

**NC Department of Health and Human Services  
Division of Health Benefits**

**CAP/C Semi-Annual  
Stakeholder Listening Session**

April 17, 2019

# Agenda

- Welcome
- Statewide Initiatives
  - Medicaid Transformation
  - EVV
- CAP/C – Year 2
- Pending Policy Changes:
  - Beneficiary Resource Entity
  - Update to medical fragility criteria
  - Expansion of waiver definitions
- Q & A
- Next Steps



# Managed Care **Standard Plan** **Year 1** Coverage

LTSS SERVICES	STANDARD PLAN YEAR-1	EXCLUDED	CARVED OUT
PCS	Medicaid Only		
Home Health	Medicaid Only		
Nursing Facility	Medicaid Only up to 90 days	91+ days	
Private Duty Nursing	Medicaid Only		
Hospice	Medicaid Only		
HIT	Medicaid Only		
HIV Case Management	Medicaid Only		
CAP/C (Children)			
CAP/DA (Disabled Adults)			
PACE			
State Operated NMCs/VAHs			
ABD	Medicaid Only		
Dual Eligible			
Medically Needy			
TP-Eligible	Exempt—Option to enroll in Standard Plan, unless elects to receive Innovations/TBI waiver		

# Overview – 21<sup>st</sup> Century CURES Act

- The CURES Act is designed to improve the quality of care provided to individuals through further research, enhancing quality control, and strengthening mental health parity.
- Section 12006 of the CURES Act requires states to implement an electronic visit verification (EVV) system for Personal Care Services (PCS) by Jan. 1, 2020 and for Home Health Care Services (HHCS) by Jan. 1, 2023.

# What is EVV?



- Electronic Visit Verification (EVV) is a method used to verify visit activity for services delivered as a part of Home and Community Based Services (HCBS) programs.
- EVV offers a measure of accountability to help ensure that individuals who are authorized to receive services, receive them.

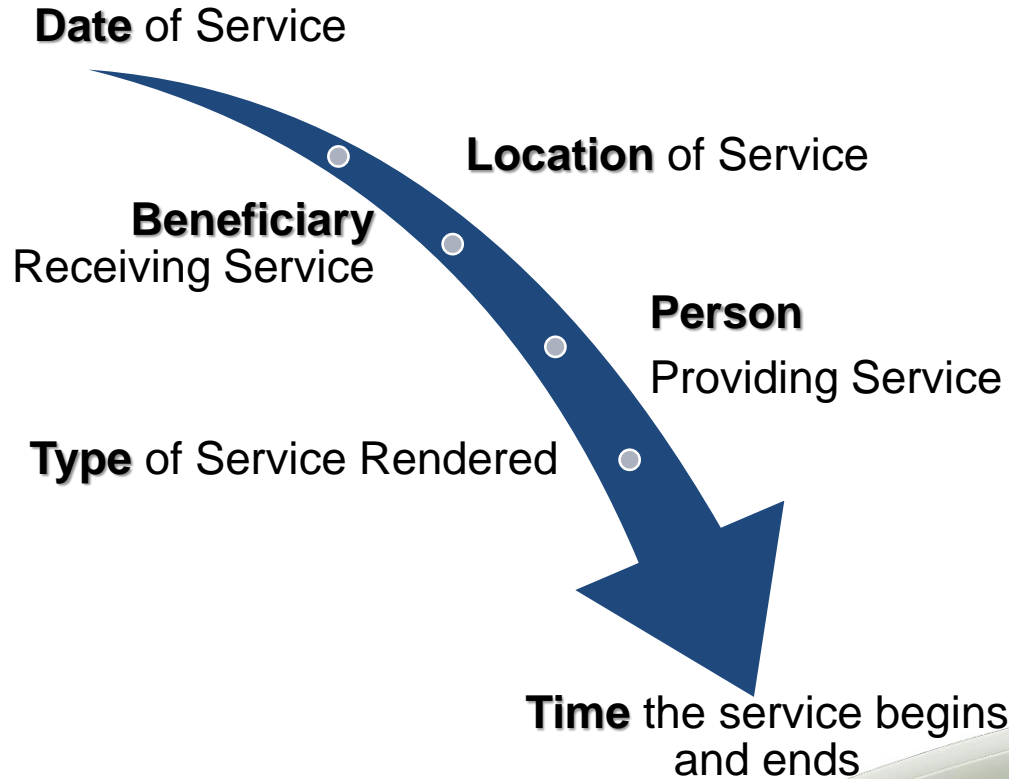
# Services to be included in EVV:



