

**PCS Stakeholder Meeting**  
Kirby Building – Conference Room 297 (Dix Campus)  
1985 Umstead Dr.  
Raleigh, NC 27603-2001

**Agenda**  
1/15/15

1:00pm to 3:00pm EST

- Welcome
- DMA PCS Program Updates
  - PCS Service Plan Pilot
  - PCS 1% Rate Reduction
  - ACH Pre-admission Screen and resident review (PASRR)
  - Profile of PCS hours based on Session Law 2013-306
  - DMA 3051 – Request for Independent Assessment Form.
  - PCS Clinical Coverage Policy
- Reports from Other Divisions
  - DAAS
  - DMH/DD/SAS
- Provider Q&A
- Next Steps
- Adjourn

## Minutes

### 1) Welcome:

DMA thanked all stakeholder group members for attending and reminded stakeholders of the Question Submission Process and that potential subjects or questions for discussion should be sent at least three days prior to the meeting. The relevant section of the announcement is reposted below.

Stakeholders should submit questions through the PCS mailbox at [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov). Items and concerns you would like addressed during the stakeholder meetings should be submitted at least three days in advance of the regularly scheduled meetings with a notation “FOR STAKEHOLDER MEETING.”

### **Program Updates:**

#### **PCS Service Plan Pilot**

The Pilot was initiated on the 17<sup>th</sup> of December, the day prior to the meeting. There was an initial Webinar held Tuesday the 16<sup>th</sup>. Due to concern over the new documentation requirements it was judged that a pilot would be a useful tool for rolling the program out. DMA would like to thank Pilot Participants for the valued feedback the Pilot has received, especially from the ACH participants.

On the 5<sup>th</sup> of January, 2015 “additional refinements” of the service plan will be distributed concerning the interface with ACH unscheduled service needs. Along with beneficiary profile the service plan is intended to move into implementation in mid-January based on refinements through the pilot. A Webinar is intended to occur after the 15<sup>th</sup> and prior to implementation to consider the total feedback of the Pilot Process.

Feedback Received via the Stakeholder Group:

- ACH does not use “start time – end time” for unscheduled services
- ACH does not assign specific aids and does not utilize “Aide Email” communications
- Providers must also meet the requirements of Licensure Plans of Care and compromising arrangements may cause conflict and detract from a Provider’s ability to provide adequate services
- 2/1/15 Implementation date is too soon and may not provide enough time for the pilot to adapt the PCS Service plan to the needs of ACH unscheduled care

#### **PCS 1% Rate Reduction**

Jackie Holloway, a Representative of DMA Finance attended the meeting and provided an update on the 1% Rate Reduction. As the Rate Reduction has not yet been approved by CMS, Providers are urged to continue billing under the current rate of 3.47 per unit. If CMS approves the reduction, DMA will undergo a recoupment to recover the difference in the rates back to the effective date of 1/1/2015. If for whatever reason CMS does not approve the reduction, and providers have intentionally billed less than the current rate of 3.47, if the providers were billing at an artificially reduced rate, DMA will not reimburse them for the difference; the Providers will have intentionally billed at a lower rate.

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The 1/1/2015 1% Rate Reduction has received a formal RAI from CMS, indicating that when DMA Finance officially responds to that RAI the approvals clock will restart, leaving a maximum of 90 days before CMS either approves or denies the change to reimbursement.

### ACH Pre-admission Screen and Resident Review (PASRR)

PASRR credentials are issued on a two year expiration, and a number of beneficiaries are beginning to reach that timeframe. A Manual on PASRR is being developed and is intended to be released soon. Additionally, HP and DMH intend to provide a presentation on PASRR at the next Stakeholder Meeting on February 18<sup>th</sup>, 2015.

Stakeholders indicated surprise at this information as it was previously indicated that PASRR credentials were issued for the entirety of the individual's stay at the facility for which they were screened.

### Profile of PCS Hours based on Session Law 2013-306

A Profile of the PCS hours received and requested under Session Law 2013-306 is being verified prior to distribution.

### DMA 3051 – Request for Independent Assessment Form

The Revised DMA 3051 Request for Independent Assessment Form has been set an implementation date of 2/1/2015. As of that date the current, old 3051 form will no longer be accepted. Trainings on the new form were made in December of 2014 and are available on the PCS Website <http://www.ncdhhs.gov/dma/pcs/pas.html>.

### PCS Clinical Coverage Policy

The Policy has a draft currently in Internal Review. The drafted revised policy will be shared with Stakeholders for Review prior to the Public Comment period. Key features of the revised policy include:

- PCS Service Plan
- Revised 3051
- Medical Change of Status Process
- EPSDT Documentation
- Aide Documentation

### Reports from Other Divisions:

#### Division of Aging and Adult Services

DAAS provided an update on SA program changes. SA was previously housed in a Legacy system and, as of December 14<sup>th</sup> 2014, was moved into NCFAST. Piloting was not possible due to the processing required for Active SA Cases. However, due to this change cases which did not have current Bank Deposit information were issued batches of EBT cards, an unintended consequence of the information not being in the system prior to the shift. Cases currently without Bank Deposit information were transferred back to the Legacy system and are remaining there while DAAS attempts to gather their Bank Deposit information. Still 5000 Cases are missing Bank Deposit information.

DAAS requested that when providers receive new beneficiaries that they should confirm that the Bank information is both changed to the new provider and entered correctly to avoid this problem in future.

### Provider Q&A:

#### DMA 3051 Questions:

1. Stakeholders requested a Soft Rollout on the 3051 Form.
  - a. DMA will take this request under advisement.