NC Division of Health Benefits
Medicaid Long Term Services and Supports
Update for the NC Coalition on Aging

August 25, 2023

Sabrena Lea,
Deputy Director, LTSS
➢ LTSS Expenditures
➢ Medicaid Expansion
➢ Managed Care
➢ Updates & New Initiatives
➢ Questions & Discussion
➢ LTSS Expenditures
➢ Medicaid Expansion
➢ Managed Care
➢ Updates & New Initiatives
➢ Questions & Discussion
## LTSS Total Expenditures

(December-March 2023)

<table>
<thead>
<tr>
<th>LTSS Programs</th>
<th>Sum of Total Recipients (Jan to June 2023)</th>
<th>Sum of Total Amount Paid (Jan to June 2023)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPC</td>
<td>16,960</td>
<td>$51,550,372.82</td>
</tr>
<tr>
<td>CAPCHOICE</td>
<td>17,346</td>
<td>$79,301,562.10</td>
</tr>
<tr>
<td>CAPDA</td>
<td>40,684</td>
<td>$166,447,703.83</td>
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<tr>
<td>HH</td>
<td>10,922</td>
<td>$4,757,770.76</td>
</tr>
<tr>
<td>HIT</td>
<td>582</td>
<td>$2,041,752.99</td>
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<tr>
<td>HIV</td>
<td>750</td>
<td>$155,973.22</td>
</tr>
<tr>
<td>HOSPICE</td>
<td>9,888</td>
<td>$68,035,455.97</td>
</tr>
<tr>
<td>NF</td>
<td>125,697</td>
<td>$1,070,336,910.56</td>
</tr>
<tr>
<td>PACE</td>
<td>12,218</td>
<td>$59,197.126.29</td>
</tr>
<tr>
<td>PCS ACH</td>
<td>43,094</td>
<td>$101,484,335.58</td>
</tr>
<tr>
<td>PCS In-Home</td>
<td>103,062</td>
<td>$165,114,987.17</td>
</tr>
<tr>
<td>PCS OTHER</td>
<td>10,286</td>
<td>$20,851,972.79</td>
</tr>
<tr>
<td>PDN ADULTS</td>
<td>1,945</td>
<td>$27,596,754.48</td>
</tr>
<tr>
<td>PDN PEDIATRICS</td>
<td>5,301</td>
<td>$57,643,837.72</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>39,8735</strong></td>
<td><strong>$1,874,516,516.28</strong></td>
</tr>
</tbody>
</table>

Source: LTSS Expenditures 02/12/2023 NAD
➢ LTSS Expenditures
➢ Medicaid Expansion
➢ Managed Care
➢ Updates & New Initiatives
➢ Questions & Discussion
Governor Cooper signed HB 76 into law on March 27, 2023. This is a historic moment for the health and wellbeing of our state.

Over 600,000 North Carolinians will gain access to health care coverage.

Medicaid Expansion in North Carolina increases eligible population to all adults aged 19-64 who have incomes up to 138% of the Federal Poverty Level:

- Single adults 19-64 who have incomes of approximately $20,000 each year
- Parents with low incomes – for a family of 3, an annual income below about $34,000 each year
  - Prior to expansion the cutoff for parents is about $8,000 each year

Same ways of getting care as existing Medicaid.

Same comprehensive benefits and copays as other non-disabled adults in Medicaid.

NCDHHS and other external stakeholders will partner together to drive implementation, outreach and engagement and support our counties in this work.
Who is Covered under Expansion

**Low-income parents**
(above current coverage levels and with income less than $34,000 each year for a family of 3)

- Low-wage workers
  (agriculture, childcare, construction, etc.)
- Some veterans and their families

**Low-income childless adults**
(with income less than $20,000 per year for a single adult)

- Children who age out of Medicaid
- Women who would be covered if they were pregnant

Some veterans and their families

Children who age out of Medicaid

Women who would be covered if they were pregnant
Estimated Eligible Beneficiaries

• More than 600,000 individuals are estimated to be covered under Medicaid Expansion by the end of the second year. This includes:
  — 300,000 expansion enrollees moved from Family Planning benefit by the end of the first year
  — 100,000 beneficiaries who may have lost full Medicaid coverage during recertification in absence of expansion
  — 200,000 expansion eligible individuals not currently enrolled in Medicaid statewide expected to enroll in the first two years

• Of the estimated 300,000 expansion enrollees moved from the Family Planning benefit by the end of the first year:
  — 92% of these beneficiaries are estimated to be enrolled in a Standard Plan
  — 7-8% of these beneficiaries are estimated to be enrolled in a Tailored Plan or NC Medicaid Direct prior to the Tailored Plan launch*
  — Less than 1% of these beneficiaries are estimated to be enrolled in the Tribal Option
  — Less than 1% of these beneficiaries are estimated to be enrolled in NC Medicaid Direct

*Some of the beneficiaries estimated to be enrolled in a Tailored Plan may stay in NC Medicaid Direct after Tailored Plan launches due to other circumstances.
Note: These numbers are estimates and can vary from the final numbers at the time of Medicaid Expansion launch.
How Do I Apply for Medicaid Coverage Today

You’ve got some options. You can...

