



MEDICAL CARE ADVISORY COMMITTEE (MCAC) 3RD QUARTER MEETING MINUTES September 15, 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, Marilyn Pearson, MCAC Vice Chair, Kim Schwartz, Samuel Clark, David Tayloe, Anne Rivenbark, Benjamin Smith, Thomas Johnson, Trent Cockerham, Gabriela Plasencia, Jenny Hobbs, Steven Small, Ivan Belov, Ted Goins, Vickie Bradley, Stephanie Tyson, Zenobia Edwards, and a host of MCAC Interested Parties participating in person and via Teams.

STAFF PRESENT

Jay Ludlam, Adam Levinson, Melanie Bush, Emma Sandoe, Julia Lerche, Ericka Johnson, Pamela Beatty, and a host of other Medicaid staff members participated via Teams.

GUEST PRESENTER

Trish Farnham, North Carolina Coalition on Aging

CALL TO ORDER

Gary Massey, MCAC Chair

- Chairman Massey called the MCAC meeting to order at 10:30 a.m. on Friday, September 15, 2023, by welcoming the new MCAC members: 1) Vickie Bradley, 2) Stephanie Tyson, 3) Anne Rivenbark, 4) Zenobia Edwards, and 5) Gabriela Plasencia. Each member was asked to provide a brief introduction of themselves.
- Roll call was taken, and a quorum declared by Pamela Beatty. The minutes were approved by the Committee for the June 16, 2023 MCAC Meeting.
- Participants were reminded to review the Clinical Policy, Written Reports, and the Proposed State Plan Amendments included in the meeting materials.
- Chairman Massey also briefly touched on the status of Medicaid Expansion with the hopes of its passage.

OPENING REMARKS:

Jay Ludlam Deputy Secretary, NC Medicaid

- Jay opened with comments on the state budget not being passed
- Jay emphasized some of the work performed by the Department in preparation of NC Medicaid Expansion. (ME)
 - The Department has been working with our county partners to help them hire, train their staff, and to ensure technical teams are in place.
 - Large investments have been made around automation to reduce the administrative burdens that fall on members and their families to stay enrolled in Medicaid.
 - Assistance has been provided to our health plan partners with distributing communication to our members when ME goes live.
 - The Department has submitted State Plan Amendments and Waivers as well as requests for flexibilities to CMS; and is in good standing with obtaining administrative approvals.
 - Jay highlighted the amended 1115 Waiver and some of the innovations the Department intends to bring over the next couple of years and asked the Committee to share their feedback/public comments which will help the Department negotiate with CMS.

MEDICAID ENROLLMENT AND FINANCIAL UPDATE

Adam Levinson, Chief Financial Officer, NC Medicaid

- Adam presented a high-level update on the following items:
 - Monthly Medicaid Enrollment by Category, Change Since Start & End of PHE: Medicaid has gained around 750,000 members in enrollment between March 2020 and June 2023. Continuous coverage unwinding resulted in approximately 44,000 in July and August 2023.
 - Monthly Medicaid Enrollment by Month, Forecast (Excluding Family Planning)
 - Initial Actuals v Forecast: Adult Enrollment
 - Initial Actuals v Forecast: Child Enrollment
- SFY 2024 Year-to-Date (YTD) Expenditures
 - LME/MCO and PHP capitation rates have been awaiting various adjustments, retroactive to July 1, 2023.
 - Several Special Directed payments & Provider Assessments held until August or September.
 - No access to Medicaid Transformation Fund dollars
- Adam addressed questions from the floor.

