

## North Carolina Department of Health and Human Services

Pat McCrory  
Governor

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

August 1, 2013

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  
Denise Thomas  
Patricia Porter  
Sarah Riser  
Kristi Huff  
Brandon Greife

Carol Steckel  
Rod Davis  
Jim Slate  
Adam Sholar  
Rick Brennan  
Sabrena Lea

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

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone 919-855-4800 • Fax 919-715-4645

Location: 101 Blair Drive • Adams Building • Raleigh, NC 27603

Mailing Address: 2001 Mail Service Center • Raleigh, NC 27699-2001

An Equal Opportunity / Affirmative Action Employer



## 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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A handwritten signature in dark ink, appearing to read "Aldona Wos".

Aldona Wos, M.D.

Cc:	Susan Jacobs	Carol Steckel	Representative Justin Burr
	Denise Thomas	Rod Davis	Representative Nelson Dollar
	Patricia Porter	Jim Slate	Senator Louis Pate
	Sarah Riser	Adam Sholar	Senator Ralph Hise
	Kristi Huff	Rick Brennan	Legislative Library (one hard copy)
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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:

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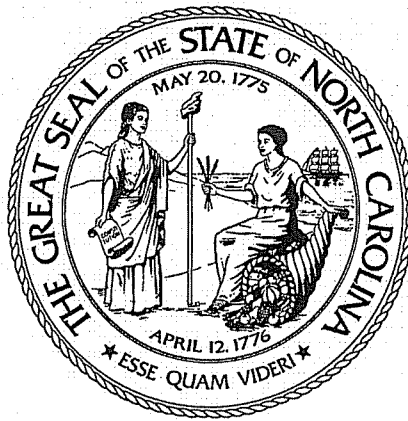
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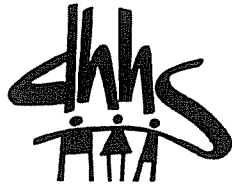
## **Legislative Report**

**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 Statutes 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 PCS Hours Based on Latest Assessments For Qualifying Beneficiaries				
Assessment Count by Setting of PCS Care For The Beneficiary				
Assessed # of PCS Hours/Mo.	ACH	IHC	SCU	All
<b>Total 80 Hours or Less</b>	<b>6317</b>	<b>20590</b>	<b>1328</b>	<b>28235</b>
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
<b>Total 81 Hours or More</b>	<b>5009</b>	<b>6081</b>	<b>2301</b>	<b>13391</b>
<b>Total Assessments</b>	<b>11326</b>	<b>26671</b>	<b>3629</b>	<b>41626</b>
% 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
<b><u>Services</u></b>	No Changes
<b><u>Eligibility</u></b>	
Sub Section A	No Changes
Sub Section B	<p>Added: <b><u>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:</u></b></p> <ul style="list-style-type: none"> <li>a. <b><u>Requires an increased level of supervision;</u></b></li> <li>b. <b><u>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;</u></b></li> <li>c. <b><u>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</u></b></li> <li>d. <b><u>Have a history of safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls</u></b></li> </ul>
Sub Section C	Previous Section “b” now Sub Section “c” No changes
Sub Section D	<p>Service Limitations:</p> <p>Changes service limit to <b><u>130</u></b> hours</p>
Sub Section E	<p>Service Exclusions:</p> <p>Previous Section “d” now “e” changed: The services provided are not in accordance with the approved <b><u>person-centered</u></b> plan of care;</p>

Changes continued...

SECTION	CHANGES
Personal Care Service (PCS) Agency /Entity and Direct Care Worker Qualifications	No Changes
Sub Section C:	
Agency/Entity Provider Definitions	No Changes
Direct Care Worker Minimum Qualifications	No Changes
PCS Direct Care Worker Minimal Training Requirements	No Changes
Additional Staffing Qualifications	Added to all provider types: <b><u>4.Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</u></b> Changes for Home Care Agencies <i>only</i> : Personal Care Aides providing services in <u>Home Care Agencies</u> must meet the staff orientation, training, competency, and continuing education requirements specified in licensure requirements, <del>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.</del>
<b><u>Payments for Medical and Remedial Care Services</u></b>	Effective January 1, 2013 <b><u>TBD after conversation with CMS,</u></b> 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 <del>\$3.88</del> <b><u>\$3.43</u></b> 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.

