

# MEETING RECORD



## Personal Care Services Stakeholders Meeting

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

### AGENDA TOPICS

#### 1) Welcome/Introductions

Facilitator: Sabrena Lea, Associate Director, DMA

Round-robin of individual introductions with name and agency representation

Handouts: ⓘ Reference documentation handouts are included in these meeting minutes.

Sign-in Sheet: Please sign, include your email for communication purposes, and pass around the room.

#### 2) Program Updates

##### a) DMA Policy Update (Cassandra McFadden, DMA)

We are scheduled to go to the March PAG which is March 26<sup>th</sup> with the proposed policy changes. We are anticipating an April 1<sup>st</sup> public comment posting period that will run for 45 days. We will send out an email to the Stakeholder group to alert you that the policy has been posted for public comment period.

Some of the updates you will see when the policy is posted are:

- ❖ Some provisions around EPSDT
- ❖ Statement in regards to duplication of service
- ❖ All references to the plan of care will be removed to reflect the service plan criteria
- ❖ The requirement for the physician referral section has been updated in relation to the new form that was implemented February 2, 2015
- ❖ Requirements for the PCS change of status reviews—that section is updated
- ❖ timelines for the beneficiary notification
- ❖ Clarified some wording in the prior approval section
- ❖ Updated the provider interface section to speak to the service plan, and the
- ❖ Requirements for the PCS service plan section is updated—it was the plan of care so the requirements for PCS service plan is updated to reflect the functionality as well as the documentation section

##### b) May Provider Training (Lacey Barnes, Liberty Health Care on behalf of Lyneka Estee)

ⓘ A handout (listed below) was provided of the upcoming May 2015 PCS Provider Training Calendar and the locations--it is also posted on the Liberty Healthcare website. We have not opened up the dates for registration yet and that will be forthcoming. The agenda is under development.

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### MAY 2015 -- SAVE THE DATE! Upcoming PCS Provider Training Agenda TBD

DATE	LOCATION
<p><b><u>Tuesday, May 5</u></b></p>	<p><b><u>Fayetteville</u></b>                      Doubletree by Hilton Fayetteville                      Grand Ballroom                      1965 Cedar Creek Road                      Fayetteville, North Carolina, 28312, 910-323-8282  <a href="http://doubletree3.hilton.com/en/hotels/north-carolina/doubletree-by-hilton-hotel-fayetteville-FAYDTDI/index.html">http://doubletree3.hilton.com/en/hotels/north-carolina/doubletree-by-hilton-hotel-fayetteville-FAYDTDI/index.html</a></p>
<p><b><u>Wednesday, May 6</u></b></p>	<p><b><u>Raleigh</u></b>                      Jane S McKimmon Conference and Training Center                      NC State University                      Room To Be Assigned – Will be posted at Information Desk                      1101 Gorman Street                      Raleigh, NC 27606                      919-515-2277  <a href="https://onece.ncsu.edu/mckimmon/divisionUnits/mctc/staff.jsp">https://onece.ncsu.edu/mckimmon/divisionUnits/mctc/staff.jsp</a></p>
<p><b><u>Thursday, May 7</u></b></p>	<p><b><u>Greenville</u></b>                      City Hotel and Bistro                      Ballroom                      203 SW Greenville Blvd.                      Greenville, NC 27834                      252-355-8300  <a href="http://www.cityhotelandbistro.com">www.cityhotelandbistro.com</a></p>
<p><b><u>Wednesday, May 13</u></b></p>	<p><b><u>Asheville</u></b>                      Doubletree by Hilton- Biltmore                      Burghley Room                      115 Hendersonville Road                      Asheville, NC 28803                      828-771-2275  <a href="http://doubletree3.hilton.com/en/hotels/north-carolina/doubletree-by-hilton-hotel-asheville-biltmore-AVLBMDT/index.html">http://doubletree3.hilton.com/en/hotels/north-carolina/doubletree-by-hilton-hotel-asheville-biltmore-AVLBMDT/index.html</a></p>
<p><b><u>Thursday, May 14</u></b></p>	<p><b><u>Charlotte</u></b>                      Great Wolf Lodge Convention Center                      White Pine 1&amp;2 Room                      10175 Weddington Road                      Concord, NC 28027                      704-979-3343  <a href="http://groups.greatwolf.com/concord/business/index.php">http://groups.greatwolf.com/concord/business/index.php</a></p>
<p><b><u>Monday, May 18</u></b></p>	<p><b><u>Greensboro</u></b>                      Embassy Suites Greensboro Airport                      Timberlake Room                      204 Centreport Drive                      Greensboro, NC 27409                      336-668-4535  <a href="http://embassysuites3.hilton.com/en/hotels/north-carolina/embassy-suites-greensboro-airport-GSOGBES/index.html">http://embassysuites3.hilton.com/en/hotels/north-carolina/embassy-suites-greensboro-airport-GSOGBES/index.html</a></p>

