

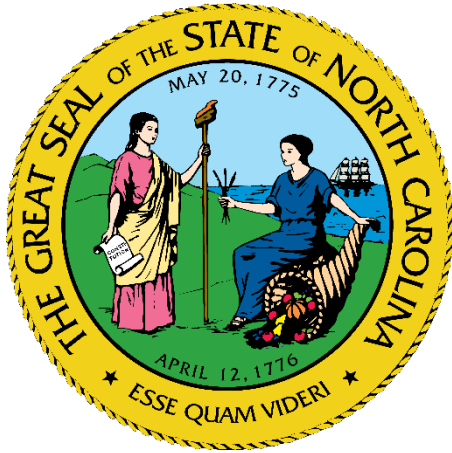
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Division of Health Benefits

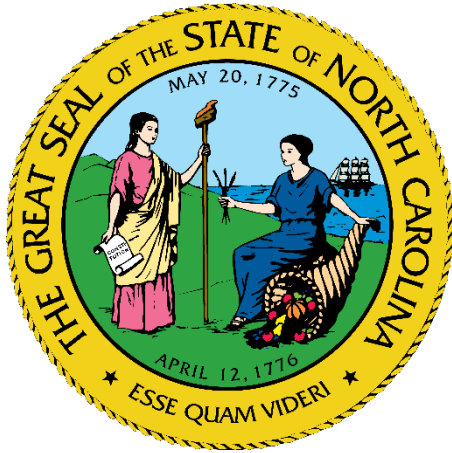
Medicaid Long Term Services and Supports Update for the NC Coalition on Aging

August 25, 2023

**Sabrena Lea,
Deputy Director, LTSS**



- LTSS Expenditures
- Medicaid Expansion
- Managed Care
- Updates & New Initiatives
- Questions & Discussion



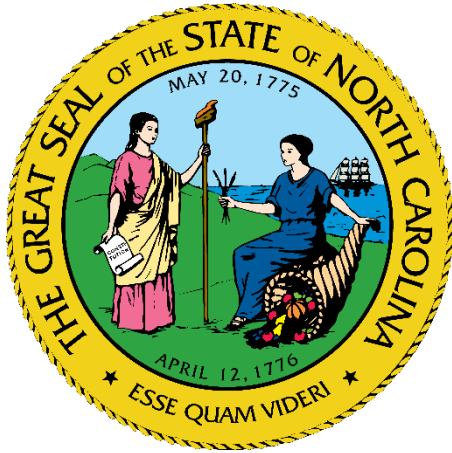
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LTSS Total Expenditures

(January-June 2023)

LTSS Programs	Sum of Total Recipients (Jan to June 2023)	Sum of Total Amount Paid (Jan to June 2023)
CAPC	16,960	\$51,550,372.82
CAPCHOICE	17,346	\$79,301,562.10
CAPDA	40,684	\$166,447,703.83
HH	10,922	\$4,757,770.76
HIT	582	\$2,041,752.99
HIV	750	\$155,973.22
HOSPICE	9,888	\$68,035,455.97
NF	125,697	\$1,070,336,910.56
PACE	12,218	\$59,197,126.29
PCS ACH	43,094	\$101,484,335.58
PCS In-Home	103,062	\$165,114,987.17
PCS OTHER	10,286	\$20,851,972.79
PDN ADULTS	1,945	\$27,596,754.48
PDN PEDIATRICS	5,301	\$57,643,837.72
Grand Total	39,8735	\$1,874,516,516.28

Source: LTSS Expenditures 06012023 BIAO



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Medicaid Expansion

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

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

If you don't qualify now, you might qualify after expansion is implemented.

You've got some options. You can...



