

North Carolina Department of Health and Human Services

Pat McCrory Governor

August 1, 2013

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

The Honorable Louis Pate, Chair Appropriations on Health And Human Services Room 1028, Legislative Building Raleigh, NC 27601-2808 The Honorable Ralph Hise, Chair Appropriations on Health and Human Services Room 1026, Legislative Building Raleigh, NC 27601-2808

Dear Senators Pate and Hise:

As you are aware, Session Law 2013-306 increased the number of hours of Medicaid Personal Care Services (PCS) available to certain individuals. Section 4.(a) of that session law requires the Department of Health and Human Services to submit an interim report on the implementation of that session law on or before August 1, 2013. Please find attached the required interim report.

We are in the final stages of gathering our information for our implementation of Session Law 2013-306. As the attached report details, we estimate that 13,391 current PCS recipients may be eligible for additional hours. We further estimate that the vast majority of those individuals who may be eligible for additional hours will receive less than 20 additional hours of PCS. To implement this law as required within existing resources, we anticipate setting the new rate for PCS of \$3.43 per unit, a decrease from the current rate of \$3.88 per unit. Per hour, this represents a decrease in rate from \$15.52 to \$13.72. As this is an interim report, these figures may change prior to our final report and submission of the State Plan Amendment, a detailed timeline for which is included.

Please do not hesitate to contact Carol Steckel, Director of the Division of Medical Assistance, with any questions.

Sincerely,

Aldona Wos, M.D.

Cc:

Susan Jacobs

Carol Steckel

Denise Thomas Ro
Patricia Porter Jin

Rod Davis Jim Slate

Adam Sholar

Sarah Riser Kristi Huff Brandon Greife

Rick Brennan

Sabrena Lea

Representative Justin Burr Representative Nelson Dollar Legislative Library (one hard copy)

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North Carolina Department of Health and Human Services

Pat McCrory Governor

August 1, 2013

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

The Honorable Marilyn Avila, Chair Appropriations Subcommittee on Health And Human Services Room 2217, Legislative Building Raleigh, NC 27601-1096 The Honorable William Brisson, Chair Appropriations Subcommittees on Health and Human Services Room 405, Legislative Office Building Raleigh, NC 27603-5925

The Honorable Mark Hollo, Chair Appropriations Subcommittee on Health And Human Services Room 639 Legislative Office Building Raleigh, NC 27603-5925

Dear Representatives Avila, Brisson and Hollo:

As you are aware, Session Law 2013-306 increased the number of hours of Medicaid Personal Care Services (PCS) available to certain individuals. Section 4.(a) of that session law requires the Department of Health and Human Services to submit an interim report on the implementation of that session law on or before August 1, 2013. Please find attached the required interim report.

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acobs Carol Steckel

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Senator Louis Pate Senator Ralph Hise

Kristi Huff Brandon Greife Rick Brennan Sabrena Lea Legislative Library (one hard copy)

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North Carolina Department of Health and Human Services

Pat McCrory Governor

August 1, 2013

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

The Honorable Louis Pate Joint Legislative Oversight Committee on Health and Human Services Room 1028, Legislative Building Raleigh, NC 27601-2808 The Honorable Nelson Dollar Joint Legislative Oversight Committee on Health and Human Services Room 307B1, Legislative Office Building Raleigh, NC 27603-5925

The Honorable Justin Burr Joint Legislative Oversight Committee on Health and Human Services Room 307A, Legislative Office Building Raleigh, NC 27603-5925

Dear Senator Pate and Representatives Dollar and Burr:

As you are aware, Session Law 2013-306 increased the number of hours of Medicaid Personal Care Services (PCS) available to certain individuals. Section 4.(a) of that session law requires the Department of Health and Human Services to submit an interim report on the implementation of that session law on or before August 1, 2013. Please find attached the required interim report.

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Legislative Report

Plan for Adjusting Medicaid Personal Care Services to Provide Additional Safeguards for qualified individuals and to Report to the House Appropriations Subcommittee on Health and Human Services, The Senate Appropriations Committee on Health and Human Services and to the Joint Legislative Oversight Committee on Health and Human Services

SESSION LAW 2013-306 HB 492



State of North Carolina Department of Health and Human Services Division of Medical Assistance



