



ACCESS AND UTILIZATION
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PBH UM/ACCESS Communication Bulletin

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To : PBH Network Providers

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Date: February 28, 2011

RE: Home Supports Transition - UM Criteria

Effective April 1, 2011, Home Supports will end and be replaced by Personal Care and In-Home Skill Building. The Division of Medical Assistance changed the NC Innovations services to more closely align with the CAP-MR/DD waiver. This was one of the state's transitional steps to prepare for 1915 (b) (c) waiver expansion to other LME's. PBH's role is to implement these changes.

In implementing these changes, teams should review the outcomes and goals that the individual currently receives under Home Supports and make decisions about how to divide these services as appropriate for the person.

Utilization Management criteria:

- a. Requests for Personal Care and In Home Skill Building hours totaled together will be accepted up to the currently authorized hours of Home Supports.
- b. If no request is received from the team by March 15, 2011, Utilization Management will divide the current total of Home Support hours using the following Utilization Management criteria: 80-20 split between In-Home Skill Building and Personal Care, respectively.
- c. No request should exceed the current total of Home Support hours. Requests for hours beyond the currently authorized Home Supports hours will be treated as follows:
 - o The current Home Support hours will be split by the same ratio reflected in the request; and
 - o All hours above the currently authorized hours will be treated as a new request and will be handled separately.

The following guidelines are intended to assist teams in making the decision regarding how to divide the services:

1. The waiver is intended to provide services to promote independence. Habilitation can occur through a Medicaid funded waiver service or in combination with other school or therapeutic activities.
2. There is no right or wrong percentage of Personal Care or In-Home Skill Building in the division of services. Each individual's services must be personalized to that individual's needs.
3. In-Home Skill Building is skills training. The time billed to In-Home Skill Building reflects staff intervention required to complete the steps in the methodology/strategy/task analysis for each outcome/goal.
4. Personal Care is support /supervision/engaging in participation with activities of daily living and reflects the staff intervention to complete this service. There is no "down time" in Medicaid billable service.
5. **No formal or informal fading plan is required for either service.** Teams may choose to include a fading plan in the Person Centered Plan.
6. Teams know the person best and are expected to make accurate decisions regarding the services needed. Careful consideration must be given to how much skill building and how much support is appropriate.
7. If at a future date the division of these services is not assisting the individual in making progress (too little/much skills training or supervision/engaging participation/support) the team will need to consider a change to the Person Centered Plan.

Utilization Management approves Long Range outcomes in the Person Centered Plan. The development and implementation of the short range goals and methodology/strategy/task analysis is the responsibility of the Provider Agency. The Provider Agency must ensure that the short range goals are consistent with the Service Definitions and support the individual in making progress or goals need to be changed. Per PBH contract, the Provider is responsible for obtaining the signature of the Legally Responsible Person for any short range goal or methodology/strategy/task analysis that must be changed.

Monitoring by Care Coordination and Utilization Review will occur for Personal Care and In Home Skill Building as with all other NC Innovations services. Methodology/strategy/task analysis for each outcome/goal billed to In-Home Skill Building and Personal Care must be developed. Providers must provide documentation that all hours of authorized In-Home Skill Building and Personal Care have occurred.

As with other NC Innovations services, plans of corrections or pay backs may be required if the PCP is not implemented as written.

PBH Care Coordinators and Provider Relations Managers are available to assist with any questions that may arise.