



# Front Porch Chat: Personal Care Services

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August 15<sup>th</sup>, 2024



# Welcome

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## Front Porch Discussion Topics:

- Mediation & Appeal Rights
- Reconsideration Process
- Tailored Plans: Brief Overview and Contact Information
- Q&A

Today's Presenter: Penny Paul, PCS Program Manager



# Housekeeping

- Today's Presentation will be 30 minutes
- Q&A – 15 minutes at the end of the presentation
  - This portion of the webinar is for beneficiary questions
  - Questions can be entered in the Q&A chat
- There will be a post-presentation survey directly following this presentation
- A recording of today's presentation and the PowerPoint will be posted on the Acentra Health NCLIFTSS Website

PERSONAL CARE SERVICES

# Mediation & Appeal Rights



# Due Process

Due process is a requirement that legal matters be resolved according to established rules and principles and that individuals be treated fairly.



Whenever a requested Medicaid Personal Care Service is reduced, denied, or terminated, the beneficiary is entitled to appeal through Due Process.

Appeal forms accompany all adverse determination notices, along with instructions on how to file an appeal.

The Office of Administrative Hearings, OAH will send you a letter stating the date and time of your hearing. OAH will also refer your case to the Mediation Network of North Carolina.

Appeal forms must be signed by the beneficiary, a legal guardian, or Healthcare POA.



# Personal Care Service Adverse Decision Types

## Technical Denial



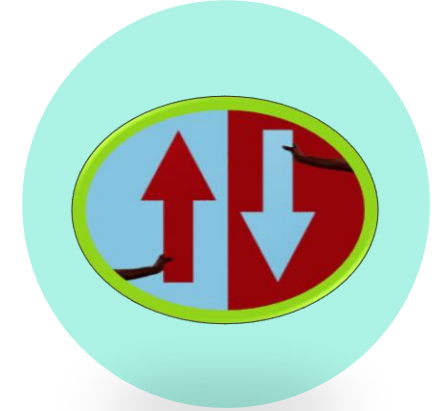
- Examples Include:
  - Unable to Contact
  - No Shows
  - Refusal

## Denials



- Admission Denial
- Annual/Change of Status Denial
- Denial of Expanded hours

## Reductions



- Reduction on an Annual/Change of status
- Reduction of Expanded Hours



# Appeal Letter Example *(pages 1 - 2)*



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits  
NC Linking Individuals and Families for  
Long-Term Services and Supports (NCLIFTSS)

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
JAY LUDLAM • Deputy Secretary, NC Medicaid

## NOTICE OF CHANGE IN SERVICES

12/07/2023

TRACKABLE MAIL

Service Requested: Personal Care Services

Dear

As required by N.C. Session Law 2012-142, Sections 10.9F.(b) and 10.9F.(c); North Carolina State Plan for Medical Assistance; and NC Medicaid Clinical Coverage Policy 3L, all Medicaid beneficiaries receiving PCS must be referred by their primary or attending physician and receive an independent assessment by a registered nurse affiliated with NC Medicaid or the Independent Assessment Entity (IAE) designated by NC Medicaid. NC Medicaid Linking Individuals and Families for Long Term Services and Supports (LIFTSS) is the IAE designated by NC Medicaid to conduct independent assessments.

LIFTSS completed your assessment on November 28, 2023

After reviewing the assessment results, Medicaid approved 50 hours of PCS per month until the earlier of November 28, 2024 or the next assessment completed by NC Medicaid or the IAE designated by NC Medicaid. This is different from your current service level of 80 hours per month.

Medicaid reduced your current hours because it was determined that the service level performed by your provider exceeds the amount of time necessary to assist you with your qualifying activities of daily living (ADLs).

Your assessed self-performance levels and days of unmet need for assistance with the five qualifying ADLs are as follows:

ADL	Self-Performance Level	Days of Unmet Need per Week
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Usted tiene treinta (30) días para apelar esta decisión. Tiene que enviar su solicitud dentro de diez (10) días para continuar los servicios sin interrupción. Si necesitas ayuda para leer y entender la carta, por favor contáctese con el 1-800-662-7030. DIGA AL OPERADOR QUE LA NOTIFICACION NC Medicaid 2002-CPCS-Change.

NC Medicaid 2002 CPCS-Change-HB  
12/21/2012

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Bathing	Can do with limited hands-on assistance	6
Dressing	Can do with limited hands-on assistance	6
Mobility	Totally Able	0
Toileting	Totally Able	0
Eating	Can do with limited hands-on assistance	6

Unless you appeal, this change will be effective 10 day(s) from the date this notice was mailed (see above date).