- **Phase 1—Target Jan. 1, 2020**
  - 1905(a)(24) State Plan Personal Care Services benefit \*\*
  - 1915(c) HCBS Waivers \*\*
  - 1915(i) HCBS State Plan Option
  - 1915(j) Self-directed Personal Attendant Care Services
  - 1915(k) Community First Choice State Plan Option
  - 1115 Demonstration Waiver
- **Phase 2—Target Jan. 1, 2023**
  - 1905(a)(7) State Plan Home Health Services
  - Home Health Services authorized under a waiver of the plan

\*\*NC administers PCS under these authorities.

# EWV Must Verify:



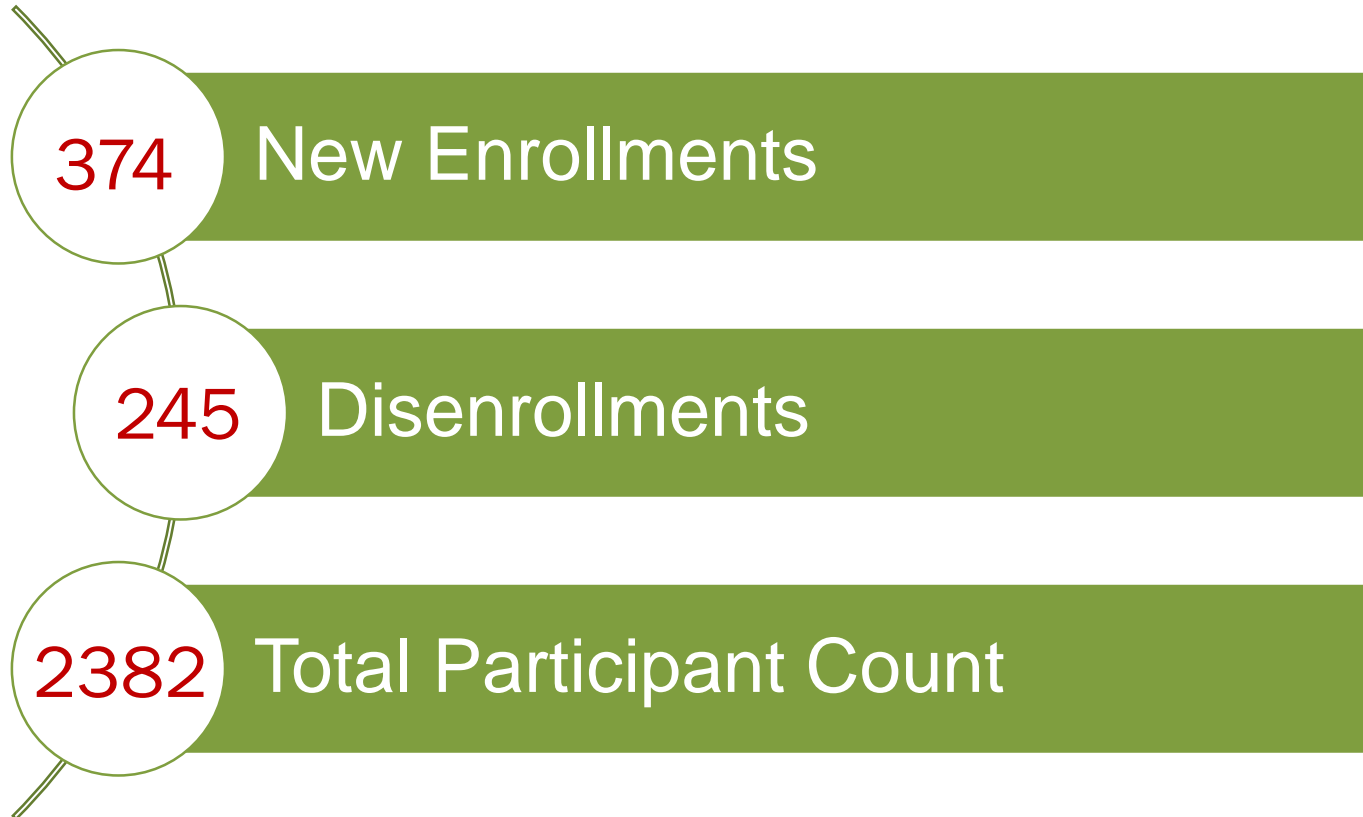
# EVV's Impact on Beneficiaries



- No significant disruption of services to beneficiaries.
- Beneficiaries will be able to keep current providers and caregivers, provided they comply with the EVV requirement.
- An EVV system does NOT change the services provided, the provider selection, constrain the individual's choice of caregiver, or impede the way care is delivered.
- EVV will be a valuable tool in managing the accuracy and reporting of all services.