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

Timeline	Deliverables	Date	Responsible Party(s)	Status			
				Not Started	Started	In progress	Completed
Reports	Interim Report to Joint Legislative Oversight Committee on HHS	August 1	PCS Staff				
	Submit SPA CMS	August 15	PCS Staff				
SPA Activities	Implementation Report to NCGA Joint Legislative Oversight Committee on HHS	November 1	PCS Staff				
	Submit Draft SPA for Internal Approval	July 22	PCS Staff				
	Revise Fiscal Note	July 22	PCS Staff				
	Tribal Notification	July 1	PCS Staff				
	Public Notice	TBD	PCS Staff				
Transition Plan for IA Providers	CCME Contract Ends	Sept 30, 2013	Contractors				
	Liberty Begins Functioning as IAE	October 1, 2013					
	Weekly Meetings each Tuesday (See agenda for Specific Deliverables)	July 1- October 1, 2013					
	Revised IA Referral Form	Sept 1					
	Revised Notices	Sept 1					
	Revised Independent Assessment (Interim)	Sept 1	DMA and Contractors				
	Develop New Independent Assessment Tool/Process	November 15					
	Test New Independent Assessment	Sept 1					
	Test New Independent Assessment	Dec 2014					
	Train Providers regarding new IA Process	Jan-Feb, 2014					
IT (VieBridge Contract)	Implement New IA Assessment Process	March 1, 2014					
	Submit Project for IGTC and EPMO Approval	July 25	PCS Staff				
	Submit VieBridge Contract Amendment #1	August 31	PCS Staff				
	Execute Amendment #1	November 1, 2013	PCS Staff				
Communication Plan	Meet/Communicate with Internal Stakeholders (DHHS) [initial meeting was in June]	Monthly	PCS Staff				
	Meet/Communicate with Contractors [initial meeting was in June, July 23]	Weekly	PCS Staff				
	Meet/Communicate with External Stakeholders	August 16 & monthly	PCS Staff				
CSC	FM to change PCS Unit Rate	Sept 1	PCS Staff				
Policy Revision	Draft Policy	July 22	PCS Staff				
	Fiscal Note	July 22					
	Memo	July 22					
	PAG	Aug 22					
	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 is \$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 Projected SFY2014 PCS Expenditures for ACH and In-Home with Special Care Unit														
Total ACH					At Current Rate of \$15.52/Hr					At Proposed Rate of \$13.72/Hr				
Hours	ACH	SCU	ACH & SCU	In Home	ACH	SCU	Total ACH & SCU	In Home	Total	ACH	SCU	Total ACH & 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	68	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
70	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
60	2,398	590	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
50	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
40	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	89	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	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)							\$181,695,696	\$218,899,688	\$400,595,384			\$181,695,696	\$218,899,688	\$400,595,384
							(\$91,686,484)	(\$40,933,557)	(\$132,620,041)			\$11,445,614	(\$10,798,257)	\$647,357
Federal							(\$60,247,189)	(\$26,897,440)	(\$87,144,629)			\$7,520,913	(\$7,095,535)	\$425,378
State							(\$31,439,295)	(\$14,036,117)	(\$45,475,412)			\$3,924,701	(\$3,702,722)	\$221,979
FMAP							0.6571	0.6571	0.6571			0.6571	0.6571	0.6571

Note:

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 sensitive to shifts in the utilization distr

#### Note:

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**State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA**

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**24f. Personal Care Services (cont.):**

**SERVICES**

- a. Personal care services (PCS) include a range of human assistance provided to persons of all ages with disabilities and chronic conditions to enable them to accomplish tasks that they would ordinarily do for themselves if they were not disabled. These PCS are intended to provide person-to-person, hands-on assistance by a PCS direct care worker in the beneficiary's- home or residential setting with common activities of daily living (ADLs) that, for this program are eating, dressing, bathing, toileting, and mobility. PCS also include: assistance with instrumental activities of daily living (IADLs), such as light housekeeping tasks, when directly 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 qualifications specified on Attachment 3.1-A.1, Pages 23-29, section c.**
- 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.**

**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

b.

c. 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 PCS. The three qualifying levels of need are Limited Hands-On Assistance, Extensive Hands-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:

1. Up to 130 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 ~~person-~~  
**centered** plan of care;
7. Companion sitting or leisure time activities;

TN No. 12-013

Supersedes

01/01/2013

TN. No. 12-005

Approved Date: \_\_\_\_\_

Eff. Date:

**DRAFT**

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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).

