



Front Porch Chat: Personal Care Services

February 20, 2025



Housekeeping

- Intended Audience: PCS Medicaid Beneficiaries
- Today's Presentation will be 30 minutes
- Q&A: Will be 15 minutes at the end of the presentation
 - This portion of the webinar is for your questions
 - Questions can be entered at any time in the Q&A chat
- There will be a survey at the end of this presentation for your to answer
- A recording of today's presentation and the PowerPoint will be posted on the NCLIFTSS Website hosted by Acentra Health

Today's Discussion Topics

- ADLs and IADLs
- Change of Status Process
- Reconsideration Process
- PCS Beneficiary Rights
- Aides who can be hired to provide PCS
- Question & Answers

Today's Presenter:
Penny Paul – PCS Operations Manager



PERSONAL CARE SERVICE

ADLs & IADLs



PCS Assessment Requirements

- Each beneficiary must have a new admission assessment to see if they qualify for Personal Care Services (PCS).
- If approved for PCS, they must have a reassessment every year, which is usually from the time they were approved to receive PCS.
- All assessments are done by a nurse from NCLIFTSS.
- During the assessment, the beneficiary must show how they can perform 5 daily activities: bathing, dressing, moving around, using the bathroom, and eating.
- This helps the nurse decide how to score your needs on the assessment.



What are ADLs? (Activities of Daily Living)

ADLs, or **Activities of Daily Living**, are self-care tasks, we do every day.

The 5 Qualifying ADLs for PCS:

- **Bathing:** Washing our body to stay clean
- **Dressing:** Putting on clothes, like shirts, pants, and shoes
- **Mobility:** Walking, standing up, or getting in and out of bed
- **Toileting:** Going to the toilet and cleaning up afterward
- **Eating:** Using a spoon or fork to eat food

Important: The completed nurse's assessment will show how much help you need with your ADLs.



What are IADLs? (Instrumental Activities of Daily Living)

IADLs, or **Instrumental Activities of Daily Living**, are tasks that help manage your home.

Assistance with household tasks must be directly related to your assessed ADLs needs.

Examples of IADLs include:

- Changing or making the bed
- Cleaning or straightening up the bathroom
- Folding clothes
- Hanging up clothes
- Clearing out clutter or making clear pathways in the home
- Bringing and setting up or returning medical equipment or kitchen appliances
- Cleaning the bedside commode/urinal/bedpan or disposing of incontinent supplies
- Emptying or taking out the trash
- Planning meals and chopping/grinding/pureeing or thickening food



**Important Note: PCS does not allow IADLs unless help is also needed with ADLs*

PERSONAL CARE SERVICES

Change of Status



Change of Status



- **Medical Change of Status:** is when you have a change in your medical condition and your doctor changes your treatment. This could include new medicine, a new condition, new therapy, or new test. These changes may cause you to not be able to do some of the ADLs you could do before.
- **Non-Medical Change of Status:** is when your family member can no longer help with your ADLs. It can also happen if your home situation changes, making it harder for you to do your ADLs with or without your family.

Requirements for PCS Change of Status Reviews

- Medical Change of Status: your doctor must request to reassess you within 90 days of the date they noted a change in your status.
- Information Needed for Reassessment:
 - Your doctor must send NCLIFTSS details about:
 - Your medical condition
 - The availability of a family or friends that help you
 - Changes in your home that affect your ability to do ADLs
- Scheduling an Assessment: If documents show a change in your condition, NCLIFTSS will schedule a face-to-face assessment.
- Face-to Face Assessment: during the meeting, you will show the nurse what has changed. The information you share will help decide if you qualify for more PCS hours.



PERSONAL CARE SERVICES

Reconsideration Process



Reconsideration

1. Your assessment states you only need 50 PCS hours, and you think you need 80 PCS hours. You can ask NCLIFTSS to reconsider.
2. You will need to let NCLIFTSS know you want them to reconsider your hours 31 - 60 days from the time you were approved to receive PCS.
3. When you let NCLIFTSS know you want them to reconsider, you must send them medical or non-medical documents to prove you need more PCS hours.
4. NCLIFTSS will review what you send to them to decide.
5. If a decision can't be made from your documents, NCLIFTSS will ask to schedule a face-to-face assessment.
6. You will receive a letter in the mail with the decision about more hours. If you are approved for more hours, your provider will be told about the new hours. If you are not approved, you will receive an appeal letter for you to send to NC Medicaid for review.