August 1, 2013

INTERIM REPORT

Legislative Mandate

- 1. Session Law 2013-306 HB 492 Section 3 mandated that the Department of Health and Human Services submit to the Centers for Medicare and Medicaid Services a Medicaid State Plan Amendment on or before August 15, 2013 adding an additional 50 hours of Personal Care Services to qualified recipients for a total of up to 130 hours per month in accordance with an assessment and a plan of care. The State Plan Amendment is to include an effective date of July 1, 2013, or as soon after July 1, 2013, as allowed by the Centers for Medicare and Medicaid Services.
 - a. SECTION 10.9F.(c) A Medicaid recipient who meets each of the following criteria is eligible for up to 80 hours of personal care services:
 - (1) The recipient has a medical condition, disability, or cognitive impairment and demonstrates unmet needs for, at a minimum, (i) three of the five qualifying activities of daily living (ADLs) with limited hands-on assistance; (ii) two ADLs, one of which requires extensive assistance; or (iii) two ADLs, one of which requires assistance at the full dependence level.
 - (2) The recipient (i) resides in a private living arrangement, a residential facility licensed by the State of North Carolina as an adult care home, or a combination home as defined in G.S. 131E-101(1a); or (ii) resides in a group home licensed under Chapter 122C or the General Statues Statutes and under 10A NCAC 27G .5601 as a supervised living facility for two or more adults whose primary diagnosis is mental illness, a developmental disability, or substance abuse dependency, and is eligible to receive personal care services under the Medicaid State Plan.

The five qualifying ADLs are eating, dressing, bathing, toileting, and mobility. For Medicaid recipients meeting the criteria above, Personal care services shall be available for up to 80 hours per month in accordance with an assessment conducted under subsection (d) of this section and a plan of care developed by the service provider and approved by the Department of Health and Human Services, Division of Medical Assistance, or its designee.

- b. SECTION 10.9F. (c) (3) A Medicaid recipient who meets the eligibility criteria provided in subdivisions (1) and (2) of this subsection and all of the criteria provided below is eligible for up to 50 additional hours of Medicaid Personal Care Services (PCS) per month for a total of up to 130 hours per month in accordance with an assessment and a plan of care.
 - i. The recipient requires an increased level of supervision.
 - ii. The recipient 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 in learning, and the loss of language skills.
 - iii. Regardless of setting, the recipient requires 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.
- iv. The recipient has a history of safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls.
- 2. SECTION 4. (a) On or before August 1, 2013, the Department of Health and Human Services shall make an interim report on the implementation of this act to the Joint Legislative Oversight Committee on Health and Human Services and to the Fiscal Research Division. The report shall include the following: (i) an estimate of the number of Medicaid recipients that would be eligible for Medicaid Personal Care Services under this act, (ii) an estimate of the number of PCS hours potential recipients would need broken out in increments of 10 hours between 80 and 130 hours, (iii) a copy of the draft Medicaid State Plan Amendment (SPA), (iv) an estimated time line for approval of the SPA and a projected implementation date, and (v) the rate reductions necessary to implement this act.
- 3. SECTION 4. (b) On or before November 1, 2013, the Department of Health and Human Services shall report on the implementation of this act to the Joint Legislative Oversight Committee on Health and Human Services.

Interim Report

- I. The Division of Medical Assistance estimates that 13,391 current PCS recipients may be eligible for additional PCS hours under this law.
- II. The table below projects the distribution of additional hours by setting. The base of this projection is data from the PCS assessments completed on current recipients.

Projected P	CS Hours Based on Lates	t Assessments For Qu	alifying Beneficiaries	
Assessed	Assessment Count by	Setting of PCS Care Fo	r The Beneficiary	
# of PCS			,	
Hours/Mo.	HDA	IHC	SCU	All
Total 80 Hours or Less	6317	20590	132 8	28235
81-90	2384	3801	235	6420
91-100	1284	2032	751	4067
101-110	321	177	313	811
111-120	219	27	183	429
121-130	801	44	819	1664
Total 81 Hours or More	5009	6081	2301	13391
Total Assessments	11326	2 6671	3629	41626
% with 81 or more hours	66.6%	14.0%	76.3%	33.8%

Draft State Plan Amendment

DMA has prepared a revised SPA seeking CMS approval to implement the changes to the PCS program enacted by this law. The draft of the SPA is provided with this interim report as a supplement.

State Plan Under Title XIX of the Social Security Act; 24f. Personal Care Services

Overview of proposed changes to the SPA.

SECTION	CHANGES
<u>Services</u>	No Changes
Eligibility	
Sub Section A	No Changes
Sub Section B	Added: Recipients not qualifying for additional PCS hours under
	EDSPT may qualify for up to 50 additional hours of PCS assistance
	by a physician attestation that the Medicaid beneficiary meets the
	eligibility criteria provided in subdivision (a) and below:
	a. Requires an increased level of supervision;
	b. 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;
	c. Regardless of setting, requires a physical environment that
	includes modifications and safety measures to safeguard the
	beneficiary because of the beneficiaries gradual memory loss,
	impaired judgment, disorientation, personality change,
	difficulty learning, and loss of language skill; and
	d. Have a history of safety concerns related to inappropriate
	wandering, ingestion, aggressive behavior, and an increased
	incidence of falls
Sub Section C	Previous Section "b" now Sub Section "c" No changes
Sub Section D	Service Limitations:
	Changes service limit to <u>130</u> hours
Sub Section E	Service Exclusions:
	Previous Section "d" now "e" changed: The services provided are not in
	accordance with the approved person-centered plan of care;

Changes continued...