- **Easiest** – apply online through ePASS
  [epass.nc.gov](http://epass.nc.gov)

- **Fill out a paper application**
  [ncgov.servicenowservices.com/sp_beneficiary?id=bnf_apply](http://ncgov.servicenowservices.com/sp_beneficiary?id=bnf_apply)

- **Apply in person at your local DSS**
  To find your local DSS, use our online directory [ncdhhs.gov/localdss](http://ncdhhs.gov/localdss)

- **Call your local DSS**
  [ncdhhs.gov/localdss](http://ncdhhs.gov/localdss)
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North Carolina is seeking to renew its Medicaid Reform Demonstration for another five-year period. During the first demonstration period, North Carolina began its transition to managed care and invested in novel programs to better respond to the diverse needs of North Carolinians who are enrolled in Medicaid.

North Carolina is now ready to build on early successes and lessons learned to continue this progress over the next five years. The State’s overarching goal for the demonstration is to improve health and well-being for all North Carolinians through a whole-person, well-coordinated system of care that addresses both medical and non-medical drivers of health and advances health access by reducing disparities for historically marginalized populations.


- Comments may also be emailed to Medicaid.NCEngagement@dhhs.nc.gov. Please indicate “NC Section 1115 Waiver” in the subject line of the email message.

- Interested parties will also have the opportunity to officially comment on the demonstration renewal application during the federal public comment period; the submitted application will be available for comment on the CMS website at medicaid.gov/Medicaid/section-1115-demonstrations/index.html.
First Public Hearing (in person)
• Sept. 5 from 9:30-11 a.m. EST
  Mountain Area Health Education Center (MAHEC)
  Blue Ridge A & B in the Education Building
  121 Hendersonville Road, Asheville NC 28803

Second Public Hearing (in person)
• Sept. 6 from 9:30 -11 a.m. EST
  McKimmons Conference & Training Center
  NC State University, 1101 Gorman Street, Raleigh NC 27606

Third Public Hearing
• Sept. 6 from 5:30-7:00 p.m. EST
  Virtual via Microsoft Teams Join on your computer, mobile app or room device
  Click here to join the meeting
  Call in (audio only)
  +1 984-204-1487, 902948880# United States, Raleigh
  Phone Conference ID: 902 948 880#

Fourth Public Hearing (in person)
• Sept. 7 from 2:30-4 p.m. EST
  Greenville Convention Center
  303 SW Greenville Blvd., Greenville NC 27834

Fifth Public Hearing
• Sept. 15 from 11:30 a.m.-12:30 p.m., EST During the Medical Care Advisory Committee Meeting (MCAC)
  Virtual via Microsoft Teams Join on your computer, mobile app or room device
  Click here to join the meeting
  Call in (audio only)
  +1 984-204-1487, 412615457# United States, Raleigh
  Phone Conference ID: 412 615 457#
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Linking Individuals & Families for Long-Term Services & Supports

GOALS

1. Streamlined access and enrollment in Medicaid Direct LTSS reducing wait times
2. Dedicated Beneficiary/Member LTSS Resource Line
3. Enhanced quality through increased provider training and technical support related to the LTSS service array
4. Outreach to under-served LTSS eligible beneficiaries to address health disparities
5. Improved coordination between LTSS and benefits plans
Acentra Health Overview

