

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013

H

3

HOUSE BILL 492
Committee Substitute Favorable 4/24/13
Third Edition Engrossed 5/2/13

Short Title: Safeguard Qualified Individuals-Medicaid PCS.

(Public)

Sponsors:

Referred to:

April 2, 2013

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ADJUST 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.

The General Assembly of North Carolina enacts:

SECTION 1. Sections 10.9F(c) and (d) of S.L. 2012-142, as amended by Section 70 of S.L. 2012-194, read as rewritten:

"**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 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~~ 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.

- (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



1 Services per month for a total of up to 130 hours per month in accordance
2 with an assessment and a plan of care.

3 a. The recipient requires an increased level of supervision.

4 b. The recipient requires caregivers with training or experience in
5 caring for individuals who have a degenerative disease, characterized
6 by irreversible memory dysfunction, that attacks the brain and results
7 in impaired memory, thinking, and behavior including gradual
8 memory loss, impaired judgment, disorientation, personality change,
9 difficulty in learning, and the loss of language skills.

10 c. Regardless of setting, the recipient requires a physical environment
11 that includes modifications and safety measures to safeguard the
12 recipient because of the recipient's gradual memory loss, impaired
13 judgment, disorientation, personality change, difficulty in learning,
14 and the loss of language skills.

15 d. The recipient exhibits safety concerns related to inappropriate
16 wandering, ingestion, aggressive behavior, and an increased
17 incidence of falls.

18 Physician attestation. – A recipient must have a physician's attestation that
19 the recipient meets each of the criteria in sub-subdivisions a. through d. of
20 subdivision 3 of this subsection. A recipient is not required to have a new
21 attestation if he or she is identified by the Department of Health and Human
22 Services, Division of Medical Assistance, as having on record a physician's
23 attestation that meets the requirements of this subdivision. A recipient is
24 required to have a new attestation if one cannot be identified by the Division
25 of Medical Assistance or if the one identified does not meet the requirements
26 of this subdivision.

27 Independent assessment. – Based on the physician's attestation, the Medicaid
28 recipient must receive an independent assessment conducted by a trained
29 professional who is qualified to assess and has experience assessing
30 individuals with the needs for additional safeguards identified by this
31 subdivision. The independent assessment shall be conducted in accordance
32 with subsection (d) of this section and shall determine the number of hours
33 of personal care services needed by the individual. In response to the
34 assessment, a plan of care shall be developed by the service provider and
35 approved by the Department of Health and Human Services, Division of
36 Medical Assistance, or its designee.

37 Personal care services shall not include nonmedical transportation; financial management;
38 non-hands-on assistance such as cueing, prompting, guiding, coaching, or babysitting; and
39 household chores not directly related to the qualifying ADLs.

40 **"SECTION 10.9F.(d)** All assessments for personal care services, continuation of service,
41 and change of status reviews shall be performed by an independent assessment entity (IAE).
42 The IAE shall not be an owner of a provider business or provider of personal care services of
43 any type.

44 A recipient shall be assessed by the IAE after the recipient's primary or attending physician
45 provides written authorization for referral for the service and written attestation to the medical
46 necessity for the service. The IAE shall determine and authorize the amount of service to be
47 provided as determined by its review and findings of each recipient's degree of functional
48 disability and level of unmet needs for personal care services in the five qualifying ADLs."

49 **SECTION 2.** The Department of Health and Human Services shall implement
50 Section 1 of this act within available funds.

1 **SECTION 3.(a)** On or before June 1, 2013, the Department of Health and Human
2 Services shall make an interim report on the implementation of this act to the House
3 Appropriations Subcommittee on Health and Human Services and to the Senate Appropriations
4 Committee on Health and Human Services. The report shall include the following: (i) an
5 estimate of the number of Medicaid recipients that would be eligible for Medicaid Personal
6 Care Services under this act, (ii) an estimate of the number of PCS hours potential recipients
7 would need broken out in increments of 10 hours between 80 and 130 hours, (iii) a copy of the
8 draft Medicaid State Plan Amendment (SPA), (iv) the estimated time line for approval of the
9 SPA and a projected implementation date, and (v) any rate reductions necessary to implement
10 this act.

11 **SECTION 3.(b)** On or before August 1, 2013, and on or before November 1, 2013,
12 the Department of Health and Human Services shall report on the implementation of this act to
13 the Joint Legislative Oversight Committee on Health and Human Services.

14 **SECTION 4.** Sections 1 and 2 of this act become effective July 1, 2013. The
15 remainder of this act is effective when it becomes law.