2025 LTSS Forum Q&A Session: TOC
Answers provided and vetted by DHB 6/17/2025

Q. For the past 2 years, the question has come up about case managers getting access to EVV data. CAP/DA Case Managers are tasked with monitoring services. This can be done with home visits, but we need to see patterns of missed shifts. We have had instances where time may be being billed when care has not been provided. There are agencies who will share their EVV information, but some refuse. Case managers are now being asked to complete incident reports for missed shifts. We find that the agencies, the clients and the aides may deny that shifts are being missed, even in cases when we have never seen an aide in the home during our visits. The In-Home Aide agency is part of the interdisciplinary team. Why is there a question if they can provide this information or not?

> **A.** The Department will take this back and discuss the next steps. In the meantime, case managers can continue to ask the agency for the information or get an information release for all the services the member is receiving.

Q. We are not seeing the warm handoffs. In most cases, unless the provider is checking eligibility monthly, they do not even know that the plan is changed. At times they may go a few weeks and not realize until they have not been paid. This puts a huge strain on providers as they still have to pay their aids. In some cases, they can't get a PA from new payer until a 3051 form has been submitted.

> **A.** Warm handoffs are conducted at the plan-to-plan level as required for specific high needs members. Provider agencies are likely not aware of the warm handoff. The second part of your question is regarding changes in eligibility. It is recommended providers check eligibility on a regular cadence, generally at time of billing or monthly. Additionally, when an individual receiving LTSS services in Managed Care and returning to Medicaid Direct and NCLIFTSS receives a LTSS Disenrollment Form from the health plan, NCLIFTSS sends an email to the authorized contact email in NCTracks to notify the provider of the return to Medicaid Direct. Continuity of Care PCS PAs should follow the member back to Medicaid Direct and be found in NCTracks and the DHB3051 is required for ongoing PAs. If issues are discovered, providers should email the provider Ombudsman with all the pertinent details to create a ticket so the health plan PAs can be sent to NCTracks.

Q. Why can’t we receive email/fax About TOC just like we receive in Qi?

> **A.** QiReport is a system specific to Personal Care Services. It is not for all LTSS services. LTSS providers are notified of Transitions of Care by NCLIFTSS when an individual receiving LTSS services in Managed Care and returns to Medicaid Direct and NCLIFTSS receives an LTSS Disenrollment Form from the health plan. Please note, the email is sent to the authorized contact email address in NCTracks. It is recommended that providers check that information to make sure it is current and that mailbox is monitored.

Q. Why during TOC do beneficiaries have a PA in NCTracks automatically and some you won't get one till a DHB3051 has been submitted?

> **A.** Per TOC policy, health plans are expected to send open, active PAs for most services, including PCS, to NCTracks when the individual returns to Medicaid Direct. These are referred to as Continuity of Care PAs and are intended to cover the dates of services

immediately after transition and to allow time for a new assessment. In order to get ongoing PAs and reconnect to the Assessment vendor, the DHB 3051 needs to be sent to NCLIFTSS so they can schedule the assessment.

When you pull the reports, can you actually see a report on which aides actually went over for 24 hours or were at 2 locations at the same time or it just gives you a general report. here are a number of specific reports. If you would like assistance to learn how to pull these reports, please email Medicaid.EVV@dhhs.nc.gov

Q. We know home health has a date for required EVV implementation or claims will be denied, do we have any idea when PCS will implement this requirement for EVV?

A. PCS hard edits went live in 2021 for all payors.

Q. How are Case managers able to verify the information? Do we contact the providers to request the info?

A. The Department will take this back and discuss next steps. In the meantime, case managers can continue to ask the agency for the information or get an information release for all services the member is receiving.

Q. Does this affect consumer direction?

A. Yes, EVV impacts CAP Consumer Direction services however, there is a live-in caregiver exception that will bypass the edits for EVV. Note: if beneficiaries also get care from non-live in caregivers, those caregivers need to capture EVV data.

Q. Can we develop a more streamlined approach to transfer of care? It is very time consuming and confusing "TOC works as expected most of the time but when TOC doesn't work as anticipated, it can cause major issues.

A. The best practice is to check eligibility regularly, check for PAs in the new system and put in a ticket with the Provider Ombudsman as soon as an issue is discovered. We are reviewing the many systems and data that are supposed to flow, working with the health plans and we're looking at ways to reduce impacts on providers and members.