SECTION	Changes
Personal Care Service	No Changes
(PCS) Agency /Entity	140 Changes
and Direct Care	
Worker Qualifications	
Sub Section C:	
Agency/Entity Provider	No Changes
Definitions	140 Changes
Direct Care Worker	No Changes
Minimum	140 Changes
Qualifications	
PCS Direct Care	No Changes
Worker Minimal	
Training Requirements	
Additional Staffing	Added to all provider types: 4.Training about providing care to
Qualifications	individuals with impaired judgment, disorientation, loss of
	language skills, inappropriate behaviors, like wandering that are
	resulting from the exacerbation of dementia
	Changes for Home Care Agencies only: Personal Care Aides
	providing services in Home Care Agencies 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.
	<u> </u>
Payments for Medical	Effective January 1, 2013 TBD after conversation with CMS,
and Remedial Care	payment for Personal Care Services (PCS) shall be reimbursed to
<u>Services</u>	providers, who are allowed to bill PCS in fifteen (15) minute
	increments of care at a rate of \$3.88 \$3.43 per unit. The agency's fee
	be subject to any cost settlements.
	•
<u>Del vices</u>	

DMA participated in a conference call with CMS to discuss the SPA, CMS staff voiced concern with the level of specificity contained in Sub Sections A-D of the law and cautioned DMA against including language that appeared to target a specific diagnosis.

DMA proposes to determine the effective date for implementation after a conversation with CMS.

III. Timeline

Transition Deliverables Date Fig.						Γ
Interim Report to Joint Legislative Oversight Committee on HHS Interim Report to Joint Legislative Oversight Committee on HHS Submit SPA CMSS Submit Dard SPA for Internal Approval Title Noving Conference and the Season of Tribal Notification Public Notice Revised Inceptual Form Revised Inceptual Form Revised Notices Revised Inceptual Assessment Tool/Process Revised Notices Revised Inceptualent Assessment Tool/Process Revised Notices Sept 1 Develop New Independent Assessment Train Providers regarding new IA Process Intain Providers regarding new IA Process Submit Vielbridge Contract Amendment #1 Reversion Notices Submit Vielbridge Contract Amendment #1 Reversion Notice Revised Notices Meet/Communicate with Internal Stakeholders Submit Vielbridge Contract Amendment #1 Reversion Notice Memo Rescult Policy Revised Notices Memo Reversion Notice Notice Notice Notice Notice Notice Notice Memo August 21 August 10 Augus					Status	Т
Interim Report to Joint Legislative Oversight Committee on HHS	Timeline	Deliverables	Date	Responsible Party(s)	In progress Started Not Started	Completed
Submit SPA CMS	Reports	Interim Report to Joint Legislative Oversight Committee on HHS	August 1	PCS Staff		
Implementation Report to NGCA Joint Legislative Oversight Committee on HHS November 1		Submit SPA CMS	August 15	PCS Staff		
Submit Draft SPA for Internal Approval July 22		Implementation Report to NCGA Joint Legislative Oversight Committee on HHS	November 1	PCS Staff		
Tribal Notification	SPA	Submit Draft SPA for Internal Approval	July 22	PCS Staff		
Public Notification Public Notification	Activities		July 22	PCS Staff		
sition CCME Contract Ends TBD for IA Liberty Begins Functioning as IAE Sept 30, 2013 iders Liberty Begins Functioning as IAE October 1, 2013 weekly Meetings each Tuesday (See agenda for Specific Deliverables) July I- Cortober 1, 2013 Revised IA Referral Form Sept 1 Revised Independent Assessment (Interim) Sept 1 Revised Independent Assessment Tool/Process November 15 Test New Independent Assessment Sept 1 Test New Independent Assessment Develop New Independent Assessment Test New Independent Assessment Develop New Independent Assessment Test New Independent Assessment Dec 2014 Implement New IA Assessment Dec 2014 Submit Viebridge Contract Amendment #1 November 1, 2013 Meet/Communicate with External Stakeholder		Tribal Notification	July 1	PCS Staff		
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Revised Notices Revised Notices Revised Independent Assessment (Interim) Sept 1		Revised IA Referral Form	Sept 1			
Revised Independent Assessment (Interim) Sept 1		Revised Notices	Sept 1			
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Aug		Internal Comment Period (10days)	Aug 22- Sept 2			
		Stakeholder Comment Period (45days)	Aug 15-Oct 1			

IV. Rate Reduction

The Division of Medical Assistant projects that the rate reduction require to implement this act is \$0.45/unit The current unit rate for PCS is \$3.88/unit which is \$15.52 per hour of service. The projected rate to implement this act us \$3.43/unit, which is \$13.72 per hour of service. The budget information provided in the table below is preliminary and pending final budget calculations.

