

MEETING RECORD



Personal Care Services Stakeholders Meeting

February 19, 2015 | 1:00pm-3:00pm | Meeting Location: Dix Campus, Kirby Building, Conference Room 297

AGENDA TOPICS

Welcome/Introductions

Facilitator: Sabrena Lea, Associate Director, DMA

Mute Telephones: Always for those participating via teleconference, stakeholders are asked to MUTE their telephones to eliminate all the background noise, music, paper shuffling, and especially if you step away from your phone—please do not put your phone on hold—please place phone on MUTE only—thank you!

Handouts: ⓘ Reference Documentation, Presentation, or Handout

Webinar: ACH Pre-admission Screening and Resident Review (PASRR)

Presenters: Jenny Abramson and Wanda Kelly with HP Enterprises and Johnnie McManus with the Division of Mental Health

- PCS and PASRR
- ACH Paper Form
- Submitting a PASRR –NC Must & Provider Link
- Notification Letters
- FAQ's

ⓘ See Webinar Presentation -- ACH: Adult Care Home Updates to PRE-ADMISSION SCREENING AND REVIEW PROCESS. Target implementation date 3/2/15. PASRR offers choices to individuals; an assessment screening tool for services of beneficiary's into Adult Care Home (ACH). PCS ensures the Medicaid beneficiary has had a PASRR screening before PCS prior approval can be awarded. [Q\) Who is subject to a PASRR Screen? A\) Medicaid beneficiaries referred to or seeking admission into an Adult Care Home \(ACH\) licensed under G.S. 131D-2.4.](#)

If an individual is flagged for SMI/SPMI—the individual is then referred to the Level II evaluation process. The Level II evaluation includes the comprehensive clinical assessment and the community integration plan. The two ways a person is exempt from the Level II process: 1) has a primary diagnosis of dementia that supersedes any other mental or behavioral mental health illnesses, then a doctor's certification is submitted; the other exemption is 2) time-limited PASRR authorization (effective March 2, 2015) for individuals that have a terminal illness certification; the physician certifies hospice, the terminal diagnosis with a 6 months or less life expectancy.

Diagnosis, Duration, Disability—refer to Earthmark Consultants (DMA contractor)—mental health professional (evaluator) to do face-to-face evaluation, may be canceled or halted if beneficiary (or beneficiary's legal rep) does NOT consent.

The evaluator will contact the screener (the point of contact) for the evaluation team. Will clearly communicate with the patient/beneficiary or legal rep that the evaluator made contact, makes visit to home or facility where the evaluation will take place. The Earthmark Consultants & HP makes their recommendations to DMH and DMH makes the final determination and the provider is notified that placement of the patient is approved to go into the ACH.

ⓘ See Authorization Suffix Codes

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Webinar Questions (these will be posted via these meeting minutes and as FAQ's on the PCS website):

Q: Is there any provision to expedite an ACH PASRR Screening?

A: In situations where there is an emergency (e.g., adult protective services (APS) referrals or when a facility is closing), these cases will be given priority and will be processed within two (2) business days.

Q: Will Private Pay Residents need a PASRR?

A: No. Private Pay residents may be admitted directly. If they then become Medicaid-eligible, they will need a PASRR Screen. If a PASRR request is submitted for a Private Pay resident, the process will be halted when private pay status is identified. A Private Pay resident does not require a PASRR screening or number.

Q: Where can I locate PASRR Codes?

A: Codes can be found in the ACH Update to PASRR Process PowerPoint available online.

Q: Who may complete the PASRR Level 1 screen?

A: Physicians, Physician Assistants, Family Nurse Practitioners, and other mid-level practitioners, RNs and LPNs, Medical, Clinical and non-licensed Social Workers, qualified Mental Health Professionals, Psychologists, Pharmacists, Hospital Discharge Planners, Case Managers from regional, local and community organizations who make referrals to long-term care services and supports, and Staff of Aging Disability Resource Centers (ADRCs)*Note – Neither the ACH provider nor any of its affiliates may complete the Level I PASRR screen.

Q: How do I complete the ACH PASRR Paper Form Process?

A: Although the ACH Provider nor any of its affiliates may complete the Level I PASRR Screen, they may assist the Independent Screener by providing them with the ACH paper form. The ACH Provider or affiliates may download and print the offline ACH PASRR Level 1 Form. Once the Independent Screener completes the form may be uploaded directly into NC Must by the Independent Screener, by the ACH, or sent to the designated staff at DMH/DD/SAS along with the supporting documentation to upload into NC Must.

Note: the person filling out the form cannot complete the form ahead of time with a legal representative or someone associated with, paid by, or employed by the adult care home and then request that a health care provider sign the form.

