letter ]	80
		05/13/2015	Change of Provider	10/02/2014		[ letter ]	[ letter ]	50
		01/21/2015	Annual Assessment	01/20/2015		[ letter ]	[ letter ]	80
		07/08/2015	Annual Assessment	07/07/2015		[ letter ]	[ letter ]	80
		03/12/2015	Annual Assessment	02/26/2015		[ letter ]	[ letter ]	80
		05/04/2015	New Request	05/04/2015		[ letter ]	[ letter ]	55
		07/02/2015	MOS	06/08/2015		[ letter ]	[ letter ]	174
		07/31/2014	New Request	07/31/2014		[ letter ]	[ letter ]	80

**Displays notification type**

**Click active link to access notifications**

**See total hrs.**



# Referral Info – Accepted (last 1 year) - continued

Select a beneficiary to access the Beneficiary Summary page

The screenshot displays the QiRePort interface for a Beneficiary Summary. It includes sections for Beneficiary Data, Requests for Independent Assessment, and a table of Independent Assessments on file for the beneficiary. Three blue arrows point to the date, assessment type, and total hours columns of the assessment table, with corresponding text labels below them.

**Beneficiary Data**

Beneficiary Name	[Redacted]	Medicaid ID	[Redacted]
Address 1	[Redacted]	Address 2	[Redacted]
City, State Zip	[Redacted]	County	[Redacted]
Phone	[Redacted]	DOB	[Redacted]
Gender	[Redacted]	Status	[Redacted]

**Requests for Independent Assessment**

Beneficiary Name	MID	Phone Number	Request Date	Request Type
[Redacted]	[Redacted]	[Redacted]	5/23/2015	Annual Assessment

**Independent Assessments on file for Beneficiary**

Assessment Date	Comments	Assessment Type	Hours
<a href="#">6/26/2015</a>	<a href="#">[comments]</a>	Annual Review	80
<a href="#">7/16/2014</a>	<a href="#">[comments]</a>	Result of Mediation	72
<a href="#">3/21/2013</a>	<a href="#">[comments]</a>	Annual Review	0
<a href="#">4/4/2012</a>	<a href="#">[comments]</a>	Change of Provider	73
<a href="#">4/8/2011</a>	<a href="#">[comments]</a>	Annual Review	69

**Click date to access assessment**

**Displays assessment type**

**Displays total hours**



# Referral Info – Denials (last 6 months)

---

- This page displays almost identical to the 'Accepted (last 1 year)' page. The 'Denials' page provides a list of beneficiaries who have been accepted by the provider agency but since denied PCS. From this page you can:
  - Access notifications regarding the denial of PCS for a beneficiary
  - Review current approved hour totals
  - Access historical assessments
  - Review demographic information



# Accepted and Active Recipients

## **Search Recipients/Recipient Summary:**

The 'Search Recipients' link allows you to search for a particular beneficiary and access the following:

- Review demographic information
- Review the request entry entered by the IAE
- Review current approved hour totals
- Access historical assessments



# Accepted and Active Recipients (continued)

## Recipient Summary (continued)

**QiRePort** Home | Referrals

Referrals

### Recipient Summary

**Recipient Data**

Recipient Name	[REDACTED]	Medicaid ID	[REDACTED]
Address 1	[REDACTED]	Address 2	[REDACTED]
City, State Zip	[REDACTED]	County	[REDACTED]
Phone	[REDACTED]	DOB	[REDACTED]
Gender	[REDACTED]	Status	[REDACTED]

**Requests for Independent Assessment**

Recipient Name	MID	Phone Number	Request Date	Request Type
[REDACTED]	[REDACTED]	[REDACTED]	11/12/2013	Change of Status
[REDACTED]	[REDACTED]	[REDACTED]	12/10/2010	Change of Provider

**Independent Assessments on file for Recipient**

Assessment Date	Comments	Assessment Type	Hours
<a href="#">12/3/2013</a>	[ comments ]	Change of Status	80
<a href="#">1/8/2013</a>	[ comments ]	Annual Review	52
<a href="#">1/10/2012</a>	[ comments ]	Annual Review	80
<a href="#">1/26/2011</a>	[ comments ]	Change of Provider	51

Can review request entries entered by the IAE



# Beneficiary Profile

## What is the Beneficiary Profile?

- The beneficiary profile is used to store and maintain key information about a beneficiary in a single location.
- The profile uses information collected from the assessment and NC Tracks.
- Providers may update and add information to the profile record including current contact information and current diagnosis codes.
- Acentra Health Coordinators may reference the information in the profile in order to obtain the most up to date information.



