

Comments from NC Coalition on Aging on Medicaid and NC Health Choice Transformation

As a state level Coalition made up of consumer, provider, and advocacy organizations and groups concerned with issues that impact older adult and their families, we have a particular interest in Medicaid for those persons who are eligible to receive both Medicaid and Medicare – the dual eligibles. We are pleased to offer the recommendations below from the members of the Coalition as a whole relative to the transition from a Medicaid fee-for-service system to managed care. Many of our members have also provided comments from their organizations.

As the Department moves forward with the transition, the Coalition as a whole believes it is important to take into consideration the work that was done last year by the Department of Health and Human Services' Division of Health Benefits in partnership with the Dual Eligibles Advisory Committee on a managed care strategy for duals. The report resulting from this work, which was submitted to the General Assembly in January, spells out numerous options and potential design features that as the reports notes “will serve as a guide for the State in the execution of a thoughtful and comprehensive strategy for implementing a capitated program for dual-eligible beneficiaries in North Carolina.”

Specific recommendations from the Coalition on Aging:

- Care coordination should be a required service available to all dually eligible persons in Medicaid managed care.
- North Carolina needs to add additional targeted long term services and supports (LTSS) to an integrated program. Additional benefits can give participating plans flexibility to support beneficiaries in their efforts to stay in the community. Additional LTSS should include: home modifications; caregiver counseling and respite; home delivered meals; adult dental; non-medical but medically necessary transportation; adult day services; skill building services for institutional residents to facilitate safe discharge; and behavioral health diversionary services such as community crisis stabilization, residential treatment for substance use disorders, and community support services for individuals with SMI.
- It is important to measure quality of all services delivered. The report to the General Assembly offers suggestions for beginning a dialogue about quality indicators.
- Plans need to provide outreach, education, and counseling to beneficiaries as well as assist beneficiaries in navigating the managed care system.
- An ombudsman program to assist beneficiaries with problems and to help facilitate the resolution of conflicts should be instituted.
- Providing training and technical assistance to providers is imperative. Provider trade associations should be consulted in formulating a plan for how to most effectively do this.