**2023**

**Founded**
Acentra Health was formed following the merger of CNSI and Kepro

**3K**

**Employees**
Skilled clinicians, technology experts, and industry leaders

**45+**

**States**
Serve 45 state agencies and 5 federal agencies

**33**

**Locations**
Headquartered in McLean, VA with 32 total company locations nationwide and a location in India

**U.S. federal agencies we are partnered with:**
- Centers for Medicare & Medicaid Services
- Department of Health & Human Services
- Department of Health Resources & Services Administration
- Department of Labor
- Department of Veterans Affairs
<table>
<thead>
<tr>
<th>PCS</th>
<th>CAP/C</th>
<th>CAP/DA</th>
<th>PASRR</th>
<th>TCC</th>
</tr>
</thead>
</table>
| • Performs and conducts assessments  
• Oversees day-to-day administrative functions  
• Provides training and support to beneficiaries and providers  
• Manages a customer support center | • Assists in determining eligibility for level of care  
• Conducts initial assessments, and when necessary annual and COS assessments  
• Reviews and approves service plans  
• Provides support to beneficiaries  
• Provides training to case management entities and other providers | • Assists in determining eligibility for level of care  
• Conducts initial assessments and when necessary annual and COS assessments  
• Conducts POC quality reviews  
• Provides support to beneficiaries  
• Provides training to case management entities and other providers | • Evaluates and assesses whether applicants seeking admission into Medicaid certified nursing homes are identified as having SMI/ IDD/RC  
• Assesses the applicant’s needs for nursing facility services and specialized services  
• Makes appropriate recommendations for service delivery and placement options | • Provides community options for beneficiaries transitioning from institutional care  
• Manages transitions of care for individuals leaving Medicaid Managed Care returning to Medicaid Direct |
PCS Re-Alignment

• **Phase 1 (2023)**
  - Separate the current PCS Clinical Coverage Policy and SPA
    - PCS In Home (IH) will remain under the current Clinical Coverage Policy and SPA
    - PCS Adult Care Home (ACH) will be developed as a new Policy and SPA
  - In this phase the eligibility criteria, assessment process, and rate will remain the same
  - The payment methodology for PCS-IH will remain the same, 15-minute units
  - The payment methodology for PCS-ACH will change to per Diem

• **Phase 2 (2024)**
  - DHB will initiate an evaluation of the eligibility criteria, services components, staffing requirements, and rates for both policies
• CAP/C current waiver approval period: March 1, 2023 – February 29, 2028

• CAP/DA current waiver approval period: November 1, 2019 – October 31, 2024

• Target population: Individuals 0 and older who are medically fragile and chronically ill and meet a nurse facility level of care (LOC)

• 3 service options
  o Provider-led
  o Consumer-directed
  o Coordinated Caregiving

• 18 home and community-based services

• Initial independent assessments planning

• Legally responsible person to become paid caregiver, when qualifying conditions are met
<table>
<thead>
<tr>
<th>Provider-Led</th>
<th>Consumer-Directed</th>
<th>Coordinated Caregiving</th>
</tr>
</thead>
</table>
| Hands on support for assistance with ADLs and IADLs managed by an In-Home agency or a Home Health Agency:  
• CAP In-Home Aide  
• Congregate Care  
• Respite services  
A legally responsible person can seek employment with an In-Home/Home Health Agency to become the paid caregiver for the above listed services other than respite | Personal assistance with ADLs/IADLs and other identified needs as directed by waiver participant/employer of record:  
• CAP In-Home Aide  
• Congregate care  
• Respite services  
A legally responsible person can qualify to be the paid employee for the above services other than respite | Supportive services to assist with ADLs/IADLs, adaptive skill development and skill-level intervention:  
• CAP In-Home Aide  
• Congregate care  
A stipend is paid to a live-in caregiver for providing supportive care to the waiver participant  
Respite services can be arranged for the live-in caregiver |

Meet the hiring requirements of the In-Home Aide/Home Health Agency  
Meet the competency assessment requirements, CPR, background check  
Live in same home and willing to be a live-in caregiver
NC Medicaid LTSS Landscape: CAP/DA Slot Distribution

Region Totals

Occupied Slots

<table>
<thead>
<tr>
<th>Region</th>
<th># of Occupied Slots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td></td>
</tr>
<tr>
<td>East</td>
<td></td>
</tr>
<tr>
<td>Southeastern</td>
<td></td>
</tr>
<tr>
<td>Southwest</td>
<td></td>
</tr>
<tr>
<td>Triad</td>
<td></td>
</tr>
<tr>
<td>West</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>1,0600</td>
</tr>
<tr>
<td>East</td>
<td>11,214</td>
</tr>
<tr>
<td>Southeastern</td>
<td>382</td>
</tr>
<tr>
<td>Southwest</td>
<td>434</td>
</tr>
<tr>
<td>Triad</td>
<td></td>
</tr>
<tr>
<td>West</td>
<td></td>
</tr>
</tbody>
</table>

Total Borrowed Slots: 370

Average Length of Stay for All Beneficiaries (in Months): 69

Average Female Age: 67

Total Female Beneficiaries: 6,904

Average Male Age: 54

Total Male Beneficiaries: 3,156

Female Beneficiaries By Length of Stay (In Months)

Male Beneficiaries By Length of Stay (In Months)

Data pulled: June 2023
## COVID-19 Transition Plan

### WP w/CNR in June-October
- Complete in-person, face-to-face assessment
- Ask post-COVID-19 screening questions
- Complete POC and transition plan
- *if transitioning services are unavailable, continue current services until services are available. A POC revision may be needed.