The above named provider agency was selected by you and will be providing these services.

This letter explains why this decision was made and tells you how to appeal if you disagree.

This decision is based on the authority granted to the North Carolina Department of Health and Human Services by Title XIX of the Social Security Act and its implementing regulations, the North Carolina State Plan for Medical Assistance, N.C.G.S. §108A-25(b), §108A-54, N.C. Session Law 2012-142, Sections 10.9F.(b) and 10.9F.(c), 10A NCAC 25A .0201, and Clinical Coverage Policy 3L, Personal Care Services, which can be found at: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/>.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.** To appeal, you must complete and file the attached Medicaid Beneficiary Services Hearing Request form asking for a hearing with the Office of Administrative Hearings (OAH).

**YOU HAVE 30 DAYS FROM THE DATE OF THIS LETTER TO FILE THE REQUEST FOR HEARING. IF YOUR SERVICES ARE BEING STOPPED OR CHANGED, YOU MUST FILE THE APPEAL WITHIN 10 DAYS FOR YOUR SERVICES TO CONTINUE WITHOUT INTERRUPTION AT THE CURRENT AUTHORIZED LEVEL.**

To learn more about the hearing process, please call OAH at 984-236-1850, Medicaid at 919-855-4350, or the toll-free CARE-LINE at 1-800-662-7030, Monday-Friday, 8:00 a.m.-5:00 p.m. To speak with a Medicaid staff person about this decision, call the name and telephone number listed at the end of this notice.

### FILING THE APPEAL REQUEST

To file for a hearing, you must submit a **completed hearing request form** (enclosed only in the beneficiary's mailing). You can also get a duplicate hearing request form by calling NC Medicaid at 919-855-4350 or the toll-free CARE-LINE at 1-800-662-7030 and ask for your call to be transferred to the Beneficiary Appeals Unit. Mail or fax the completed hearing request form to Clerk of Court, Office of Administrative Hearings. The addresses and fax numbers are on the hearing request form.

SEND THIS FORM TO:  
Office of Administrative Hearings (OAH)  
Attention: Clerk of Court  
1711 New Hope Church Road



# Appeal Letter Example *(pages 3 - 4)*

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Raleigh, NC 27609  
Telephone: 984-236-1850  
Facsimile: 984-236-1871

- You can also call the Office of Administrative Hearings at 1-984-236-1860 and ask for a State Fair Hearing and provide the information requested on the Beneficiary Hearing Request Form.
- If you need a quick decision because your life, health, or your ability to attain, maintain or regain maximum function is in danger, you can ask for an "expedited" (faster) State Fair Hearing. You can ask for an expedited State Fair Hearing by mail, by fax or by making a phone call to OAH. The phone number, address and fax number are on the State Fair Hearing Request Form included in this Notice.

When you ask for an expedited State Fair Hearing, you must give information to show why you need a faster Hearing. This information must be from an appropriately licensed medical professional. It must also be new information that was not included in the original service request. If your request is approved, you will have an expedited State Fair Hearing as quickly as possible after OAH gets your case file. The administrative law judge will use all reports and updates available at the time of your State Fair Hearing. If your request for an expedited State Fair Hearing is denied, you will still have a State Fair Hearing. Your State Fair Hearing will be decided in the standard timeline.

- If you file your appeal **within 30 days of the date of this letter** and you remain otherwise eligible for Medicaid, your service(s) will be reinstated during the appeal unless you choose not to maintain your service(s).
- If you file your appeal **within 30 days**, you will receive authorization for payment for services during the appeal even if you change providers and even if you do not file the appeal within 10 days. Services will be provided at the same level you are receiving now or the level that was requested by your provider, up to a maximum of 80 hours per month, whichever is less.

## **THE HEARING PROCESS**

- If you decide to appeal this decision and once you file with the Office of Administrative Hearings, OAH will send you a letter by trackable mail stating the date and time of your hearing. OAH will also refer your case to the Mediation Network of North Carolina.
- The Mediation Network of North Carolina will contact you to offer you a free mediation with Medicaid to try to settle your appeal. You may accept or reject this offer.
- If you or your representative accept an offer of mediation and then fail to attend mediation without good cause, your case will be dismissed.
- You may participate in the mediation process by telephone or in person. Medicaid representatives will participate by telephone. You may invite anyone to participate in the mediation process as long as all parties involved in the mediation agree to their participation.
- At the mediation, you may present new evidence, including medical records and documentation from doctors and other providers about why you need the requested services.
- If mediation resolves your case, your hearing will be dismissed, and services will be provided as agreed to during the mediation.
- If you do not accept the offer of mediation or if the mediation does not succeed, you may still

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proceed with your hearing.