Easiest – apply online through ePASS

epass.nc.gov



Fill out a paper application

ncgov.servicenowservices.com/sp_beneficiary?id=bnf_apply



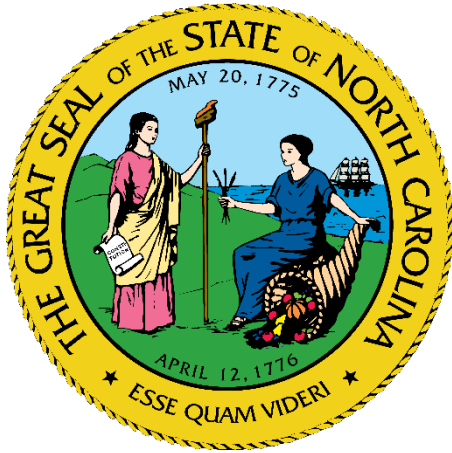
Apply in person at your local DSS

To find your local DSS, use our online directory ncdhhs.gov/localdss



Call your local DSS

ncdhhs.gov/localdss



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NC Section 1115 Demonstration Waiver

- 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.
- North Carolina invites public comments on the North Carolina Medicaid Reform Demonstration renewal application from August 21, 2023, through September 20, 2023.
 - 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](https://www.medicaid.gov/Medicaid/section-1115-demonstrations/index.html).

1115 Waiver Renewal Public Hearings

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

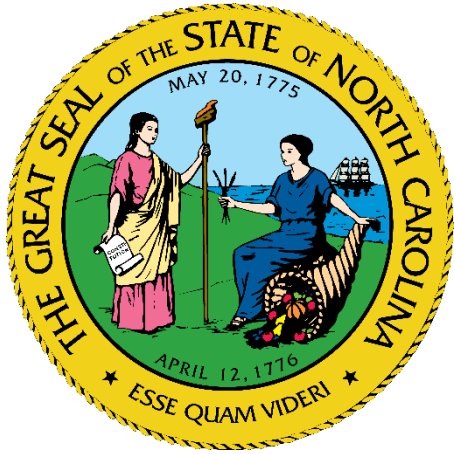
- Sept. 6 from 5:30-7:00 p.m. EST
Virtual via Microsoft Teams Join on
your computer, mobile app or room
device
[Click here to join the meeting](#)
Call in (audio only)
[+1 984-204-1487,](#)
[902948880#](#) United States, Raleigh
Phone Conference ID: 902 948 880#

Fourth Public Hearing (in person)

- Sept. 7 from 2:30-4 p.m. EST
Greenville Convention Center
303 SW Greenville Blvd., Greenville
NC 27834