# Beneficiary Profile (continued)

## How to access the Beneficiary Profile

- Once you have searched for a beneficiary, you will want to click 'Beneficiary Profile' from the left index bar in order to access their profile.

Beneficiary Profile for [redacted]

\* = Required Print

Beneficiary Identification	
Medicaid Number	[redacted] Medicare Number
Case ID	
First Name	[redacted]
Middle Name	
Last Name	[redacted]
Preferred Name	
Medicaid X-Ref ID	Medicaid County -- select --
Alternate MIDs	
Alternate ID - 1	ID - 2
Birth Date	[redacted]
Gender *	Male
Race	-- select --
Ethnicity	-- select --
Date of Signed Facility Contract	<input type="text"/>
Date of Signed Resident Register	<input type="text"/>
PASRR Number	
PASRR Date	
Advance Directives Documentation Complete?	-- select --
Does Beneficiary Have Legal Guardian?	No
If Yes: Guardian Name	<input type="text"/>
Guardian Agency Affiliation (if applicable)	<input type="text"/>
Guardian Contact Telephone	<input type="text"/>

Picture

No file selected.



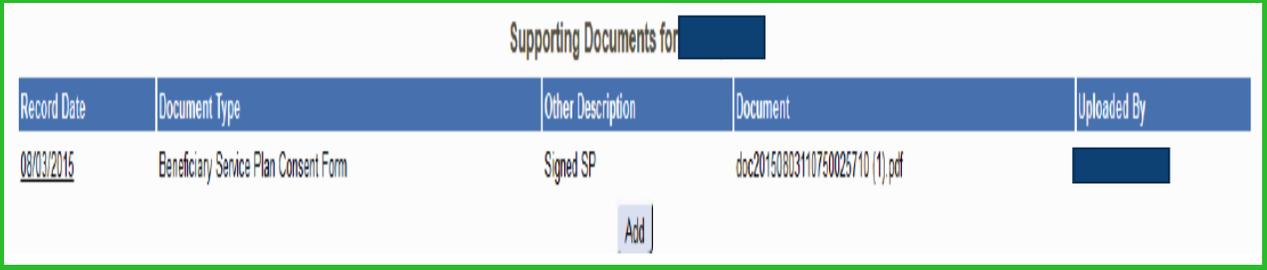
# Beneficiary Profile (continued)

Beneficiary Contact Information			
<b>Physical Address (If living in a private residence)</b>			
Address 1 *	[Redacted]		
Address 2			
Apt #			
City *			
State *			
<b>Mailing Address/Facility Address</b>			
Mailing Address 1			
Mailing Address 2			
Mailing City			
Mailing State	-- select --	Zip	
<b>Alternate Address</b>			
Alternate Address 1			
Alternate Address 2			
Alternate Apt #			
Alternate City			
Alternate State	-- select --	Zip	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<b>Email</b>
336-567-6437			
<b>Assigned Aide/History</b>			
Assigned Aide	Qualifications	Effective Date	Reason
Assigned Aide Entry			
<b>Informal Caregivers/Contacts</b>			
Last Name	First Name	Relationship	Emerg Prim?
Contacts Entry			
<b>Medical Professional Providers</b>			
Name	Practice	Provider Type	Office Phone
Provider Entry			



# Supporting Docs

- Once you have searched for a beneficiary, click ‘Supporting Docs’ from the left index bar in order to access documents that have been uploaded to the beneficiary’s account or to upload a new document.
- To upload a new document, click ‘Add’, locate the document from your computer, and upload.



Record Date	Document Type	Other Description	Document	Uploaded By
<a href="#">08/03/2015</a>	Beneficiary Service Plan Consent Form	Signed SP	doc20150803110750025710 (1).pdf	

- Providers are required to upload all signed service plans to Supporting Docs.
- If a provider is unable to complete a service plan in QiRePort, they must upload a copy of the manually generated service plan to Supporting Docs.
- Providers may upload any other medical or personal information pertaining to the beneficiary to supporting docs.
- Acentra Health can view all information uploaded to supporting docs.

\*Supporting documents do not transfer with a beneficiary when they request a change of provider.