NC MEDICAID CONTINUOUS COVERAGE UNWINDING UPDATE

Melanie Bush, Deputy Medicaid Director, NC Medicaid

- Melanie commenced with the following updates pertaining to continuous coverage unwinding:
 - September 2023 Terminations, including recertifications and reported changes.
 - First phase of disenrollments started July 1, 2023. Forty-nine thousand (49,000) beneficiaries lost coverage on September 1, 2023. Medicaid population is comprised of 58% adults and 42% children.
 - Top reasons for Termination:
 - Failure to provide requested information/apply for benefits – 32,472
 - Change in income/resources – 3,574
 - Out of State – 4,899
 - Deceased – 2,352
 - Request to stop Medicaid – 1,590
 - Unable to locate beneficiary – 942
 - Other – 3,449
 - Total: 49,278
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- September 2023 Net Enrollment -- The big takeaway is that while we are losing 49,000 folks, we are also gaining 33,000 folks; therefore, the net effect is really only 15,000 instead of 49,000.
- The Department is required to report a number of statistics to the Centers for Medicare and Medicaid Services (CMS), our federal partners pertaining to beneficiary terminations, renewals, and outcomes.
- Melanie stated that North Carolina is going above and beyond what is required by the federal government to try to get people to respond because we really want folks to continue their coverage.
- Various targeted outreach efforts are made to beneficiaries during the continuous coverage unwinding period through: 1) direct mail from health plans and the NC Medicaid enrollment broker, 2) recertification reminder letters, 3) social media, 4) community presentations/webinars, 5) text messages, 6) pre-recorded calls and emails to say the least and lots of follow up.
- The Department has engaged a lot of the major associations that we work with to communicate and make sure that folks are responding to mail from the Department.
- Melanie responded to questions and suggestions from the Committee members.
- Due to time constraints, Chairman Massey apologized to guest presenter, Trish Farnham, and asked her to defer the Direct Care Workforce Crisis Update to the December 2023 MCAC meeting.

PUBLIC HEARING #5:

NC MEDICAID REFORM SECTION 1115 DEMONSTRATION WAIVER RENEWAL UPDATE

Emma Sandoe, Deputy Director, NC Medicaid Policy; Julia Lerche, Chief Strategy Officer & Chief Actuary, NC Medicaid; Maria Ramirez, MPH Pilot Program Manager, Healthy Opportunities

- Emma Sandoe, opened by stating that during today's public hearing, the North Carolina Department of Health and Human Services will provide an overview of the North Carolina Medicaid Reform Section 1115 demonstration renewal application.
- The draft 1115 Demonstration renewal application is currently open for a 30-day public comment period. Will be open until October 16, 2023.
- Emma invited all participants in attendance to share comments or questions during the Q&A portion of today's hearing. All comments and questions received during today's public hearing will be recorded.
- Emma emphasized the agenda for today's public hearing:
 - Vision and Goals for North Carolina 1115 Demonstration Renewal
 - Overview of Demonstration Renewal Request
 - Preliminary Evaluation Plan
 - Timeline and Next Steps
 - Public Comment

Context for 1115 Demonstrations

- CMS can approve requests from states to "waive" certain requirements and spend Medicaid funds in ways that do not conform to federal requirements.
- Section 1115 of the Social Security Act gives the Health and Human Services Secretary authority to approve state Medicaid demonstrations. They are time-limited and intended to demonstrate and evaluate policy approaches not otherwise allowed under Medicaid program rules.

Vision and Goals for NC 1115 Demonstration Renewals

- NC's current 1115 demonstration expires October 31, 2024; therefore, the State is preparing to submit a request to the Centers for Medicare and Medicaid Services (CMS) by October 31, 2023, to renew the demonstration for another five-year period.

Proposed Initiatives in 1115 Demonstration Renewal

- North Carolina is requesting the following in its demonstration renewal application: extensions of ongoing initiatives that were approved for the original 1115 demonstration, refinements of ongoing initiatives and select new waiver initiatives.

Substance Use Disorder (SUD)

- To reduce incidence of opioid use disorder (OUD)/SUD, North Carolina is requesting continued authority to provide Medicaid coverage for individuals obtaining short-term residential services for SUD in an institution for mental diseases (IMD).
- North Carolina has submitted a request to CMS to extend this authority for another five years. North Carolina is not seeking any changes to the existing SUD waiver.

Managed Care

- To support a smooth transition to managed care with a focus on improving care for Medicaid enrollees with the most complex needs, North Carolina is seeking continued authority to implement Standard Plans and launch Tailored Plans and the Children and Families Specialty Plan.

Home and Community-Based Services under 1915(i)

- To broaden access to critical supports to home and community-based services, North Carolina is seeking authority to expand 1915(i) benefits previously approved under other authority.

