

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

24f. Personal Care Services (cont.):

SERVICES

- a. Personal care services (PCS) include a range of hands-on 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 primarily intended to provide person-to-person, hands on assistance by a paraprofessional aide in the recipient's home with common activities of daily living that, for this program are eating, dressing, bathing, toileting, and mobility.
- b. 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 recipient's plan of care.
- c. In addition to the specified assistance with ADLs and IADLs, qualified PCS Aides may also provide Nurse Aide I and Nurse Aide II tasks as specified on page 21 and 22 pursuant to the North Carolina Board of Nursing as described in 21 NCAC 36.0403 and as specified in the recipient'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; and
 3. Not require monitoring, supervision, or ongoing care from a licensed health care professional.
- b. Require hands-on assistance with at least:
 1. Three of the five qualifying ADLs at the limited level; or
 2. Two of the five qualifying ADLs, one of which is at the extensive level; or
 3. Two of the five qualifying ADLs, one of which is at the full dependency level.
- c. Service Limitations:
 1. Up to 80 hours per month for adults with no limits on children; and
 2. Services levels must be re-assessed and re-authorized at least annually.

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24f. Personal Care Services (cont.):

- d. Service Exclusions:
1. Services provided in an unauthorized location;
 2. Services provided by unauthorized individuals or providers;
 3. The recipient's primary need is housekeeping or homemaking;
 4. The IADLs performed are not directly related to the approved ADLs or as specified in the recipient's plan of care;
 5. Services provided in the month that exceed the authorized monthly limit;
 6. The services provided are not in accordance with the approved plan of care;
 7. There are willing and able family members or other informal caregivers available to provide the assistance;
 8. Companion sitting or leisure time activities;
 9. Medical and non-medical transportation;
 10. Continuous monitoring or ongoing recipient supervision;
 11. Money management;
 12. Non-essential errands;
 13. Personal care or home management tasks for other residents of the household; and
 14. Cueing, prompting, and coaching for adult recipients.

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 (IMDs).

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24f. Personal Care Services (cont.):

PROFESSIONAL QUALIFICATIONS FOR PCS PROVIDERS

Personal Care Services are provided by home care agencies licensed under 10A NCAC 13J or adult care homes licensed under 10A NCAC 13F. Each PCS provider must be licensed and enrolled with Medicaid.

- a. Personal Care Services providers are required to perform the following activities to comply with state laws and rules:
1. Complete background checks on all employees;
 2. Conduct competency evaluations and trainings;
 3. Monitor quality of care;
 4. Ensure that aides work under the supervision of a Registered Nurse;
 5. Ensure that Aides hired are not listed on the North Carolina Health Care Registry as being under investigation or as having a substantiated finding of previous client abuse or neglect, misappropriation of client property, diversion of client or facility/program drugs, or fraud as an employee of one of the reporting health facility types. Aides under investigation for any of these reasons may not work with recipients until the investigation is completed and the individual is cleared of any crime or misconduct; and
 6. If the client's plan of care requires the aide to provide extensive assistance the aide shall be listed on the Nurse Aide Registry in accordance with North Carolina General Statute G.S. 131E-255. Extensive assistance means a client is totally dependent or requires weight-bearing support more than half the time while performing part of an activity, such as guiding or maneuvering of limbs, and meets one of the following criteria:
 - (a) Requires extensive assistance in more than two activities of daily living; or needs an aide to perform at least one task at the nurse aide II level; or
 - (b) Requires extensive assistance in more than one ADL and has a medical or cognitive impairment. If an individual requires "extensive" assistance the aide must be listed on the Nurse Aide Registry.
 7. If the client's plan of care requires the aide to provide only limited assistance the aide is not required to be listed on the Nurse Aide Registry. Limited Assistance means care to a client who requires hands-on care involving guided maneuvering of limbs with eating, toileting, bathing, dressing, personal hygiene, self monitoring of medications or other tasks assigned that require weight bearing assistance half the time or less during the activity and does not meet the definition of extensive assistance.
- b. Personal Care Services providers are authorized to employ three levels of paraprofessional aide services: Personal Care Aide, Nurse Aide I, and Nurse Aide II as follows:

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1. Personal Care Aides not listed on the nurse aide registry with documented verification from a supervising nurse that the individual has demonstrated the core competencies for personal care that include the following skills:
 - (a) Assisting with mobility including ambulation, transfers, and bed mobility;
 - (b) Assisting with bath/shower; assisting with toileting; assisting with dressing; assisting with eating; and
 - (c) Assisting with continence needs.
2. Nurse Aide I: Nurse Aides at this level must meet the requirements specified 10A NCAC 13D.2001 that defines "nurse aide" as a person who is listed on the North Carolina Nurse Aide Registry and is in compliance with 42 CFR Part 483. North Carolina Administrative Code 21 NCAC 36.0403 further specifies that a Nurse Aide I shall perform basic nursing skills and personal care activities only after successfully completing an approved Nurse Aide I training program and competency evaluation, or competency evaluation program. The licensed nurse shall delegate activities to a Nurse Aide I based on the knowledge, skill, training, and competence of the individual aide according to the variables defined in 21 NCAC 36.0401. Pursuant to G.S. 90-171.55, as of April 1, 1992, no individual may function as a Nurse Aide I, regardless of title, to provide nursing care activities, as identified in 21 NCAC 36.0401(a) to residents until the individual has:
 - a) Successfully completed, in addition to an orientation program specific to the employing facility, a state-approved Nurse Aide I training and competency evaluation program, or its equivalent, or a state-approved competency evaluation program and the employing facility has verified listing on the Division of Health Services Regulation Nurse Aide Registry.
 - b) The employing agency or facility has assured that the individual is enrolled in a state- approved Nurse Aide I training and competency evaluation program that the individual shall successfully complete within four months of employment date. During the four month period, the individual shall be assigned only tasks for which he or she has demonstrated competence and performs under supervision.
3. Nurse Aide II: 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. The licensed nurse shall delegate activities to a Nurse Aide II based on the knowledge, skill, training, and competence of the individual aide according to the variables defined in 21 NCAC 36.0401. Pursuant to G.S. 90-171.55, as of January 1, 1991 no individual may function as a Nurse Aide II until:

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- a. The facility or agency has verified that each aide providing personal care services has no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S 131E-256; and
- b. A criminal background check has been conducted in accordance with North Carolina General Statutes G.S. 114-19.10 and G.S. 131D-40.

Personal Care Aides, Nurse Aides I, and Nurse Aides II providing services to individuals who need extensive or total assistance with eating, toileting, and/or locomotion/mobility must complete a 25-hour training course with at least 15 hours of classroom instruction and supervised practical experience. This course must include a competency evaluation in the areas of personal care skills; cognitive, behavioral, and social care for all residents, including interventions to reduce behavioral problems; and complying with residential rights as established by G.S. 131D-21.

Each individual who provides or directly supervises Personal Care Aides, Nurse Aides I, and Nurse Aides II that provide personal care services must successfully complete an 80-hour personal care training program and competency evaluation established by the North Carolina Department of Health and Human Services. Training must be successfully completed within six months after hiring. Documentation of the successful

- c. The Personal Care Services provider is required to conduct and maintain comprehensive records of the following staff development and training activities:
 - a. A new employee orientation for all new aides;
 - b. An ongoing staff development and training program appropriate to the job responsibilities of agency staff; and,
 - c. Evaluation of the required competencies for Aides at least annually.
- d. The Personal Care Services provider shall ensure that directors, administrative personnel, RN supervisors, and other personnel with management responsibilities attend regional training programs conducted by the Division of Medical Assistance or its designee.

Provider Choice

When the assessment confirms the need for PCS, the recipient may choose a provider from a list of agencies or adult care homes that serve his or her county of residence, or are located within 90 minutes of his or her county of residence.

The service, eligibility, and provider qualification requirements for Personal Care Services as outlined in the above pages end on December 31, 2012.

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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

A. Provided as Community Based Services

Personal Care Services for Adults and Children. These services are provided when prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Payment is based on provision of service in fifteen (15) minute increments of care as defined by State Plan, Attachment 3.1-A.1, Page 19.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown in Supplement 1, page 1b to the 4.19-B section of the State Plan.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Personal Care Services for Adults and Children. The agency's fee schedule rate was set as of November 1, 2011 and is effective for services provided on or after that date. All rates are published at <http://www.ncdhhs.gov/dma/fee/index.htm>.

This methodology ends December 31, 2012.

MEDICAL ASSISTANCE
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

B. Provided in Adult Care Homes (continued)

The initial basic fee was based on 1.1 hours of service per resident day. The initial basic fee was computed by determining the estimated salary, fringes, direct supervision, cost of medication administration, and allowable overhead. Reimbursement does not include room and board in the rate. Additional payments are made utilizing the basic fee as a factor for a Medicaid eligible resident that has a demonstrated need for additional care. The enhanced rates include eating, toileting, ambulation/locomotion or special care units (Alzheimer's) billed in addition to the initial basic using the appropriate published HCPCS code for the enhanced service rendered. This methodology will end April 30, 2012.

Beginning May 1, 2012, Personal Care Services provided in Adult Care Homes will be reimbursed the same as Personal Care Services as described on page 4.19-B Section 23, Page 6.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Personal Care Services for Adults and Children. The agency's fee schedule rate was set as of November 1, 2011 and is effective for services provided on or after that date. All rates are published at <http://www.ncdhhs.gov/dma/fee/index.htm>.

This methodology ends December 31, 2012.

TN. No. 12-005
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Payments for Medical and Remedial Care and Services

Payment for Personal Care Services for Adults and Children:

SFY 2012 – Rates will be frozen at the rate in effect on June 30, 2011. Effective November 1, 2011, existing rates are adjusted by a negative 2.67% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

SFY 2013 – Effective July 1, 2012, the rates will be adjusted such that they will equal 98% of the rate in effect July 1, 2011. There will be no further annual adjustments this state fiscal year.

This methodology ends December 31, 2012.

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

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Payments for Medical and Remedial Care and Services

Payment for Personal Care (Adult Care Home):

FY 2003 – No adjustment.

FY 2004 – No adjustment for Personal Care (Adult Care Homes) effective October 1, 2003.

FY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the noninflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Personal Care (Adult Care Home) for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

FY 2007 – Effective July 1, 2007 an inflationary increase of 2.64% was applied.

FY 2009-2010 – No inflationary adjustment and 5.02% rate reduction (annualized over nine months) for Personal Care (Adult Care Home).

FY 2010 – 2011 – No inflationary or rate adjustment for Personal Care (Adult Care Home).

FY 2011-2012 - Effective July 1, 2011, rates will remain frozen at the rate in effect on June 30, 2011.

This methodology ends December 31, 2012.

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

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