- You can have a hearing by telephone or in person or you can have the hearing by videoconferencing if you have access to a computer with a camera and videoconferencing software. The hearing will be conducted by telephone unless you specifically request an in-person or video hearing. The in-person hearing will be held at the OAH main location in Wake County (Raleigh) unless you can show good cause why you cannot come to Wake County.
- Hearings are conducted by an administrative law judge with OAH.
- You have the right to see Medicaid's entire file about your case before the date of the hearing.
- At the hearing, you may present new evidence, including medical records and testimony from doctors and other providers about why you need the requested services (even if you obtained it after Medicaid made its decision).
- You may represent yourself in the hearing process, hire an attorney or use a legal aid attorney, or ask a relative, friend, or other spokesperson (e.g. case manager) to speak for you.
- The administrative law judge will make a decision and will send that decision to the Medicaid agency, which will make the final agency decision. You will receive copies of both the administrative law judge's decision and Medicaid's final agency decision by trackable mail.
- If you lose your appeal, you can appeal the final decision in Superior Court.

**Free legal aid may be available to assist with your appeal.** Contact Legal Aid of North Carolina toll-free at 866-219-5262 to open a new case, or visit them online at [legalaiddnc.org](http://legalaiddnc.org). If the beneficiary is age 60 or older, you may call Legal Aid's Senior Law Project at 877-579-7562 to open a new case. If the beneficiary is a person with a disability, you may also contact Disability Rights North Carolina at 919-856-2195 or toll-free at 877-235-4210.

Sincerely,

Independent Assessment Department  
NC Medicaid Linking Individuals and Families for Long Term Services and Supports  
Customer Service: 833-522-5429  
Fax: 833-521-2626  
Website: [ncliftss.acentra.kepro.com](http://ncliftss.acentra.kepro.com)

Enclosures:

- Medicaid Services Beneficiary Hearing Request Form, NC Medicaid 2003 (beneficiary mailing only)

C: Provider  
Office of Administrative Hearings  
NC Medicaid





# Appeal Letter Example (page 5)

## MEDICAID SERVICES BENEFICIARY HEARING REQUEST FORM

COMPLETE AND SEND THIS FORM IF YOU WANT TO APPEAL MEDICAID'S DECISION

Date: 12/07/2023

Decision made by: NCLIFTSS

Type of Request: Continuing/Reauthorization

Service Requested: Consolidated PCS

Type of Notice Issued: 2002

### SEND COPY OF FORM TO:

Office of Administrative Hearings (OAH)  
Attention: Clerk of Court  
1711 New Hope Church Road  
Raleigh, NC 27609  
Telephone: 984-236-1850  
Fax: 984-236-1871

### REQUEST STATE FAIR HEARING BY PHONE:

You can also call 984-236-1860 and request a State Fair Hearing and provide the information requested on the Beneficiary Hearing Request Form.

**DIRECTIONS:** Please complete this form. Call or send the completed form by mail or fax to OAH at the address or fax number in the above boxes. The hearing request form must be received by OAH within 30 days of the date this notice was mailed to me.

I would like to appeal the denial/change of my request for Personal Care Services. I have the right to a hearing conducted telephonically, by video technology, or in-person. The hearing will be conducted by telephone unless I request an in-person or video hearing. If I request an in-person hearing, I understand it will be held at the Office of Administrative Hearings in Wake County (Raleigh) unless I can show good cause why I cannot come to Wake County.

I am requesting a hearing (please check one):

☐ by telephone ☐ by videoconference ☐ in-person in Raleigh ☐ in-person in my county of residence because \_\_\_\_\_

☐ I am requesting an expedited State Fair Hearing. I have attached documentation from an appropriately licensed healthcare professional that was not included in the original service request showing why I need a faster hearing.

Do you need an interpreter? ☐ Yes ☐ No If yes, what language? \_\_\_\_\_

Do you have special needs that require accommodation to participate in the mediation or fair hearing? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

I may represent myself during the appeal process, hire an attorney or use a legal aid attorney, or ask a relative, friend, my case manager, or another spokesperson to represent me. By signing this form, I authorize any person listed below to represent me during the appeal, to discuss my case, and to have access to my Medicaid file, including medical records and other confidential information about my case. I understand that I can file this appeal form now and still ask a representative to help me at a later time. I will (please check one of the boxes below):

☐ Represent myself ☐ Be represented by someone else. If represented by someone else, complete box below.