# Service Plan

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- The service plan requirement became effective June 10, 2015.
- Each time a provider accepts a referral for new or existing beneficiary, a service plan must be completed.
- A service plan will need to be completed after each of the following:
  - New admission assessments
  - Annual assessments
  - COS assessments
  - COP requests
  - MOS notifications



# Completing the Service Plan

- A Service Plan is required in order for the PA approval to be sent to NCTracks.
- PCS Providers who do not complete their service plans will be referred to Office of Compliance and Program Integrity.

**NOTE:** PAs will not be made retroactive for beneficiaries in which a service plan was not completed, and the beneficiary is no longer under the care of the PCS Provider.



# Completing the Service Plan (continued)

## To access a beneficiary's service plan a provider

- Selects the 'Plan' tab at the top of their screen
- Next, selects 'In Process Plans' from the left index bar to view all service plans awaiting completion

To view new or in process service plans

The screenshot displays the QiRePort web application interface. At the top, there is a navigation bar with the QiRePort logo and a menu with 'Home', 'Referrals', 'Plan', and 'Reports'. Below this is a sub-header 'Plan'. On the left side, there is a vertical navigation menu with categories: 'Beneficiary Info', 'Plan Info', and 'Help'. Under 'Beneficiary Info', there are links for 'Search Beneficiaries', 'Beneficiary Summary', 'Beneficiary Profile', 'Discharge', and 'Supporting Docs'. Under 'Plan Info', there are links for 'In Process Plans', 'Beneficiary Service Plan List', and 'Person Centered Goals'. Under 'Help', there are links for 'Service Plan Training Videos' and 'Service Plan Instructions'. The main content area shows a table titled 'In Process Service Plans'. The table has columns for MID, Beneficiary Name, Assessment Type, Authorized Hours, Action Date, Start Date, MPI, Author, and Status. There are two rows of data in the table. The first row has a redacted MID, a redacted Beneficiary Name, 'Annual Review', 80, 7/8/2015, 7/19/2015, 1366748428-003, a redacted Author, and 'New'. The second row has a redacted MID, a redacted Beneficiary Name, 'Admission (Appeal) (Revision)', 174, 7/2/2015, 7/10/2015, 1366748428-003, a redacted Author, and 'Add Info Request'. A blue arrow points to the 'In Process Plans' link in the left menu, and another blue arrow points to the 'In Process Service Plans' table header.

MID	Beneficiary Name	Assessment Type	Authorized Hours	Action Date	Start Date	MPI	Author	Status
[Redacted]	[Redacted]	Annual Review	80	7/8/2015	7/19/2015	1366748428-003	[Redacted]	New
[Redacted]	[Redacted]	Admission (Appeal) (Revision)	174	7/2/2015	7/10/2015	1366748428-003	[Redacted]	Add Info Request

**Note:** Providers have 7 business days after acceptance to complete and submit the online service plan

# Completing the Service Plan (continued)

**QiRePort** Home | Referrals | **Plan** | Reports

Plan

Weekly Service Plan

\* - Required

Plan Start Date \* 07/19/2015 Projected End Date 07/18/2016 Monthly Hours 60

Service Schedule Summary

Day	Shift 1 - From / To	Shift 2 - From / To	Shift 3 - From / To	Daily Hrs	Daily Units
Monday				0	0.00
Tuesday				0	0.00
Wednesday				0	0.00
Thursday				0	0.00
Friday				0	0.00
Saturday				0	0.00
Sunday				0	0.00

Weekly Hours 0.00 Units 0.00  
 Weekly Hours Limit 18.50 Units 74  
 Over(+)Under(-) Limit -18.50 Units -74.00

← Weekly hours are already divided by 4.35

[View Assessment]

PCS Tasks

Bathing - ADL Tasks

Need/Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
Bathing - Tub Bath/Shower	7 days / Y	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Upper Body	7 days / Y	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Lower Body	7 days / Y	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Transfer	7 days / Y	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Skin Care (includes Face / Hands / Feet)	7 days / Y	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Nail Care	1 days / N	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Shaving	4 days / Y	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>

Bathing - IADL Tasks

Bathing (IADL) - Change linens	1 days / N	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing (IADL) - Make bed	7 days / Y	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing (IADL) - Tidy / Clean Bathroom	7 days / Y	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>

This is where provider enters the shifts to calculate the daily hours.



