

Division of Medical Assistance
 Personal Care Services Compliance Review Program
 Frequently Asked Questions – August 2006

1. Are the letters that Carolinas Center for Medical Excellence (CCME) sends to PCS providers notifying them of an upcoming review sent by certified mail?
Answer: The letters that CCME sends to PCS providers notifying them of an upcoming review are sent by the U.S. Postal Service, regular mail.
2. What do PCS providers need to have available for CCME's agency review?
Answer: PCS providers need to have available for CCME's agency review the following: PCS recipient chart, supervisory notes, in-home aide logs, agency self-audit records and complaint logs.
3. If a PCS provider serves less than 25 recipients, how many recipients will be reviewed?
Answer: If a PCS provider serves less than 25 recipients, CCME will review all of the recipients.
4. How long should a PCS provider keep records of inactive PCS clients for review by CCME?
Answer: PCS policy requires that PCS records be maintained for a minimum of 5 years. (Section 7.11.1)
5. Is a PCS provider always in the selection pool, even after being reviewed?
Answer: A PCS provider is in the selection pool until reviewed after which they will not be selected again for a year, unless there are other events that require review before the normal random selection process.
6. If there is a disagreement about PCS policy interpretation between a PCS provider and CCME's reviewer, who should the PCS provider contact?
Answer: If there is a disagreement about PCS policy interpretation, the PCS provider should contact Jennifer Manning with CCME at 919-380-9860, extension 2018. DMA will be consulted if necessary.
7. What if the CCME reviewer scores a recipient different in one ADL area than the PCS provider?
Answer: A difference of scoring in one ADL area alone does not determine compliance. The entire PACT, supervisory notes, aide logs and other supporting documentation are used to determine compliance.
8. What process is present to ensure consistency among CCME reviewers?
Answer: CCME has an Inter-Rater Reliability program that monitors the degree to which two reviewers complete a review and obtain the same results.

<p>9. How can someone’s name be placed on CCME’s mailing list for future PCS seminars?</p>
<p>Answer: Individuals can be placed on CCME’s email distribution list for notification of seminars by sending their email address to Jennifer Manning at jmanning@mrnc.org.</p>
<p>10. If the MD does not sign the PACT within 60 days, what are the ramifications and what does the PCS provider need to do?</p>
<p>Answer: If the primary care physician does not sign the PACT by the 60th day, the PCS provider is out of compliance with the policy (section 7.1, #2) for that particular recipient. Providers should develop their own policies within their Quality Assurance process about how to address these types of instances. Providers found non-compliant overall through the CCME compliance reviews may be referred to DMA Program Integrity.</p>
<p>11. What if a PCS provider determines either by phone or during the assessment visit that the client does not need PCS?</p>
<p>Answer: If a PCS provider determines by phone that a client is not qualified for PCS, no further steps are necessary. If determined during the assessment visit, pages 1-3 of the PACT should be completed and kept on file if billing for the assessment visit. In this latter instance, per DFS rules, the client should be notified that he/she does not meet the program criteria.</p>
<p>12. What should the PCS provider do with a single MD order for “assess and start PCS”?</p>
<p>Answer: The orders to assess for and initiate PCS are always two separate orders. The order to initiate PCS is always after the primary care physician has approved the POC. (Section 7.1, #2; 7.1, #3; 7.2, #2; 7.2, #3)</p>
<p>13. What is entered in fields 47 and 48 on the PACT form for existing PCS clients?</p>
<p>Answer: “Not applicable” should be entered in both fields 47 and 48 of the PACT for clients already receiving PCS. The signature of the primary care physician is sufficient to continue services past the annual reassessment due date. If the signed PACT is not received by the PCS provider by the annual reassessment due date, a verbal order is required to continue services.</p>
<p>14. Is an MD order required for the annual reassessment?</p>
<p>Answer: An order from the primary care physician is not required to reassess an active client at the annual reassessment due date. If the signed PACT is not received by the PCS provider before the annual reassessment due date, a verbal order is necessary to continue services. (Section 7.3.2)</p>

