

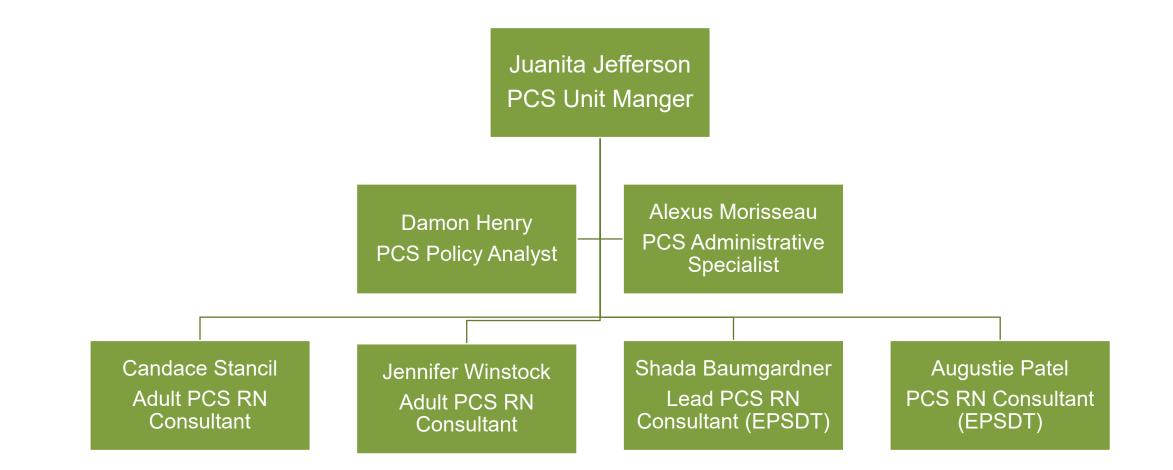
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NC Medicaid LTSS Personal Care Services (PCS)

Juanita Jefferson PCS Unit Manager

June 25, 2024

Overview Topics

- PCS team and assigned roles
- NCLIFTSS transition
- PCS utilization
- QAQI initiatives
- PCS realignment
- PCS NC Medicaid Direct beneficiaries transition to Tailored Plans

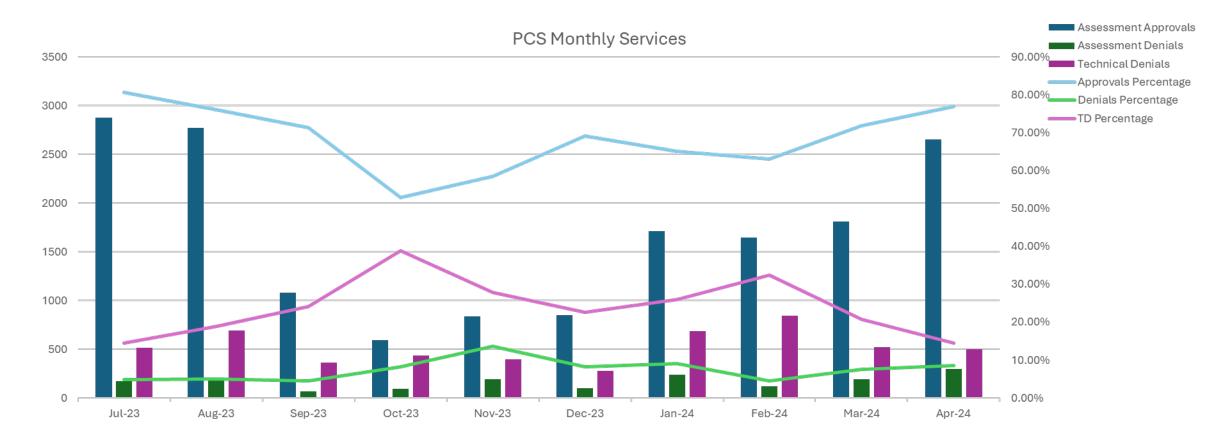


Transition to NCLIFTSS

Where we are...