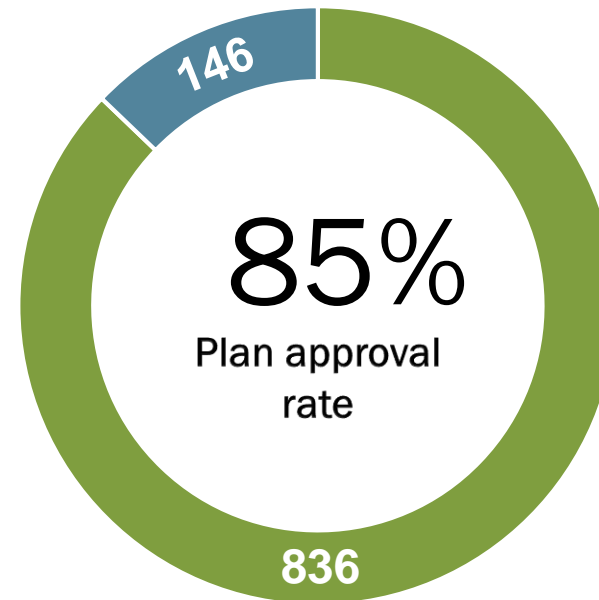


# CAP/C Milestones: Mar. 2018 – Feb. 2019



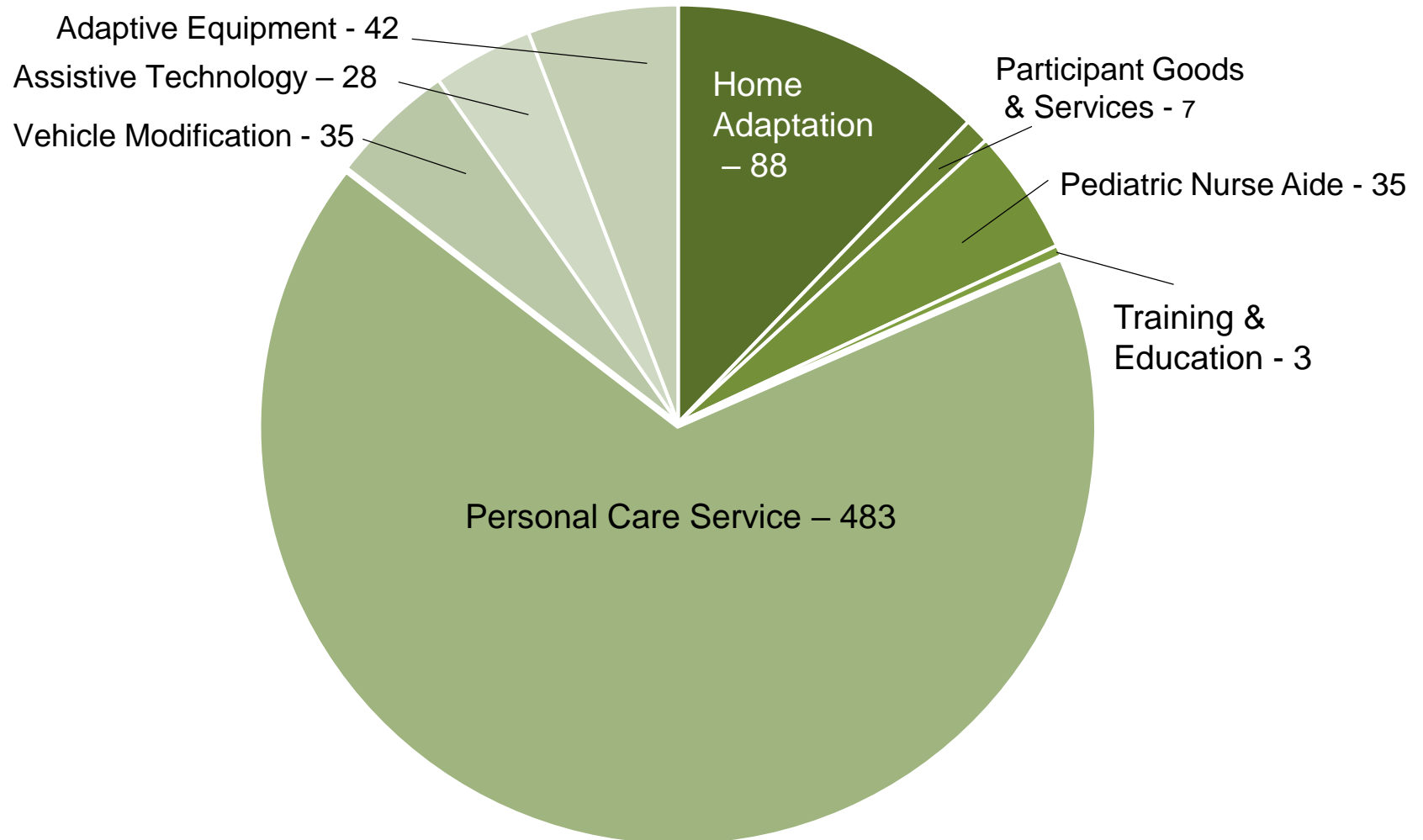
## Milestones (cont.)

- Currently serving 2,592 beneficiaries:
  - 2,055 Traditional Services
  - 537 Consumer-Directed Services
- Reviewed a total of 982 service requests:
  - Review types:
    - Fully approved - 836
    - Partially approved – 146