15. What constitutes a verbal order and who can receive a verbal order for PCS services?
Answer: Verbal order guidelines and eligible professionals who can receive verbal orders are dictated by the North Carolina Board of Nursing. See www.ncbon.com .
16. Is it permissible to use the hospital D/C orders to perform an initial assessment for PCS?
Answer: Upon discharge from a hospital, an order from the primary care physician is required to perform an assessment for PCS for a client who was not receiving PCS before hospitalization. If the client was receiving PCS prior to hospitalization, the PCS provider should at a minimum contact the hospital discharge planner, primary care physician, or other licensed health professional providing care to determine whether any significant changes occurred in the client's condition that would impact the POC. Contact with the PCS recipient should also occur. Significant changes require a reassessment and order from the primary care physician. (Section 7.1, #2 and #3)
17. What does a PCS provider do if a verbal order is given to initiate PCS but not to assess?
Answer: If a PCS provider receives a verbal order to initiate PCS but not to assess, the assessment should be performed. If the assessment indicates a need for PCS, another order must be obtained to initiate PCS. (Section 7.1, #2 and #3)
18. Can a specialist physician such as an orthopedist order PCS?
Answer: An order to assess or initiate PCS must come from the primary care physician. While there are probably instances when a specialist might be an individual's primary care physician, this is not generally the case. (Section 7.1, #2)
19. Can a physician in the same group and who is covering for the primary care physician sign for the primary care physician?
Answer: A physician in the same group as the primary care physician can sign for the primary care physician only in extenuating circumstances when the primary care physician is unavailable during the 60-day time frame required for signing the PACT.
20. If a recipient changes primary care physicians 'midstream', is it necessary to obtain new orders for PCS if the recipient's condition hasn't changed?
Answer: It is not necessary to obtain new orders if a recipient changes primary care physicians 'midstream' if the recipient's condition hasn't changed.

21. The start of care (PCS) must happen within 14 days of what?
Answer: PCS must be initiated within 14 days of the primary care physician's order to initiate care as documented on the PCS PACT form. (Section 7.7)
22. If a client is assessed to have a self performance score of '2' for toileting or '2' for bathing due to a need to transfer to toilet or tub/shower, is that a qualifying ADL for PCS?
Answer: ADLs toileting and bathing represent more than just transferring. If a score of '2' or higher has been determined for ADL mobility, transferring alone cannot be used under ADL toileting or ADL bathing for qualifying. ADL toileting and ADL bathing represent all toileting and bathing skills, not just transferring.
23. If respiration and/or endurance are checked as 'normal' and 'never SOB' on the PACT, can the IADL tasks listed in those fields (22 and 23) be placed in the POC?
Answer: If the PCS client has a qualifying medical condition and two unmet ADL needs, he/she may need assistance with IADLS in fields 22 and 23 due to other conditions. This would need to be explained in PACT field # 38 documenting that the task is due to the client's medical condition. For example: "Due to the client's poor endurance, assistance is needed one time a week with mopping and dusting."
24. If a PCS client scores a '1' for setup only, can time be allowed in the POC?
Answer: A score of '1' for setup only reflects an unmet need that can be included in the POC if the PCS client has a qualifying medical condition and two unmet ADL needs.
25. How is 'applying lotion for skin care to normal skin' scored?
Answer: Applying lotion, per se, is not scored on the PACT. Applying lotion to normal skin is considered a part of bathing ADL and not scored separately.
26. If self-monitoring is not an ADL, why is it scored as an ADL on the PACT?
Answer: Self-monitoring is not a qualifying ADL. Self-monitoring includes the monitoring, cueing and supervision of medication intake as well as assistance with other health related tasks. This field is scored if the provider will be assisting with one or more of the self-monitoring tasks and not scored if the recipient or caregiver(s) is responsible for these tasks.
27. Can the amount of time for ADLs and IADLs be the same on one day if the weekly ADL time exceeds the IADL time?
Answer: Yes, however weekly ADL time must exceed IADL time. (Section 5.7, #2)

28. Can daily tasks deviate from the POC, i.e., can Monday tasks be switched with Wednesday tasks?
Answer: Yes, temporary changes in daily POC tasks may occur as long as documentation explains the change. (Section 7.8.2, #2)
29. If 'PRN' is not permissible when assigning tasks in the POC, how are tasks assigned that may not always occur on a designated day, i.e., PCS client only wants laundry done when the basket is full so as not to waste water/electricity?
Answer: Each task must be assigned to a day. If a task is not performed on the assigned day (missed service), this should be documented as a temporary revision to the plan of care. (Section 7.8.2)
30. How are 'one time/month' tasks documented?
Answer: Infrequent tasks should be incorporated in the POC as a temporary revision to the POC. (Section 7.8.2)
31. When is it appropriate to revise only the POC (page 4 of PACT) and not re-do the entire PACT form?
Answer: The POC may be revised without re-doing the PACT when there is a non-significant temporary or permanent revision, when PCS-Plus is approved or when the primary care physician gives a verbal order to make a significant change (increase or decrease by 60 minutes per week) in the total weekly assigned time or add or delete personal care task(s). These changes are documented on a copy of the original POC (page 4 of PACT). The verbal order is documented in field 47 of the PACT. A supplemental order may also be used to document the physician's verbal orders. All orders must be signed by the physician within 60 days. (Section 7.8.1)
32. How is the POC amended?
Answer: The POC is revised by making a copy of the original POC, noting the changes and signing with full signature (by the RN). If the revision requires physician approval, the revised POC is sent to the physician for signature. (Section 7.8.2, #1)