Numbers since transition to NCLIFTSS	Dates: 10/2/2023 - 5/28/2024
Total number of assessments completed since transitions	12,834
IHC	8387
ACH	4442
Number of Expedited/Fast track assessments to date	229
IHC	217
ACH	12
Number of Adverse decisions that have had 2nd level review by DHB	1,209
IHC	815
ACH	384
# Referral Requests Processed	12,643

Data updated 5.30.2024



https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/personal-care-services-pcs#Resources-747

Data updated 5.28.2024

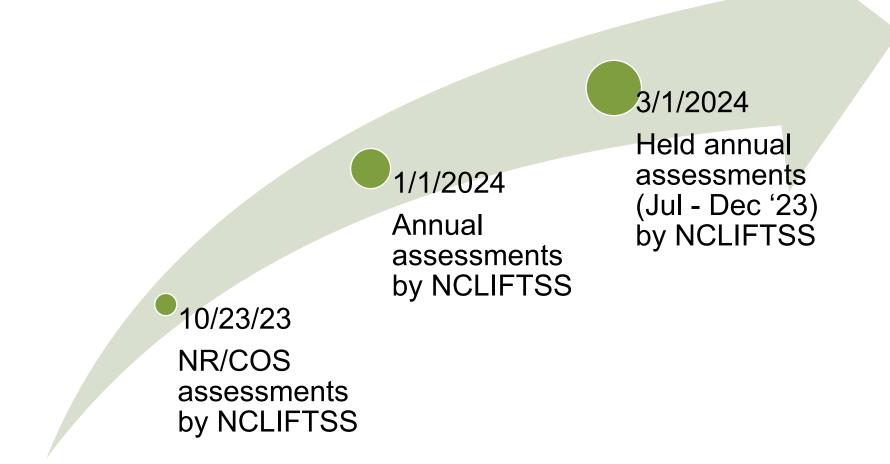
NC MEDICAID | LTSS PROVIDER FORUM | JUNE 25, 2024

Second Level Reviews by NC Medicaid

- As of 6/3/2024, DHB has completed 1261 assessments.
- The approval rate is 99.8%



Assessment Progression



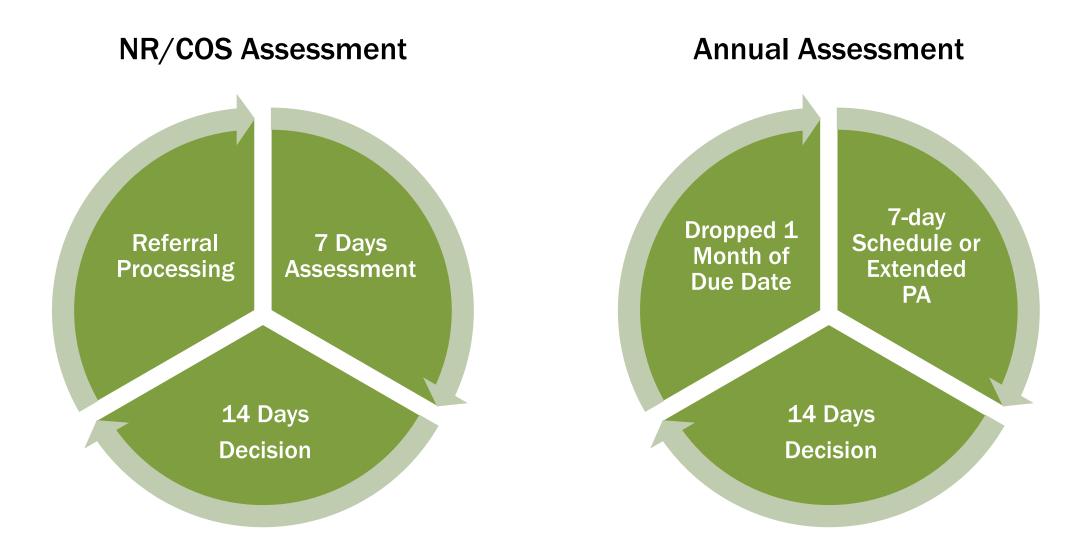
Transition to NCLIFTSS

The following are the steps taken each month for extending PAs for beneficiaries whose annual assessment is delayed beyond their one-year anniversary.

