

3051 Webinar Training (Dec. 2014) Questions and Responses

The following questions were posted during the December 2014, webinar training on the new 3051 form set to launch in February 2015; all questions with responses are provided in this document.

1. When do we start using the 3051 form?

The estimated launch date for the new form is February 2015. Follow-up trainings and communication will occur in the month of January with details on a more specific date. **THE NEW FORM WILL NOT BE ACCEPTED PRIOR TO THE OFFICIAL LAUNCH DATE. PLEASE CONTINUE TO USE THE CURRENT 3051 FORM.**

2. Some Change of Status requests are both medical and non-medical; do we have to fill out both sections?

In the scenario where both a medical and non-medical change in condition applies, just the medical portion needs to be completed by a practitioner and submitted. Liberty will assess for all changes during the assessment.

3. Will an assessment be delayed if the PASRR number is not on the form or does the 30 day hold from the request date still apply?

This process will remain the same. If a beneficiary resides in a facility and requires a PASRR, Liberty strongly encourages the PASRR# be indicated on the form for timely processing. If the PASRR# is not indicated, Liberty will proceed with scheduling/completing the assessment and attempt to obtain the PASRR# within 30 days. If the PASRR# is obtained within 30 days, Liberty will release the assessment. If the PASRR# is not obtained, then the request will be denied and a letter of denial will be sent to the beneficiary.

4. Does the doctor need to initial all four of the criteria lines in the optional section of section B to be considered for additional hours?

Section B is the medical portion of the 3051 form. The practitioner will complete this section with the most accurate information regarding the beneficiary's current medical state. Part of this feedback is completion of the optional attestation section that requires the practitioner to initial only the criteria that is applicable to the beneficiary. Hours are awarded based off the beneficiary's current medical state and their ability to perform the activities for daily living.

5. Additional hour requests aren't necessarily medical or related to health. For instance, if a SCU resident begins wandering and exit seeking, this is more of a behavioral change, not a medical or health related issue. Please clarify if this would require a medical or non-medical Change of Status.

All behavioral changes are considered changes in a beneficiary's health condition when it comes to the completion of the 3051 form. Requests for an increase or decrease in PCS as a result of a behavioral change will need to be requested as a Change of Status: Medical and come from a practitioner.

6. What about the case where a provider closes its doors suddenly. Can Liberty process a Change of Provider (COP) request immediately?

In the scenario where an agency is closing, an agency is no longer providing services, or there is an Adult Protective Service case, all COP requests will be processed in 1 day.

7. How would we increase the number of hours for a client if a need is verified?

If there is a need for an increase or decrease in PCS hours, a Change of Status will need to be submitted. If the need for change in hours is a result of a change in the beneficiary's health condition, then a Change of Status: Medical will need to be submitted by a practitioner. If the change of hours is a result in a change in setting or caregiver status, then a Change of Status: Non-Medical may be submitted by the beneficiary, power of attorney, legal guardian, or PCS provider.

8. Where can I find a sample of the form and instructions?

A sample of the form and draft instructions can be found on Liberty's website at, <http://nc-pcs.com/training/>

9. If our physicians do not give us the ICD-9 codes, where can we find a list of these?

Section B, where ICD-9 codes are indicated, must be completed by a practitioner only.

10. Will we be able to get a print out of the presentation?

The presentation and all of its documents will be posted on Liberty's website at, <http://nc-pcs.com/training/>

11. In the ACH setting, would the 'requested by' selection in Section F be 'Care Facility' if the ACH provider was completing the request on behalf of the beneficiary who was admitted to the ACH with approved PCS hours?

Yes.

12. Can you define and describe non-medical changes once again?

A non-medical change in condition would be any of the following:

- A change in caregiver status
- A change in days of need
- A change in setting that either improves/limits the beneficiary's ability to perform ADLs

13. Are the Assessors going to automatically assess SCU/Dementia residents for extra hours? On the current form, we have been instructed to write 'extra hours requested' or they do not get assessed for them.

Section B is the medical portion of the 3051 form. The practitioner will complete this section with the most accurate information regarding the beneficiary's current medical state. Part of this feedback is completion of the optional attestation section that requires the practitioner to initial only the criteria that is applicable to the beneficiary. Hours are awarded based off a beneficiary current medical state and their ability to perform the activities for daily living.

14. Does Liberty have the responsibility to contact the beneficiary when a form is not completed to minimize any delay?

Liberty is not obligated to contact the beneficiary or practitioner when the 3051 form is not completed. Though not obligated, Liberty does make a courtesy call to the practitioner in an attempt to obtain the required information in order to process the request. If contact is not successful, Liberty will send the appropriate notification to either the practitioner or the beneficiary informing them that the request was not processed.

15. If they need 24 hour caregiver, does that eliminate the beneficiary's eligibility for PCS?

No.

16. Can a PCS Provider still submit a Change of Status request through QiReport?

Yes. A PCS provider can still submit a Change of Status request through QiReport, but only when the change is 'non-medical'.

17. Are practitioners going to list all medical diagnosis or only those that affect ADL performance? Will the practitioner also be required to indicate the one primary diagnosis?

For a request for an independent assessment, the practitioner is only required to list all of the diagnosis that affects ADL performance.

18. Can the 3051 form be used before the effective date?

No. System enhancements are currently underway to accommodate the new form and therefore, the new form will not be accepted until the official release date.

19. Why can't the PCS provider assist the client in completing a COP request if the reason is that they are unable to continue to provide requested services?

It is important that all change of provider requests are the decision of the beneficiary or their legal guardian or power of attorney. To protect against false claims and HIPAA violations, all Change of Provider requests must be made by the beneficiary or their caretaker only.

20. If completing a Change of Provider request, does section A (beneficiary demographics) need to be completed along with section F?

No. There is a section on the top of page 3 to complete the beneficiary's demographics.