

NC Medicaid Long-Term Service and Supports Overview for Provider Operations Virtual Office Hours

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Fall 2019

PREVIOUSLY SUBMITTED QUESTIONS

**PLEASE ENTER ALL QUESTIONS INTO THE CHATBOX AND SEND
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Snapshot: North Carolina Medicaid and NC Health Choice – State Fiscal Year 2018

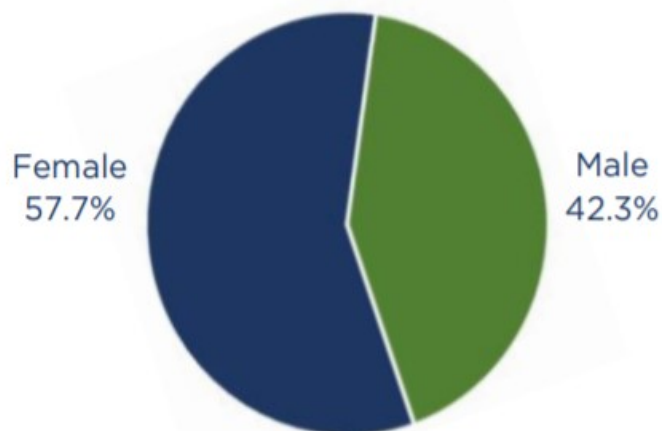
Financials (\$B)

Expenditures	\$14.8
Federal Revenue	\$ 9.5
Other Revenue	\$ 1.7
State Appropriations	\$ 3.7

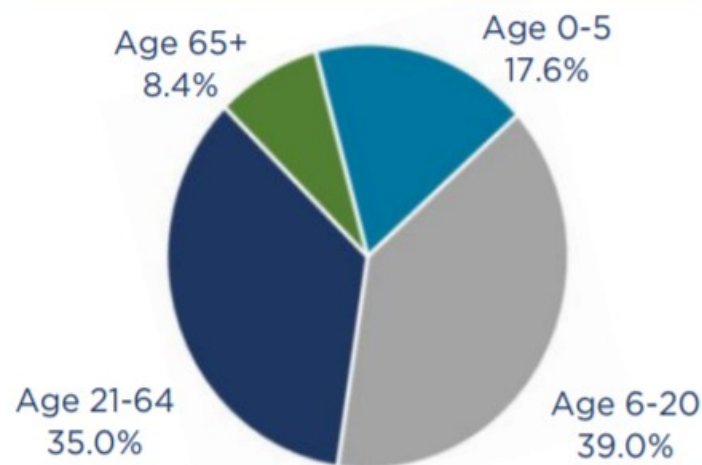
Statistics

Medicaid Beneficiaries ¹	2.1M
NC Health Choice Beneficiaries ¹	.09M
Providers ²	71.4K
NCTracks Claims Processed ³	250M

