Acentra HEALTH

Front Porch Chat: Personal Care Services

November 21, 2024

Welcome

Front Porch Discussion Topics:

- Beneficiary Rights and Responsibilities
- Question & Answer

Today’s Presenter: Penny Paul, PCS Program Manager

Housekeeping

- Today's Front Porch Chat will be approximately 30 minutes
- Q&A – Will occur 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

Beneficiary Rights & Responsibilities

Beneficiary Rights

All Beneficiary's have a right to:

- Have an independent assessment or observation to determine your ability to care for yourself.
- Have anyone you wish present at the assessment.
- Give the assessor any medical records or other information that you think would be helpful for them to understand your needs.
- Appeal if services are reduced or denied.
- Not have an assessment, but the beneficiary cannot have Medicaid PCS without one.
- Request another assessment if your living situation or your ability to take care of yourself changes, or if people who were helping you can no longer do so.

Beneficiary's Responsibilities

To qualify for PCS, it is the beneficiary's responsibility to:

- Be enrolled in the NC Medicaid Program.
- Have a living environment safe for you and your caregivers.
- Be under the care of a doctor or other healthcare provider.
- Keep your address and contact information current for Medicaid to be able to reach you.
- Respond to calls from Acentra Health to schedule your appointment and receive other important information.
- Participate in the assessment to the best of your ability and choose a PCS provider who accepts Medicaid.

Beneficiary's Responsibilities Cont.

The Beneficiary will <u>not</u> qualify for NC Medicaid PCS if:

- You have people who are willing and able to help you care for yourself the same days/time PCS would be provided.

- Anyone who lives with you or is related to you take care of you and be paid for it; this includes a legally responsible person, spouse, child, parent, sibling, grandparent, or grandchild (blood relatives, step, or in-laws).

Things to expect during the assessment

The Independent Assessor (IA) will:

- Attempt to contact the beneficiary or the beneficiary's 3rd party by phone, 24-hours before the assessment to confirm the date and time of arrival.

- Review the Beneficiary Participation Guide and Health Disclosure forms with the beneficiary and have you sign the forms at the beginning of the assessment. (more information will be provided on slide 10)

- Review the beneficiary's medications and diagnosis and any additional medical documentation that you present.

- Have the beneficiary perform or attempt to perform demonstrations in the 5 Activities of Daily Living Areas.
  - This will include: Bathing, Dressing, Mobility, Toileting, and Eating.

Things to expect during the assessment Cont.

The Independent Assessor (IA) will:

- Ask the beneficiary for any caregiver support names and times of availability.
- Perform a review of the assessment with the beneficiary at the end of the assessment to confirm whether you agree or disagree with the findings.
- Offer the beneficiary a random provider list that can be utilized to choose your own provider choice.
  - The beneficiary has the option to choose up to three provider choices and the IA cannot assist you with these selections as this will need to be your decision.
- Complete and submit the beneficiary's assessment by 8am the following business day for review.

Note: The IA is unable to accept any gifts.

Health Disclosure Form

Acentra Health • 2000 CentreGreen Way, Suite 200 • Cary, NC 27513 • Phone: 833-522-5429 • Fax: 833-521-2626 •
Website: ncliftss.acentra.kepro.com

Acentra Health is contracted with the North Carolina Department of Health and Human Services (DHHS) NC Medicaid to conduct Independent In-Home Care Assessments. In order to expedite this process, please provide authorization to Acentra Health of North Carolina to obtain, use and disclose any information required to determine your eligibility for personal care services. If you have any questions, please let the staff member conducting the assessment know.

Authorization to Use and Disclose Health Information

Medicaid Recipient Name (please print):
Medicaid Number: **Beneficiary DOB:**

I hereby authorize the use and/or disclosure of my In-Home Care (IHC) Independent Assessment as described below. I authorize Acentra Health to obtain from and/or disclose the information contained in my medical records, IHC Independent Assessment and any related health to or from the following individuals/entities:

- My primary care physician
- My attending physician who referred me for the In-Home Care (IHC) Program
- The IHC provider agencies I have selected
- Other:

none

The following information should not be released: (Please specify or indicate "none")

none

I understand and certify that:

- I may revoke this authorization at any time by notifying Acentra Health's HIPAA Privacy Officer in writing at the address noted above. The revocation will only be effective from the date it is received in this office and will not apply retroactively.
- I may request and secure a copy of the protected health information to be used, and/or disclosed.
- This authorization will expire one year from the date of your signature below unless otherwise specified.
- Information disclosed pursuant to this authorization may be subject to re-disclosure and Acentra Health assumes no responsibility for the use or misuse by others of my health information used, and/or disclosed under this authorization.
- I have exercised my right **to choose a provider** and have not been offered any gifts or service-related inducements to choose any specific provider organization.

Medicaid Recipient/Personal Representative:

I also understand that if I do not sign this document, it will not condition my treatment, payment, or enrollment in a health plan or eligibility for benefits whether or not I provide authorization to use or disclose protected health information.

PRINT NAME: **Date:**

Signature:

If the Personal Representative, please describe your relationship to the Medicaid Recipient and your authority to act on the Medicaid Recipient's behalf (Documentation may be required and should be attached hereto):

Acentra Health NCIA Assessor Witness:
PRINT NAME: **Date:**

Signature:

Health Disclosure Form

- Explains who (NCLIFTSS) Acentra Health is and that we will only use the beneficiary information to determine eligibility for PCS.
- Gives (NCLIFTSS) Acentra Health authorization to obtain medical records from physicians and agencies.
- Explains that the authorization can be revoked at any time.
- A secure copy of the protected health information can be requested.
- The authorization will expire one year from the date of your signature unless otherwise specified.
- Information disclosed in this authorization form may be subject to re-disclosure and (NCLIFTSS) Acentra Health assumes no responsibility for the use or misuse by others of the health information used, and/or disclosed under the authorization.

Health Disclosure Form

Before the beneficiary signs:

- It is important to understand that if the beneficiary does not sign the document, it will not prevent treatment, payment, or enrollment in a health plan or eligibility for benefits whether or not authorization is provided to use or disclose protected health information.
- If the beneficiary or caregiver has questions, please let the staff member (IA) conducting the assessment know.

If the beneficiary or caregiver provides authorization:

- A printed name, signature, and date will be needed.
- The Witness (IA) will do the same.

Things to expect after the assessment

- Once the assessment has been reviewed by the NCLIFTSS review team, it will be accepted, which will notify your provider of choice and generate a letter to the beneficiary with the results that should be received within 14 days.

- If the caregiver or beneficiary does not agree with the results of the assessment, you will receive appeal rights and instructions in the letter received. The beneficiary will have the opportunity to file for an appeal at that time.

- The beneficiary has the right to change their PCS provider at any time. Only the beneficiary or a caregiver who has Power of Attorney or Legal Guardianship for the beneficiary can submit a Change of Provider (COP) request.

Questions & Answers