# Completing the Service Plan (continued)

**QiRePort**      Home | Referrals | **Plan** | Reports

**Plan**

Beneficiary Info	2 days / Y	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
<b>Dressing - ADL Tasks</b>					
Bathing (ADL) - On-site Laundry Tasks	2 days / Y	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
<b>Dressing - ADL Tasks</b>					
Dressing - Shoes/Clothing On	7 days / Y	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Dressing - Shoes/Clothing Off	7 days / Y	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Dressing - Fastening	7 days / Y	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Dressing - Braces/Splints	7 days / Y	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
<b>Mobility - ADL Tasks</b>					
Mobility - Transfer To/From Bed	7 days / N	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Mobility - Ambulation room to room	7 days / N	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Mobility - Transfer To/From Chair	7 days / N	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
<b>Mobility - IADL Tasks</b>					
Mobility (IADL) - Clear Pathways / Minimize Clutter	7 days / Y	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
<b>Toileting - ADL Tasks</b>					
Toileting - Xfer BSC/Toilet	7 days / Y	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
<b>Toileting - IADL Tasks</b>					
Toileting (IADL) - Clean BSC / Urinal / Bed pan / Toileting Area	7 days / Y	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Toileting (IADL) - Empty Trash / Dispose of Incontinence Supplies	7 days / Y	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
<b>Eating - ADL Tasks</b>					
Eating - Clean Meal Service Area	7 days / Y	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Eating - Clean Utensils/Dishes, Empty Trash	7 days / Y	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Eating - Open Packages	7 days / Y	1 - Limited	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Eating - Heat / Assemble Food	7 days / Y	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
<b>Special Assistance Tasks</b>					
Need/Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
<b>Delegated Medical Monitoring Tasks</b>					
Need/Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
<b>Service Outcomes</b>					
Service Outcome	Comment				
Service Outcome Entry					

Providers must ensure the frequency listed matches the number of days selected for each task.



# Completing the Service Plan (continued)

QiRePort

Home | Referrals | **Plan** | Reports

Plan

Beneficiary Info

- Search Beneficiaries
- Beneficiary Summary
- Beneficiary Profile
- Discharge
- Supporting Docs

Plan Info

- In Process Plans
- Beneficiary Service Plan List
- Person Centered Goals

Help

- Service Plan Training Videos
- Service Plan Instructions

Plan Links

- Current Service Plan
- Service Plan History
- Aide Task Sheet
- Service Plan Print

Assigned Aide	Qualifications	Effective Date	Reason
Assigned Aide Entry			

Medical Monitoring Parameters:

Aide Instructions:

Narrative:

Author: 2Rios-Rivera, Jaylone

Is Service Plan Complete?  Yes  No

Date Completed

Save Show Errors

Before submitting service plan provider needs to select if the service plan is completed. →