Beneficiary Gender

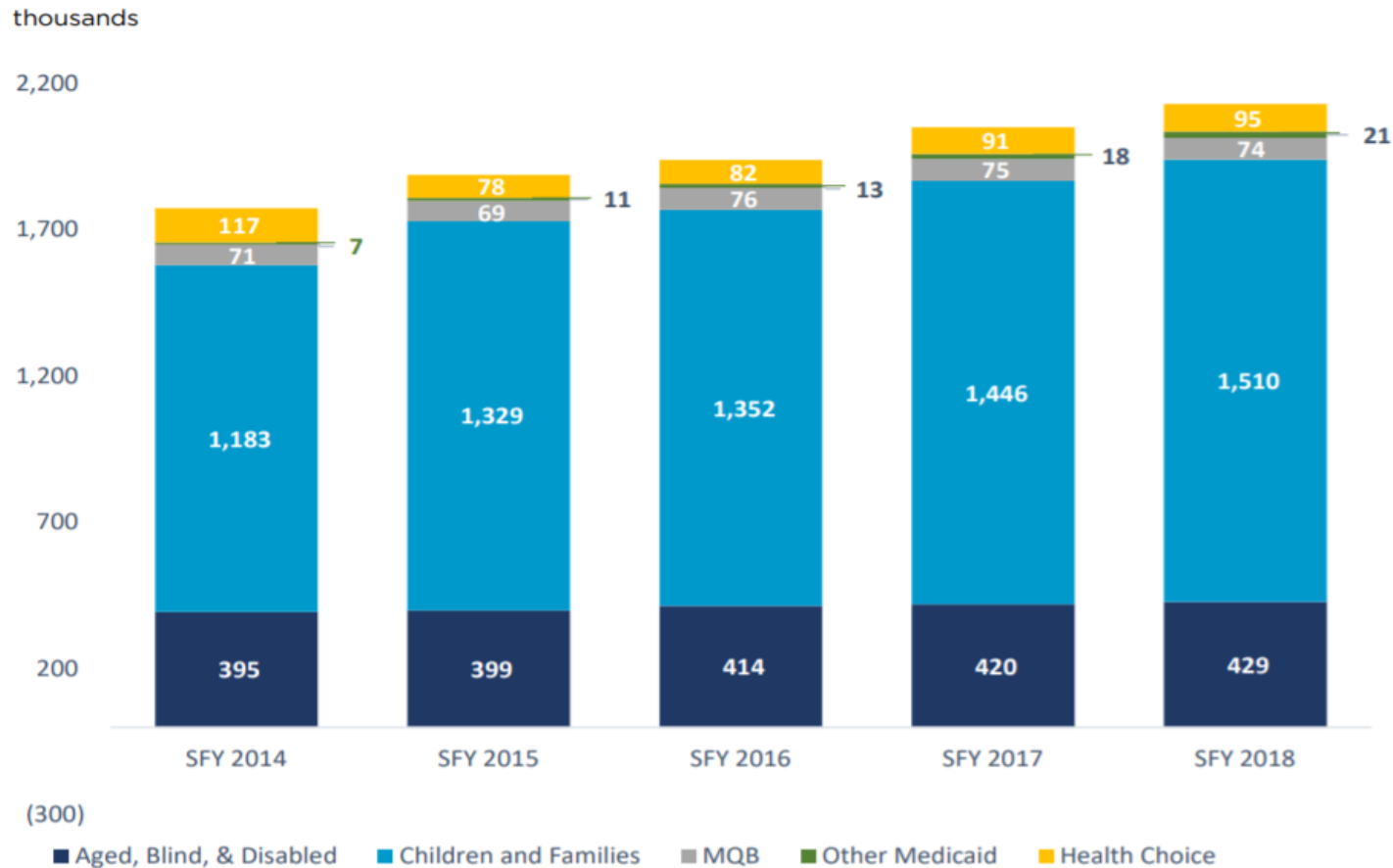


Beneficiary Age

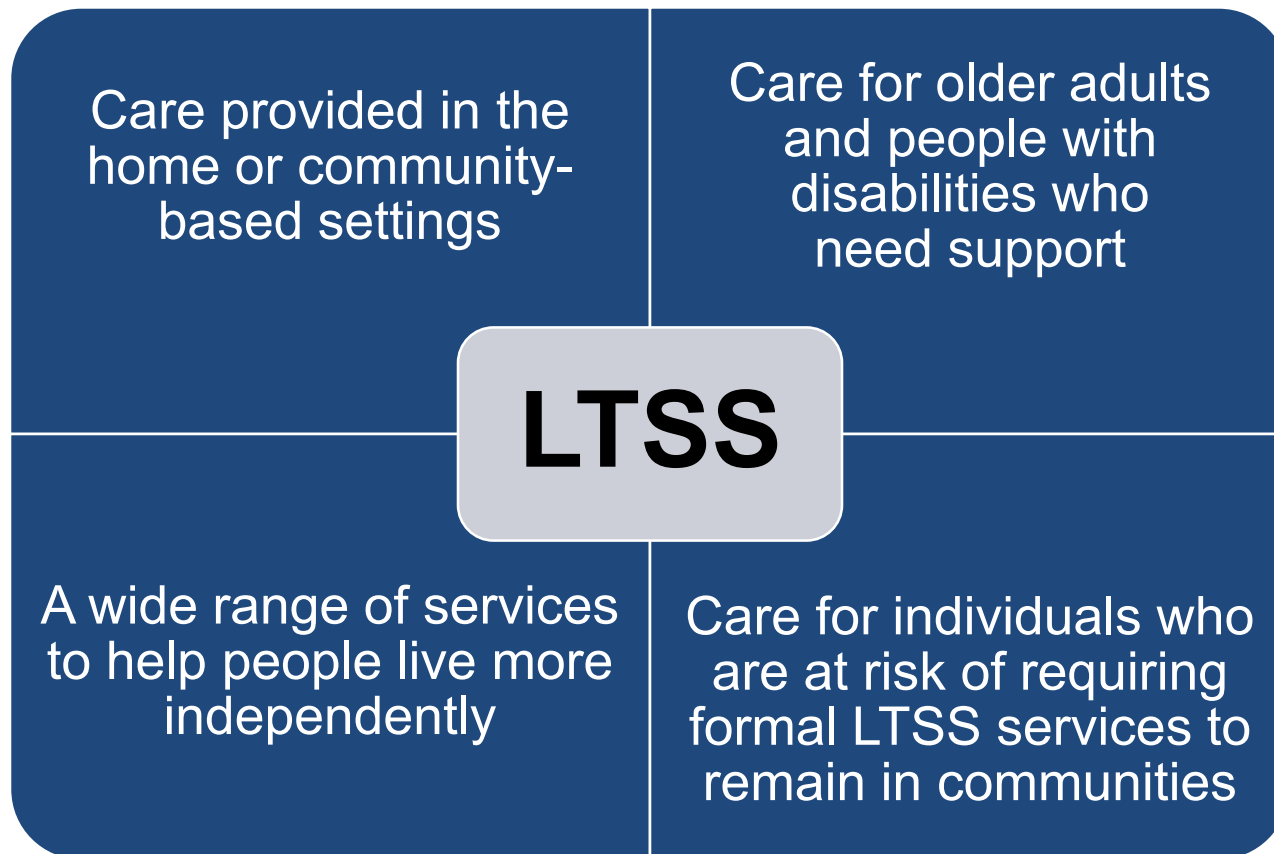


Average Enrollment by Program Aid Category SFY 2014-SFY 2018

EXHIBIT 9



Long-Term Services and Supports



LTSS in NC Medicaid

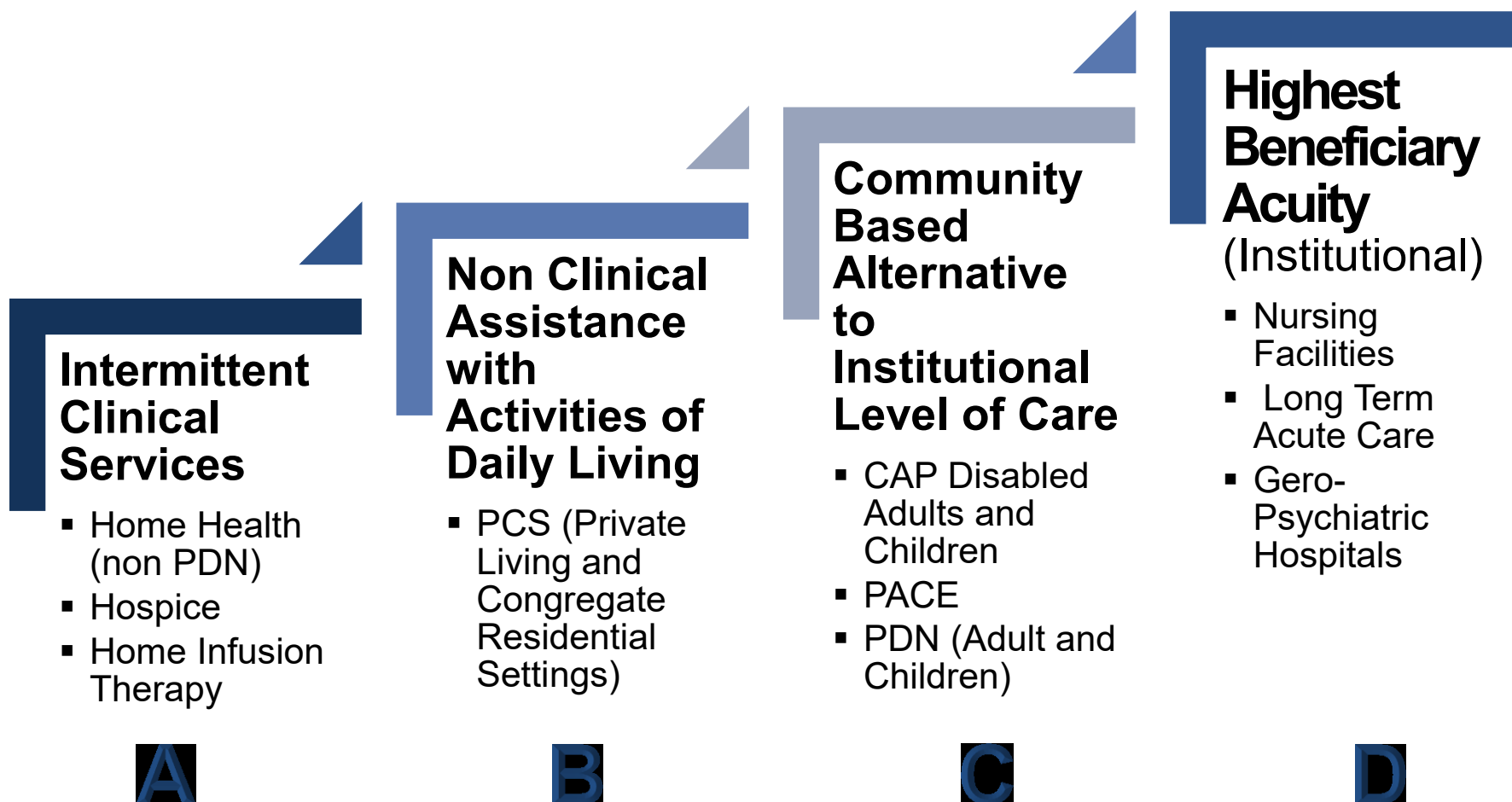
The populations using LTSS are extremely diverse in terms of individuals' care needs, service utilization and spending. Over the next five years, the transition of programs that support these citizens will offer significant opportunities to improve care coordination, access to community-based services and outcomes for these vulnerable populations.

