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

<table>
<thead>
<tr>
<th>LTSS Services</th>
<th>Standard Plan Year-1</th>
<th>Excluded</th>
<th>Carved Out</th>
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<tbody>
<tr>
<td>PCS</td>
<td>Medicaid Only</td>
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<td>Home Health</td>
<td>Medicaid Only</td>
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<td>Nursing Facility</td>
<td>Medicaid Only up to 90 days</td>
<td>91+ days</td>
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<td>Private Duty Nursing</td>
<td>Medicaid Only</td>
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<td>Hospice</td>
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<td>HIT</td>
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<td>HIV Case Management</td>
<td>Medicaid Only</td>
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<td>CAP/C (Children)</td>
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<td>CAP/DA (Disabled Adults)</td>
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<td>PACE</td>
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<td>State Operated NMCs/VAHs</td>
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<td>ABD</td>
<td>Medicaid Only</td>
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<td>Dual Eligible</td>
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<td>Medically Needy</td>
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<td>TP-Eligible</td>
<td>Exempt—Option to enroll in Standard Plan, unless elects to receive Innovations/TBI waiver</td>
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Overview – 21st 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.**
EVV Must Verify:

- **Date** of Service
- **Location** of Service
- **Beneficiary** Receiving Service
- **Person** Providing Service
- **Type** of Service Rendered
- **Time** the service begins and ends
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.

- 374 New Enrollments
- 245 Disenrollments
- 2382 Total Participant Count
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

85% of 982 Service Requests Reviewed have been approved.
Service Request Types for Jan-Mar 2019

- Personal Care Service – 483
- Home Adaptation – 88
- Vehicle Modification - 35
- Assistive Technology – 28
- Adaptive Equipment - 42
- Participant Goods & Services - 7
- Pediatric Nurse Aide - 35
- Training & Education - 3
Milestones (cont.)

- New Initiative for Beneficiary Resource Entity
- CAP/C CCP Draft Revisions
- Policy Expansion for Enrollment & Service Requests
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 timeless 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)
* Note: The RFP has been posted; Medicaid is now in a silent Period regarding discussion about the implementation of the CIAE.
Stakeholder Engagement

Information sharing
Focus Questions
Information receiving
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
Expansion of the medical fragility criteria to include urgent/physician care visits, delegation of skilled intervention and need for non-age appropriate ADLs.
Expansion of the participant goods and services definition, when not covered by State Plan Services, to include pharmacy related items when determined 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.
Expansion of the respite definition to include respite time during family vacations when the CAP/C beneficiary is included.
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.
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.
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