- At the end of each month, the system check for beneficiaries who have not had an annual assessment within the past year, and their authorization ends that month (i.e., PAs ending Jan. 31, 2023)
- If a beneficiary meets this criteria, PA extensions are generated automatically by QiReport and transmitted to NC Tracks on the last day of the month (i.e., PAs will transmit on 01/31/2023).
- Not all PAs are caught in this automatic extension process so if there are any identified PAs that are missed in this process, providers are to follow process put in place by NC Medicaid and send the information pictured below to <u>PCS_Program_Questions@dhhs.nc.gov</u> so the necessary information can be sent to NCLIFTSS.



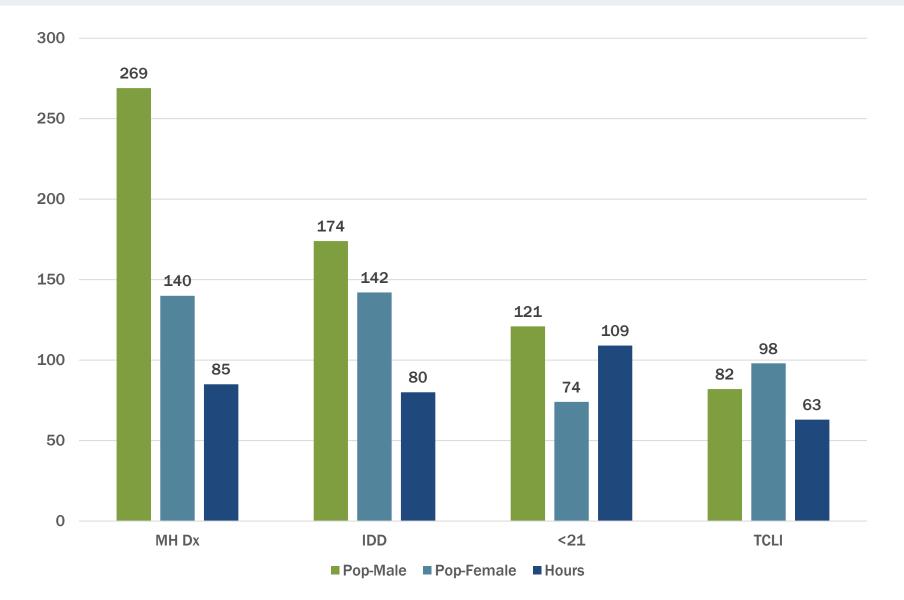
Stability of PCS



PCS Utilization Across Settings



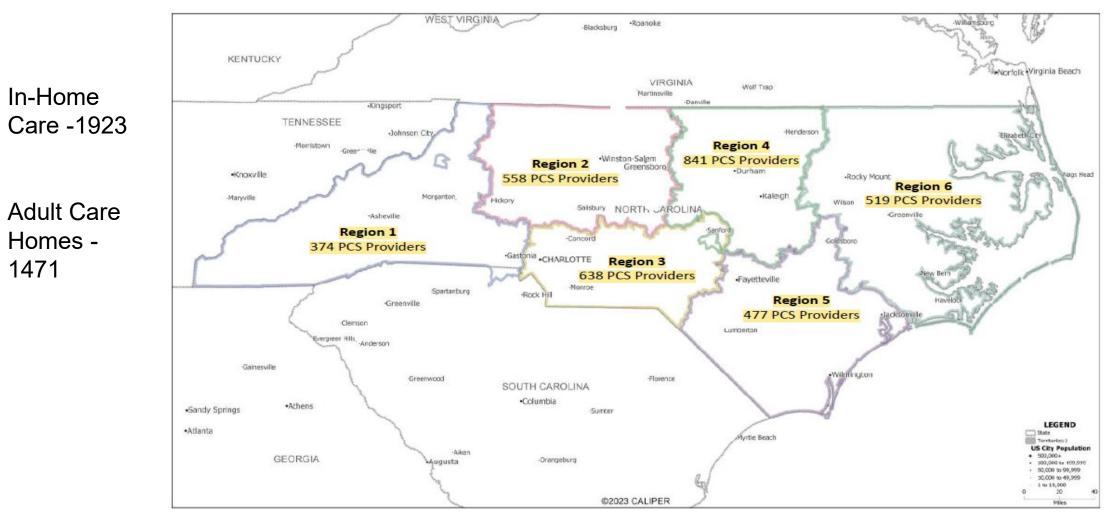
PCS Impact on Health Equity



Data updated 6.5.2024

PCS Impact on Health Equity





Data updated 5.21.2024

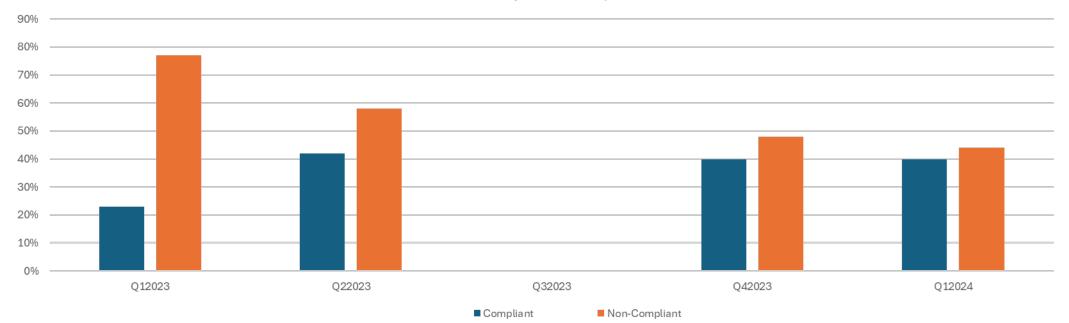
Personal Care Services Quality Assurance Activities

• Division of Health Benefits Internal Audit (Providers)

Random selection of providers will receive a certified letter requesting either:

- Documentation of mandatory competency training records
 - Needs to be actual proof of trainings (i.e., tests, certificates of completion; per DHSR guidelines, PCS Skills test must be given and signed off by an RN and certificate or competency checklist of completion must be received)
 - NC Medicaid 3136 and 3085 (if applicable) also must be submitted; 3136 form due annually. These forms must be uploaded to QiRePort.
- Documentation of in-home PCS supervisory visits performed by a qualified RN Nurse Supervisor