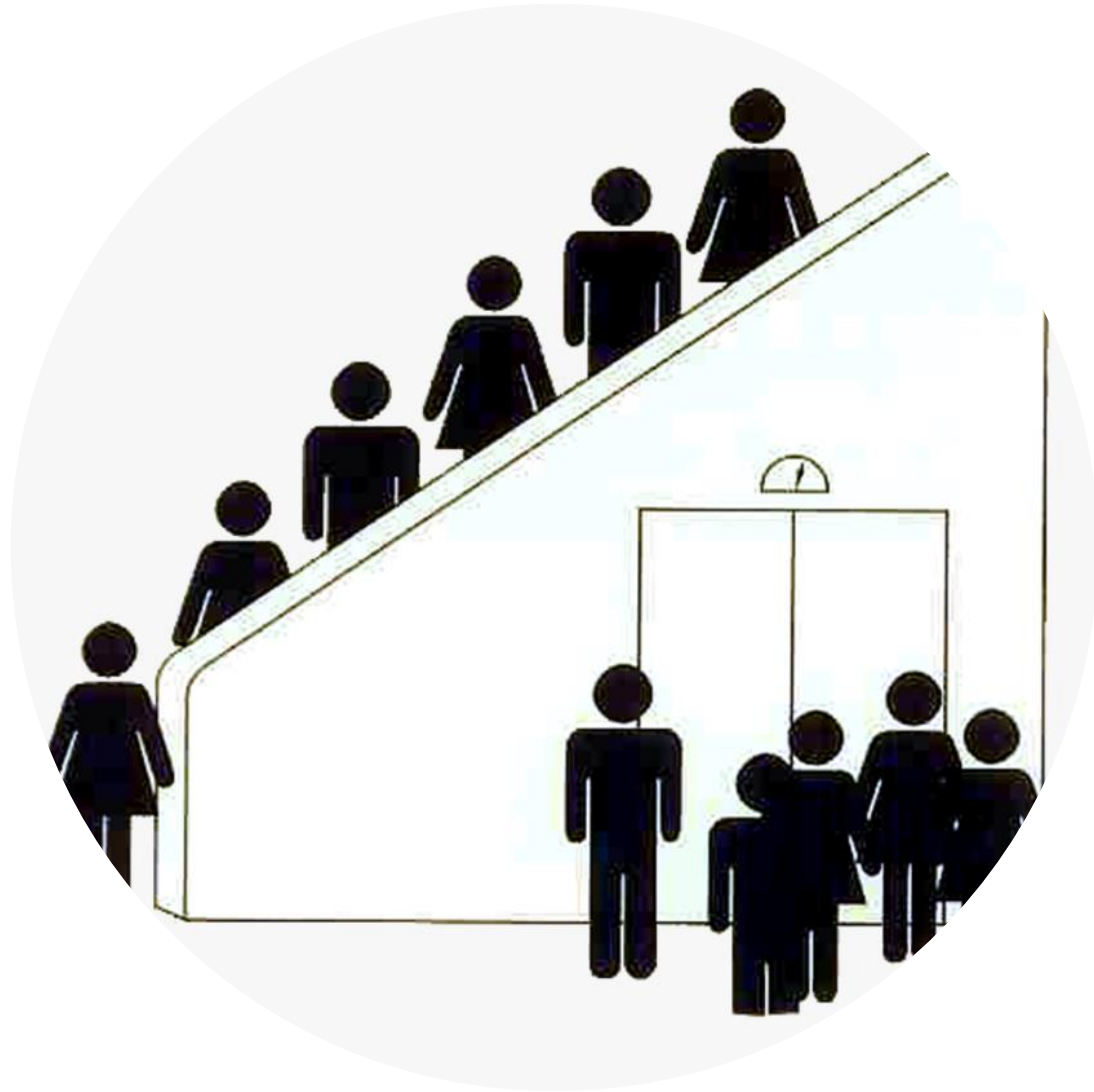
Fifth Public Hearing

- 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

45+

States

Serve 45 state agencies and 5 federal agencies

3K

Employees

Skilled clinicians, technology experts, and industry leaders

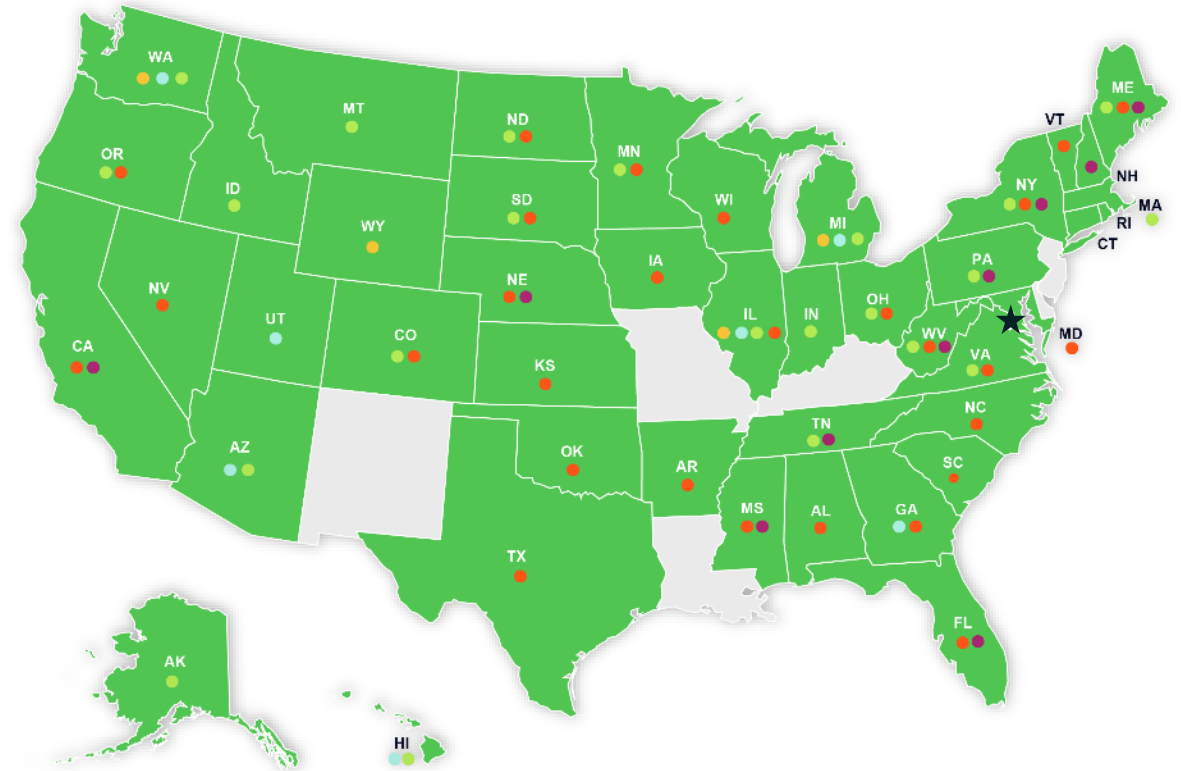
33

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



● STATE CLIENTS

● PROVIDER

● CARE MANAGEMENT

● CORE CLAIMS

● QUALITY OVERSIGHT

● ASSESSMENTS & CLINICAL ELIGIBILITY



Scope of Work of NCLIFTSS

PCS	CAP/C	CAP/DA	PASRR	TCC
<ul style="list-style-type: none"> • Performs and conducts assessments • Oversees day-to-day administrative functions • Provides training and support to beneficiaries and providers • Manages a customer support center 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 Waiver Coverage Overview