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### c) Program Integrity Audit Discussion (Carol Lukosius, DMA, Program Integrity)

Program Integrity is scheduled to meet with Clinical Policy on PCS 3/27/15 to go over the review tool. They have revised an eight-question review tool into a five-question tool. Same format for all reviews. "Interpretive Steps" designed to guide a reviewer at what to look at for program and setting specifics. The review settings are for private residential and facility settings.

The five PI Audit Review Tool questions are:

- 1) Authorization orders that authorizes services for program
- 2) Does documentation supporting the correct billing, claims details with right codes, # of units, modifiers, etc.
- 3) Licensing Training Credentialing Requirements met for Provider and Staff
- 4) Are the required or covered components of that program completed or provided?
- 5) Medical necessity and clinical appropriateness

### d) Service Plan Follow-Up (Alan Ackman, VieBridge)

Alan provided an update on the Service Plan Pilot project. Tomorrow is the last day of the formal project pilot period—March 20, 2015. We estimate that upwards of 185 service plans will have been completed during the pilot period and the corresponding prior approval records generated for those approved plans; those become our test bed for review of the pilot project experience with the new QiRePort service planning functionality for PCS.

Beginning Monday, 3/23/15, we are going to move to a two-week review and summarization period of the key findings from the pilot and we will be contacting each pilot site for another review discussion and exit interview to summarize and go over the user experience with functionality that we've introduced into the provider interface to support PCS service plan and related functionality; e.g. the navigation, the screens, the process that the system supports as far as the PCS service plan development process. We will also be honing in on issues that individual sites had with the functionality and/or questions they have about the underlying procedures and protocols for service planning that this process of automation brings to light.

Thirdly, we are eliciting the ideas, suggestions and recommendations from each site, based upon their user experience, for what we need to do to get functionality to the point where it can be implemented. As we go through the assembly summarization analysis process, we expect to build upon feedback and communication that we've already had during the course of the pilot. As the project unfolded, we've made changes to the functionality during the course of the pilot and placed those back into the test environment that the pilot sites have been working with (e.g. approximately 20-25 different changes made during the course of the pilot).

There were other suggestions cataloged during the course of the pilot that we thought had broader implications either in terms of functionality and how we needed to configure functionality in QiRePort to support this initiative or there were underlying implications based upon the suggestion in terms of business process for PCS that might need to be reflective or at least be considered in the context of PCS policy. The idea was to keep that as a parallel list of suggestions that needed to be, synchronized with the policy update and any additional refinements that needed to be made to the functionality to support PCS service planning.

The goal is to come up with basically three major areas of findings. It will be a summarization of the proposed functionality that was reviewed in the pilot project to determine what of that functionality are

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we going to keep, what functionality do we need to make some revisions or refinements to and/or what functionality or proposals that were-implemented through the QiRePort functionality that we might actually delete and not include in the production version. So we expect to have the analysis lead us down all three of those paths.