					Total Projec	cted SFY2014	cted SFY2014 PCS Expenditures for ACH and In-Home with Special Care Unit	res for ACH a	nd In-Home w	vith Special Ca	are Unit			
		,	Total ACH			AtCu	At Current Rate of \$15.52/Hr	52/Hr		At Proposed Rate of \$13.72/Hr	e of \$13.72/Hr	Total ACH &		SECULORISADA
Hours A	ACH	SCU	& SCU	In Home	ACH	SCU	Total ACH & SCU	In Home	Total	ACH	SCU	SCU	In Home	Total
130	801	819	1,620	44	\$19,391,254	\$19,391,254	\$38,782,508	\$1,072,293	\$39,854,801	\$17,142,268	\$17,533,134	\$34,675,402	\$947,929	\$35,623,331
120	219	183	402	27	\$4,897,616	\$4,897,616	\$9,795,232	\$609,113	\$10,404,345	\$4,329,593	\$3,607,994	\$7,937,587	\$538,468	\$8,476,055
110	321	313	634	177	\$6,573,883	\$6,573,883	\$13,147,766	\$3,629,299	\$16,777,065	\$5,811,448	\$5,669,705	\$11,481,153	\$3,208,375	\$14,689,528
90	123	89	190	377	\$2,055,249	\$2,055,249	\$4,110,498	\$6,319,548	\$10,430,046	\$1,816,883	\$1,005,084	\$2,821,967	\$5,586,611	\$8,408,578
20	3,545	918	4,464	5,456	\$46,221,247	\$46,221,247	\$92,442,494	\$71,122,408	\$163,564,902	\$40,860,535	\$10,583,450	\$51,443,985	\$62,873,675	\$114,317,660
	2,398	230	2,987	6,289	\$26,791,123	\$26,791,123	\$53,582,246	\$70,276,418	\$123,858,664	\$23,683,905	\$5,824,334	\$29,508,239	\$62,125,802	\$91,634,041
8	1,863	373	2,236	5,961	\$17,345,722	\$17,345,722	\$34,691,444	\$55,507,541	\$90,198,985	\$15,333,976	\$3,071,090	\$18,405,066	\$49,069,811	\$67,474,877
	1,114	201	1,315	3,614	\$8,298,737	\$8,298,737	\$16,597,474	\$26,919,413	\$43,516,887	\$7,336,255	\$1,322,931	\$8,659,186	\$23,797,316	\$32,456,502
30	864	154	1,017	3,639	\$4,824,734	\$4,824,734	\$9,649,468	\$20,329,148	\$29,978,616	\$4,265,165	\$760,256	\$5,025,421	\$17,971,386	\$22,996,807
20	78	10	88	1,087	\$291,525	\$291,525	\$583,050	\$4,048,064	\$4,631,114	\$257,714	\$34,362	\$292,076	\$3,578,572	\$3,870,648
Total 13	11,325	3,629	14,954	26,670	\$136,691,090	\$136,691,090	\$273,382,180	\$259,833,245	\$533,215,425	\$120,837,742	\$49,412,340	\$170,250,082	\$229,697,945	\$399,948,027
Budget* Surplus/ (Shortfall)	tfall)						\$181,695,696 (\$91,686,484)	\$218,899,688 (\$40,933,557)	\$400,595,384 (\$132,620,041)			\$181,695,696 \$11,445,614	\$218,899,688 (\$10,798,257)	\$400,595,384 \$647,357
Federal							(\$60,247,189)	(\$26,897,440)	(\$87,144,629)			\$7,520,913	(\$2,095,535)	\$425,378
State FMAP							(531,439,295) 0.6571	(\$14,036,117) 0.6571	(\$45,475,412) 0.6571			53,924,701 0.6571	(53,702,722) 0.6571	9.221,979

Vote:

^{1.} Budget represents requested continuation budget

^{2.} Since 1/1/13, there are approximately 1,800 - 1,900 recipients under appeal receiving more than 130 hours of PCS

^{3.} Total enrollment projections are provided by DMA Actuarial Services. Projections are contingent events and actual experience will differ from these projections.