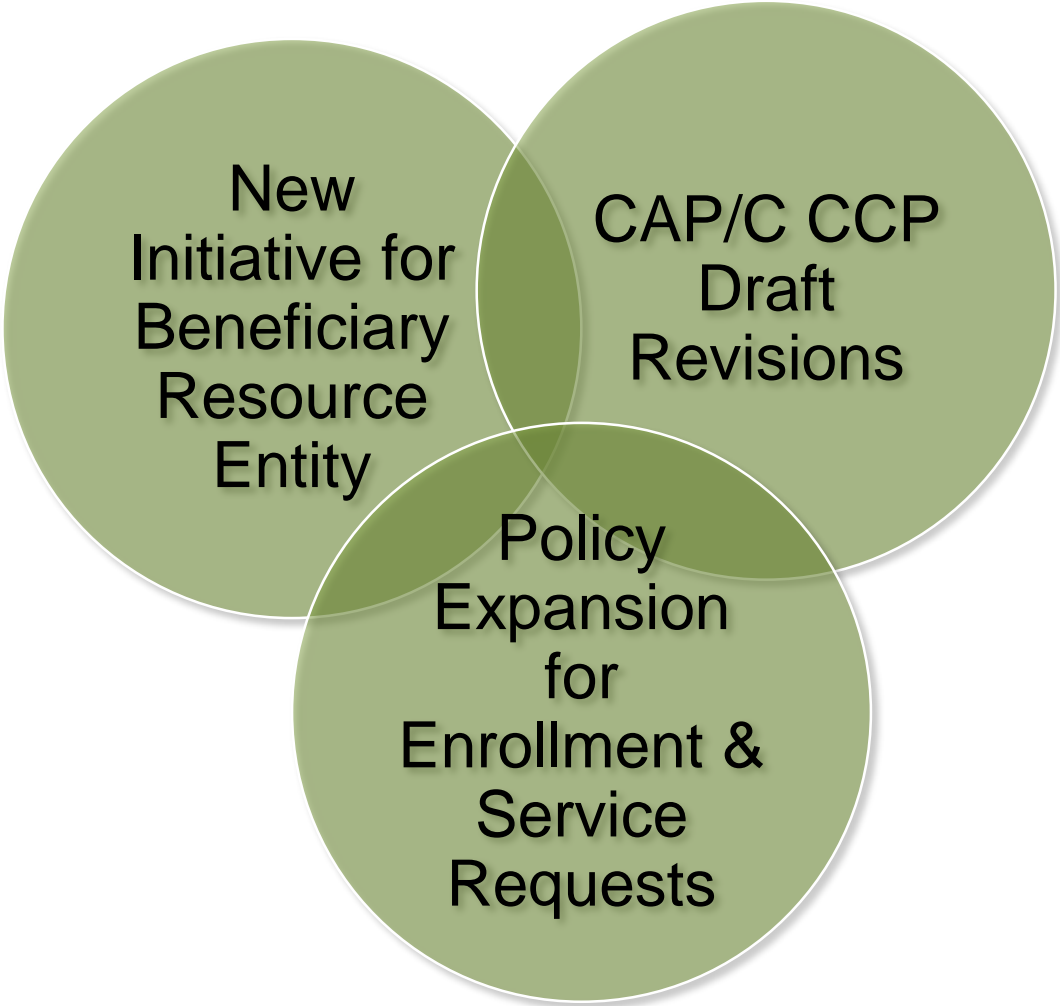


982 Service  
Requests Reviewed

# Service Request Types for Jan-Mar 2019

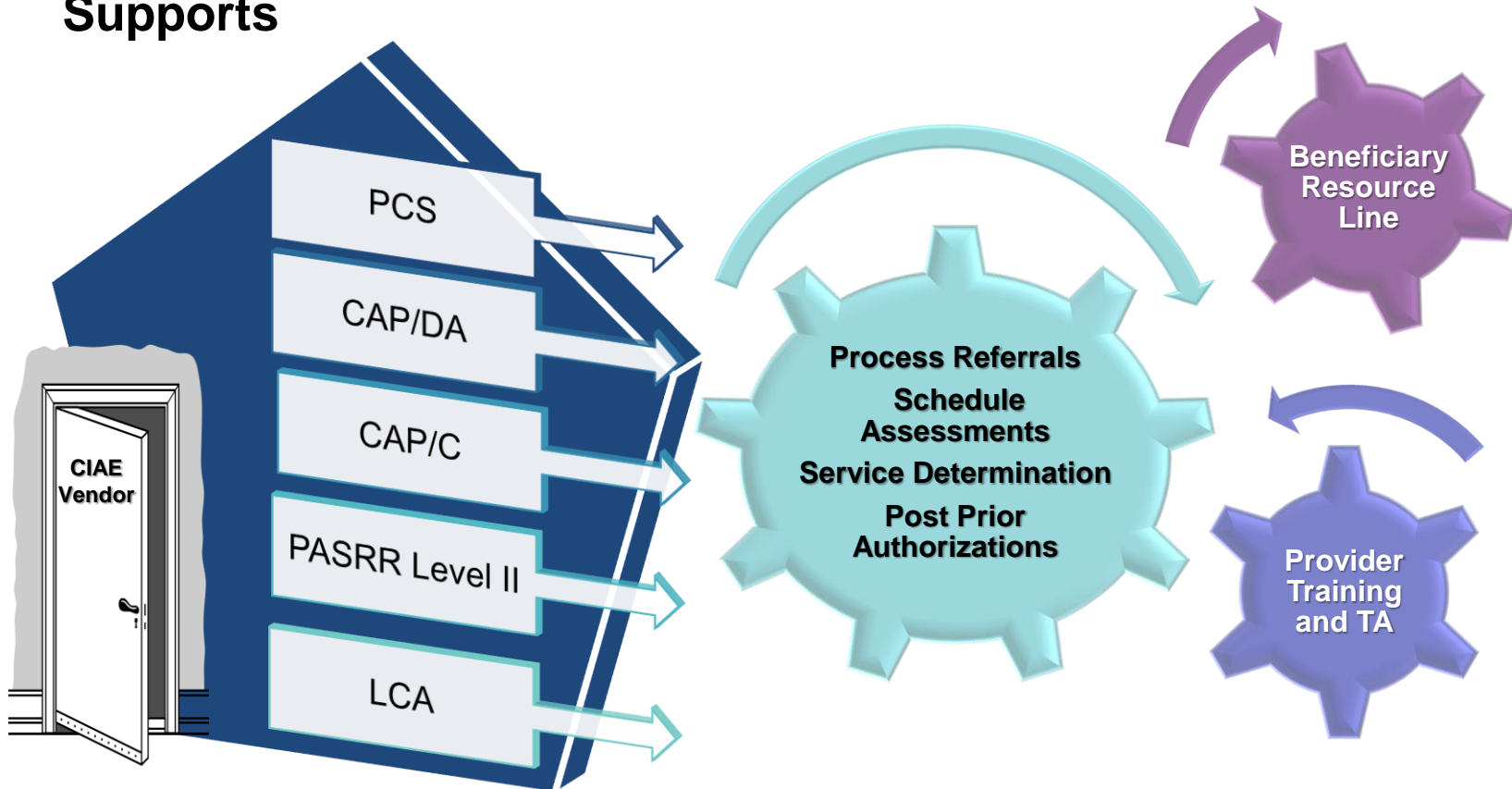


# Milestones (cont.)



# Consolidated Independent Assessment

NC Medicaid will implement a Consolidated Independent Assessment Process for all Medicaid Long-term Services and Supports



# Opportunities

## Improved Customer Experience

- Single Point access to all LTSS services for providers and beneficiaries
- Beneficiary Resource Line (phone and web)
- Streamlines process for accessing LTSS