In addition to that, one of the things that we've been listening for and soliciting feedback on is what is the implication of this functionality in terms of companion guidance orientation materials that we are going to need to have to be able to roll this out or implement this functionality in a reasonable period of time. So we've been spending more and more time on that including FAQs that we're going to need to deal with questions like:

What happens to a service plan that is in process and suddenly there is a change of provider requests?

How do we deal with issues where there is an appeal or there is a settlement, how do those kinds of decisions or actions get reflected in or incorporated into the whole service planning tool and process?

With the pilot project, we've been able to begin to see what some of the questions are likely to be and begin to establish both the questions as well as the potential response or guidance that is going to be needed to not just do the service mechanics of the service plan but understand the underlying business process and rules of the road for how to complete the service plan in light of different changes that occur. Things again such as . . .

A discharge and how does that work relative to a service plan that was open—how do we close it off and complete it?

Those kind of guidelines are going to need to be there from day one so that is the second area of review as part of this pilot project evaluation period.

- 1) FUNCTIONALITY—what are we keeping, what are we refining, what are we deleting?
- 2) GUIDANCE & ORIENTATION MATERIAL question and how do we make sure we understand operationally how this is going to work and how do we communicate that?
- 3) 3<sup>rd</sup> area of this pilot project evaluation is going to help us with is SETTING UP and MAKING a DETERMINATION as to what the IMPLEMENTATION STEPS and TIMETABLE are going to be.

We are anticipating that at next month's stakeholder meeting (April 16, 2015), there will be a preliminary summary of what the findings are from the pilot; and then we would expect that during the May regional training that Liberty will be hosting, that there will be an opportunity to at least summarize the plan for moving forward. We are expecting to then be in a position where we would begin to make available on QiRePort initial orientation and training materials, including videos of how this functionality works. We would intentionally put that out, in advance of conducting a series of webinars that are specifically designed to allow each agency's key staff, who might be users of this new functionality, to be able to attend (via the webinar) orientation and training on the specifics of how the functionality will be used, what the general guidelines are, that need to be understood and followed; as well as what kind of support is going to be available to address questions of how they move forward.

For those of you who have been involved in the pilot, you know that it is not simply the issue of rolling out the PCS Service Plan. We are also modifying the means or methods by which we generate the prior approval records for PCS to take into account the need to have a completed PCS Service Plan. So we've actually been testing that during the pilot project period and actually each completed Service Plan has triggered the generation of the prior approval record so that we could be testing that

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functionality and making sure that the prior approval generation process is working hand and glove with the PCS Service Plan.

Contextually there are other larger issues of essentially summarizing the results to take into account how this ties into licensure requirements, interface issues, things of that nature.

This is where we are at this time.

Q: Is there an anticipated target date to go live?

A: at the latest date, the anticipated target date would be July 1, 2015 to go forward

Q: Can you verify that there is no plan to change the nature of the types of authorization? Are they still going to be monthly?

A: Yes, the plan is monthly at the moment while no final decision has been made. We have received a cross section of feedback from both in-home as well as residential providers about the implications of altering the PA generation process to reflect, not only the number of days in the month, but also of the specifics of the Service Plan and how it's typical weekly schedule would overlay a typical month or an individual calendar month. So we are at a point where we think that we would be very careful about making that switch. The final decision will be made as part of the final evaluation but we would be cautious about making a change.

### PCS Interface Component (Sabrena Lea, DMA)

Viebridge has provided DMA with perspective on what an interface would look like. DMA will have to consider the interface capability in regards to our current contract with Viebridge. The interface capability will not be available at the roll out of the Service Plan but we will continue to look at our options in making this functionality available.

The top priorities for the Personal Care Services at this time are:

- 1) Implementation of the Service Plan.
- 2) Transition into ICD-10
- 3) Service Plan Interface

DMA understands stakeholder concerns regarding interface capabilities when completing the required PCS Service plan. At this time we are preparing to move forward with Service Plan implementation. Stakeholders are free to call DMA for updates or questions regarding interface capabilities.