PERSONAL CARE SERVICES

Mediation & Appeal Rights



Due Process

Due process is a right for PCS beneficiaries. If you are not approved for PCS or do not get the hours you think you need, you have the right to ask for a legal review of the decisions.

- If your PCS is reduced, denied, or stopped, you have the right to appeal the decision through Due Process.
- You will get a letter about your PCS request. This letter includes a special form called an 'Appeal Form.' To ask for an appeal, you must sign the form and send it to the fax number listed on it.
- When your Appeal Form is received, the Office of Administrative Hearings (OAH) will send you a letter telling you the date and time of your appeal hearing. You will hear from Mediation Network of North Carolina first to begin your appeal.



Reasons to Use Your Beneficiary Rights

Technical Denial



Examples Include:

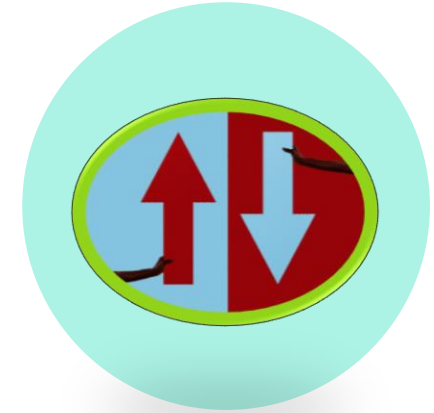
- Nurse assessor is unable to contact you
- You are not home for the scheduled assessment
- You refuse to let the nurse assessor in your home

Denials



- Your referral doesn't have the right information
- Your assessment (new, annual or change of status) states you don't need help with your ADLs or more hours to help with your ADLs

Reductions



- A new assessment shows improvement with carrying out your ADLs
- A new assessment shows you no longer meets the requirements under expanded hours

Explanation on How to Appeal (pages 3 - 4)

3

Raleigh, NC 27609
Telephone: 984-236-1850
Facsimile: 984-236-1871

- You can also call the Office of Administrative Hearings at 1-984-236-1860 and ask for a State Fair Hearing and provide the information requested on the Beneficiary Hearing Request Form.
- If you need a quick decision because your life, health, or your ability to attain, maintain or regain maximum function is in danger, you can ask for an "expedited" (faster) State Fair Hearing. You can ask for an expedited State Fair Hearing by mail, by fax or by making a phone call to OAH. The phone number, address and fax number are on the State Fair Hearing Request Form included in this Notice.

When you ask for an expedited State Fair Hearing, you must give information to show why you need a faster Hearing. This information must be from an appropriately licensed medical professional. It must also be new information that was not included in the original service request. If your request is approved, you will have an expedited State Fair Hearing as quickly as possible after OAH gets your case file. The administrative law judge will use all reports and updates available at the time of your State Fair Hearing. If your request for an expedited State Fair Hearing is denied, you will still have a State Fair Hearing. Your State Fair Hearing will be decided in the standard timeline.

- If you file your appeal **within 30 days of the date of this letter** and you remain otherwise eligible for Medicaid, your service(s) will be reinstated during the appeal unless you choose not to maintain your service(s).
- If you file your appeal **within 30 days**, you will receive authorization for payment for services during the appeal even if you change providers and even if you do not file the appeal within 10 days. Services will be provided at the same level you are receiving now or the level that was requested by your provider, up to a maximum of 80 hours per month, whichever is less.

THE HEARING PROCESS

- If you decide to appeal this decision and once you file with the Office of Administrative Hearings, OAH will send you a letter by trackable mail stating the date and time of your hearing. OAH will also refer your case to the Mediation Network of North Carolina.
- The Mediation Network of North Carolina will contact you to offer you a free mediation with Medicaid to try to settle your appeal. You may accept or reject this offer.
- If you or your representative accept an offer of mediation and then fail to attend mediation without good cause, your case will be dismissed.
- You may participate in the mediation process by telephone or in person. Medicaid representatives will participate by telephone. You may invite anyone to participate in the mediation process as long as all parties involved in the mediation agree to their participation.
- At the mediation, you may present new evidence, including medical records and documentation from doctors and other providers about why you need the requested services.
- If mediation resolves your case, your hearing will be dismissed, and services will be provided as agreed to during the mediation.
- If you do not accept the offer of mediation or if the mediation does not succeed, you may still

4

proceed with your hearing.