Coverage

- 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)

Coverage

- **3 service options**
 - Provider-led
 - Consumer-directed
 - Coordinated Caregiving
- 18 home and community-based services
- Initial independent assessments planning
- Legally responsible person to become paid caregiver, when qualifying conditions are met

Service Options Descriptions

Provider-Led	Consumer-Directed	Coordinated Caregiving
<p>Hands on support for assistance with ADLs and IADLs managed by an In-Home agency or a Home Health Agency:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Congregate Care • Respite services <p>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</p>	<p>Personal assistance with ADLs/IADLs and other identified needs as directed by waiver participant/employer of record:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Congregate care • Respite services <p>A legally responsible person can qualify to be the paid employee for the above services other than respite</p>	<p>Supportive services to assist with ADLs/IADLs, adaptive skill development and skill-level intervention:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Congregate care <p>A stipend is paid to a live-in caregiver for providing supportive care to the waiver participant</p> <p>Respite services can be arranged for the live-in caregiver</p>

Meet the hiring requirements of the In-Home Aide/Home Health Agency

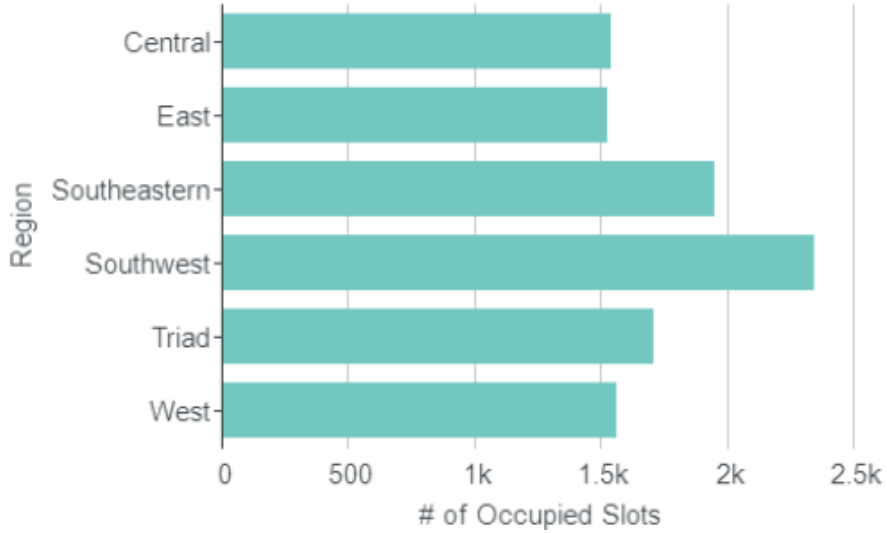
Meet the competency assessment requirements, CPR, background check