DMA is working to extend the Viebridge contract (subject to approval) for an additional 12 months to allow Viebridge the opportunity to complete the work they were legally contracted to do. It is public record that since the initiation of this contract in 2012, we have had two pieces of legislation, a legal mandate to modify this contract substantially. The first happened in the fall of 2012, when this contract that was designed to serve in-home PCS providers had to be modified and extended to serve adult-care homes--so we've had to rewire, retool.

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### e) PCS Utilization Summary Update (Sabrena Lea, DMA)

① Reference handout (table below)—PCS Utilization Summary—this is a point-in-time snapshot that compares where we were from 1/1/14 to 1/31/15.

#### Personal Care Services Utilization Summary Dates: January 1, 2014 to January 31, 2015

Total Number of PCS Beneficiaries: 42,946

#### Percentage Qualifying by Setting

Setting	2014	2015
5600a	68.52%	94.83%
5600c	77.89%	81.93%
ACH	84.86%	92.64%
Combo	90.20%	94.92%
FCH	83.24%	94.74%
IHC	93.44%	94.49%
SCU	96.44%	97.70%
<b>Total</b>	<b>90.89%</b>	<b>94.11%</b>

#### Average Number of Hours by Setting

Setting	2014	2015
5600a	73	74
5600c	73	76
ACH	76	81
Combo	78	84
FCH	76	78
IHC	66	69
SCU	78	113
<b>Total</b>	<b>70.2</b>	<b>74.3</b>

Average ADL Needs Requiring Hands-On Assistance: 4.45

Non-Qualified: 1.11

This is a first-cut at what we hope will become a snapshot that we can make available to our stakeholders at our monthly meetings. Other new items requested to be added to this Monthly Utilization Report are:

- 1) Number of beneficiaries by setting
- 2) Comparison with previous years
- 3) What is the actual cost compared to the certified budget? What are we actually utilizing (over / under utilization) compared to what the legislative approved and the budget office authorized as correct?
- 4) Total number of beneficiaries and total number of service units
- 5) Cost versus budget numbers
- 6) Beneficiaries applying by cohort

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Regarding 3) above—in the report by DMA to DHHS that was submitted to NC General Assembly in March 2015, identified in the budget bill last year, we were instructed to propose a financial plan that put PCS in line with the 2014/15 budget and in that report, in the summary, we identified that we were on track to do so—so the most recent financial analysis and forecast that we submitted is that the program is stabilizing. You can obtain this report from the General Assembly.

Q: What is the status of the State's plan to lower the SPA rate cut by 1% effective 1/1/15?

A: The most recent information we have is that last week a number of the RAI's (Request Additional Information) were submitted to CMS. The bulk of the responses for the RAIs were formal and were submitted to CMS prior week. We are on track for full submission in the next week or so. At that point the timeline will restart. We are responding to the RAI.

Q: Would like to see total number that shows (in what settings) the number of approved and number of not approved?

A: This will be reviewed in how best to present this information.

Send us an email with any other additional suggestions you would like to see in this report and we will take these into consideration.

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### 3) Announcements

- ❖ PASSR process went live 3/9/15—the changes presented to you went into implementation.

Q: Has the PASSR manual been posted yet?

A: It has not yet been posted. The manual is very close to being posted. A final discussion will be held Monday, 3/23/15 regarding this and it will be posted shortly thereafter. Once it is posted, we will send you the link to the manual.

- ❖ A Special **THANK YOU** and our appreciation to the Stakeholders and the Providers who participated in the Service Plan Pilot

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### 4) Reports from Other Divisions

- a) DAAS – no report
- b) DMA/DD/SAS – no report

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### 5) Stakeholder Feedback

Q: Regarding CNA credentials--session training recently indicated that CNAs are able to continue working without updated certification, as long as they can indicate they are current in training.

A: DHR confirmed this is correct—no rules have changed.

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### 6) Meeting Adjourned at 2:03pm