- All documentation request must be received by the end of business on due date. Which is 10 days from the date on the letter.
- Patterns, Trends, and Accountability
- Desktop Reviews (NCLIFTSS)
- Beneficiary Satisfaction Surveys

NC Medicaid Internal Audit Results



PCS Quarterly Audit Compliance

The highest reason noted for Non-Compliance was the absence of the DHB-3051 and DHB-3136 Form submission.

*Q3 2023 Audit was not conducted due to the transition of CIAE vendors.

Phase I

 Development of 2 stand alone policies State Plan Personal Care Service in In-Home Settings (3L)

>15-minute rate methodology

-State Plan Personal Care Services in Residential Settings (3L-1)

Daily rate methodology

- Anticipated effective date January 1, 2024

Phase II

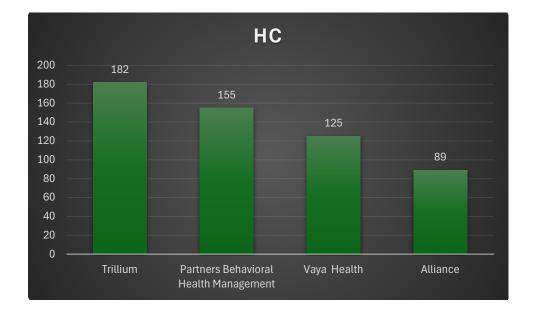
- -Reevaluation of the assessment process for in-home and residential settings
- Planning will begin after year 2024

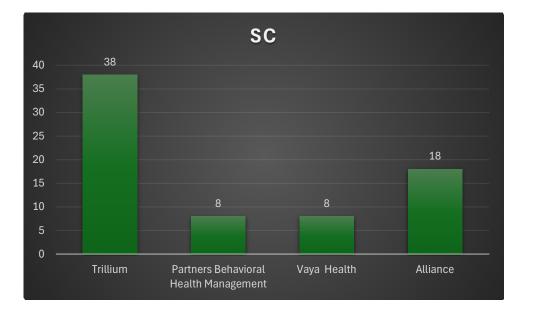
PCS Medicaid Direct beneficiaries transition to TP

Pre-planning Activities

- Identified potential PCS beneficiaries transitioning to the Tailored Plans.
- Conducted meet and greet with each Tailored Plan.
- Scheduled PCS training.
- Provided NC Medicaid Direct PCS required documents to Tailored Plan to ensure consistency in the administration of PCS.
- Ensured identified transitioning beneficiary files were provided to Tailored Plans.
- Ensure PAs to maintain service continuity are available during the transition window.
- Closely work with Tailored Plans to ensure new referrals are processed without delay July 1–Sept. 30.
- Provided the rendering NPIs of potential transitioning NC Medicaid Direct beneficiaries to Tailored Plans to ensure continuity of care.