*North Carolina's Vision for
Long-term Services and Supports
transition to Managed Care*

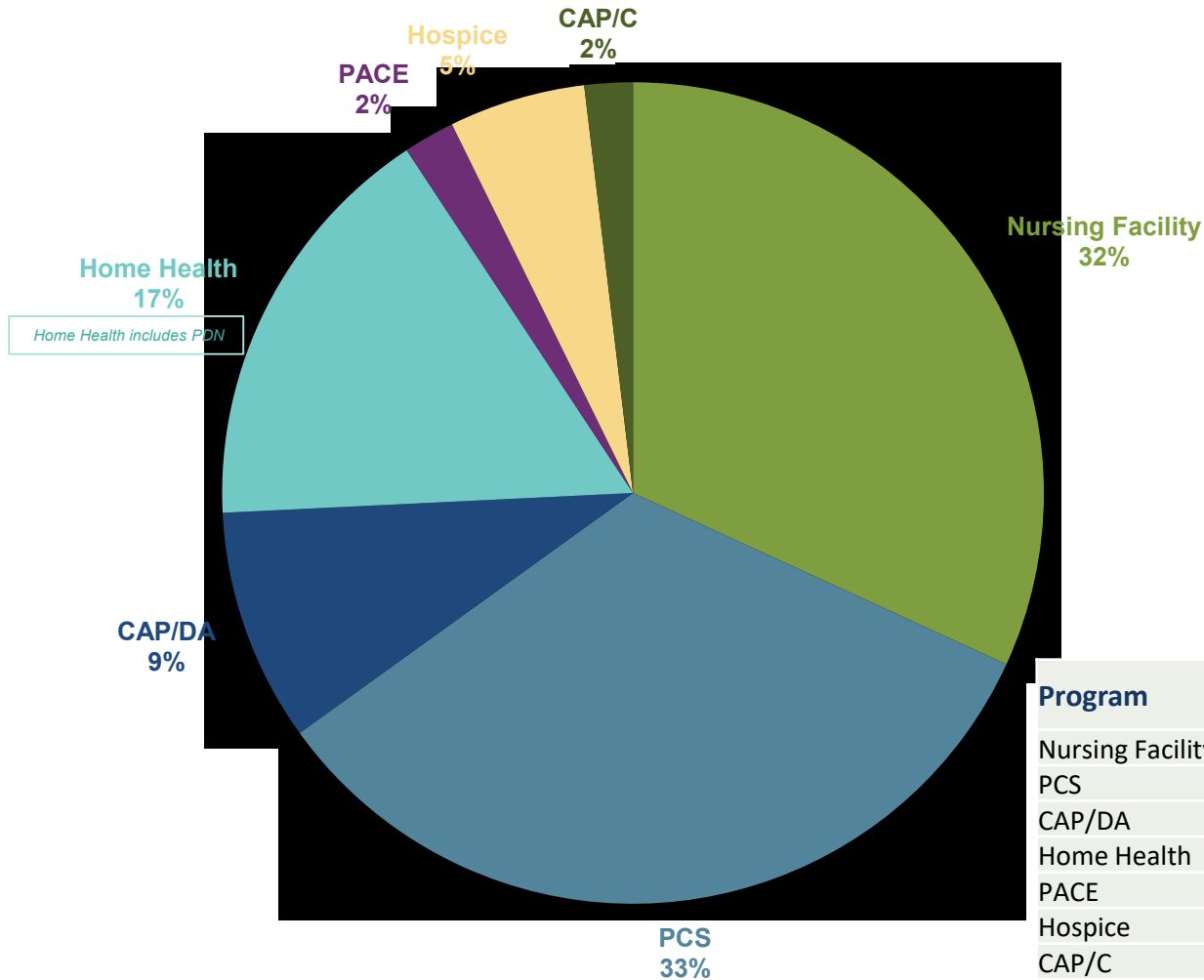


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Array of Medicaid Funded Long-Term Services and Supports



LTSS Participants by Program Type for 2018



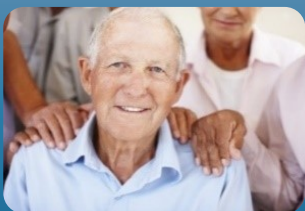
Program	Recipients 2018	Expenditures (millions)
Nursing Facility	42,855	\$ 1,210.50
PCS	44,695	\$ 452.90
CAP/DA	12,331	\$ 237.00
Home Health	22,182	\$ 126.60
PACE	2,720	\$ 58.60
Hospice	7,217	\$ 68.50
CAP/C	2,555	\$ 107.30

NOTE: Unduplicated.