Once complete, select save to submit the service plan →



# Service Plan Revision

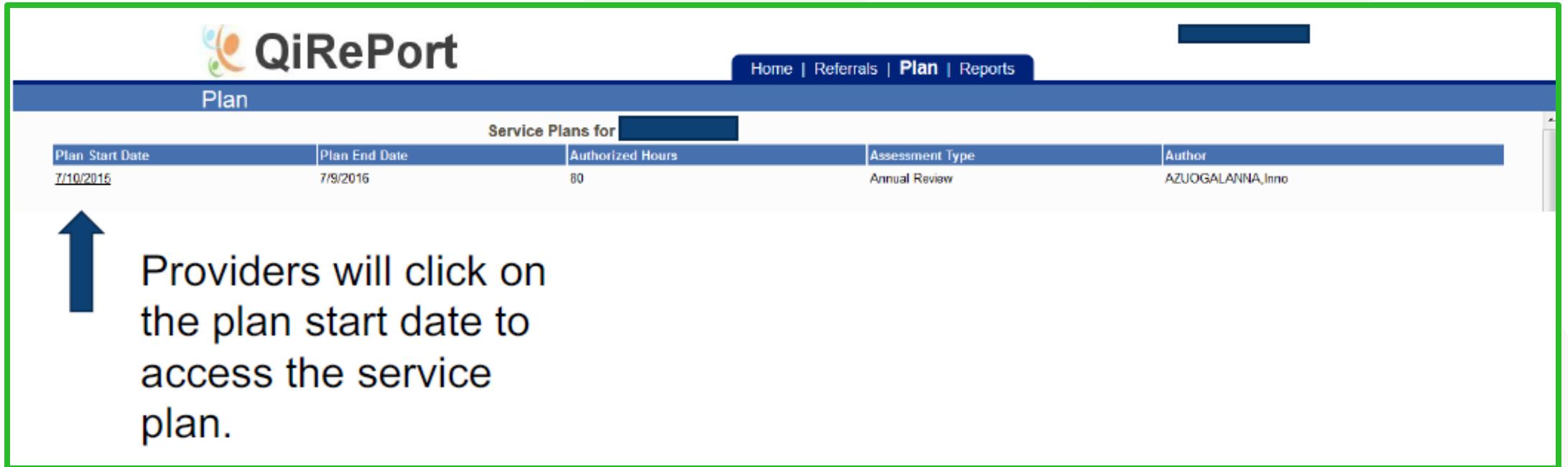
## Accessing a completed Service Plan

- Go to the “Plan” tab and perform a search for the beneficiary.
- Click on the beneficiary’s name to display their Beneficiary Summary
- IHC - select “Beneficiary Service Plan List” found on left index of the QiRePort
- ACH - select “Plan List” found on the left index of the QiRePort

The screenshot displays the QiRePort web application interface. At the top, the QiRePort logo is visible on the left, and navigation tabs for Home, Referrals, Plan, and Reports are on the right. The 'Plan' tab is selected. Below the navigation, a left sidebar contains a menu with options: Beneficiary Info, Search Beneficiaries, Beneficiary Summary, Beneficiary Profile, Discharge, Supporting Docs, Plan Info, In Process Plans, Beneficiary Service Plan List, Person Centered Goals, Help, Service Plan Training Videos, and Service Plan Instructions. A blue arrow points to 'Beneficiary Service Plan List'. The main content area is titled 'Plan' and 'Beneficiary List'. It features a search form with fields for Last Name (partial), First Name (partial), and Medicaid Id, with a red asterisk indicating required fields. A 'Search' button is located below the form. A blue arrow points to the 'Plan' tab in the navigation bar. Text annotations include 'Select 'Plan' to access service plans' and 'Click here to access completed service plans for a beneficiary'.

# Service Plan Revision (continued)

- Once you select 'Beneficiary Service Plan List', a list of completed service plans will populate, click the date of the service plan you wish to access.



**QiRePort**

Home | Referrals | **Plan** | Reports

Plan

Service Plans for [Redacted]

Plan Start Date	Plan End Date	Authorized Hours	Assessment Type	Author
<a href="#">7/10/2016</a>	7/9/2016	80	Annual Review	AZUOGALANNA, Inno

↑ Providers will click on the plan start date to access the service plan.

# Service Plan Revision (continued)

## Revising a Completed Service Plan

- Click on 'Revise Service Plan' to make changes to the Service Plan. A revision date will need to be entered to indicate when the changes will be effective.

**NOTE:** Changes in days of service can be made and which days a task will be completed, but frequency must still match what has been indicated in the assessment. These changes must be documented as deviations. Not applicable to EPSDT.

The screenshot displays the QiRePort interface for a service plan. At the top, there are navigation links: Home, Referrals, Plan, and Reports. The main heading is 'Plan'. Below this, there is a 'Weekly Service Plan for' section with a 'Revise Service Plan' button highlighted by a blue arrow. The 'Plan Start Date' is 07/10/2015 and the 'Projected End Date' is 07/09/2016. The 'Monthly Hours' are 80.

Day	Shift 1 - From / To	Shift 2 - From / To	Shift 3 - From / To	Daily Hrs	Daily Units
Monday	11:00 AM - 2:00 PM			3.00	12.00
Tuesday	11:00 AM - 2:00 PM			3.00	12.00
Wednesday	11:00 AM - 2:00 PM			3.00	12.00
Thursday	11:00 AM - 2:00 PM			3.00	12.00
Friday	11:00 AM - 1:30 PM			2.50	10.00
Saturday	11:00 AM - 1:00 PM			2.00	8.00
Sunday	11:00 AM - 1:00 PM			2.00	8.00

Weekly Hours: 18.50 Units: 74.00  
Weekly Hours Limit: 18.50 Units: 74  
Over(+)/Under(-) Limit: 0.00 Units: 0.00

View Assessment

Need/Task	Freq / Weekend?	Assistance Level	Shift	Day of Week	Check All
Bathing - Sponge Bath	7 days / Y	1 - Extensive	1	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input checked="" type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Shampoo / Hair Care	1 days / N	1 - Total	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Skin Care (includes Face / Hands / Feet)	7 days / Y	1 - Extensive	1	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input checked="" type="checkbox"/> Su	<input type="checkbox"/>
Bathing - Nail Care	1 days / N	1 - Extensive	1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing - IADL Tasks					
Bathing (IADL) - Change linens	3 days / N	1 - Total	1	<input checked="" type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>
Bathing (IADL) - Make bed	7 days / Y	1 - Total	1	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input checked="" type="checkbox"/> Su	<input type="checkbox"/>
Bathing (IADL) - Tidy / Clean Bathroom	7 days / Y	1 - Total	1	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input checked="" type="checkbox"/> Su	<input type="checkbox"/>
Bathing (IADL) - On-site Laundry Tasks	3 days / Y	1 - Total	1	<input checked="" type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/>



# Completing a Manual Service Plan

- The PCS Provider should complete a manual service plan when the amount of approved hours does not match the hours reflected in the assessment, upload into QiRePort, and call Acentra Health.

