

North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

September 30, 2013

Jackie Glaze
Associate Regional Administrator
Division of Medicaid
Centers for Medicare and Medicaid Services - Region IV
Atlanta Federal Center
61 Forsyth Street, SW Suite 4T20
Atlanta, GA 30303-8909

SUBJECT: State Plan Amendment: Title XIX, Social Security Act -- Transmittal #2013-009

Dear Ms. Glaze:

Please find enclosed an amendment to North Carolina's State Plan Under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are: Attachment 3.1-A.1, Page 19, Attachment 3.1-A.1, Page 19a, Attachment 3.1-A.1, Page 20, Attachment 3.1-A.1, Page 25, Attachment 3.1-A.1, Page 26, Attachment 3.1-A.1, Page 26a, Attachment 4.19-B, Section 23, Page 6 and Attachment 4.19-B, Supplement 1, Page 1b.

This state plan changes outlined in this State Plan Amendment are mandated by North Carolina Session Law 2013-306. This law changes the maximum number of hours available for Personal Care Services (PCS) from 80 to 130 per month. A recipient is eligible to receive up to 50 additional hours, for a total of up to 130 hours per month, based on an independent assessment and plan of care. Eligibility for the additional hours will be based on a physician attestation that the recipient requires:

- an increased level of supervision;
- 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; and
- regardless of setting, a physical environment that includes modifications and safety measures to safeguard the recipient because of the recipient's gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills.

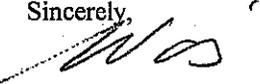
Also, the recipient must have a history of safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls.

This amendment changes the unit rate for PCS services from \$3.88 per 15 minutes of service to \$3.28.

Per the above referenced Session Law, we request an effective date of July 1, 2013. If this proposed effective date is not acceptable, we request one that is not later than October 1, 2013.

Your approval of this state plan amendment is requested. Should you have any questions or concerns, please contact me or Teresa Smith at 919-855-4116.

Sincerely,


Aldona Z. Wos, M.D.
Secretary

Enclosures

www.ncdhhs.gov
Telephone 919-855-4800 • Fax 919-715-4645
Location: 101 Blair Drive • Adams Building • Raleigh, NC 27603
Mailing Address: 2001 Mail Service Center • Raleigh, NC 27699-2001
An Equal Opportunity / Affirmative Action Employer

**State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA**

24f. Personal Care Services (cont.):

SERVICES

- a. Personal care services (PCS) include a range of human assistance provided to persons of all ages with disabilities and chronic conditions to enable them to accomplish tasks that they would ordinarily do for themselves if they were not disabled. These PCS are intended to provide person-to-person, hands-on assistance by a PCS direct care worker in the beneficiary's home or residential setting with common activities of daily living (ADLs) that, for this program are eating, dressing, bathing, toileting, and mobility. PCS also include: assistance with instrumental activities of daily living (IADLs), such as light housekeeping tasks, when directly related to the approved ADLs and the assistance is specified in the beneficiary's plan of care. PCS is provided by a direct care worker who is employed by a licensed home care agency, or by a residential facility licensed as an adult care home, family care home, supervised living facility, or combination home, and who meets the qualifications specified on Attachment 3.1-A.1, Pages 23-29, section c.
- b. In addition to the specified assistance with ADLs and IADLs, qualified PCS direct care workers may also provide Nurse Aide I and Nurse Aide II tasks as specified on Attachment 3.1-A.1, Pages 23-29, section c., pursuant to the North Carolina Board of Nursing as described in 21 NCAC 36.0403 and as specified in the beneficiary's approved plan of care.

ELIGIBILITY

- a. To qualify for PCS, an adult or child must:
 1. Be referred for PCS by his or her primary care or attending physician;
 2. Be medically stable;
 3. Not require monitoring, or ongoing care from a licensed health care professional; and
 4. Require hands-on assistance with at least:
 - a. Three of the five qualifying ADLs at the limited level; or
 - b. Two of the five qualifying ADLs, one of which is at the extensive level; or
 - c. Two of the five qualifying ADLs, one of which is at the full dependency level.
- b. Recipients not qualifying for additional PCS hours under EPSDT may qualify for up to 50 additional hours of Medicaid PCS assistance by a physician attestation that the Medicaid recipients meets the eligibility criteria provided in subdivision (a) and below:

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

24f. Personal Care Services (cont.):

1. Requires an increased level of supervision;
 2. 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 learning, and the loss of language skills;
 3. Regardless of setting, requires a physical environment that includes modifications and safety measures to safeguard the beneficiary because of the recipient's gradual memory loss, impaired judgment, disorientation, personality change, difficulty learning, and loss of language skill; and
 4. Have a history of safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls
- c. Each ADL is scored at one of five levels of self-performance or assistance. Totally Able and Cueing/Supervision levels of need do not entail hands-on assistance and are not qualifying levels of need for PCS. The three qualifying levels of need are Limited Hands-On Assistance, Extensive Hands-On Assistance, and Full Dependence.