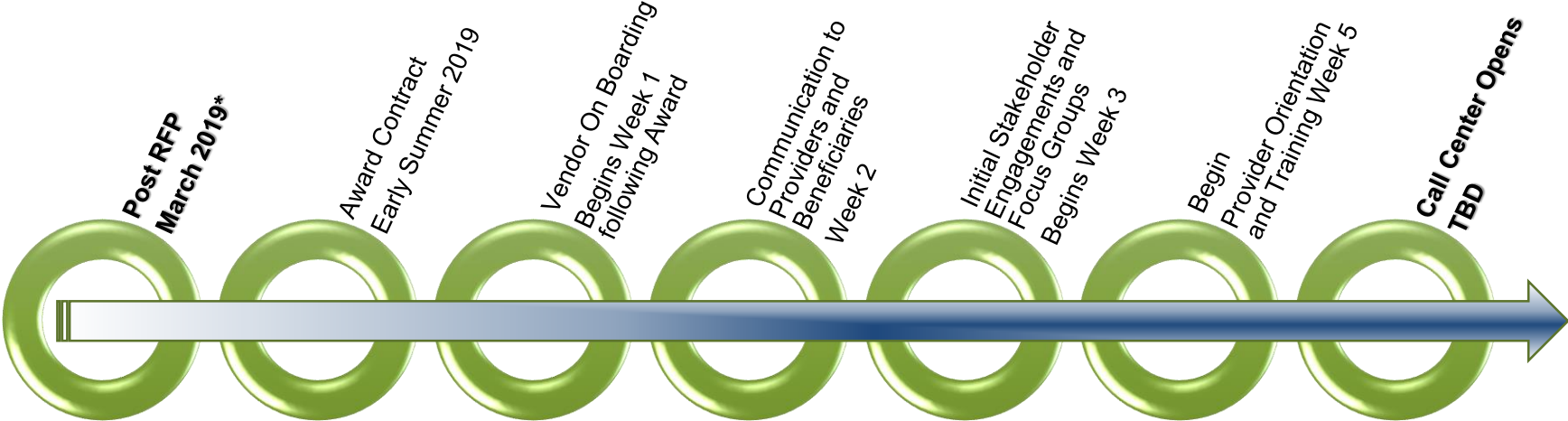
## Improved Quality

- Improved timelessness from referral to access
- Provider Training ( Regional In Person and Web based)
- Streamlines communication between State Medicaid Staff and Providers
