

NC Medicaid Long-Term Service and Supports Overview for NCIOM Taskforce on Serious Illness Care

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NC Medicaid Managed Care Vision



“To improve the health of North Carolinians through an innovative, whole-person-centered, and well-coordinated system of care that addresses both medical and non-medical drivers of health.”

-Secretary Mandy Cohen

Snapshot: North Carolina Medicaid and NC Health Choice – State Fiscal Year 2018

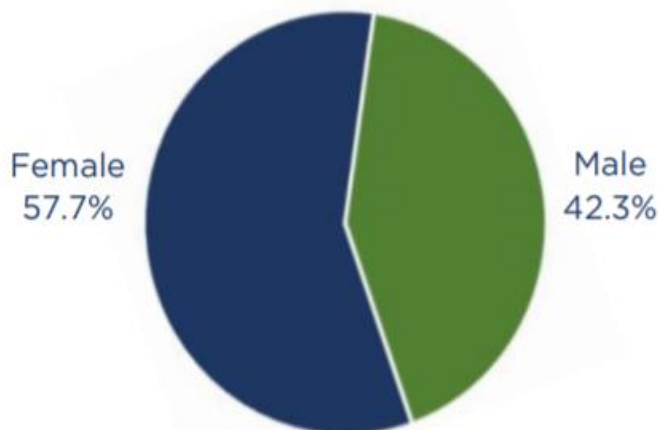
Financials (\$B)