- You can have a hearing by telephone or in person or you can have the hearing by videoconferencing if you have access to a computer with a camera and videoconferencing software. The hearing will be conducted by telephone unless you specifically request an in-person or video hearing. The in-person hearing will be held at the OAH main location in Wake County (Raleigh) unless you can show good cause why you cannot come to Wake County.
- Hearings are conducted by an administrative law judge with OAH.
- You have the right to see Medicaid's entire file about your case before the date of the hearing.
- At the hearing, you may present new evidence, including medical records and testimony from doctors and other providers about why you need the requested services (even if you obtained it after Medicaid made its decision).
- You may represent yourself in the hearing process, hire an attorney or use a legal aid attorney, or ask a relative, friend, or other spokesperson (e.g. case manager) to speak for you.
- The administrative law judge will make a decision and will send that decision to the Medicaid agency, which will make the final agency decision. You will receive copies of both the administrative law judge's decision and Medicaid's final agency decision by trackable mail.
- If you lose your appeal, you can appeal the final decision in Superior Court.

Free legal aid may be available to assist with your appeal. Contact Legal Aid of North Carolina toll-free at 866-219-5262 to open a new case, or visit them online at legallaidnc.org. If the beneficiary is age 60 or older, you may call Legal Aid's Senior Law Project at 877-579-7562 to open a new case. If the beneficiary is a person with a disability, you may also contact Disability Rights North Carolina at 919-856-2195 or toll-free at 877-235-4210.

Sincerely,

Independent Assessment Department
NC Medicaid Linking Individuals and Families for Long Term Services and Supports
Customer Service: 833-522-5429
Fax: 833-521-2626
Website: ncliftss.acentra.kepro.com

Enclosures:

- Medicaid Services Beneficiary Hearing Request Form, NC Medicaid 2003 (beneficiary mailing only)

C: Provider
Office of Administrative Hearings
NC Medicaid



Explanation on How to Appeal

Attention: Clerk of Court
1711 New Hope Church Road
Raleigh, NC 27609
Telephone: 984-236-1850
Fax: 984-236-1871

MEDICAID SERVICES BENEFICIARY HEARING REQUEST FORM

COMPLETE AND SEND THIS FORM IF YOU WANT TO APPEAL MEDICAID'S DECISION

Date: 12/07/2023 Service Requested: Consolidated PCS
Decision made by: NCLIFTSS Type of Request: Continuing/Reauthorization Type of Notice Issued: 2002

SEND COPY OF FORM TO:
Office of Administrative Hearings (OAH)
Attention: Clerk of Court
1711 New Hope Church Road
Raleigh, NC 27609
Telephone: 984-236-1850
Fax: 984-236-1871

REQUEST STATE FAIR HEARING BY PHONE:

You can also call 984-236-1860 and request a State Fair Hearing and provide the information requested on the Beneficiary Hearing Request Form.

DIRECTIONS: Please complete this form. Call or send the completed form by mail or fax to OAH at the address or fax number in the above boxes. The hearing request form must be received by OAH within 30 days of the date this notice was mailed to me.

I would like to appeal the denial/change of my request for Personal Care Services. I have the right to a hearing conducted telephonically, by video technology, or in-person. The hearing will be conducted by telephone unless I request an in-person or video hearing. If I request an in-person hearing, I understand it will be held at the Office of Administrative Hearings in Wake County (Raleigh) unless I can show good cause why I cannot come to Wake County.

I am requesting a hearing (please check one):
☒ by telephone ☐ by videoconference ☐ in-person in Raleigh ☐ in-person in my county of residence because _____

☐ I am requesting an expedited State Fair Hearing. I have attached documentation from an appropriately licensed healthcare professional that was not included in the original service request showing why I need a faster hearing.
Do you need an interpreter? ☐ Yes ☐ No If yes, what language? _____
Do you have special needs that require accommodation to participate in the mediation or fair hearing? ☐ Yes ☐ No
If yes, please describe: _____

I may represent myself during the appeal process, hire an attorney or use a legal aid attorney, or ask a relative, friend, my case manager, or another spokesperson to represent me. By signing this form, I authorize any person listed below to represent me during the appeal, to discuss my case, and to have access to my Medicaid file, including medical records and other confidential information about my case. I understand that I can file this appeal form now and still ask a representative to help me at a later time. I will (please check one of the boxes below):
☒ Represent myself. ☐ Be represented by someone else. If represented by someone else, complete box below.