Representative's Name	Relationship to Beneficiary	Address	Telephone Number
			( ) ____ - ____

I understand if I am appealing a CHANGE notice and I submit a request for hearing within 30 days of the date this notice was mailed and my provider submitted the service request before the last authorization expired and as long as I remain otherwise Medicaid eligible, unless I give up this right, I will continue to receive services until my appeal is decided. Should I have been receiving services and appeal within 10 days of the date this notice was mailed, my services will continue without interruption. If I appeal within 30 days of the date this notice was mailed to me and services were stopped or reduced, services will be reinstated. Services will be provided at the same level I was receiving the day before the decision or the level requested by my provider, whichever is less. I will continue to be authorized to receive my current service(s) even if I change providers. If I lose my appeal, I understand that I (the beneficiary, or parent if beneficiary under 18) may be required to pay for the services that continue because of the appeal.

Signature of Medicaid Beneficiary or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Address: \_\_\_\_\_

DHB 2003  
Rev. 10/2022



# Mediation

Mediation is a voluntary opportunity for the parties to try to settle the case with the help of a neutral, third party and without the court's formality.

## Mediator

- Schedules Mediation
- Makes Introductions
- Goes over Mediation Rules
- Is Impartial
- Writes up the decisions taken during mediation.
- Mediation is free

## Acentra Mediation Nurse

- Helps correct Technical Denials
- Obtains new information
- Provides education on Policy 3L
- Approves medically necessary services
- Settles cases if possible

## Beneficiary/3<sup>rd</sup> Party

- Provides new information verbally
- Provides medical documentation
- Can have anyone present on call to assist
- Can be represented by a 3<sup>rd</sup> party

Mediations are typically conducted over the phone.



# Mediation Outcomes

## Withdrawal

- Acceptance of Decision
- Becomes effective the next day

## Settlement

- Acceptance of Mediation Nurse's Offer
- Becomes effective the next day

## Impasse

- Choose to go to Hearing
- Choose to go forward with an assessment option

# Impasse – Administrative Hearing

**If mediation is unsuccessful, the case is scheduled for a hearing with an Administrative Law Judge (ALJ)**



- An Assistant from the Attorney General Office typically attempts contact to try to reach a settlement before the Hearing.
  - This can include providing information regarding the new assessment that might have been conducted.
- If no agreement is reached before the hearing date, then the case will be heard in the presence of an Administrative Law Judge.
- This typically takes place over the phone.
- The administrative law judge will make a decision and will send that decision to the Medicaid agency, which will make the final agency decision.

# Timeframes to Note

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- Appeals submitted to the Office of Administrative Hearings (OAH) within 30 days of the date of the adverse decision letter are entitled to Maintenance of Service until the appeal is resolved. Maintenance of service means that a beneficiary is entitled to receive PCS services during the time of the appeal at the hours of service before the adverse decision.
- Mediations must take place within 25 days after the Hearing Request Form is received by OAH.





PERSONAL CARE SERVICES

# Reconsideration Process



# Reconsideration

Beneficiaries who receive an initial approval of less than 80 hours may request reconsideration.