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

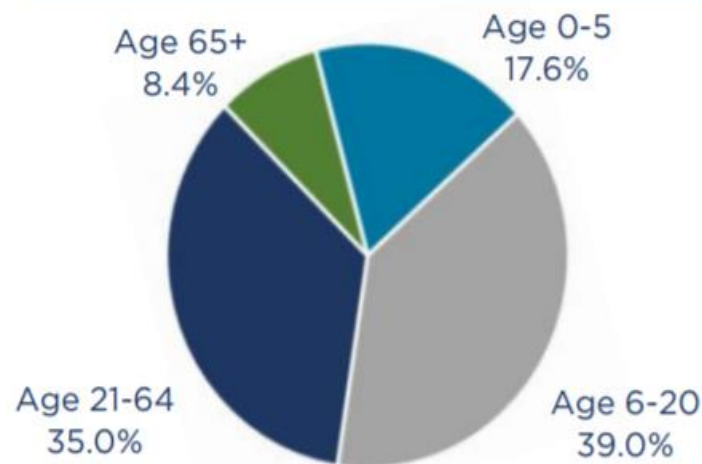
Statistics

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

Beneficiary Gender

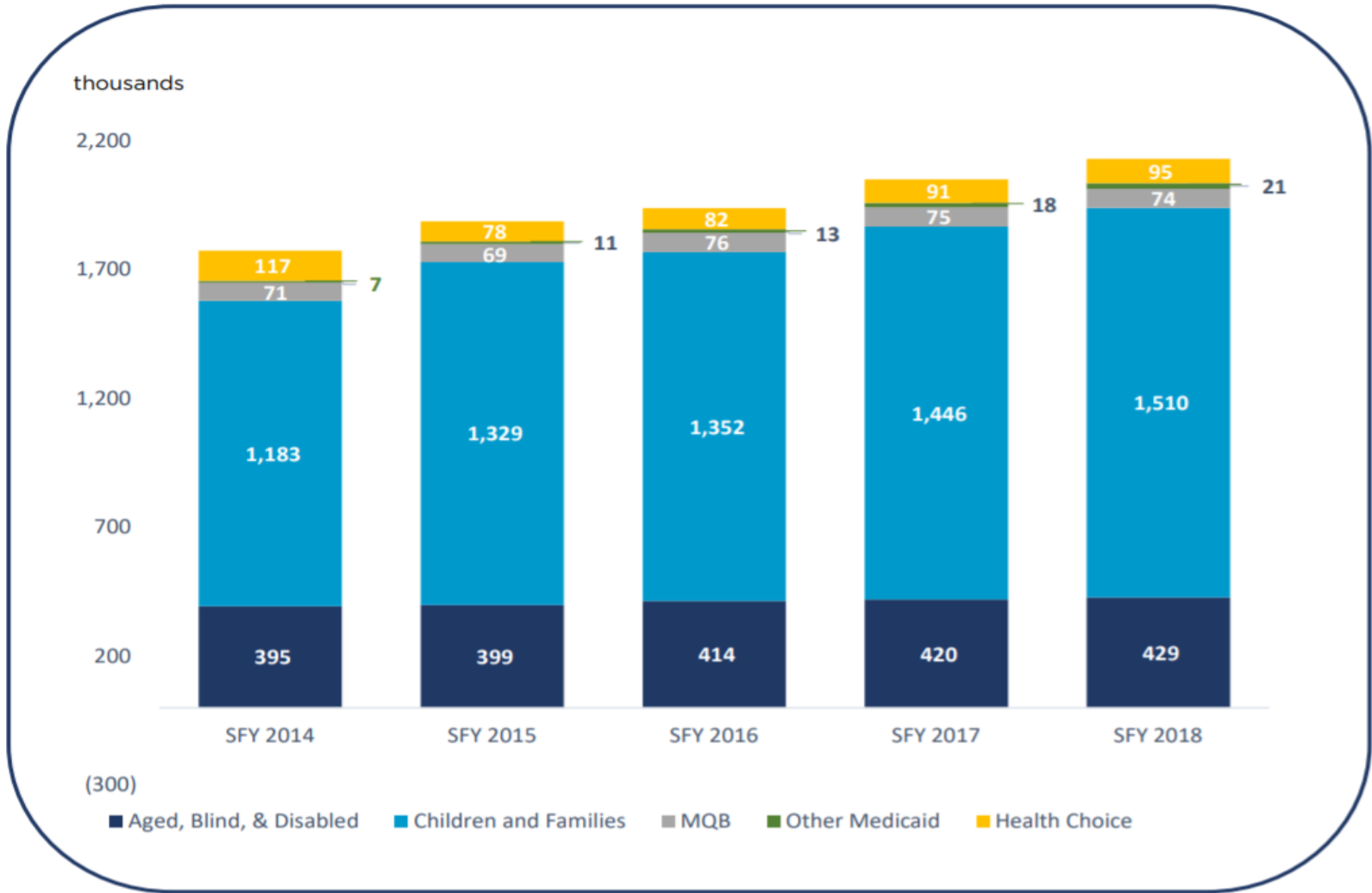


Beneficiary Age



