Acentra HEALTH

Provider Webinar: Personal Care Services

June 25, 2026

Housekeeping

Intended Audience: Personal Care Services (PCS) Medicaid Direct Providers

Presentation Details:

- The presentation will last 45 minutes
- There will be time for Q&A at the end
  - You can type in questions about today's topics in the Q&A chat at any time

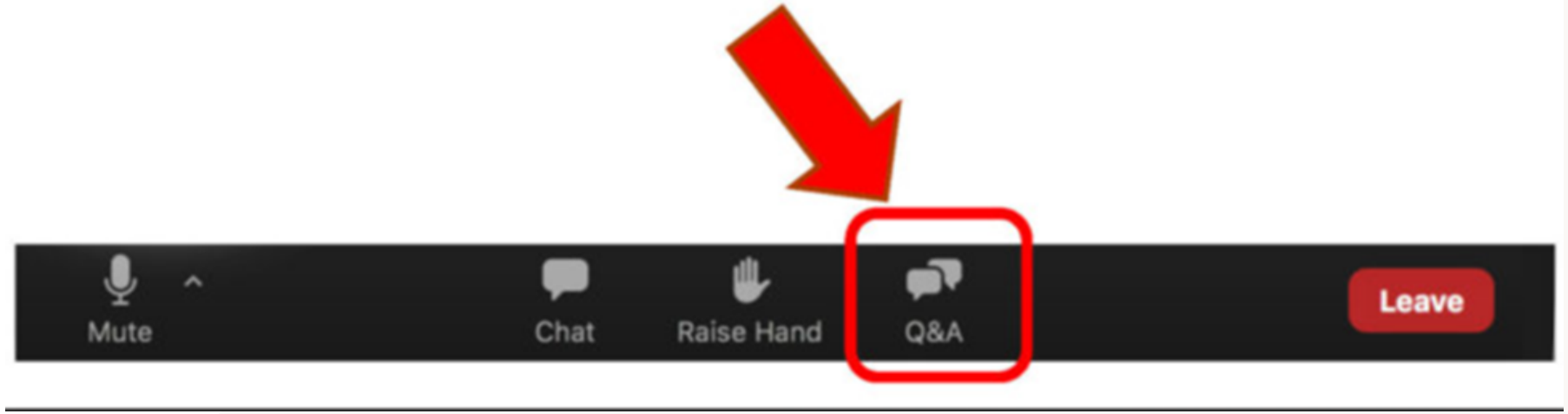
After the Presentation:

- A survey will prompt (We want to hear your feedback)
- The recording, Q&A and PowerPoint will be posted on the NCLIFTSS Website (hosted by Acentra Health) within 14 business days

Question & Answer Session

How to ask a question:

- **To ask a question, click the Q&A button at the bottom of your Zoom screen (icon below).**
- **A box will pop up, and you can type your question there.**



Show Captions

How to display captions:

- **Click on the Show Captions button**
- **If your language is not already set, click on the language you want.**
- **Once selected, the captions will display at the bottom of your screen.**

Today’s Discussion Topics

- Manual Service Plan
- Billing issues
- Expedited Process
- Q&A Session
  - Open discussion and questions on today’s topics

Today’s Presenter:

Shannon Malorzo, RN - PCS Program Manager for NCLIFTSS

PERSONAL CARE SERVICES

Manual Service Plan

Manual Service Plan

What is a Manual Service Plan?

A manual service plan is a plan that is created or updated by a person instead of being handled by an automated system. This usually happens when there is a problem or error that stops the system from processing it the normal way.

Manual Service Plan

Common Reasons a Manual Service Plan Is Needed

- Prior Authorizations (PAs) have already been generated, but there is an error in the authorized frequency
- Change of Provider (COP): The previous provider has already accepted the assessment, requiring manual adjustments

Manual Service Plan Process

1. **Assessment Completion**
   - An independent assessment is completed and determines eligibility and service needs
2. **Prior Authorization Issued**
   - NC Medicaid/NCLIFTSS issues a PA based on the assessment findings
3. **Issue Identified**
   - Provider identifies an error preventing normal service plan generation
4. **Manual Service Plan Request**
   - Provider coordinates with NCLIFTSS/Acentra Health to request correction or manual entry

Manual Service Plan Process

5. **Manual Entry/Adjustment**
   - Service plan is manually entered or updated to match the approved PA and assessment
6. **Verification in NCTracks**
   - Provider confirms the service plan aligns with:
     - PA details
     - Authorized hours
     - Effective dates
7. **Service Delivery & Billing**
   - Services are delivered according to the corrected plan
   - Claims are submitted within approved parameters

PERSONAL CARE SERVICES

Billing

Billing Issues

- Billing problems in Personal Care Services (PCS) can happen for a few reasons, such as:
  - The service plan is not completed or completed correctly
  - The beneficiary's Medicaid is not active
  - Prior approvals are missing or expired

- To avoid problems, provider should:
  - Check NCTracks to verify the beneficiary has active Medicaid
  - Make sure the PA’s are valid
  - Use the correct billing codes and modifiers

Key Billing Questions To Review

When claims are denied for PCS, the provider should attempt to answer the following questions before contacting NC Tracks or NCLIFTSS:

1. Did I complete a service plan for the most current assessment for the beneficiary
2. Does the beneficiary have active Medicaid
3. Does the beneficiary have active PA
4. Does the modifier on the PA match the modifier assigned in NC Tracks
5. Have I already billed for all approved hours this month
6. Am I billing within the approved effective dates

Next Steps For Billing Assistance

After reviewing the common reasons for denials and assistance is still needed with billing, please complete the PA Research Form (PA Research Form) found on the Acentra Health NCLIFTSS website and submit it via fax 833-521-2626 or email: ncliftss@acentra.com

REQUEST FOR PRIOR APPROVAL (PA) RESEARCH FORM

Acentra HEALTH

Agency Name: _____ Contact Person: _____ Phone: _____

The completed form may be faxed to 833-521-2626. Providers may also email ncliftss@acentra.com for assistance.