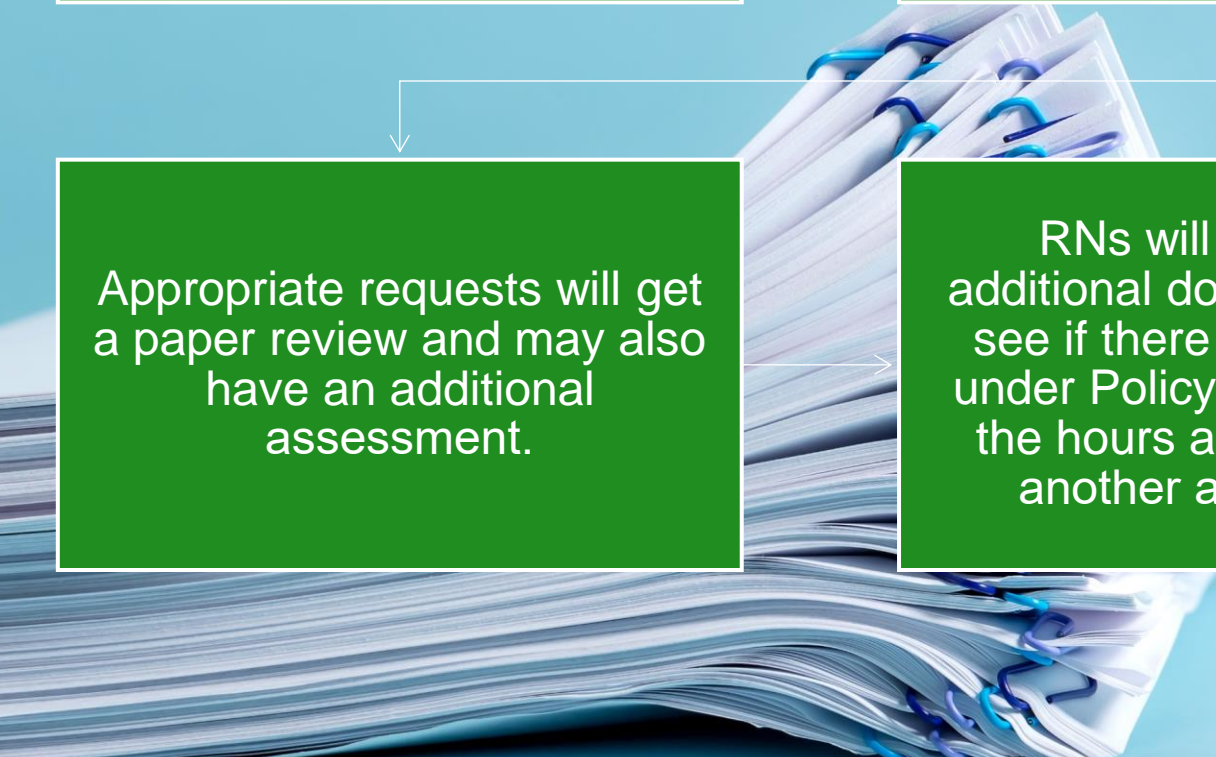
Requests must be submitted between 31 to 60 days after approval.

Requests must include documentation as to why the initial approval was insufficient.

Appropriate requests will get a paper review and may also have an additional assessment.

RNs will review the additional documentation to see if there is justification under Policy 3L to increase the hours and/or conduct another assessment.

If, after the paper review and/or assessment, the hours are not increased, beneficiaries will have the opportunity to appeal.



PERSONAL CARE SERVICES

# Tailored Plans

**Brief Overview & Contact Information**



# Tailored Plan

- Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans (or “Tailored Plans”) are a new kind of NC Medicaid Managed Care health plan.
- Tailored Plans cover your doctor visits, prescription drugs, and services for mental health, substance use, intellectual/developmental disabilities, and traumatic brain injury in one plan. Tailored Plans started July 1, 2024.
- If your NC Medicaid moved to a Tailored Plan, you should have received a welcome packet and new health plan ID from Alliance, Partners, Trillium or Vaya Total Care.

# Tailored Plan Companies Contact Information

- Alliance Health: (800) 510-9132
- Partners Health Management: (888) 235-4673
- Trillium Health Resources: (877) 685-2415
- Vaya Total Care: (800) 962-9003



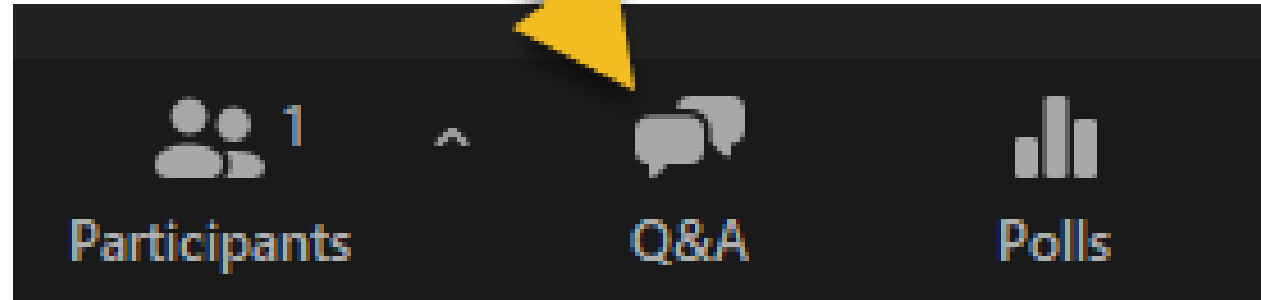


PERSONAL CARE SERVICES

# Questions & Answers



# Q&A: Q&A Chat Box



# Questions & Answers

A person wearing a blue dress shirt and a grey tie is holding a white rectangular sign with both hands. The sign has the text "WE'D LOVE TO HEAR FROM YOU!" written in a dark blue, hand-painted, slightly distressed font. The background is blurred, showing other people in a professional setting.

**WE'D LOVE TO  
HEAR FROM YOU!**

Acentra

HEALTH

Accelerating  
Better Outcomes