Average Enrollment by Program Aid Category SFY 2014-SFY 2018

EXHIBIT 9



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

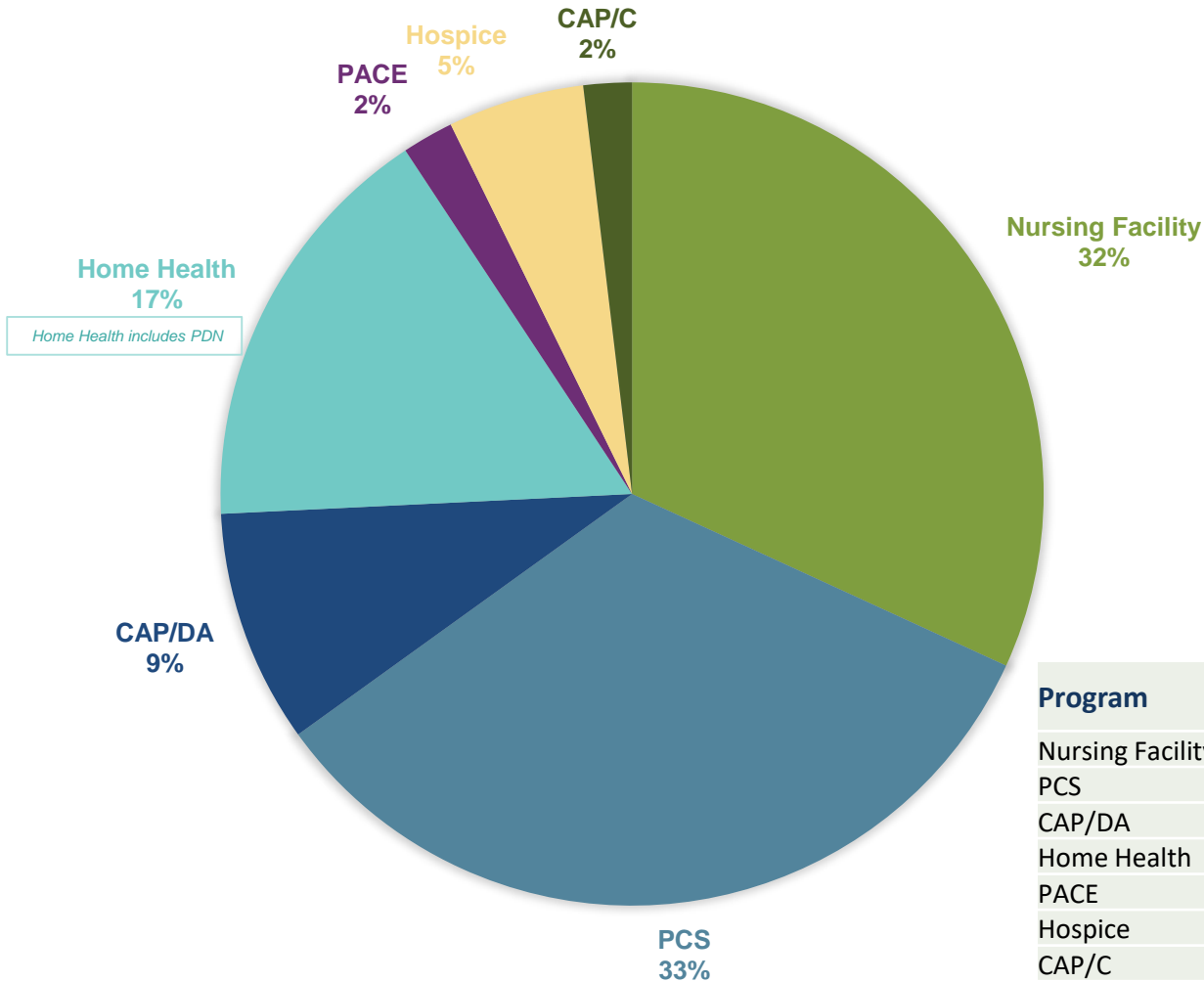


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Long-Term Services and Supports