- Quality Assurance Monitoring

## Increased Compliance

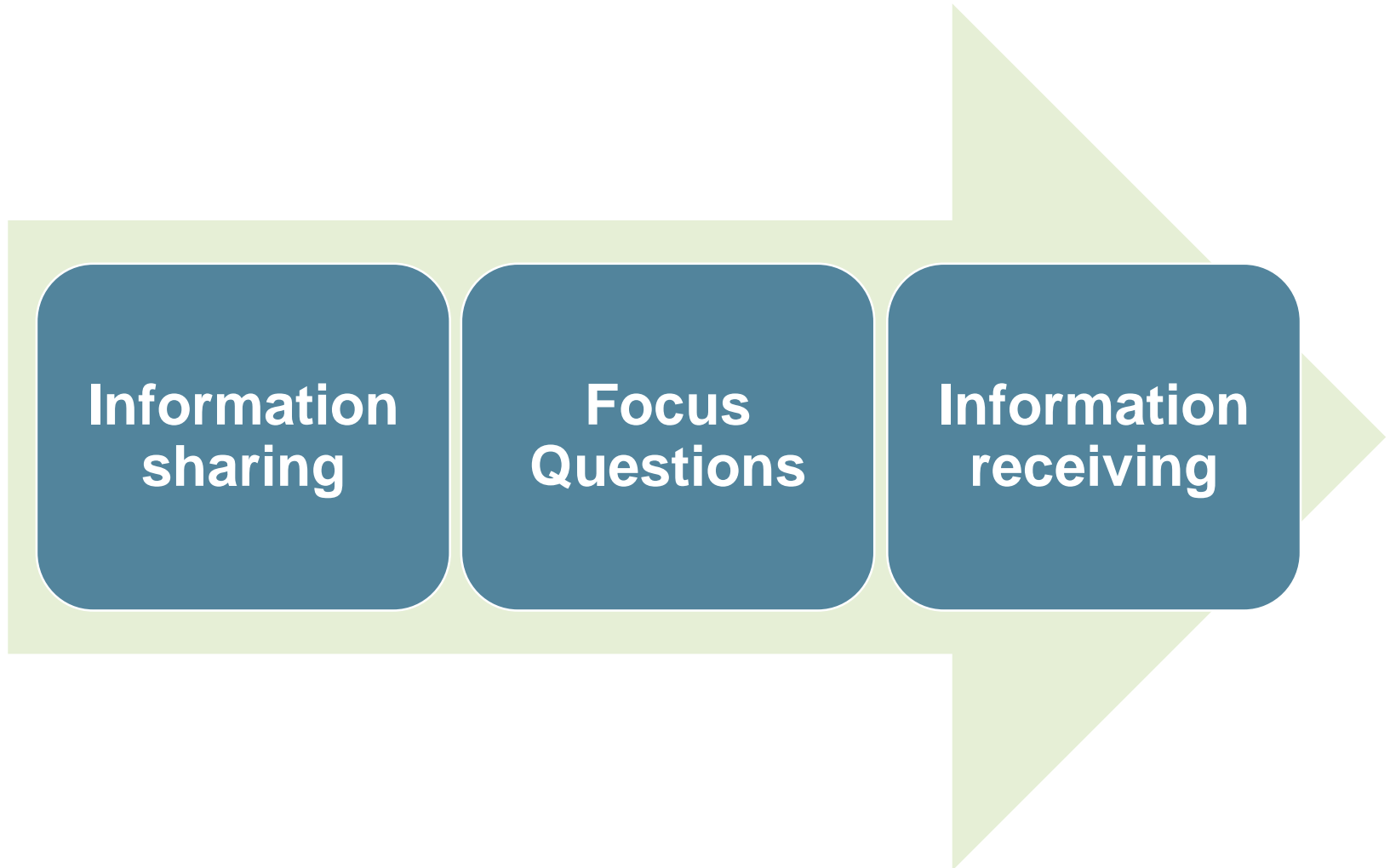
- Conflict of Interest Protections
- Implements Provider Scorecard, based on established benchmarks
- Improved management of Cost Neutrality (1915c Waivers)