Healthy Opportunities Pilots (HOP): Overview of Program

- HOP is a first-in-the-nation program to test and evaluate the impact of providing evidence-based, non-medical interventions. To build on the HOP infrastructure, experience and successes to date, North Carolina is seeking authority to renew all prior features of HOP and expand access to services that address non-medical health needs to North Carolinians across the state.

- The State’s vision is to ultimately expand HOP statewide, scale services and make other program improvements over the course of the next demonstration.
- The State proposes to modify a select number of existing Pilot services and may also sunset select Pilot services during the renewal period.
- The State proposes to expand Pilot eligibility criteria to allow additional high-need individuals to access Pilot services.

Justice-Involved Reentry Initiative

- To improve health outcomes, ensure continuity of care and support reentry into the community for justice-involved (JI) individuals, North Carolina is requesting authority to provide a set of targeted pre-release Medicaid services in line with recently issued CMS guidance for such demonstrations.
- Justice Involved Reentry – will cover pre-release services in all fifty-three (53) prisons and youth correctional facilities and a portion of county and tribal-operated jails. The minimum services will also include care management, medication assisted treatment (MAT), and a minimum of 30-day supply of medications in-hand upon release.

Continuous Enrollment (CE) for Children and Youth

- To prevent disruptions in care, promote health equity and reduce administrative burden for the state, counties, and families, North Carolina is requesting authority to provide continuous enrollment in Medicaid for children and youth.
- Continuous Enrollment (CE) for Children and Youth. Provide continuous enrollment in Medicaid for children 0-5 years of age through sixth (6th) birthday.
 - 24 months (CE) for children ages 6-18
 - CE to youth who have aged out of foster care prior to January 1, 2023, up to age 26.

Bolstering the Behavioral Health and LTSS Workforce

- To improve access to behavioral health and Long-Term Services and Supports (LTSS) services and reduce strain on health care delivery systems, North Carolina is requesting authority to invest in and develop the behavioral health and LTSS workforce.

Behavioral Health Technology Investments

- To improve the coordinated system of care for people with behavioral health and intellectual and developmental disability (I/DD) needs, North Carolina is requesting authority to invest in behavioral health technology and related technical assistance for behavioral health, I/DD, and traumatic brain injury (TBI) service providers.
- \$50 million will be requested to expand the Behavioral Health loan repayment program to support additional professionals statewide.
- \$20 million will also be requested for recruitment and retention payments for paraprofessionals, Intellectual and Development Disabilities, and LTSS Direct Support Professionals along with other certified Behavioral Health professionals.
- \$45 million requested for Health Information Technology (HIT) grants for Behavioral Health and I/DD providers, technology, and related technical assistance to extend school health and health-related capabilities.

Preliminary Evaluation Plan for Demonstration

- Under the original demonstration, North Carolina engaged an independent research organization to evaluate the performance of the demonstration initiatives. North Carolina will continue to contract with an independent evaluator to assess the impact of proposed new demonstration features. North Carolina is proposing to test the following hypotheses as part of its evaluation design:

Timeline for Submitting 1115 Renewal and Public Engagement

- North Carolina plans to submit its comprehensive application to renew its 1115 waiver by the end of October 2023.* The application is open for public comment from Aug. 21 through Sept. 20, 2023.

Public Comments

- The public is invited to make comments on the NC Medicaid Reform Demonstration renewal application. Comments must be received by 5:00 p.m. on September 20, 2023, to assure consideration prior to the submission of the demonstration renewal request.

- Written comments may be sent to the following address. please add “NC Section 1115 Waiver” in the written message.

North Carolina Department of Health and Human Services
NC Medicaid Section 1115 Waiver Team
1950 Mail Service Center
Raleigh, NC 27699-1950

- Comments may also be emailed to Medicaid.NCEngagement@dhhs.nc.gov. Please add “NC Section 1115 Waiver” in the subject line of the message.
- Electronic copies of the public notice and full application can be found at: medicaid.ncdhhs.gov/meetings-notices/proposed-program-design/nc-section-1115-demonstration-waiver

CLOSING REMARKS

- Chairman Massey reminded MCAC members of the next meeting of December 8th which will be in person at the McKimmon Center.

MEETING ADJOURNED