The five levels of need are defined as follows:

- a. Totally Able- Beneficiary is able to self-perform 100 percent of activity, with or without aides or assistive devices, and without supervision or assistance setting up supplies and environment.
- b. Cueing/Supervision- Beneficiary is able to self-perform 100 percent of activity, with or without aides or assistive devices, and requires supervision, monitoring, or assistance retrieving or setting up supplies or equipment.
- c. Limited Hands-On Assistance- Beneficiary is able to self-perform more than 50 percent of activity and requires hands-on assistance to complete remainder of activity.
- d. Extensive Hands-On Assistance- Beneficiary is able to self-perform less than 50 percent of activity and requires hands-on assistance to complete remainder of activity.
- e. Full Dependence- Beneficiary is unable to perform any of the activity and is totally dependent on another to perform all of the activity.

**State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA**

24f. Personal Care Services (cont.):

d. Service Limitations:

1. Up to 130 hours per month for adults,
2. Up to 60 hours per month for children. Pursuant to section 1905(r)(5) of the Social Security Act, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit requires that states provide all medically necessary services coverable under the Medicaid program to EPSDT eligible children. Hours above the 60 hours may be provided to children through the EPSDT allowance; and
3. Services levels must be re-assessed and re-authorized at least annually.

e. Service Exclusions:

1. Services provided in an unauthorized location;
2. Services provided by unauthorized individuals or providers;
3. The beneficiaries primary need is housekeeping or homemaking;
4. The IADLs performed are not directly related to the approved ADLs or as specified in the beneficiaries plan of care;
5. In the event that the services provided in a month exceed a beneficiary's authorized monthly limit, services that exceed the authorized level will not be reimbursed;
6. The services provided are not in accordance with the person-centered plan of care;
7. Companion sitting or leisure time activities;

TN No. 13-009
Supersedes
TN. No. 12-013

Approved Date: _____

Eff. Date: 10/01/2013

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: **NORTH CAROLINA**

PERSONAL CARE SERVICES (PCS) AGENCY/ENTITY & DIRECT CARE WORKER QUALIFICATIONS (continued)

	AGENCY/ENTITY PROVIDER			
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING
	<p>c) Assistance with Mobility</p> <p>d) Assistance with Dressing</p> <p>e) Assistance with Eating</p> <p>4) Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</p> <p>5) Documentation and Reporting of beneficiary accidents and incidents;</p> <p>6) Recognizing and Reporting Signs of Abuse and Neglect;</p> <p>7) Infection Control</p>	<p>c) Assistance with Mobility</p> <p>d) Assistance with Dressing</p> <p>e) Assistance with Eating</p> <p>4) Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</p> <p>5) Documentation and Reporting of beneficiary accidents and incidents;</p> <p>6) Recognizing and Reporting Signs of Abuse and Neglect;</p> <p>7) Infection Control</p>	<p>c) Assistance with Mobility</p> <p>d) Assistance with Dressing</p> <p>e) Assistance with Eating</p> <p>4) Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</p> <p>5) Documentation and Reporting of beneficiary accidents and incidents;</p> <p>6) Recognizing and Reporting Signs of Abuse and Neglect;</p> <p>7) Infection Control</p>	<p>c) Assistance with Mobility</p> <p>d) Assistance with Dressing</p> <p>e) Assistance with Eating</p> <p>4) Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</p> <p>5) Documentation and Reporting of beneficiary accidents and incidents;</p> <p>6) Recognizing and Reporting Signs of Abuse and Neglect;</p> <p>7) Infection Control</p>

TN No. 13-009
Supersedes
TN No. 12-013

Approved Date: _____

Eff. Date: 10/01/2013

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: **NORTH CAROLINA**

PERSONAL CARE SERVICES (PCS) AGENCY /ENTITY & DIRECT CARE WORKER QUALIFICATIONS (continued)