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**24f. Personal Care Services (cont.):**

**PERSONAL CARE SERVICES (PCS) AGENCY/ENTITY AND 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)

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

	AGENCY/ENTITY PROVIDER			
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING
Agency/Entity Provider Definitions	Adult Care Homes licensed as a residential facility as defined under 131D-2 101 (1a) and licensed by the State of North Carolina as an adult care home or family care home or; a combination home as defined in G.S. 131E-101(1a).	Adult care homes that provide care to two to six unrelated residents are commonly called family care homes. G.S. 131D-2.1	In accordance to G.S. 131E-101, a combination home, as distinguished from a nursing home, 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	A group home licensed under G.S. 122C 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
				Home care agencies as defined under G.S. 131E-136 (2) and licensed by the State of North Carolina as a home care agency under 10A NCAC 131;"Home care agency" means a private or public organization that provides home care services.

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

	AGENCY/ENTITY PROVIDER				HOME CARE AGENCIES
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING	
			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.		
<b>Direct Care Worker Minimum Qualifications</b>	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
<b>PCS Direct Care Worker_Minimal Training Requirements</b>	1) Beneficiary rights; 2) Confidentiality and Privacy Practices; 3) Personal Care Skills a) Assistance with Bathing b) Assistance with Toileting	1) Beneficiary rights; 2) Confidentiality and Privacy Practices; 3) Personal Care Skills a) Assistance with Bathing b) Assistance with Toileting	1) Beneficiary rights; 2) Confidentiality and Privacy Practices; 3) Personal Care Skills a) Assistance with Bathing b) Assistance with Toileting	1) Beneficiary rights; 2) Confidentiality and Privacy Practices; 3) Personal Care Skills a) Assistance with Bathing b) Assistance with Toileting	1) Beneficiary rights; 2) Confidentiality and Privacy Practices; 3) Personal Care Skills a) Assistance with Bathing b) Assistance with Toileting

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

	AGENCY/ENTITY PROVIDER			
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING
	<p>c) Assistance with Mobility</p> <p>d) Assistance with Dressing</p> <p>e) Assistance with Eating</p> <p>4) <u>Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</u></p> <p>5) Documentation and Reporting of beneficiary accidents and incidents;</p> <p>6) Recognizing and Reporting Signs of Abuse and Neglect;</p> <p>7) Infection Control</p>	<p>c) Assistance with Mobility</p> <p>d) Assistance with Dressing</p> <p>e) Assistance with Eating</p> <p>4) <u>Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</u></p> <p>5) Documentation and Reporting of beneficiary accidents and incidents;</p> <p>6) Recognizing and Reporting Signs of Abuse and Neglect;</p> <p>7) Infection Control</p>	<p>c) Assistance with Mobility</p> <p>d) Assistance with Dressing</p> <p>e) Assistance with Eating</p> <p>4) <u>Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</u></p> <p>5) Documentation and Reporting of beneficiary accidents and incidents;</p> <p>6) Recognizing and Reporting Signs of Abuse and Neglect;</p> <p>7) Infection Control</p>	<p>b) Assistance with Mobility</p> <p>c) Assistance with Dressing</p> <p>d) Assistance with Eating</p> <p>4) <u>Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia</u></p> <p>5) Documentation and Reporting of beneficiary accidents and incidents;</p> <p>6) Recognizing and Reporting Signs of Abuse and Neglect;</p> <p>7) Infection Control</p>
<b>Additional Staffing Qualifications</b>	<p>1. <b>Personal Care Aide:</b> Personal Care Aides providing services in the Adult Care Home must meet the staff orientation,</p>	<p>1. <b>Personal Care Aide:</b> Personal Care Aides providing services in the Adult Care Home must meet the staff orientation,</p>	<p>1. <b>Personal Care Aide:</b> Personal Care Aides providing services in the Adult Care Home must meet the staff orientation,</p>	<p>1. <b>Personal Care Aide:</b> Personal Care Aides providing services in <u>Home Care Agencies</u> must meet the staff orientation, training, competency, and continuing education requirements specified in licensure</p>