LTSS: Program Initiatives for 2019 - 2020



Independent Assessment Entity Consolidation & Expansion



1915c HCBS Waivers - CAP/DA Waiver Renewal CAP/C Amendment



Private Duty Nursing Policy Amendments (Adult and Children)



- PACE Expansion - Federal PACE Final Rule

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

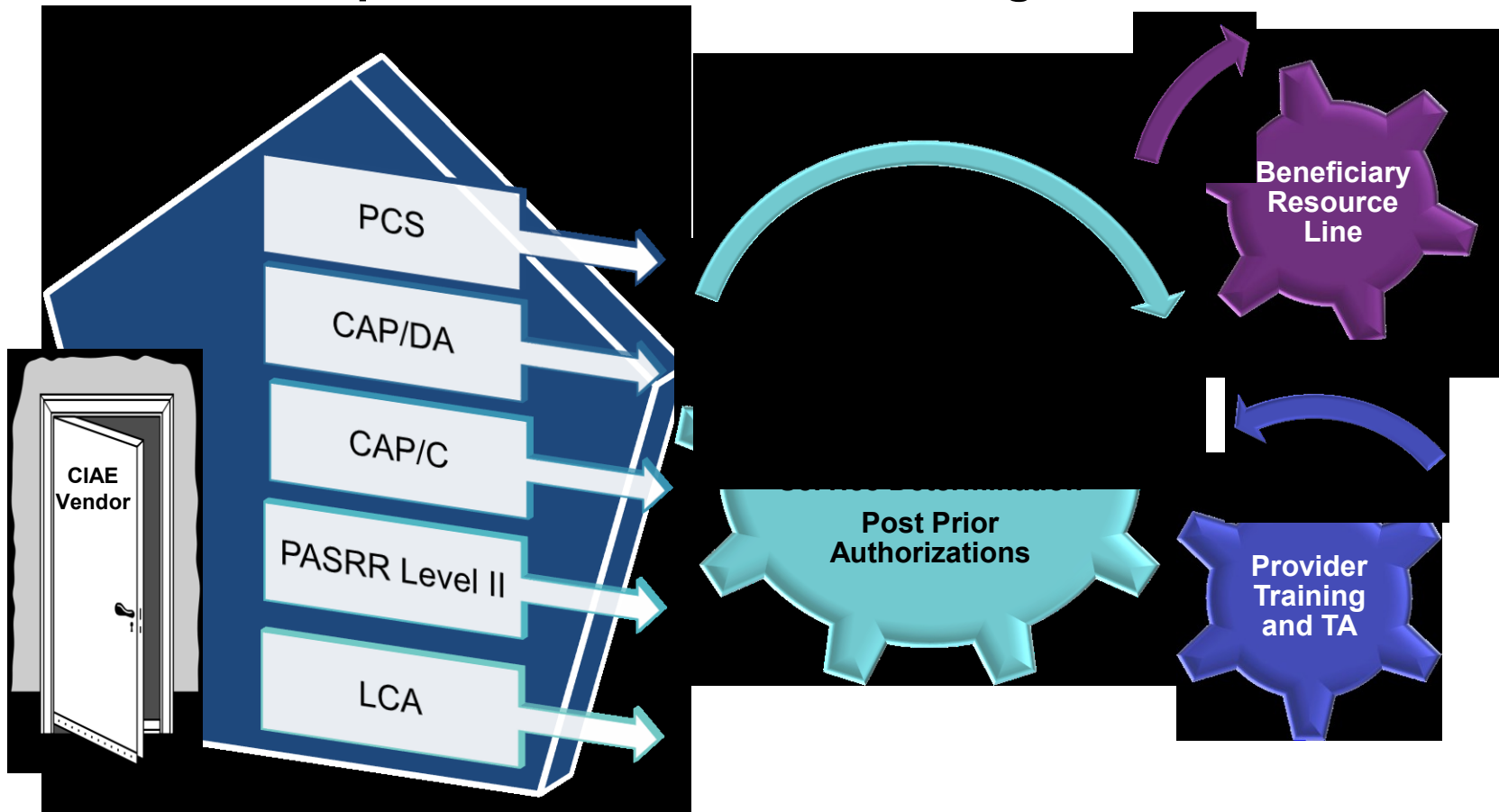
- Improved timelessness from referral to access
- Provider Training (Regional In Person and Web based)
- Streamlines communication between State Medicaid Staff and Providers
- Quality Assurance Monitoring

Increased Compliance

- Conflict of interest protections for Case Management
- Implements Provider Scorecard, based on established benchmarks
- Improved management of Cost Neutrality (1915c Waivers)

Comprehensive Independent Assessment

NC Medicaid will implement a Comprehensive Independent Assessment process for all Medicaid Long-Term Services and



The LTSS Unit administers two 1915 (c) Waivers

- **Community Alternatives Program for Children [\(CAP/C\)](#) Children age 0 to 20**
- **Community Alternatives Program for Disabled Adults [\(CAP/DA\)](#) Adult age 18+**
- **State HCBS Waiver programs must:**
 - ✓ Demonstrate that providing waiver services will not cost more than providing these services in an institution
 - ✓ Ensure the protection of beneficiary's health and welfare
 - ✓ Provide adequate and reasonable provider standards to meet the needs of the target population
 - ✓ Ensure that services follow an individualized and person-centered plan of care

CAP/DA Waiver Renewal: November 1

- Expansion of the existing waiver services:
 - Adding community transition to include a community integration component to address tenancy issues
 - Augmenting participant goods and services to address gaps in transportation, the allowance of telemonitoring and nutritional services to obtain over-the-counter prescribed medications and other health supplements
 - Intensifying training, education and consultative services to address empower the beneficiary in whole person care and to address wellness planning
 - Adding equipment, modification and technology to address safe transport in a vehicle
 - Adding flexibility in the use of respite care

