

As President of the NC Coalition on Aging, I am pleased to make these comments on the concept paper North Carolina's Vision for Long-term Services and Supports (LTSS) under Managed Care. The Coalition is comprised of 68 agencies/organizations/groups that in some way represent North Carolina's aging populations as well as individuals who support the work of the Coalition. Together, members of the Coalition on Aging work collaboratively to give voice to issues that affect older North Carolinians.

We are pleased that the Department issued this concept paper and appreciate the attention that is paid to how services and supports are to be delivered to this vulnerable Medicaid population including how long-standing relationships with existing providers are not disrupted. We are pleased to see that proposed rate methodology will include rate categories and risk adjustments for the costs of certain high-need PHP enrollees and that most LTSS will be excluded from any cost sharing requirements as it is today. In addition, **we are also glad to see that the Department will encourage PHPs to use "in-lieu-of-services" as long as the use of these services or settings are in the best interest of the individual and not a way to exclusively save costs. We do have a question as to how this will be assessed.** Requiring PHPS to have an after-hours telephone service with appropriate medical personnel is also a provision we strongly support.

There will likely be many individuals who receive LTSS who will be transitioned to managed care who will be confused by the whole process of change. For this reason, the role of the enrollment broker who provides unbiased choice counseling about all care options (including PACE) and the independent managed care ombudsman program are critical. Although time frames are put in place for selecting plans and changing plans, **there needs to be an assurance that individuals (including those currently on plans, those transitioning in and out of plans, and new enrollees) are assisted with plan "issues" at the first sign that the individual is confused, does not meet a deadline, or is at risk of having a relationship with a long-standing existing provider altered.** Assistance at this early stage will make for a smoother experience for the individual as well as reduce the number of changes that are needed later that can be burdensome to all concerned. At particular risk in this whole process are those who will be transitioning in and out of nursing facilities as they are likely to be the most frail of all individuals and are at particular risk if there are care transition hitches.

In regard to the handling of grievances and appeals, **there needs to be more assistance provided to individuals in appealing an adverse determination than just educating them about and helping them to navigate the grievance and appeals process.** Many of these vulnerable individuals will require very tangible help in actually completing this process within established time frames.

Network adequacy to a large measure determines whether people who use LTSS receive the services they need and are satisfied with the service delivery. Because of the diversity of counties in the state, including variances in population and geographic size, **simply saying that each PHP will be required to contract with at least two providers of LTSS in every county accepting new patients and at least one nursing facility accepting new residents in each county may not be adequate in some counties.** Other ways to address network adequacy could be to require "X" number of providers per "X" number of enrollees or "X" number of

providers per a certain geographic area. **There is also the issue of how to address the fact that in many counties, there is a limited supply of local providers, and they may not be accepting new patients or are limiting the acceptance of new patients. We would suggest that PHPs also look to the traditional aging network** of local community based organizations such as offices on aging, senior centers, and areas agencies on aging as potential providers of services. **Also, if there are only 14,500 Medicaid-only beneficiaries statewide being enrolled in Phase 1, will the economy of scale make it more difficult to find providers?** An additional consideration, particularly with nursing facility placement, is that residents tend to do much better if they are close to family and friends who can visit frequently and be engaged in the care process. **Placing a limit on how far a person can be placed from home should be considered.**

Because of the vulnerability of the populations needing LTSS, care management is a critical service and we are pleased to see that enrollees with LTSS needs will be defined as one of the priority populations for care management. We are also pleased to see the minimum standards spelled out for care managers. **We are concerned, however, that based on what is in the concept paper, it could take two months, if this is the best effort of the PHPs, for an actual care plan for an individual to be developed.** Although needed services cannot be delayed while the care plan is being developed, a whole lot can happen in two months with individuals in this population.

We are pleased to see that as a part of care management, PHPs will be required to evaluate unmet health-related resource needs by having a comprehensive understanding of local community-based resources and by having a housing specialist on staff or on contract who can assist individuals in securing housing. This sounds great on paper. Our fear, however, is that **resources just do not exist in the community for filling some unmet needs.** For example, a person cannot get housing if housing does not exist in the community that is affordable. Simply put, **more has to be done than being aware of resources and making a referral to address unmet needs.**

Having standards for quality measurers and performance, cultural competency and for a LTSS member advisory committee are important. Although details are not fleshed out in this concept paper, we are confident that because of their importance in ensuring good quality of care, these will be issues that the Department will make sure they are adequately addressed. **In regard to the establishment of a member advisory committee, it is important that PHPs provide needed accommodations for members who may need this and that at least one representative of the ombudsman program also be on the committee.**

Thank you for providing us with the opportunity to make comments on this concept paper. The Coalition on Aging stands ready to work the Department going forward.

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