	AGENCY/ENTITY PROVIDER			
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING
Additional Staffing Qualifications	<p>1. Personal Care Aide: Personal Care Aides providing services in the Adult Care Home must meet the staff orientation, training, competency, and continuing education requirements specified in licensure requirements, including successful completion of an 80-hour personal care training and competency evaluation program established by DHHS. The training must be successfully completed within six months of hiring.</p>	<p>1. Personal Care Aide: Personal Care Aides providing services in the Adult Care Home must meet the staff orientation, training, competency, and continuing education requirements specified in licensure requirements, including successful completion of an 80-hour personal care training and competency evaluation program established by DHHS. The training must be successfully completed within six months of hiring.</p>	<p>1. Personal Care Aide: Personal Care Aides providing services in the Adult Care Home must meet the staff orientation, training, competency, and continuing education requirements specified in licensure requirements, including successful completion of an 80-hour personal care training and competency evaluation program established by DHHS. The training must be successfully completed within six months of hiring.</p>	<p>1. Paraprofessionals: Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200. Staff must have a high school diploma or GED. Staff must meet participant specific competencies as identified by the participant's person-centered planning team and documented in the Person Centered Plan. Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and</p>
				<p>HOME CARE AGENCIES</p> <p>1. Personal Care Aide: Personal Care Aides providing services in the Home Care Agencies must meet the staff orientation, training, competency, and continuing education requirements specified in licensure requirements.</p>

TN No. 13-009
Supersedes
TN No. 12-013

Approved Date: _____

Eff. Date: 10/01/2013

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

PERSONAL CARE SERVICES (PCS) AGENCY /ENTITY & DIRECT CARE WORKER QUALIFICATIONS (continued)

		AGENCY/ENTITY PROVIDER			
ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING	HOME CARE AGENCIES	
<p>2. Nurse Aide I: Nurse Aides at this level are listed on the North Carolina Nurse Aide Registry and perform basic nursing skills and personal care activities. Nurse Aide I activities are delegated by a licensed nurse based on</p>	<p>2. Nurse Aide I: Nurse Aides at this level are listed on the North Carolina Nurse Aide Registry and perform basic nursing skills and personal care activities. Nurse Aide I activities are delegated by a licensed nurse based on the knowledge, skill,</p>	<p>2. Nurse Aide I: Nurse Aides at this level are listed on the North Carolina Nurse Aide Registry and perform basic nursing skills and personal care activities. Nurse Aide I activities are delegated by a</p>	<p>required refresher training. Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline. Must have a criminal record check A healthcare registry check is required in accordance with 10A NCAC 27G.0200</p>	<p>2. Nurse Aide I: Nurse Aides at this level are listed on the North Carolina Nurse Aide Registry and perform basic nursing skills and personal care activities. Nurse Aide I activities are delegated by a licensed nurse based on the knowledge, skill, training, and competence of the individual aide. Nurse Aides at this level must successfully complete an orientation program specific to the employing facility, and must successfully complete a training and competency evaluation approved by DHHS. The training and competency evaluation program must be successfully completed within four months of the employment date. During the four month</p>	

TN No. 12-013
Supersedes
TN. No. 12-005

Approved Date: 11-30-12

Eff. Date: 01/01/2013

MEDICAL ASSISTANCE
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

23. Any other Medical Care and any other type of remedial care recognized under State law, specified by the Secretary.

PERSONAL CARE SERVICES

Personal Care Services are reimbursed under the authority of 42 CFR 440.167 and when provided as defined in Attachment 3.1-A.1, Page 19, of this State Plan.

Effective October 1, 2013, payment for Personal Care Services (PCS) shall be reimbursed to providers, who are allowed to bill PCS in fifteen (15) minute increments of care at a rate of \$3.28 per unit. The agency's fee schedule rate is based upon historical cost data collected from the provider community. This rate will be a prospective rate and shall not be subject to any cost settlements.

Except as otherwise noted in the plan, the state-developed fee schedule rate is the same for both governmental and non-governmental providers of Personal Care Services. This rate is published at <http://www.ncdhhs.gov/dma/fee/index.htm>. Subsequent to the initial effective date of the Personal Care Services rate, this rate shall be adjusted annually using the Medicare Home Health Agency market basket index unless otherwise noted on Supplement 1, page 1b to the 4.19-B section.

TN. No. 13-009
Supersedes
TN. No. 12-013

Approval Date: _____ Eff. Date: 10/01/2013

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for Personal Care Services for Adults and Children:

SFY 2012 – Rates will be frozen at the rate in effect on June 30, 2011. Effective November 1, 2011, existing rates are adjusted by a negative 2.67% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

SFY 2013 – Effective July 1, 2012, the rates will be adjusted such that they will equal 98% of the rate in effect July 1, 2011. There will be no further annual adjustments this state fiscal year. This methodology ends December 31, 2012.

SFY 2013 – Effective January 1, 2013, a new rate is established as calculated in the methodology as described on Attachment 4.19-B, Section 23, Page 6.

All rates for this service are published at <http://www.ncdhhs.gov/dma/fee/index.htm>.

SFY 2014 – Effective October 1, 2013, a new rate is established as calculated in the methodology as described on Attachment 4.19-B, Section 23, Page 6.

Reference: Attachment 4.19-B, Section 23, Page 6

TN. No. 13-009
Supersedes
TN. No. 12-013

Approval Date: _____ Eff. Date: 10/01/2013