LTSS Participants by Program Type for 2018

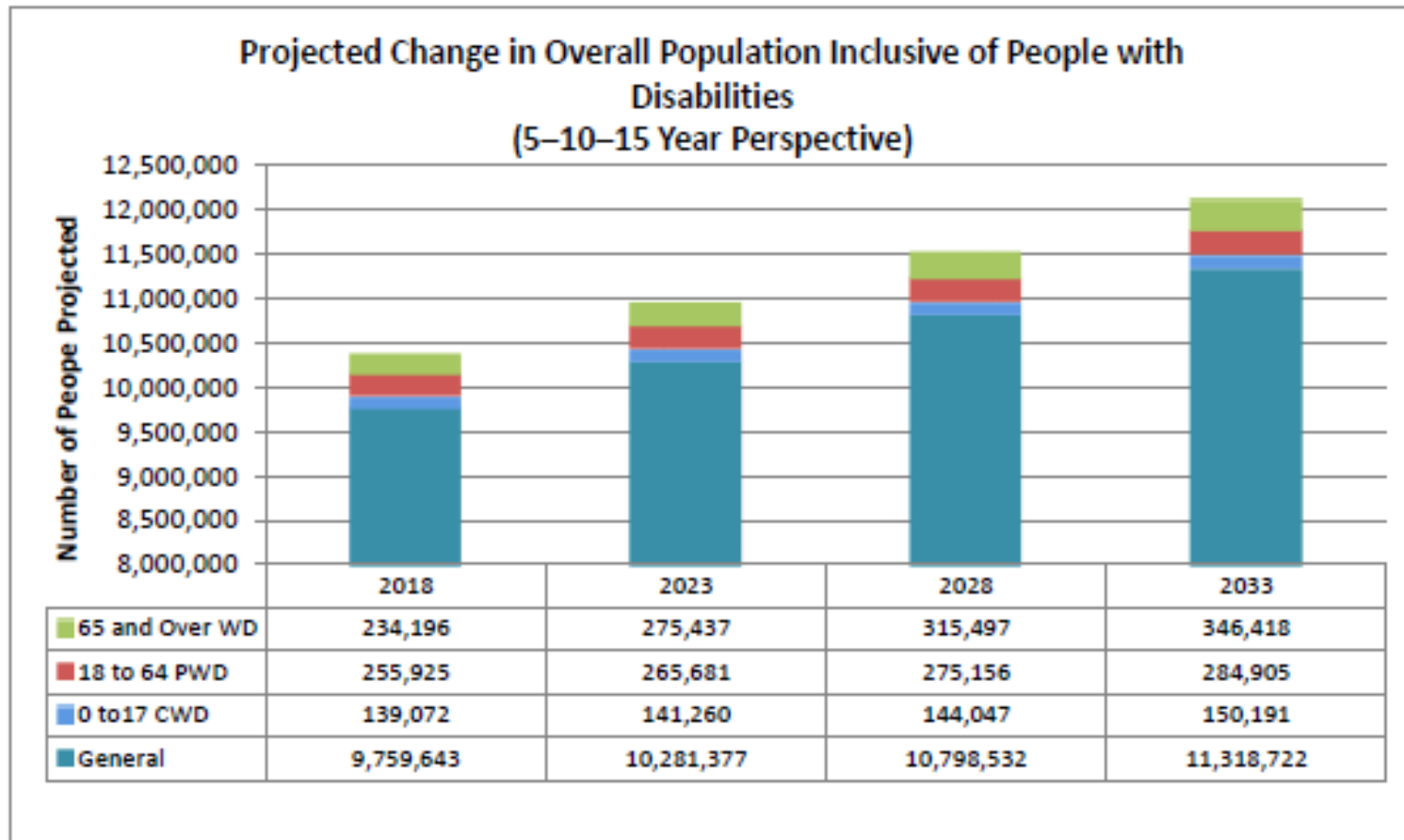


Program	Recipients 2018	Expenditures (millions)
Nursing Facility	42,855	\$ 1,286.80
PCS	44,695	\$ 450.00
CAP/DA	12,331	\$ 253.90
Home Health	22,182	\$ 224.00
PACE	2,720	\$ 2,720.00
Hospice	7,217	\$ 7,217.00
CAP/C	2,555	\$ 2,555.00

NOTE: Unduplicated.

Non-Elder (under 65) Disability Population is Projected To Grow

FIGURE 32: NORTH CAROLINA POPULATION CHANGE PROJECTIONS



Array of Medicaid Funded Long-Term Services and Supports

Intermittent Clinical Services

- Home Health (non PDN)
- Hospice
- Home Infusion Therapy

Non Clinical Assistance with Activities of Daily Living

- PCS (Private Living and Congregate Residential Settings)

Community Based Alternative to Institutional Level of Care

- CAP Disabled Adults and Children
- PACE
- PDN (Adult and Children)

Highest Beneficiary Acuity (Institutional)