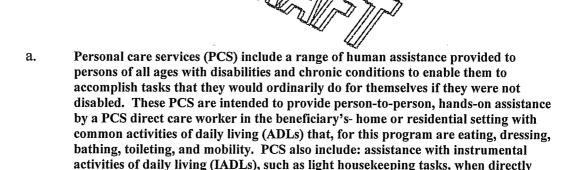
^{4.} Utilization distributions (i.e., hours needed per recipient) were provided by VieBridge and accepted without audit on the advice of the Home and Community Care Services Section. This projection is highly

State Plan Under Title XIX of the Social Security Act

Medical Assistance Program State: NORTH CAROLINA

24f. Personal Care Services (cont.):

SERVICES



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

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.

qualifications specified on Attachment 3.1-A.1, Pages 23-29, section c.

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, supervision, or ongoing care from a licensed health care professional;
 - 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 EDSPT may qualify for up to 50 additional hours of PCS assistance by a physician attestation that the Medicaid beneficiary meets the eligibility criteria provided in subdivision (a) and below:
 - 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 beneficiaries 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
- 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 FDS/ The three qualifying levels of need are Limited Hands-On Assistance, Extensive Frances on Assistance, and Full Dependence

The five levels of need are defined as follows:

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. Full Dependence- Beneficiary is unable to perform any of the activity and is totally dependent on another to perform all of the activity.

d. Service Limitations:

b.

1. Up to <u>130</u> 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 approved personcentered plan of care;
- 7. Companion sitting or leisure time activities;

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- 8. Continuous monitoring or ongoing beneficiary supervision except when approved under the EPSDT program based on a determination of medical necessity;
- 9. Financial management;
- 10. Errands; and
- 11. Personal care or home management tasks for other residents of the household

North Carolina assures that personal care services do not include, and FFP is not available for, services to individuals residing in institutions for mental disease (IMD).



Sup	ersec	les	
TN.	No.	12-005	

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State 1	lan Under Title XIX of the Social Security Act
Medic	al Assistance Program
State:	NORTH CAROLINA
=====	
24f.	Personal Care Services (cont.):

PERSONAL CARE SERVICES (PCS) AGENCY/ENTITY AND $\underline{\text{DIRECT CARE WORKER}}$ QUALIFICATIONS

- a. Each PCS agency/entity must be enrolled with NC Medicaid.
- b. To ensure that the PCS direct care workers are properly supervised, and that PCS services are available in a range of settings, and not as a limitation on the availability of services; PCS Agency/Entity providers are required to perform the following activities to comply with state laws and rules:
 - 1. Complete background checks on all employees;
 - 2. Conduct trainings;
 - 3. Monitor quality of care;
 - 4. Develop a beneficiary plan of care; and
 - 5. Ensure that PCS direct care workers work under the supervision as specified in licensure requirements;

PCS agency/entity and direct care worker qualifications continue on Attachment 3.1-A.1, Pages 23-29.



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

PCS agency/entity provider definitions and direct care worker minimum qualifications, minimum training requirements, and additional staffing requirements are as follows: ن