Live in same home and willing to be a live-in caregiver

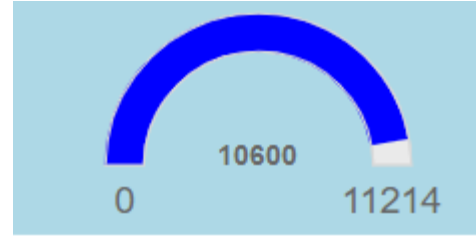
NC Medicaid LTSS Landscape: CAP/DA Slot Distribution

Region Totals

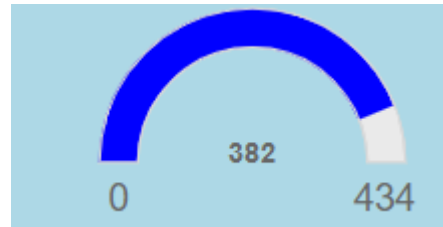
Occupied Slots



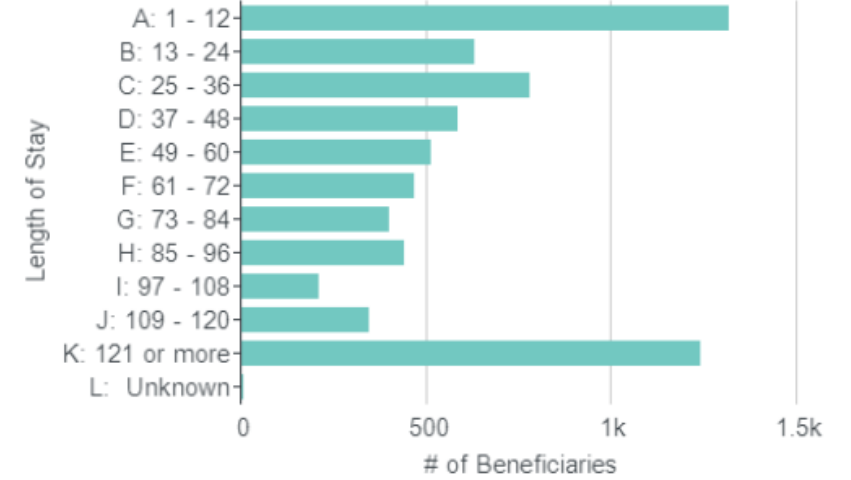
CAP/DA Slots



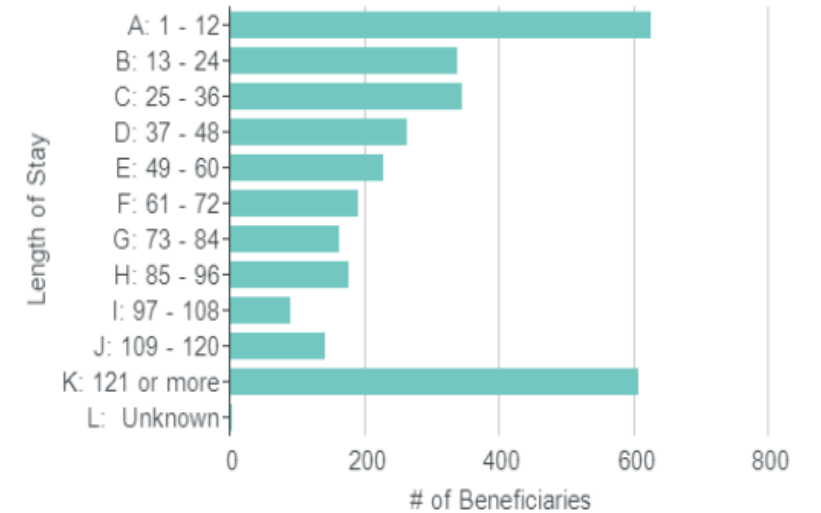
Alzheimer Slots



Female Beneficiaries By Length of Stay (In Months)



Male Beneficiaries By Length of Stay (In Months)



Total Borrowed Slots

370

Average Female Age

67

Total Female Beneficiaries

6,904

Average Length of Stay for All Beneficiaries (in Months)

69

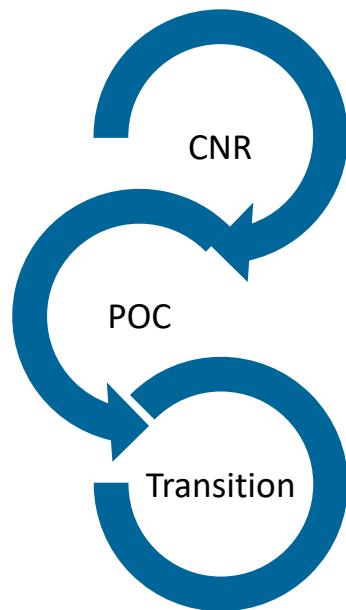
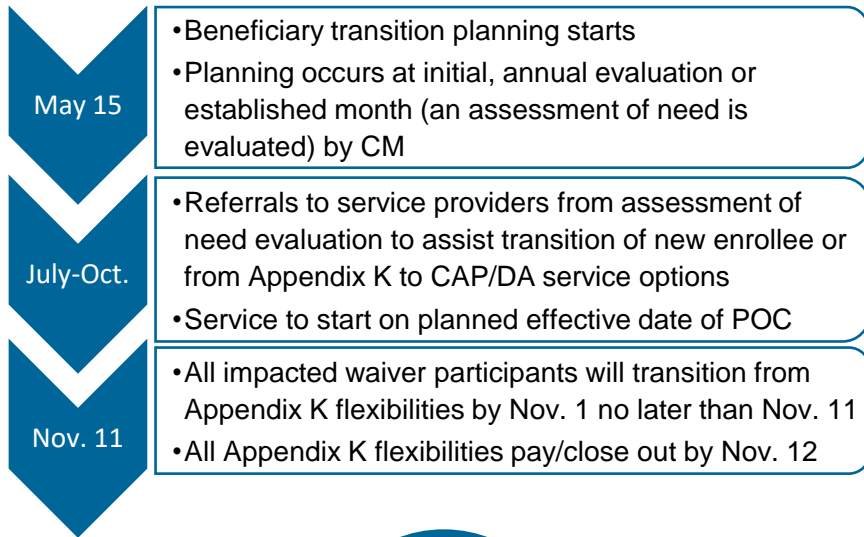
Average Male Age