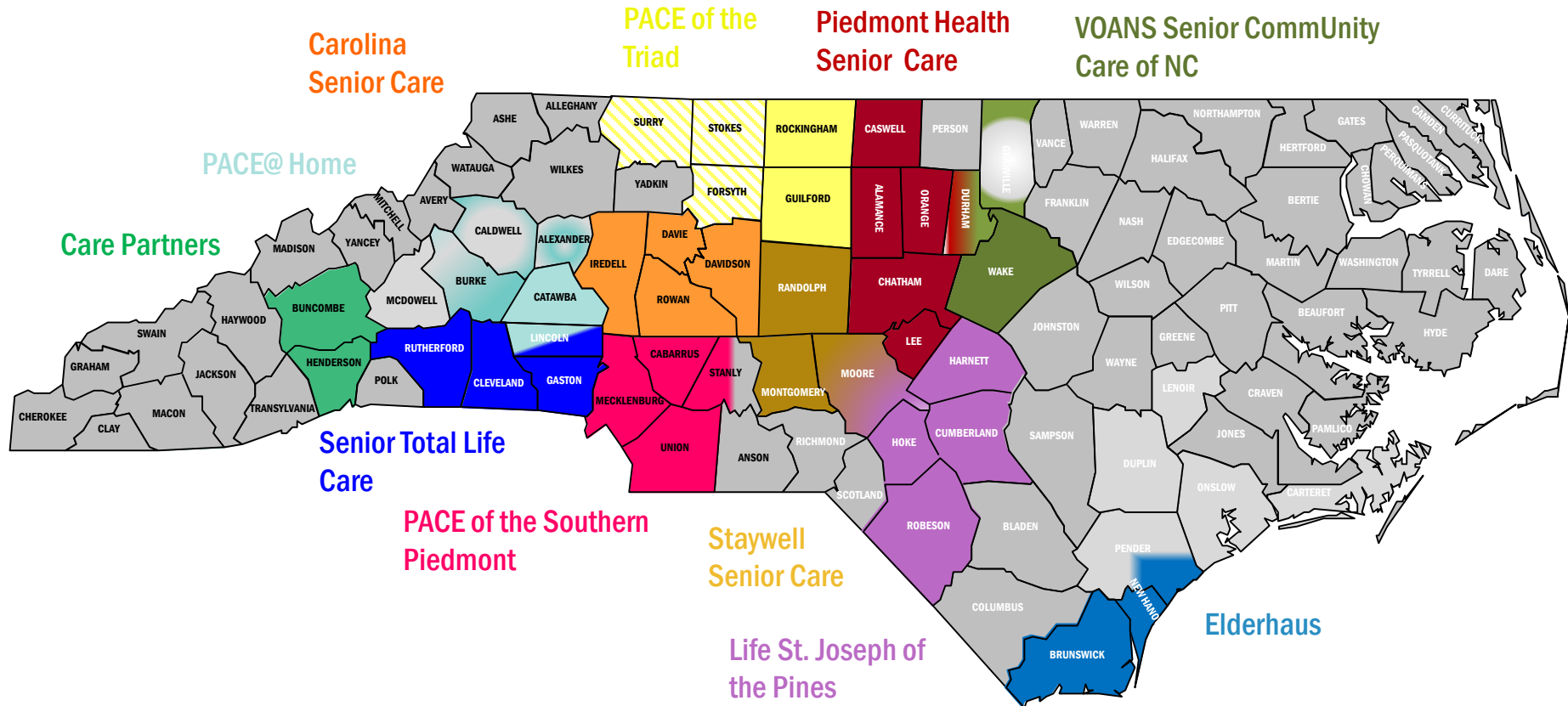
CAP/DA Waiver Renewal continued

- Introduction of a newly proposed service that provides supportive care to a beneficiary through the sharing of a residence. The waiver beneficiary will have the autonomy to live a caregiver or a caregiver may move in with the waiver beneficiary
 - Coordinated Caregiving
- Improved payment structure for CAP/DA Case Management Agencies

What is PACE

- The Program of All-Inclusive Care for the Elderly (PACE) is a full-risk managed care program for older adults (55+). This program features a comprehensive service delivery system, and integrated Medicare and Medicaid financing.
- PACE Centers include a primary care clinic, an adult day health program, areas for therapeutic recreation, restorative therapies, socialization, personal care, and dining that serves as the focal point for coordination and provision of most PACE services.