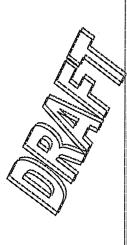
Adult Care Homes Adult care homes that in accordance to G.S. Provider Benitions Icensed as a residential remaind licensed as a residential are homes that in accordance to G.S. Benitions Isolated a residential are homes that in accordance to G.S. Isolate State of remaind commonly called family care homes. G.S. 131D-y (and care homes a facility operated home or; a combination home as defined in G.S. Isolated by the State of home as defined in G.S. Isolated by the State of care homes. G.S. 131D-y home to; a combination home as defined in G.S. Isolated by the state of home are defined by the state of home are distinct from NF home are distinct from NF home are assisted by the state of home are assisted by the state of home are assisted by the state of home are assis				AGENCY/ENTITY PROVIDER	ROVIDER	
Adult Care Homes Adult Care Homes Adult care homes that licensed as a residential facility as defined under commonly called family licensed by the State of North Carolina as an adult 2.1 North Carolina as an adult 2.1 North Carolina as an adult 3.1 North Carolina as an antity for two or principle for a supervised and white shelter or personal care their as or substance abuse 3.2 North Carolina as a defined family for two or substance abuse 3.2 North Carolina as an adult care home bed an adult care home bed an adult care home or family family family family family family family fami		ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME		HOME CARE AGENCIES
licensed as a residential provide care to two to six and licensed as a residential provide care to two to six acfined under residents are licensed by the State of licensed by the State of North Carolina as an adult 2.1 means a facility operated living facility for two or line as defined in G.S. 131D- home or; a combination home as defined in G.S. 131D- home or; a combination home as defined in G.S. 131D- home or; a combination home as defined in G.S. 131D- home or; a combination home as defined in G.S. 131D- home or; a combination home are distinct from NF beds	Agency/Entity	Adult Care Homes	Adult care homes that	In accordance to G.S.	A group home licensed	Home care agencies as defined under G.S.
facility as defined under unrelated residents are licensed by the State of care homes. G.S. 131D- neans a facility operated licensed by the State of care homes. G.S. 131D- neans a facility operated licensed by the State of care homes. G.S. 131D- neans a facility operated licensed by the State of care homes. G.S. 131D- neans a facility operated licensed by the State of care homes. G.S. 131D- neans a facility operated living facility for two or in part as a unusing home, more adults whose nearth home as defined in G.S. late of the casident in dependency diagnosis is residential care for aged or developmental disability, perincipal need is a home or substance abuse disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds	Provider	licensed as a residential	provide care to two to six	131E-101, a combination	under G.S. 122C and	131E-136 (2) and licensed by the State of
care homes. G.S. 131D- 2.1 means a facility operated in part as a nursing home, and which also provides residential care for aged or disabled persons whose principal need is a home with the shelter or personal care their age or disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds	Definitions	facility as defined under	unrelated residents are	home, as distinguished	under 10A NCAC 27G	North Carolina as a home care agency under
care homes. G.S. 131D- means a facility operated in part as a nursing home, and which also provides residential care for aged or disabled persons whose principal need is a home with the shelter or personal care their age or disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds		131D-2 101 (1a) and	commonly called family	from a nursing home,	.5601 as a supervised	10A NCAC 13J;"Home care agency" means a
in part as a nursing home, and which also provides residential care for aged or disabled persons whose primary diagnosis is mental illness, a disabled persons whose principal need is a home with the shelter or personal care their age or disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds		licensed by the State of	care homes. G.S. 131D-	means a facility operated	living facility for two or	private or public organization that provides
and which also provides residential care for aged or disabled persons whose principal need is a home with the shelter or personal care their age or disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds		North Carolina as an adult	2.1	in part as a nursing home,	more adults whose	home care services.
residential care for aged or disabled persons whose principal need is a home with the shelter or personal care their age or disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds		care home or family care		and which also provides	primary diagnosis is	
disabled persons whose principal need is a home with the shelter or personal care their age or disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds		home or; a combination		residential care for aged or	mental illness, a	
principal need is a home with the shelter or personal care their age or disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds		home as defined in G.S.		disabled persons whose	developmental disability,	
		131E-101(1a).		principal need is a home	or substance abuse	
disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds				with the shelter or	dependency	
disability requires. Services to the resident in an adult care home bed within the combination home are distinct from NF beds				personal care their age or		
Services to the resident in an adult care home bed within the combination home are distinct from NF beds				disability requires.		
an adult care home bed within the combination home are distinct from NF beds				Services to the resident in		
within the combination home are distinct from NF beds		<u> </u>		an adult care home bed		
home are distinct from NF beds				within the combination		
peds Application of the control of t	************		4	home are distinct from NF		
				peds		
		7				

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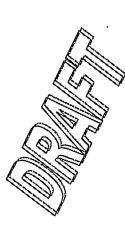


PERSONAL CARE SERVICES (PCS) AGENCY /ENTITY & DIRECT CARE WORKER QUALIFICATIONS (continued)

			AGENCY/ENTITY PROVIDER	2	
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING	HOME CARE AGENCIES
			in that services do not meet the NF level of care criteria, MDS process is not used, cannot be billed at the NF case rate, and any medical care is incidental. An adult care home bed in a combination home provides the residential care to aged or disabled who demonstrate unmet needs for personal care. While medical care is incidental services center on unmet activities of daily living such as assistance with bathing, dressing, toileting, ambulation, and eating.		
Direct Care Worker Minimum Qualifications	18 years of age or; high school graduates or equivalent	18 years of age or; high school graduates or equivalent	18 years of age or; high school graduates or equivalent	18 years of age or, high school graduates or equivalent	18 years of age or; high school graduates or equivalent
PCS Direct Care Worker_Minimal Training Requirements	 Beneficiary rights; Confidentiality and Privacy Practices; Personal Care Skills Assistance with Bathing Assistance with Toileting 	Beneficiary rights; Confidentiality and Privacy Practices; Personal Care Skills Assistance with Bathing Bathing	 Beneficiary rights; Confidentiality and Privacy Practices; Personal Care Skills Assistance with Bathing Assistance with Toileting 	Beneficiary rights; Confidentiality and Privacy Practices; Presonal Care Skills a) Assistance with Bathing Assistance with Assistance with Bathing	Beneficiary rights; Confidentiality and Privacy Practices; Presonal Care Skills Assistance with Bathing Assistance with Toileting