Please allow 5 business days for NCLIFTSS to research your request(s).

NPI#	First Initial, Last Name of Beneficiary	Last 5 of Medicaid ID#	Dates Unable to Bill	Hours Billed	*NCTracks* Denial Code	*NCTracks* Modifier Code

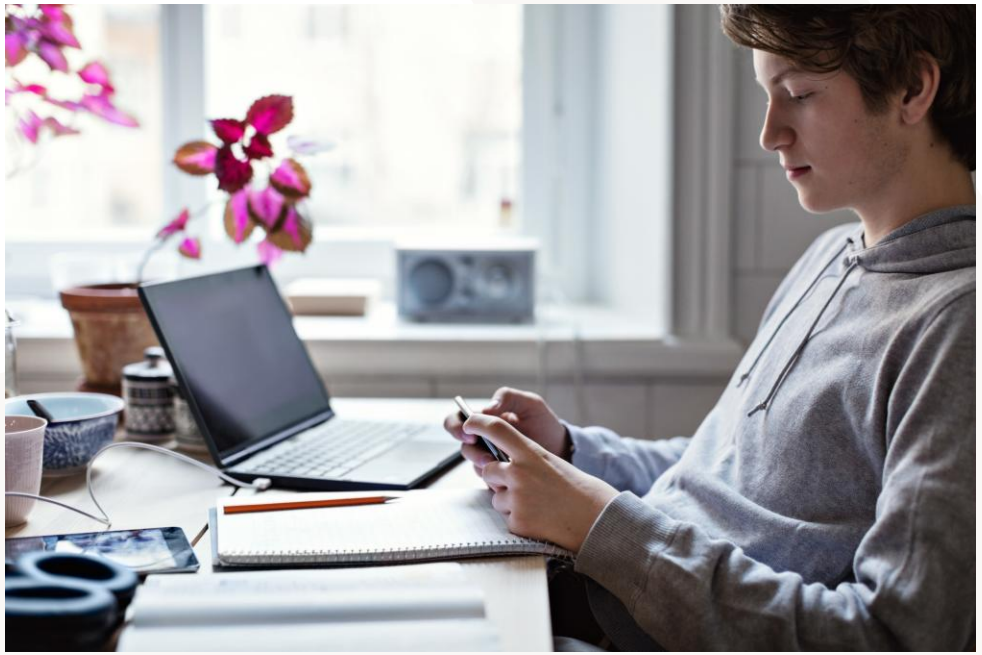
Billing Support

Acentra Health & NC Tracks Billing Support

- Acentra Health does not have full access to NC Tracks
- They can only help with billing issues related to PCS prior authorizations

If you have other billing issues:

- Contact NC Tracks directly for help
  - NCTracks at 800-688-6696



PERSONAL CARE SERVICES

Expedited Process

Expedited PCS Process

- What is the Expedited PCS Process?
  - This process helps people get personal care services (PCS) faster when they need help right away
  - It is used for people who are medically stable but still need support after transiting back into the community from an institutional setting
  - A trained professional (like a hospital discharge planner) starts the request on the DHB 3051 form.

Expedited Approval

- If approved:
  - The person can receive up to 60 hours of care before the full review is done
  - This helps make sure they have support at home right away

- Important to Know:
  - This approval is temporary (provisional)
  - A full assessment must be completed within 14 business days to decide long-term services

Expedited Assessment Requirements

To qualify, the beneficiary must be:

- Medically Stable
- Have eligible Medicaid Status

And meet one or more of the following conditions:

- Hospital Discharge Status
- Skilled Nursing Facility (SNF) Discharge
- Adult Protective Services (APS) Involvement
- Transition to Community Living Initiative

Expedited PCS Process Requirements

Process Requirements

- Requests for expedited assessments must be initiated by:
  - Hospital discharge planners
  - Skilled nursing facility discharge planners
  - Adult Protective Services (APS) workers
  - Transition coordinators

- If the beneficiary qualifies:
  - Assessment is conducted telephonically
  - Used to determine initial eligibility and service needs

Expedited Service Authorization

Service Authorization

- Approved beneficiaries:
  - May receive up to 60 hours of service during the provisional period
  - Must be authorized for services within 2 business days of completed request

- If Medicaid eligibility is pending:
  - Provisional authorization remains but unable to verify eligibility until shown as active in NCTracks.

Expedited Limitations, & Provider Responsibilities

Eligibility Duration & Next Steps

- If the beneficiary is not eligible within the 60-calendar day provisional period:
  - A new request must be submitted through the standard PCS process

Provider Responsibility

- PCS Providers must:
  - Notify NCLIFTSS when a beneficiary with pending Medicaid eligibility becomes eligible

Question & Answer

NCLIFTSS PCS Contact Information

- Email Address: NCLIFTSS@acentra.com
- Phone: 1-919-568-1717 or 1-833-522-5429
- PCS Fax: 833-521-2626
- Website: ncliftss.acentra.com