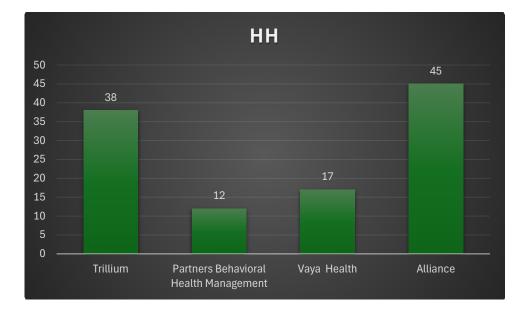
Anticipated PCS Beneficiaries Transitioning to Tailored Plan by Setting Type

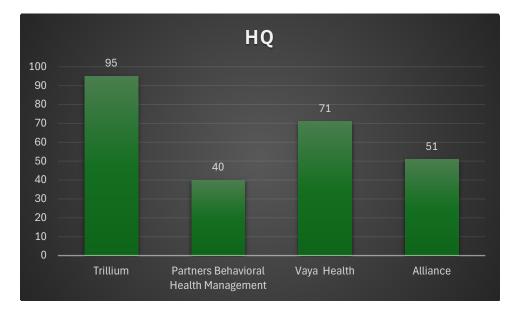


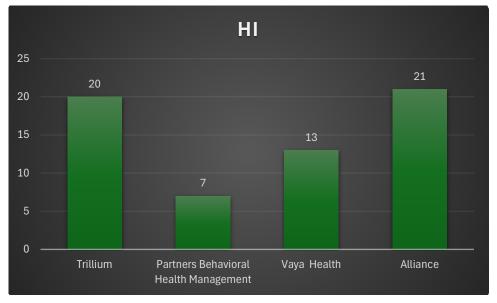


Data updated 6.13.2024

Anticipated PCS Beneficiaries Transitioning to Tailored Plan by Setting Type







Data updated 6.13.2024

PCS NC Medicaid Direct beneficiaries transition to a Tailored Plan

Post Planning Activities

- Weekly checks with Tailored Plans.
- Close observation of PAs from July–Sept to avoid provider abrasion or member harm.
- Dedicated PCS team to address provider and member concerns quickly.

PCS Program Reminders

All NC Medicaid 3085 and 3136 Quality Attestations forms are to be uploaded to QiRePort.

Announcements are posted of the NCLIFTSS Webpage, the PCS Webpage, as well as the QiRePort Provider Interface (see links below)

https://ncliftss.acentra.com/

https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/personal-care-services-pcs#training-and-webinars

https://www.gireport.net/main.aspx

Providers should check beneficiary eligibility at least monthly.

Ensure you are on the NCLIFTSS subscriber listing and encourage your beneficiaries to do so as well for all update on outreach for events such as the Front Porch chats, Forums and any other updates.

PCS Program Reminders continued

Provider Discharge Notifications – Effective Tuesday, May 21, 2024, PCS providers will be notified in QiRePort when a beneficiary selects a different agency to continue to provide services, either at the time of independent assessment or through a change of provider request.

The notification will display after the new provider agency accepts the referral and the beneficiary notification is generated. This discharge notification will serve as the providers' official notice to discharge the beneficiary in one or 10 days from the date of the notification. The notification will show in the Referrals/Notifications for Review queue and will require the provider to download or print it and acknowledge receipt. NCLIFTSS will continue to send 1-day discharge notices via fax to ensure providers are notified promptly of the need to discharge.

Ensure all your contact information is updated in NCTracks as all correspondence will go to the "Authorized individual/contact person" listed in NCTracks. This applies to both email and mailed correspondence.

Acentra Health/NCLIFTSS

Telephone: 833-522-5429 Fax: 833-521-2626

Email: <u>ncliftss.acentra.com</u>

PCS Unit Contact Information

Email: PCS_Program_Questions@dhhs.nc.gov

Phone: 919-855-4360

Questions and Answers