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

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

		MINITE SEED TO THE TOTAL THE TAXABLE PROPERTY OF TAXABLE PROPERTY	AGENCY/FNTITY PROVIDER	ROVIDER	
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION	SUPERVISED LIVING	HOME CARE AGENCIES
			HOME		
	c) Assistance with	c) Assistance with	c) Assistance with	c) Assistance with	(q
	Mobility	Mobility	Mobility	Mobility	c) Assistance with Mobility
	d) Assistance with	d) Assistance with	d) Assistance with	d) Assistance with	d) Assistance with Dressing
	Dressing	Dressing	Dressing	Dressing	e) Assistance with Eating
	e) Assistance with	e) Assistance with	e) Assistance with	e) Assistance with	4) Training about providing care to
	Eating	Eating	Eating	Eating	individuals with impaired judgment,
	4) Training about	4) Training about	4) Training about	4) Training about	disorientation, loss of language skills,
	providing care to	providing care to	providing care to	providing care to	inappropriate behaviors, like
	individuals with	individuals with	individuals with	individuals with	wandering that are resulting from the
	impaired judgment,	impaired judgment,	impaired judgment,	impaired judgment,	exacerbation of dementia
	disorientation, loss of	disorientation, loss of	disorientation, loss of	disorientation, loss of	5) Documentation and Reporting of
	language skills,	language skills,	language skills,	language skills,	beneficiary accidents and incidents;
	inappropriate	inappropriate	<u>inappropriate</u>	inappropriate	6) Recognizing and Reporting Signs of
	behaviors, like	behaviors, like	behaviors, like	behaviors, like	
	wandering that are	wandering that are	wandering that are	wandering that are	7) Infection Control
	resulting from the	resulting from the	resulting from the	resulting from the	
	exacerbation of	exacerbation of	exacerbation of	exacerbation of	
			dementia	dementia	
***	5) Documentation and	5) Documentation and	5) Documentation and	5) Documentation and	
	Reporting of	Reporting of	Reporting of	Reporting of	
	beneficiary accidents	beneficiary accidents	beneficiary accidents	beneficiary accidents	
		and incidents;	and incidents;	and incidents;	
	6) Recognizing and	6) Recognizing and	6) Recognizing and	6) Recognizing and	
	Reporting Signs of	Reporting Signs of	Reporting Signs of	Reporting Signs of	
	Abuse and Neglect;	Abuse and Neglect;	Abuse and Neglect;	Abuse and Neglect;	
	7) Infection Control	7) Infection Control	7) Infection Control	7) Infection Control	
Additional	1. Personal Care Aide:	1. Personal Care Aide:	1. Personal Care Aide:	1. Paraprofessionals:	1. Personal Care Aide: Personal Care Aides
Staffing	Personal Care Aides	Personal Care Aides	Personal Care Aides	Staff must meet the	providing services in Home Care Agencies
Qualificati	providing services in the	providing services in the	providing services in the	requirements for	must meet the staff orientation, training,
Suo	Adult Care Home must	Adult Care Home must	Adult Care Home must	paraprofessionals in 10A	competency, and continuing education
	meet the staff orientation,	meet the staff orientation,	meet the staff orientation,	NCAC 27G.0200.	requirements specified in licensure

ve a high requirements, including successful completion	ia or GED of an 80-hour personal care training and	et participant	etencies as	he	verson-	ning team	
Staff must hav	school diploma or GED	Staff must meet participant	specific competencies as	identified by the	participant's person-	centered planning team	and
training, competency, and Staff must have a high	continuing education	requirements specified in	licensure requirements				
training, competency, and	continuing education	requirements specified in	licensure requirements,				
training, competency, and training, competency, and	continuing education	requirements specified in	licensure requirements,				

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

	HOME CARE AGENCIES
PROVIDER	SUPERVISED LIVING
AGENCY/ENTITY PROVIDER	COMBINATION HOME
ř	FAMILY CARE HOME
	ADULT CARE HOME