54

Total Male Beneficiaries

3,156

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

Medication-Assisted Treatment (MAT) Training

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**

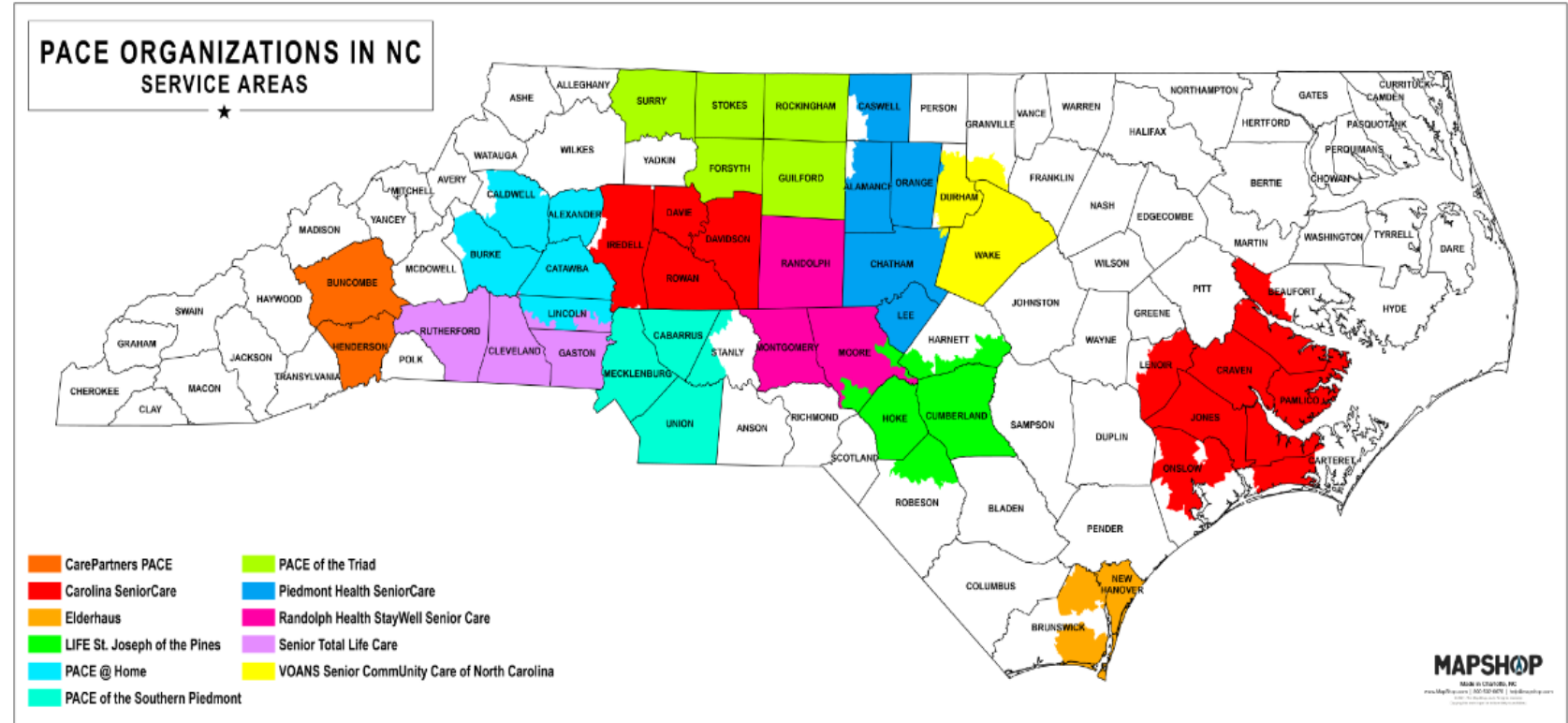
Patient Driven Payment Model (PDPM)

- **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**

PACE Expansion to Statewide by 2025-26

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

CMS releases draft for new HCBS Regulations (NPRM)

- 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

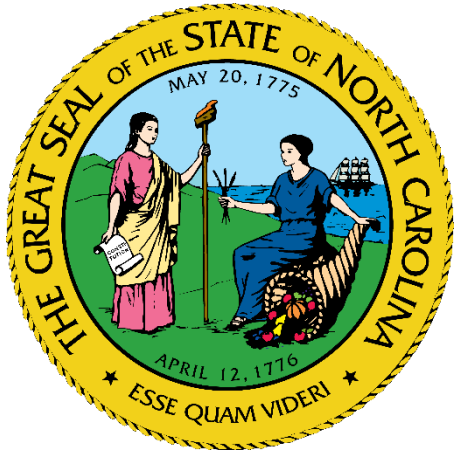
NPRM Highlights and Scope

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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