- Nursing Facilities
- Long Term Acute Care
- Gero-Psychiatric Hospitals

LTSS: Program Initiatives for 2019 - 2020



**Independent Assessment Entity
Consolidation & Expansion**



1915c HCBS CAP/DA Waiver Renewal



1915c HCBS CAP/C Amendment



PACE Expansion

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

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

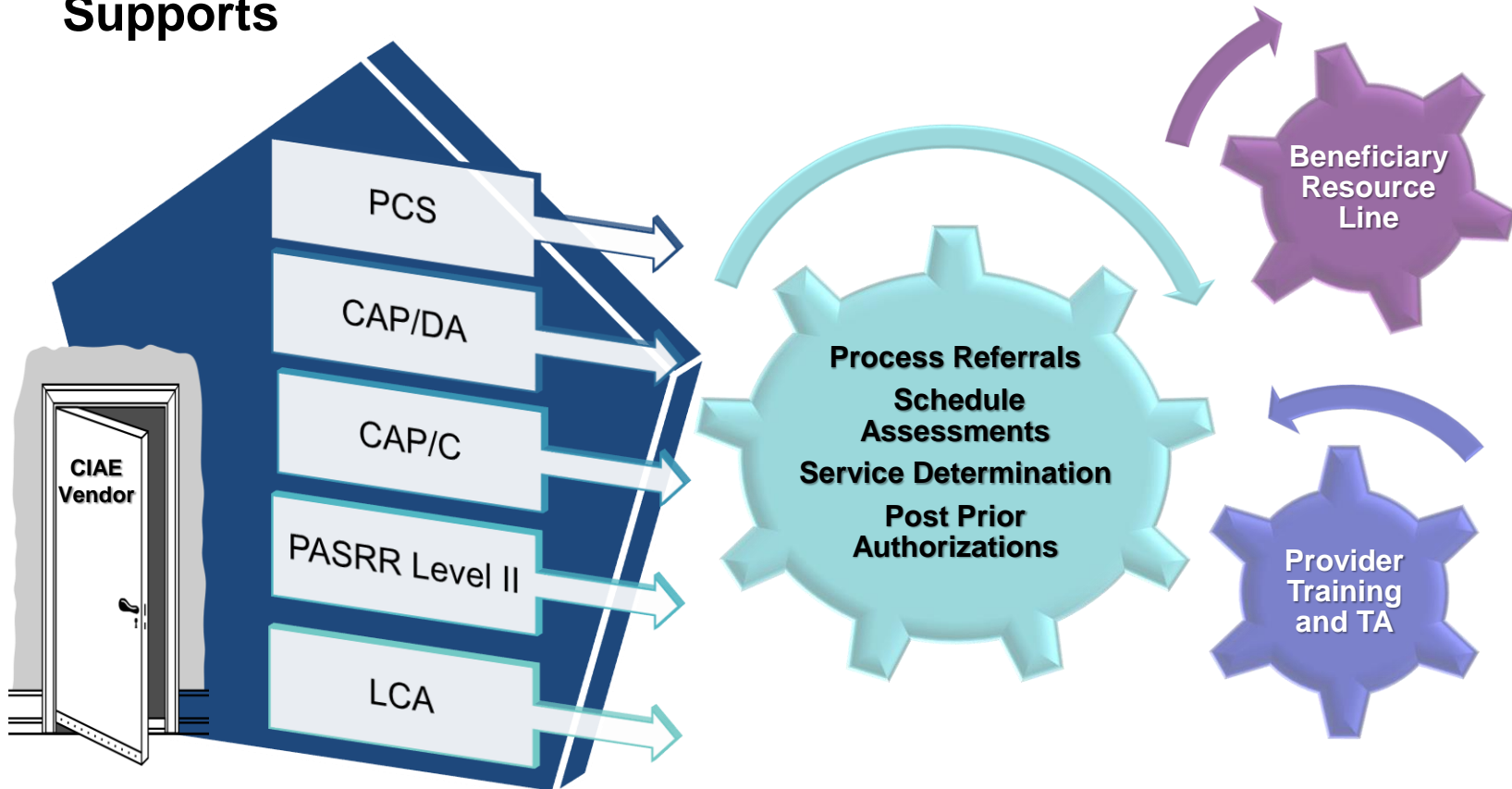
- Improved time from referral to access
- Provider Training (Regional In Person and Web based)
- Streamlines communication between State Medicaid Staff and Providers
- Quality Assurance Monitoring

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 Supports



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

Consumer Direction

Consumer direction is an option in the CAP waiver that allows the CAP beneficiary or designee to act in the role of employer

1

Choosing who will provide care

2

Recruiting, hiring and firing employees

3

Negotiating wages to pay employees

4

Selecting hours of care to meet family needs

5

Creating schedule & task list to meet family needs

CAP/DA Waiver Renewal: October 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

- Revisions to waiver processes
 - Combining modification and technology budgets to allow more flexibility and access
 - Incorporating an independent assessment model
 - Regional slot allocation sharing to address wait time and need
 - Revamp of the waiver critical incident management system to focus on four key assurances: monitoring, transitions, incident management and complaint management
- Streamlining business processes, reduce non-reimbursable administrative cost and to escalate access to care by including an independent assessment entity in the administration of the CAP/DA waiver