PACE Coverage in North Carolina



LTSS: System Initiatives for 2019 - 2020



Implementation of Electronic Visit Verification (EVV)



Managed Care (1115 Waiver) for designated Medicaid Only LTSS beneficiaries

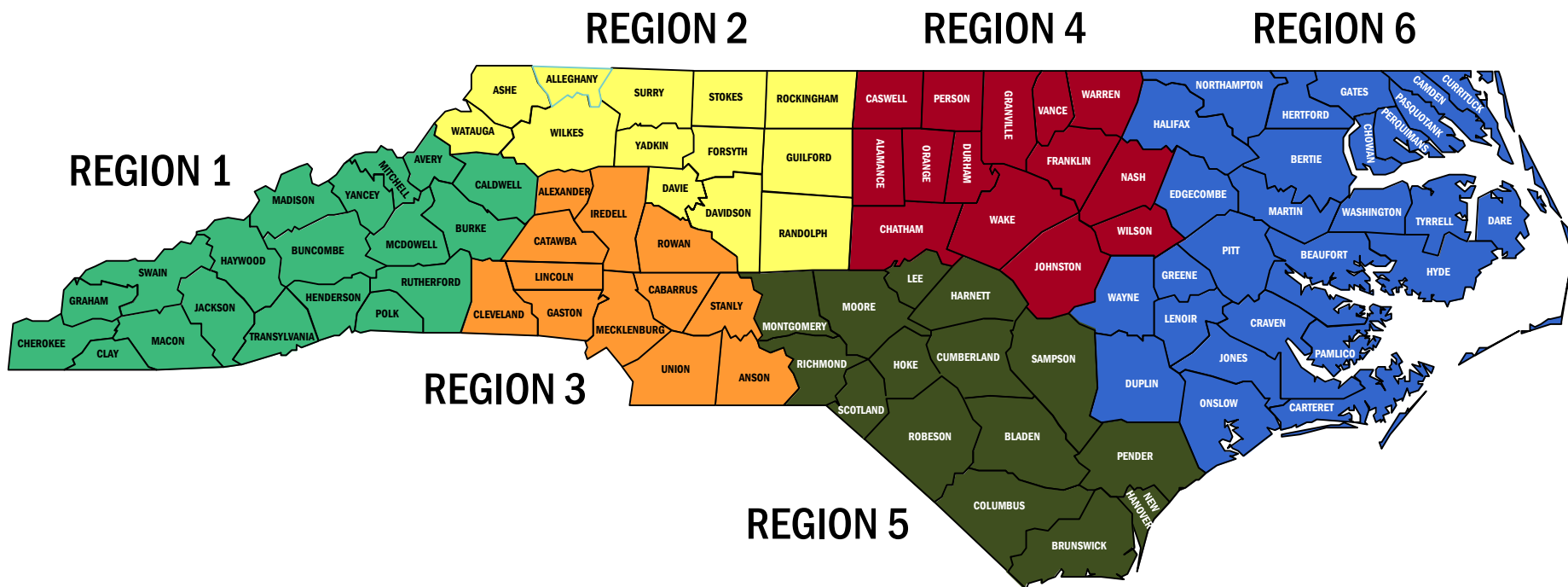


Patient Driven Payment Model Implementation for Nursing Homes



Develop new payment methodology for Adult Care Homes

NC Medicaid Managed Care Regions



Managed Care Standard Plan **Year 1** Coverage

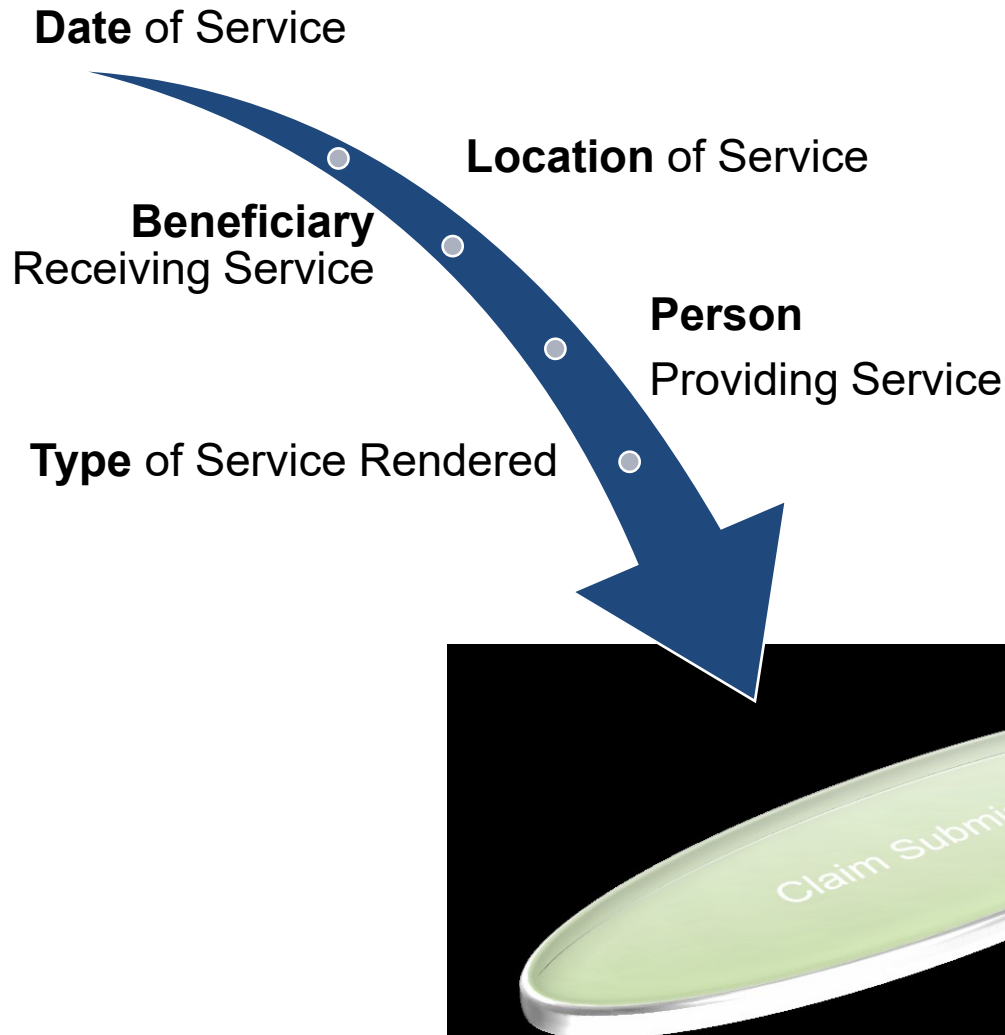
LTSS SERVICES	STANDARD PLAN YEAR-1	EXCLUDED	CARVED OUT
PCS	Medicaid Only		
Home Health	Medicaid Only		
Nursing Facility	Medicaid Only up to 90 days	91+ days	
Private Duty Nursing	Medicaid Only		
Hospice	Medicaid Only		
HIT	Medicaid Only		
HIV Case Management	Medicaid Only		
CAP/C (Children)			
CAP/DA (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		