.=	including successful	including successful	including successful	documented in the Person	competency evaluation program
99	completion of an 80-hour	completion of an 80-hour	completion of an 80-hour	Centered Plan.	established by DHHS. The training must be
ď	personal care training	personal care training	personal care training	Staff must successfully	successfully completed within six months of
IR STATE OF THE ST	and competency	and competency	and competency	complete First Aid, CPR	hiring.
8	evaluation program	evaluation program	evaluation program	and DMH/DD/SAS Core	2. Nurse Aide I: Nurse Aides at this level are
sa	established by DHHS.	established by DHHS.	established by DHHS.	Competencies and	listed on the North Carolina Nurse Aide
	The training must be	The training must be	The training must be	required refresher training.	Registry and perform basic nursing skills and
ns	successfully completed	successfully completed	successfully completed	Paraprofessionals	personal care activities. Nurse Aide I activities
A	within six months of	within six months of	within six months of	providing this service must	are delegated by a licensed nurse based on the
	hiring.	hiring.	hiring.	be supervised by a	knowledge, skill, training, and
2.	2. Nurse Aide I: Nurse	2. Nurse Aide I: Nurse	2. Nurse Aide I: Nurse	Qualified Professional.	Competence of the individual aide. Nurse
A	Aides at this level are	Aides at this level are	Aides at this level are	Supervision must be	Aides at this level must successfully complete
311	listed on the North	listed on the North	listed on the North	provided according to	an orientation program specific to the
Ű	Carolina Nurse Aide	Carolina Nurse Aide	Carolina Nurse Aide	supervision requirements	employing facility, and must successfully
<u> </u>	Registry and perform	Registry and perform	Registry and perform basic	specified in 10A NCAC	complete a training and competency
b2	basic nursing skills and	basic nursing skills and	nursing skills and personal	27G.0204 and according	evaluation approved by DHHS. The training
ď	personal care activities.	personal care activities.	care activities. Nurse Aide	to licensure or certification	and competency evaluation program must be
Z	Nurse Aide I activities	Nurse Aide I activities	I activities are delegated	requirements of the	successfully completed within four months of
ar	are delegated by a	are delegated by a	bya	appropriate discipline.	the employment date. During the four month
lic lic	licensed nurse based on	licensed nurse based on		Must have a criminal	
		the knowledge, skill,		record check	
				A healthcare registry	
				check is required in	
				accordance with 10A.	
				NCAC 2/G:0200	

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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	DER	
ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING	HOME CARE AGENCIES
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	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	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		period, the individual is assigned, and performs under supervision, only tasks for which he or she has demonstrated competence.

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

		AGENCY/ENTITY PROVIDER	DER	
ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING	HOME CARE AGENCIES
the employment date. During the four-month	approved by DHHS. The training and	approved by DHHS. The training and		
period, the individual is	competency evaluation	competency evaluation		
assigned, and performs	program must be	program must be		
under supervision, only	successfully completed	successfully completed		
tasks for which he or	within four months of	within four months of		
she has demonstrated	the employment date.	the employment date.		
competence.	During the four-month	During the four-month		
	period, the individual is	period, the individual is		
	assigned, and performs	assigned, and performs		
	under supervision, only	under supervision, only		
	tasks for which he or	tasks for which he or		
	she has demonstrated	she has demonstrated		
	competence.	competence.		



TN No. 12-013 Supersedes TN. No. NEW

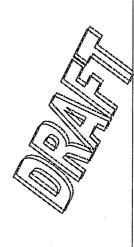
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State Plan Under Title XIX of the Social Security Act Medical Assistance Program

State: NORTH CAROLINA

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

		AGENCY/ENTITY PROVIDER	DER	
ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING	HOME CARE AGENCIES
3. Nurse Aide II: Nurse	3. Nurse Aide II: Nurse Aides at			
Aides at this level are	this level are authorized to			
authorized to perform	authorized to perform	authorized to perform	authorized to perform	perform more complex nursing
more complex nursing	more complex nursing	more complex nursing	more complex nursing	skills with emphasis on sterile
skills with emphasis on	technique in elimination,			
sterile technique in	sterile technique in	sterile technique in	sterile technique in	oxygenation, and nutrition, after
elimination, oxygenation,	elimination, oxygenation,	elimination, oxygenation,	elimination, oxygenation,	successful completion of state-
and nutrition, after	and nutrition, after	and nutrition, after	and nutrition, after	approved Nurse Aide II training
successful completion of	successful completion of	successful completion of	successful completion of	program and competency
state-approved Nurse Aide	state-approved Nurse Aide	state-approved Nurse Aide	state-approved Nurse Aide	evaluation program.
II training program and	II training program and	II training program and	Il training program and)
competency evaluation	competency evaluation	competency evaluation	competency evaluation	
program.	program.	program.	program.	



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MEDICAL ASSISTANCE STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

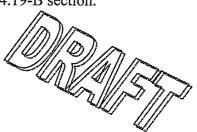
23. Any other Medical Care and any other type of remedial care recognized under State law, specified by the Secretary.

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 January 1, 2013 <u>TBD after conversation with CMS</u>, 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 \$3.88 <u>\$3.43</u> 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.



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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:

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



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

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