



MEDICAL CARE ADVISORY COMMITTEE (MCAC) 4TH QUARTER MEETING MINUTES December 8, 2023 (10:30 a.m. – 12:30 p.m.)

(Virtual Meeting w/Microsoft Teams Access)

Participant Call-in (by audio only): +1 984-204-1487, Access Code: 412 615 457#

MCAC MEMBERS PRESENT

Gary Massey, MCAC Chair, Kim Schwartz, Samuel Clark, Benjamin Smith, Ivan Belov, Stephanie Tyson, Nobia Edwards, Vickie Bradley, Gabriela Plasencia, Jenny Hobbs and a host of MCAC Interested Parties participating in person and via Teams.

STAFF PRESENT

Jay Ludlam, Adam Levinson, Melanie Bush, Sandra Terrell, Julia Lerche, Emma Sandoe, Ericka Johnson, LaQuana Palmer, Betty Staton, Pamela Beatty and a host of other staff members participated via Teams.

CALL TO ORDER

Gary Massey, MCAC Chair

- Chairman Massey called the MCAC meeting to order at 10:30 a.m. on Friday, December 8, 2023, welcoming everyone to 4th Quarter MCAC Meeting. Roll call was taken, and a quorum declared by Pamela Beatty.

OPENING REMARKS:

Jay Ludlam Deputy Secretary, NC Medicaid

- Opened with thanking the Committee for supporting the work behind getting Medicaid Expansion in place which will expand options for individuals to obtain healthcare coverage and allow the Department to evaluate our policies and review the way our programs are working. Jay also thanked the General Assembly for their leadership, the Administration for their support of our Division, and the Department for the work it has done over the years. Jay noted that NC Medicaid Expansion was launched in 57 days.
- Jay highlighted rate increases which included Skilled Nursing, personal care services (PCS), Private Duty Nursing (PDN), and the Behavioral Health rate increases. This is the first time in ten years that we have put recurring funding into our behavioral health program. Behavioral health rates will be implemented by January 1, 2024.
- Jay also shared that Medicaid is in the process of working with the LME/MCOs on the LME/MCO consolidations and the process continues. We are awaiting Eastpointe and Trillium to conclude their negotiations in order to move forward with recommendations by January 1, 2024, so that members can be moved into their new health plans by February 1, 2024, and begin the necessary work for Tailored Plans go live.
- Tailored Plans will launch on July 1, 2024, presuming the LME/MCOs are ready.
- The Department is also working on the Child Family Specialty Health Plan which is a statewide health plan to support foster children and their families. National leading innovations are embedded in that program and the RFP. We are currently in a silent period and will announce the release of the RFP.
- The Department is working with CMS on several flexibilities. We have also submitted to CMS a new 1115 Waiver amendment proposal.
- Jay highlighted an important benefit of Expansion, which will allow the Department to remove copayment requirements for HIV and retroviral medications provided through the outpatient pharmacy to support Medicaid beneficiaries with HIV.

NC MEDICAID EXPANSION UPDATE:

Melanie Bush, Deputy Medicaid Director, NC Medicaid

- Melanie began with an update on continuous coverage unwinding and shared North Carolina was required by federal law to continuously cover individuals on the Medicaid program through the public health emergency (PHE). 745,000 recipients were added to Medicaid during the PHE. States were required to unwind continuous coverage December 29, 2022. The Department has spent lots of time supporting our counties with policy flexibility, technical assistance, system enhancements, and staffing to handle the workload.
- Timeline for continuous coverage unwinding began in April 2023 and will continue until May 2024 to fully recertify all 2.8 million people in the Medicaid program. Prior to March 2020, we had 2.1 million people in the Medicaid program. Significant growth was in enrollment for children and parent caretakers. Terminations have resulted in 14,000 individuals in November and is slowing down. Enrollment is higher than we anticipated and will impact our Medicaid budget.
- An E-14 Waiver was requested from CMS that will extend our children's eligibility for an additional 12 months.
- A lengthy discussion occurred regarding Medicaid coverage extension, constituting a proposal from Chairman Massey to explore the possibility of creating some sort of MCAC subgroup to get more involved with the conversation.
- North Carolina will become a federally facilitated marketplace determination state. Individuals can apply on Healthcare.gov to be determined eligible for Medicaid instead of going through county DSS offices. Trainings, a county playbook, etc. will be available in one location to assist the DSS offices with navigating and answering any questions.
- HB 76 Funding will be available to support counties: \$1.667 million per month for each month going forward to support county infrastructure, staffing, and stability. Funds will increase in future years. We have \$29.6 million for SFY 2024-2025 and \$31.2 million for SFY 2025-2026. Afterwards, it will be indexed to inflation.
- Medicaid Expansion launched on December 1, 2023. As of Monday, December 4, 2023, we had 273,456 beneficiaries enrolled in Medicaid Expansion. December 1 - 4, 2023, 17,562 Medicaid applications were submitted and 1,328 were approved straight through. A public facing dashboard will be available by the end of this month.
- Melanie highlighted the various ways of applying for Medicaid: 1) ePASS, 2) Paper application, 3) In person at local DSS office or 4) Call DSS office. It will take up to 45 days for eligibility determination. Once approved, individuals will be assigned to a health plan.
- Melanie provided a high-level overview of the following:
 - What happens once approved for Medicaid?
 - What Happens If I'm Still Not Eligible
 - Medicaid Expansion and Justice Involved Populations
- 1115 Waiver was submitted on October 31, 2023. Includes provisions around the justice involved population enrollment/re-entry in Medicaid as a result of Expansion. Will probably take about a year for approval followed by the creation of an infrastructure to support it. Additional services on the horizon were also highlighted.