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

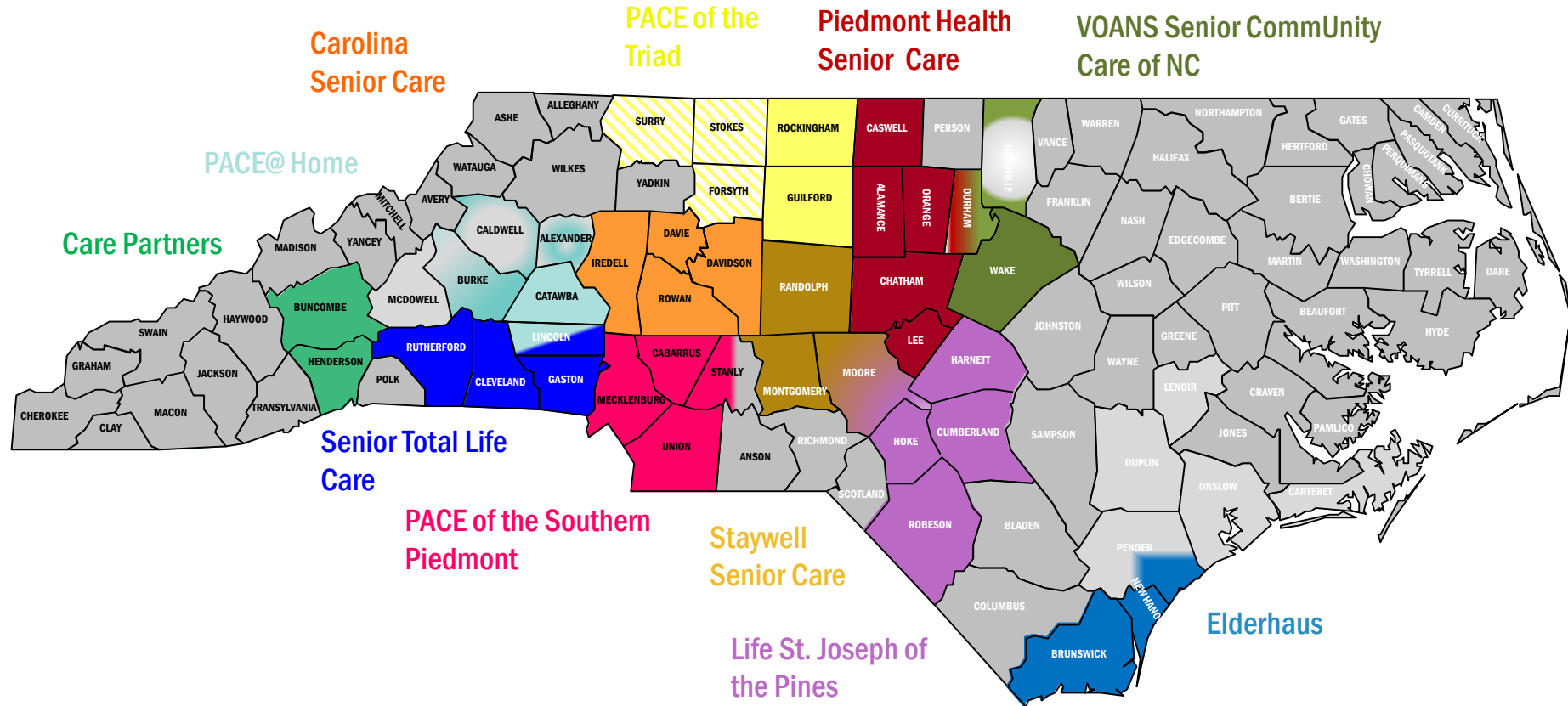
CAP/C Waiver Amendment

- Amendments to the Waiver will provide
 - increase flexibility for beneficiary access to participant goods and services
 - Improved clarity for submission requirements related to health safety and well-being
 - Greater clarity of service definitions and requirements

What is PACE

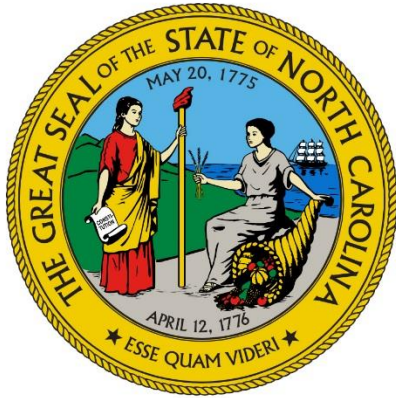
- The Program of All-Inclusive Care for the Elderly (PACE) is a full-risk managed care program for older adults (55+). This program features a comprehensive service delivery system, and integrated Medicare and Medicaid financing.
- PACE Centers include a primary care clinic, an adult day health program, 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



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		



Questions & Comments

Thank you for your time and attention.