

Minutes

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. 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."

REPORTS:

DMA 3051 Workgroup Report:

The Workgroup started with the revised form drafted by CCNC. Participants reviewed the revised form and made a number of changes to assure that the form supported both the Physicians and the Providers who would be completing it.

Major Changes Discussed (Among Others: See Handout):

1. New Assessments and Medical Change of Status assessment requests must be completed by Physician.
2. Medical COS and Non-Medical COS now separated on the form.
3. Medical Change of Status requires Physician visit within 90 days of COS submission, which may be in excess of the "Twice a year" requirement from Licensure on Physician Visits. This requirement was added by CCNC due to Physician requests for involvement in any medical changes a beneficiary experiences.
4. Complete ICD-9 Codes required; partials and header codes no longer accepted.

Stakeholders indicated different opinions in that the form completion was an unfunded requirement on referring physicians and requiring an additional 2 visits a year so that a COS is within 90 days of a physician visit would present an undue pressure on the physicians. CCNC indicated that Physicians were requesting involvement where medical changes

Training Webinars on the Finalized DMA 3051 Form expected in December and January.

Service Plan Workgroup Report:

The Service Plan Workgroup meeting occurred prior to the Stakeholder Meeting, earlier on the same day Nov 20th. Participants reviewed the electronic format and worked to identify any remaining issues with finalizing the Service Plan in preparation for the Service Plan Pilot Program.

Major Issues Discussed:

1. Form Fit issues dealing with its interface with the Licensure Required Plan of Care (POC) and documentation requirements.
2. Provider use of new Functionality Mandated.
3. Service Plan Capability to assist in development of optional Aide Task Worksheets (not required)
4. Capability of Service Plan to adequately reflect need frequency for all forms of beneficiary residence.

The Service Plan Pilot is currently projected for December 15th through January 15th with a Go Live date of Feb 1st, 2015. Dates still under discussion.

PROGRAM UPDATES:

HCBS Final Rule:

The HCBS Final rule is the Center for Medicaid and Medicare Services' final say on the settings in which services can be provided under waivers. This will only affect North Carolina Medicaid C Waivers like CAP C and CAP Innovations. This Final rule specifically sets out the parameters that settings will need to meet in order to receive funding through NC C Waiver Services. The specifications are not considered to be absolutes but any deviation from the definitions must be addressed in the person centered plan.

Specifications Included (Among Others, See Full Details at <http://hcbadvocacy.org>):

1. Defined Settings and the specific Home and Community Based procedures and components required for a suitable setting of care.
2. Defined Beneficiary Rights: including Beneficiary Choice and Tenancy Rights.
3. Described measures necessary for a setting to facilitate Beneficiary Choice.
4. Specific Exclusion of Intermediate Care Facilities for DD, Hospitals, and SNFs. (Presumed to be Inpatient Treatment Centers or to automatically have the effect of restricting beneficiary integration.)

The HCBS Final Rule is effective March of 2014, and States have been given until March 2015 to fully comply or have transition plans in place. DMA is working on the NC Transition Plan which must be submitted to CMS by March. These HCBS transition plans are allowed a maximum length of 5 years, although CMS prefers a length approximating 2 years.

Payment Adjustment:

There was an unanticipated error in communicating the correct checkwrite on which the Payment would be reprocessed. Payment Adjustments are to occur on the first checkwrite of each month; however in early communications the dates listed for those checkwrites were incorrect. These miscommunications have been corrected online and DMA would like to thank the Membership of the Stakeholder Group for their assistance in getting out the correction.

Additionally a Special Bulletin on PCS will be posted in early December and will include this information in addition to the expected 1% rate cut effective 1/1/15 that is expected to apply to PCS among other programs.

Annual Assessments for Additional Safeguard Reductions:

DMA has been made aware of a number of beneficiaries who, upon annual assessment, have had their hours reduced and being denied access to the Additional Safeguard Hours due to Safeguard eligibility having been previously determined during the appeal mediation process. Solutions to this issue are being implemented and currently these cases are being resolved through mediation in the appeal process.

Liberty Healthcare Updates:

Feedback from Regional Training

Liberty Healthcare presented the results of their online surveys from the October 2014 PCS Regional Trainings. A Copy of this presentation is available as a Handout.

Provider Focus Group Report:

Liberty Healthcare coordinates a Provider Focus group to provide Stakeholders with an opportunity to share feedback on Liberty operations and to provide Liberty with the opportunity to understand the provider's perspective. This group has been meeting since Fall 2013 after Liberty transitioned into its role as PCS Independent Assessment Entity. The group assisted in the development of the Tearly Progress Summary which includes significant statistics concerning Liberty's Performance.

Reports from Other Divisions:

No Reports were provided.

PROVIDER Q&A:

DMA 3051 Questions:

1. Can DMA add a Checkbox under Section 1 of the Revised Form for Special Care Units (SCU) as that option is not captured elsewhere?
 - a. DMA: We will add the requested Checkbox to the Final 3051 Form.
2. Can DMA add a Line to the 3051 form in order to list Facility NPI?
 - a. DMA: We will review and determine if one should be added. Due to the form's primary use by Physician that information may not be available and DMA is hesitant to add a requirement likely to complicate the process.
3. Can DMA add additional Lines to the 3051 form in order to contain more information on the Beneficiary's current Provider?
 - a. DMA: We will review and determine if this information should be added. See response to Question #2.
4. Is this DMA 3051 Form going to be Electronic?
 - a. DMA: Not at this time.
5. Is this DMA 3051 Form also used to request for Annual Reassessments?
 - a. DMA: Not at this time.
6. Can DMA please add Stakeholder Representative Lou Wilson to the Hospice Policy Group?
 - a. DMA: Yes. An invitation will be extended to Lou Wilson for participation.