Services to be included in EVV:

- **Phase 1—Target Jan. 1, 2019**
 - 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.

Your Live Questions Answered

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Opportunities for Engagement

DHHS values input and feedback and is making sure stakeholders have the opportunity to connect through a number of venues and activities.

Ways to Participate

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Regular updates to website:
<https://www.ncdhhs.gov/assistance/medicaid-transformation>
- Comments, questions, and feedback are all very welcome at
Medicaid.Transformation@dhhs.nc.gov
- Provider Resources: <https://Medicaid.ncdhhs.gov/providers>

Providers will receive education and support during and after the transition to managed care.



Upcoming Events

Managed Care Publications

Questions and Answers:

- Provider Specific Questions
- General Provider Frequently Asked Questions

Readiness Resources:

- Non-Emergency Medical Transportation
- Searching the Enrollment Broker Provider Directory, September 2018
- Overview of the Beneficiary Experience in NC Medicaid Managed Care for Medicaid Providers
- Medicaid Transformation: Overview
- Medicaid Transformation: Beneficiary Enrollment and Timelines

Other Upcoming Events

Virtual Office Hours Sessions:

- **Provider reviews, audits and investigations in Managed Care**
Tuesday, Nov. 12, 2019 from 12-1 p.m.
- **Provider/PHP Meet and Greet:**
beginning November 2019

Look out for more information on upcoming events and webinars distributed regularly through special provider bulletins.
<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>

Future Webinar Topics

- **Oversight of the AMH (Advanced Medical Home) Program**
- **Approach to AMH (Advanced Medical Home) Data Sharing (Two webinars: 101 and 102)**
- **Quality Measurement and Performance Incentives in the AMH (Advanced Medical Home) Program**
- **Priority Updates to the State's VBP (Value Based Payment) Roadmap**
- **“Deep Dive” on Avoidable Utilization Quality Measure**
- **“Deep Dive” on Low-Birthweight Quality Measure**
- **Introduction to the Healthy Opportunities Pilots**

Provider Playbook Resources

Document Title/Topic	Document Type
Introduction to Medicaid Transformation: Part 1 - Overview	Fact Sheet
Introduction to Medicaid Transformation: Part 2 - Beneficiary Enrollment & Timelines	Fact Sheet
NEMT (Non-Emergency Medical Transportation)	Fact Sheet
Contracting and Quality Determination for a Provider	Fact Sheet
Deemed Eligible Process for Newborns: What Providers Need to Know	Fact Sheet
Managed Care Populations and Enrollment Notices	Fact Sheet
Sample Enrollment Notices/Outreach Materials	Actuals
Grievances and Appeals: Members	Fact Sheet
Grievances and Appeals: Providers	Fact Sheet
Care Management	Fact Sheet
Panel Management	Fact Sheet
Readiness Assessment (Part 1): Provider POV (Point of View)	Discussion Guide/Checklist
Care Management	Fact Sheet
Quality	Fact Sheet
Fraud, Waste and Abuse	Fact Sheet
Healthy Opportunities	Fact Sheet

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**THANK YOU FOR JOINING THE
VIRTUAL OFFICE HOURS
DISCUSSION!**