### WP w/skipped assessment
- A designated assessment month will be assigned
- Complete in-person, face-to-face assessment
- Ask post-COVID-19 screening questions
- LOC must be reestablished from the assessment findings
- Complete POC and transition plan
- *if transitioning services are unavailable, continue current services until services are available. A POC revision may be needed.

### WP w/ no service use during PHE
- A designated assessment month will be assigned
- Complete in-person, face-to-face assessment
- Ask post-COVID-19 screening questions
- LOC must be reestablished from the assessment findings and at least one identified need for a waiver service
- If LOC can't be established, RAI for medical documentation
- If no reasonable need for 1 waiver service can be identified, a coordinated disenrollment will be initiated by NC Medicaid

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<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 15</td>
<td>Beneficiary transition planning starts&lt;br&gt;Planning occurs at initial, annual evaluation or established month (an assessment of need is evaluated) by CM</td>
</tr>
<tr>
<td>July-Oct.</td>
<td>Referrals to service providers from assessment of need evaluation to assist transition of new enrollee or from Appendix K to CAP/DA service options&lt;br&gt;Service to start on planned effective date of POC</td>
</tr>
<tr>
<td>Nov. 11</td>
<td>All impacted waiver participants will transition from Appendix K flexibilities by Nov. 1 no later than Nov. 1&lt;br&gt;All Appendix K flexibilities pay/close out by Nov. 12</td>
</tr>
</tbody>
</table>

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**CNR**

**POC**

**Transition**
Medicaid currently working with MAHEC to develop a training for NFs on Medication Assisted Treatment

Clinical Policy 2B-2: Geropsychiatric Units in Nursing Facilities

- Updating the Policy
- Initial stages of determining an enhanced rate for the service
- Working with AHEC to develop training requirements
CMS is ending support for Resource Utilization Groups (RUG)-III and RUG-IV on federally required assessments for patients residing in Nursing Facilities (NF) and Skilled Nursing Facilities (SNF) as of Oct. 1, 2023.

Effective Oct. 1, 2023, NC Medicaid will require a concurrent OSA be completed, with the same Assessment Reference Date (ARD), on each federally required assessment submitted.

First training session was conducted June 21, 2023.

NC Medicaid has not decided on a transition date from RUGs to PDPM and will inform providers when a decision is made.

Transition date will be no later than Oct. 1, 2025.
Tentative Dates:

- Carolina Senior Care  
  August/September 2024

- Senior TLC  
  October/November 2023

- PACE of the Triad  
  January 2025

- CarePartners  
  TBD early 2024

- Pace of the Southern Piedmont  
  January of 2025

Source: NC PACE Association
Earlier this year, the Centers for Medicare & Medicaid Services (CMS) released new proposed regulations in the Federal Register. These proposed regulations would add new requirements for states in both managed care and fee-for-service (FFS) delivery systems regarding access to Medicaid home and community-based services (HCBS). The proposed regulations are collectively referred to as the Access notice of proposed rulemaking (NPRM).

The proposed rule – if enacted – would impose sweeping new requirements on virtually all aspects of States’ HCBS programs: payment, critical incident systems, timely access to HCBS services, and quality reporting. These are the first substantive regulations that would impact HCBS since the HCBS settings rule was finalized in 2014.

**Access NPRM Highlights**

- Includes requirements for both managed care and fee-for-service (FFS) programs
- Creates timeliness-of-access measures for HCBS
- Implements a federal standard percentage of Medicaid payments going to direct care workers
- Requires states to implement the HCBS Quality Measure Set
- Requires states to establish a State Beneficiary Advisory Group
- Provides varying times for compliance with new requirements ranging from two years to seven years
Access NPRM Highlights

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Application of Proposed Access Rule

- The proposed rule would apply to:
  - Section 1915(c) waiver and Sections 1915(l),(j), and (k) State plan authorities, unless otherwise indicated; and
  - HCBS services approved through Section 1115 demonstrations unless the requirement is specifically waived in the 1115 demonstration.

- The proposed rule would not apply to:
  - Section 1905(a) personal care, home health and case management state plan services; and
  - Program of All-Inclusive Care of the Elderly (PACE).
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