Representative's Name	Relationship to Beneficiary	Address	Telephone Number
			() ____ - ____

I understand if I am appealing a CHANGE notice and I submit a request for hearing within 30 days of the date this notice was mailed and my provider submitted the service request before the last authorization expired and as long as I remain otherwise Medicaid eligible, unless I give up this right, I will continue to receive services until my appeal is decided. Should I have been receiving services and appeal within 10 days of the date this notice was mailed, my services will continue without interruption. If I appeal within 30 days of the date this notice was mailed to me and services were stopped or reduced, services will be reinstated. Services will be provided at the same level I was receiving the day before the decision or the level requested by my provider, whichever is less. I will continue to be authorized to receive my current service(s) even if I change providers. If I lose my appeal, I understand that I (the beneficiary, or parent if beneficiary under 18) may be required to pay for the services that continue because of the appeal.

Signature of Medicaid Beneficiary or Legal Guardian Date _____ Telephone Number _____

Print Name: _____ Print Address: _____

DHB 2003
Rev. 10.2022

Request State Fair
Hearing by Phone: 984-
236-1860



Beneficiary Rights - Mediation

Mediation is a chance for you and NCLIFTSS to try to agree without going to court. A mediator, who is a fair and neutral person, will help you and NCLIFTSS talk about your PCS request.

Mediator

- Schedules the appointment to meet with NCLIFTSS.
- Makes introductions of everyone on the call.
- Reviews mediation rules
- Is a listener and doesn't take sides.
- Writes up the decisions taken during mediation.

Acentra Mediation Nurse

- Correct Technical Denials when necessary
- Obtains new information
- Provides education on PCS if the request can't be approved during mediation
- Approves medically necessary services
- Informs if the case can be closed out during mediation, if missing information was received

Beneficiary or Agreed Representative

- Provides new information including medical documentation, if available.
- Speaks on the phone to talk about PCS needs and can invite anyone to assist.



Mediation Outcomes

Here are the three possible outcomes of mediation for a PCS request

Withdrawal

- The beneficiary accepts NCLIFTSS decision
- The decision takes effect the next day

Settlement

- The beneficiary accepts the Mediation Nurse's offer
- The decision takes effect the next day

Impasse

- The beneficiary chooses to have with a hearing
- The beneficiary chooses to continue with an assessment to review their PCS needs.



Impasse – Administrative Hearing

If mediation does not work, a hearing is scheduled with a judge.



- An assistant from the Attorney General's Office will call to see if an agreement can be made before the hearing.
- The beneficiary may need to share new information about the case.
- If no agreement is reached, a judge will listen to the case, usually by phone.
- The judge will decide and send it to Medicaid, which will make the final choice.

Beneficiary Rights Timeframes

- You have 30 days from the date you get a letter saying your PCS was denied, reduced, or not extended. During these 30 days, you can keep receiving your PCS until a mediation or hearing happens. This is called Maintenance of Service (MOS).
- MOS means you will continue getting the same PCS hours you had before your request was denied, reduced, or stopped.
- MOS does not apply if you were not already receiving PCS when you made your request.
- Once your appeal form is received, mediation will be scheduled within 25 days.



PERSONAL CARE SERVICE

Aide that Can be Hired to Provide PCS



Who can be Hired as a PCS Aide?

- Must be a paraprofessional (someone without a degree or certificate) and have:
 - A high school diploma or GED; and
 - 18 years old or older
- Meet the training, competency evaluation and other qualification by provider agency
- Cannot be a biological family member like a parent, spouse, child, grandparent, sibling or equivalent step or in-law
- Must live at a different address than the person receiving PCS



Important Note: If an aide does not meet these rules, they cannot be hired. If you have an aide who doesn't qualify, they will be replaced, which may cause delays or a temporary stop in your PCS hours.

Question & Answer



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