# Implementation Timeline



\* Note: The RFP has been posted; Medicaid is now in a silent Period regarding discussion about the implementation of the CIAE.

# Stakeholder Engagement





# Overview of Policy Expansion

- 1** Expansion of Medical Fragility Criteria
- 2** Expansion of Participant Goods & Services Definition
- 3** Expansion of Respite Definition
- 4** Update Home Accessibility & Adaptability Definition
- 5** Update Vehicle Modification Definition
- 6** Update Waiver Terms

# 1

Expansion of the medical fragility criteria to include urgent/physician care visits, delegation of skilled intervention and need for non-age appropriate ADLs.

# 2

Expansion of the participant goods and services definition, when not covered by State Plan Services, to include pharmacy related items when determine to be a medical necessity, hardware to support assistive technology application when determined to be medically necessary and the family cannot afford the hardware; medically necessary equipment for swimming pools, and monitoring systems for telephony management of chronic conditions.

**3** Expansion of the respite definition to include respite time during family vacations when the CAP/C beneficiary is included.

# 4

Update to the home accessibility and adaptation definition to include additional coverage items such as low threshold showers, replacement filters, an emergency egress, and replace of bathroom fixtures when fixtures cannot be preserved during the bathroom modification.

# 5

Update to the vehicle modification definition to allow modification to an older vehicle or vehicle with excessive miles when the vehicle inspection report identifies the vehicle to have a life expectancy of 5 years or more.

# 6

Updated definition for the listed waiver terms:

- \*Activities of daily living
- \*General utility
- \*Multiple children
- \*Reasonable indication of need
- \*Recreation in nature

# CAP/C Focus Questions

## Focus Question #1

How will the increased flexibility proposed in the policy improve your ability to access services?

## Focus Question #2

Of the proposed changes what services will most benefit your family?

## Focus Question #3

How has participating in the CAP/C Waiver improved the health and/or quality of life for your participant?

## Focus Question #4

What suggestions do you have for future improvements to the waiver?



# Feedback

# Next Steps

- Waiver amendment 30-day public posting
- Clinical Coverage policy 45-day public posting
- Orientation and Training

# Proposed timeline

- Apr-Jun. 2019 - Public comment periods
- May 2019 - Waiver application to CMS
- Jul. 2019 – Policy Orientation/Training Rollout
- Aug. 2019 – Amended Waiver and CCP
- Aug. 2019 – Statewide rollout & implementation



**Thank You**