**NOTE:** All manually drafted service plans must be uploaded to supporting docs. in the provider portal.

## Scenarios

EPSDT Temporary Summer Hours Change

Settlements

Expedited Assessments

COP with Active Appeal

COP and Bene had Settlement for More Hours than Reflected on Assessment



# Change of Status Requests

- The 'Change of Status (COS) Request' link allows the provider to submit an electronic COS non-medical request form directly to the IAE as well as access historical requests submitted and review the status of approval.

**NOTE:** Physician attestation cannot be submitted through the provider portal.

**Review historical requests and the approval status**

QiRePort Home | Referrals

Referrals

Change of Status Requests for [Redacted]

Request Date	Request Type	PCP Name	Complete Date	Disposition
11/12/2013	Change of Status	[Redacted]	11/12/2013	Accepted

**Click the 'Add' button to submit a new request. Complete the request form and hit 'save'.**

Add

# Discharges

- Discharges for a PCS beneficiary are completed through QiRePort.
- If the PCS Provider continues to provide services, but they are not reimbursed by Medicaid, they must discharge the beneficiary in QiRePort.
- Discharges must be completed in 7 business days.
- The PCS Provider is required to discharge a beneficiary from QiRePort if they are no longer providing PCS that is reimbursed through Medicaid.

The screenshot shows the QiRePort web application interface. At the top, there is a navigation bar with 'Home | Referrals |' and a 'Referrals' tab. Below this is a sidebar menu with categories: 'Referral Info' (containing 'Referrals for Review', 'Accepted (last 1 year)', 'Denials (last 6 months)'), 'Beneficiary Info' (containing 'Search Beneficiaries', 'Beneficiary Summary', 'Beneficiary Profile', 'Supporting Docs', 'Change of Status Request', 'Discharge'), and 'Other' (containing 'Billing Modifier Change', 'Provider Number Change', 'Legacy MPN Reference'). The main content area is titled 'Referrals / Notifications for Review' and contains a table with columns: 'Name', 'MID', 'Notification Type', 'Action Date', and 'Provider No.'. A blue arrow points from the 'Discharge' option in the sidebar to the table area. Another blue arrow points from the 'Referrals' tab in the navigation bar to the table area. Two numbered instructions are overlaid on the screenshot: '1. Select the 'Referrals' tab.' and '2. Select 'Discharge' to discharge beneficiary.'



# Additional Questions?

For any additional questions regarding the use of QiRePort, please contact Viebridge at **888-705-0970**.



# Support



# PCS Provider Resources

- **Resources:**

- Clinical Coverage Policy 3L
- Provider Manual
- Trainings/Webinars
- Stakeholder and Focus Group Meetings

- **Websites:**

- [Personal Care Services \(PCS\) | NC Medicaid \(ncdhhs.gov\)](https://www.ncdhhs.gov/pcs)
- [QiReport](#)
- [Home | NC Medicaid \(ncdhhs.gov\)](https://www.ncdhhs.gov/)
- [Home of NCTracks - Home of NCTracks](#)



# PERSONAL CARE SERVICES CONTACTS

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- **NC Medicaid**

- Phone: 919-855-4360
- Fax: 919-715-0102
- Email: [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov)

- **Acentra Health-NCLIFTSS**

- Request forms and general inquiries:  
Acentra Health-NCLIFTSS PCS  
2000 CentreGreen Way, Suite 220  
Cary, NC 27606
- Call Center: 919-568-1717 or 833-522-5429 (toll free)
- Fax: 833-521-2626 or for Expedited Assessments, fax 833-551-2602
- Email: [NCLIFTSS@Kepto.com](mailto:NCLIFTSS@Kepto.com)
- Website: [NCliftss | PCS \(kepto.com\)](https://www.kepto.com/NCliftss|PCS)



# Questions and Answers



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