MEDICAID ENROLLMENT AND FINANCIAL UPDATE

Adam Levinson, Chief Financial Officer, NC Medicaid

- Provided a baseline financial outlook for the year.
- Enrollment is higher than what the Division projected and higher than what the General Assembly funded for Medicaid. The trend indicates we will most likely have a conversation with the General Assembly regarding funding some reserves.
- Discussed briefly Expansion enrollment and expenditures vs Non-expansion Medicaid Enrollment. Expansion enrollment started on December 1, 2023, and will be tracked separately from regular enrollment with no effect on State General Fund expenditures/rebase funds.
- Medicaid Actual Non-Exp Year-to-Date Expenditures: From July-September 2023, NC Medicaid spent approximately \$5.48 billion in actual expenditures.
- Adam concluded by highlighting pressures on the current year Medicaid budget.

NC MEDICAID COMMUNITY ALTERNATIVES PROGRAM (CAP) UPDATE

Sandra (Sandy) Terrell, Chief Clinical Officer, NC Medicaid

- Sandy opened by sharing an overview of the Clinical Coverage Policy 3K-1 and 3K-2: Community Alternatives Program for Children (CAP/C) and Disabled Adults (CAP/DA). These waivers maintain individuals and allows them to stay out of institutional level of care. Individuals must meet both the disabled adults and the child institutional level of care.
- CAP/C Waiver approval period runs from March 1, 2023 - February 29, 2028. CAP-DA waiver approval period: November 1, 20219 – October 31, 2024, with waiver renewal in 2024.
- In the CAP/C, the Division has the capacity to serve 6,000 kids by year 2028 equating to approximately 500 slots per year starting March 2024. Currently, we serve 3,300 CAP/C children.
- CAP/DA, we can serve up to 11,600 with a reserve of 354 for people with Alzheimer or related disorders. We currently have 10,300.
- Sandy highlighted the Waiver service options and descriptions: Provider-Led, Consumer Directed, and Coordinated Caregiving and a list of new waiver services.
- Presented a NC Medicaid Landscape of CAP/C slot distribution. Most of our CAP/C beneficiaries are in the Wake and Mecklenburg County area as well as the Triad Piedmont.
- CAP/C enrollment length of stay is approximately six years. Children age out of CAP/C at the age of 18 years old. The majority of CAP/C recipients are white and male. Currently in our CAP/C, we have a total of 13,000 recipients who are directing their care. Our average age group is between 5 to 9 and 12 to 14.
- NC Medicaid Landscape of CAP/DA slot distribution: CAP/DA is growing, and we need legislation to add additional DA slots unlike CAP/C. Most of our CAP/DA individuals reside in the southeastern or the southwestern part of NC. The predominant is African American women in CAP/DA with the average age being 67 years old. We are up for renewal and will be engaging stakeholders in November 2024.
- The Department launched the Comprehensive Independent Assessment Entity in June 2023 and awarded the then named Kepro which is now ACCENTRA to serve as the operational vehicle for performing assessments for individuals in CAP/C, CAP/DA, and Personal Care Services (PCS). We have heard issues in this transition and want to be transparent that providers and beneficiaries have not been paid. We have created an escalation pathway for both providers and beneficiaries to reach Accenture, who has a designated call center for this matter. The Department is monitoring the financial management agencies to ensure they are catching up with paying.
- The Clinical Coverage Policy has been delayed and will be going up for public comments for 45 days.

DIRECT CARE WORKFORCE CRISIS UPDATE

Trish Farnham, NC Coalition on Aging and Work

- Trish opened by thanking Medicaid colleagues for the incredible work done on getting the General Assembly to implement resources to increase Innovation Waiver, Direct Care Worker rates and wages along with funding COVID rates to several long-term services and supports.
- An update was given on direct care worker/support professional (DCW/DSP) training initiatives that NC Medicaid is supporting.
- Trish shared handwritten comments along with recommendations from a direct care professional regarding policies that would benefit both direct support professionals and individuals they support.
- An update of Workforce Engagement with Care Workers to Assist, Recognize and Educate (WECARE) efforts was shared with the group. WECARE is a multi-year project funded by the NC Money Follows the Person Demonstration Project/NC Medicaid to develop and test a training, credentialing, and job quality model for improving direct care jobs in NC (focusing on HCBS), specifically supporting older adults and people with intellectual disabilities.
- WECARE Project Goals:
 1. Identify direct care core competencies and curricula reflecting competencies
 2. Optimize a training and credentialing approach for direct care workers in NC
 3. Identify high-road HCBS employers and tools to support direct care workers
 4. Implement an awareness and community outreach effort
 5. Pilot the training, credentialing, and support model from #1 and #2.

- Jill Forcina, Director of Education and Nursing for North Carolina AHEC, and her colleague, Caroline Collier, teamed and spoke to the HCBS Worker Certification. AHEC was contracted by the State to provide oversight and coordination in developing a plan that addresses certification as part of the recruitment and retention of the HCBS workforce that included some preliminary certification resource research as well as an implementation support plan.

PUBLIC COMMENTS

None

CLOSING REMARKS

- Chairman Massey raised awareness to the 2024 MCAC meeting dates in the packets, MCAC membership recruitment due to members rotating off the committee, and CMS' proposed regulations regarding restructuring the MCAC. The latter topic will be covered in the next meeting which will be virtually on March 15, 2024 meeting.

MEETING ADJOURNED