Q: Can an ACH PASRR Expire?

A: A Person's PASRR number does not expire as long as there is no change in the person's status. If a person receives a "T" – Time-limited PASRR, the code expires after six (6) months and is used only for individuals who are terminally ill. If continued support is needed after six (6) months, the person has to be re-certified through the PASRR process.

Q: When must the Level I PASRR Screen be submitted?

A: Effective March 8, 2015, the following apply:

- Prior to the admission of Medicaid-eligible individuals into an ACH or prior to the receipt of an authorization for PCS
- When an individual covered by private insurance or under private pay status was admitted to an ACH on or after January 1, 2013 subsequently becomes Medicaid-eligible.
- Whenever there is a significant change in psychiatric or medical status for an individual residing in an ACH (referred to as a "status change").
- When an individual before January 1, 2013 has a status change, moves to another facility, or requires PCS.

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Q: What happens when an Individual is identified as having SMI/SPMI?

A: The individual will be referred for a Level II Evaluation. Referral for a Level II Evaluation indicates that the individual has SMI/SPMI and is being referred for a Comprehensive Clinical Assessment (CCA) and Community Integration Planning. The DMA contractor completes the CCA at the individual's location.

Q: Who may we contact for Assistance?

A: NC DMH/DD/SAS has identified staff as Level 1 PASRR screeners. The following persons are available to assist:

- Barbara Flood –EAST-919-218-3872, barbara.flood@dhhs.nc.gov
- Patricia McNear-CENTRAL-919-218-3272, patricia.mcNear@dhhs.nc.gov
- Bill Joyce – WEST- 336-312-0212, bill.joyce@dhhs.nc.gov

Q: Will this presentation be on the website?

A: This presentation will be available on the DMA PCS webpage in the Stakeholder Information section <http://www.ncdhhs.gov/dma/pcs/pas.html>

Program Updates

❖ 3051 Request Form (Lyneka Estee, Liberty Healthcare)

New form was effective 2/2/2015. CCNC Physician training on the 11th really helped. Liberty works with the physicians to get the forms completed. Still some confusion on Medical versus Non-Medical COS; Liberty will be putting out some additional documentation to communicate and clarify this. If providers are uncertain, call Liberty. For Medical COS, beneficiary needs to have been seen by their physician within the last 90 days. For ACHs, if you need a beneficiary reevaluated for "Hours" that would be a non-medical COS.

❖ Service Plan Pilot (Cassandra McFadden, DMA)

As of today, approximately 100 service plans completed and the end date for the Pilot is Friday, March 20, 2015. Estimated 150-160 service plans will be completed through pilot program. Two-week Pilot evaluation period following March 20th. Training schedule will be provided.

❖ PCS Utilization 2014 (Sabrena Lea, DMA)

DMA is preparing an overview of utilization over the last 2 years. Still under review and will be distributed soon, stay tuned. PASRR utilization provided. 📄 PASRR Status Summary as of 2/18/15 – see attached slide in webinar presentation.

Announcements

❖ ICD-10 Preparation (Alan Ackman, VieBridge)

Viebridge is in the process of the transition to IDC-10. The required implementation for ICD-10 is Oct 1, 2015. Process has begun. General approach is that QiRePort will accommodate ICD-10 by replacing the current ICD-9 functionality components. Testing is already underway.

Q: Has anything been done in the interface with QiRePort and other platforms? A: Under discussion

Q: When will the 3051 be updated to reflect the ICD-10 changes? A: Prior to 10/1/2015

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Announcements (Continued)

- ❖ DHHS Office of Internal Audit of intent to audit PCS Program (Sabrena Lea, DMA)
 - Organizational Structure of the Business Unit
 - Assessment and Eligibility Processes
 - Provider Claims Submission and Payment
 - Provider Qualifications

DMA received notice of an upcoming DHHS Internal Audit (DHHS OIA) about the State level PCS Program. OIA will be in contact with a selected group providers to be part of the Audit sample and request for Service plan and RN supervisory documentation (e.g. timesheets, service times, aide education verification, id documentation, background check, training and orientation, etc.) OIA will be looking at our controls as a business unit to be in compliance with 3L clinical policy.

Audit Period January 1, 2014 to June 30, 2014.

Q: How is this "internal" audit different from a PERM audit?

A: The source is the difference, this is an Internal Audit of the Administration of the PCS Program by DHHS.

📌 See webinar presentation for this slide

Reports from Other Divisions

Presenter: Megan Lamphere with DHSR

DHSR – Some 130 ACHs have not submitted Cost Reports (nearing end of 60-day extension: March 2, 2015). Failure to turn in this will result in a suspension of admissions to that provider.

Stakeholder Feedback

None

Meeting Adjourned

2:33pm