	training, competency, and continuing education requirements specified in licensure requirements,	training, competency, and continuing education requirements specified in licensure requirements,	training, competency, and continuing education requirements specified in licensure requirements	Staff must have a high school diploma or GED Staff must meet participant specific competencies as identified by the participant's person-centered planning team and	requirements, including successful completion of an 80-hour personal care training and
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PERSONAL CARE SERVICES (PCS) AGENCY /ENTITY & DIRECT CARE WORKER QUALIFICATIONS (continued)

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

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	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. 2. Nurse Aide I: Nurse Aides at this level are listed on the North Carolina Nurse Aide Registry and perform basic nursing skills and personal care activities. Nurse Aide I activities are delegated by a licensed nurse based on the knowledge, skill, training, and	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. 2. Nurse Aide I: Nurse Aides at this level are listed on the North Carolina Nurse Aide Registry and perform basic nursing skills and personal care activities. Nurse Aide I activities are delegated by a licensed nurse based on the knowledge, skill, training, and	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. 2. Nurse Aide I: Nurse Aides at this level are listed on the North Carolina Nurse Aide Registry and perform basic nursing skills and personal care activities. Nurse Aide I activities are delegated by a licensed nurse based on the knowledge, skill, training, and	documented in the Person Centered Plan. Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training. Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline. Must have a criminal record check A healthcare registry check is required in accordance with 10A NCAC 27G.0200	competency evaluation program established by DHHS. The training must be successfully completed within six months of hiring. 2. Nurse Aide I: Nurse Aides at this level are listed on the North Carolina Nurse Aide Registry and perform basic nursing skills and personal care activities. Nurse Aide I activities are delegated by a licensed nurse based on the knowledge, skill, training, and
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**PERSONAL CARE SERVICES (PCS) AGENCY /ENTITY & DIRECT CARE WORKER QUALIFICATIONS (continued)**

	AGENCY/ENTITY PROVIDER			
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING
	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)**

	ADULT CARE HOME	FAMILY CARE HOME	AGENCY/ENTITY PROVIDER		
			COMBINATION HOME	SUPERVISED LIVING	HOME CARE AGENCIES
	the employment date. During the four-month period, the individual is assigned, and performs under supervision, only tasks for which he or she has demonstrated competence.	approved by DHHS. The training and competency evaluation program must be successfully completed within four months of the employment date. During the four-month period, the individual is assigned, and performs under supervision, only tasks for which he or she has demonstrated competence.	approved by DHHS. The training and competency evaluation program must be successfully completed within four months of the employment date. During the four-month 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			
	ADULT CARE HOME	FAMILY CARE HOME	COMBINATION HOME	SUPERVISED LIVING
	<p><b>3. Nurse Aide II:</b> Nurse Aides at this level are authorized to perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition, after successful completion of state-approved Nurse Aide II training program and competency evaluation program.</p>	<p><b>3. Nurse Aide II:</b> Nurse Aides at this level are authorized to perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition, after successful completion of state-approved Nurse Aide II training program and competency evaluation program.</p>	<p><b>3. Nurse Aide II:</b> Nurse Aides at this level are authorized to perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition, after successful completion of state-approved Nurse Aide II training program and competency evaluation program.</p>	<p><b>3. Nurse Aide II:</b> Nurse Aides at this level are authorized to perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition, after successful completion of state-approved Nurse Aide II training program and competency evaluation program.</p>

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MEDICAL ASSISTANCE  
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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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~~ **TBD after conversation with CMS**, 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~~ **\$3.43** 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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Payments for Medical and Remedial Care and Services

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**Payment for Personal Care Services:**

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

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

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