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Policy Update

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Updates:

North Carolina Policy Change Medicaid Transformation Updates



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Clinical Coverage Policy Changes

(Clinical Coverage Policies are the “rules” around what Medicaid and Health Choice services are covered in North Carolina and the parameters around what can be done through a service)

Proposed Changes to the Innovations Waiver

- There are multiple changes proposed for the Innovations Waiver.
- Telehealth was the driver for many other Clinical Coverage Policy Changes.
- The Innovations Waiver proposed changes go beyond telehealth.

Comments Due By September 18th

Changes to Services Covered:

- Eliminating Intensive In-Home Supports and Personal Care as services under the Innovations Waiver
- Adding Tenancy Support Services under Community Navigator
- Adding vocational services and Social Determinants of Health to the Individualized Staffing Plans
- Adding Supported Living to services that can be self-directed

Changes to Service Delivery:

- Adding telehealth, virtual patient communications and remote monitoring as an option for some services and adds parameters around monitoring systems
- Allowing a Doctor of Osteopathic Medicine to order assistive technology needs
- Requiring that service documentation occur within seven days of the date of service
- Allowing LME/MCOs to approve short-term use of Alternative Family Living (AFL) staff to provide day services;

Changing an Individual's Self-Determination:

- Specifying that the SIS is “only one measure of an individual’s support needs. The SIS results may be considered in determining the amount of services approved but are not binding, and all other evidence of the beneficiary’s support needs must also be considered.”
- Changing Individual Budgets language to state they are guidelines and are “not a binding limit on the amount of services that can be requested or approved.”
- Allowing for certain circumstances when the \$135,000 waiver limit can be exceeded and parameters around requesting an Intensive Review
- Adding Supported Living to services that can be self-directed

Adding More Details to Services:

- Defining community-based employment-focused skill development under Community Networking
- Adding specificity to Day Supports
- Adding language around the Employer of Record model used in Financial Support Services and related background checks
- Adding specificity to Supported-Employment services

Therapeutic Leave from ICF-IID Facilities (*a separate policy change*):

- Therapeutic Leave from ICF-IID facilities would be permanently extended from 60 days to 90 days.
- To support this extension, providers will be required to check in with the individual every 15 days and maintain their coordination of care responsibilities.



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P.S. This is an opportunity for your voice to be heard and for you to impact policy!

Medicaid Transformation Update

Legislative Provisions of SL 2020-88

- Standard Plans implemented “no later than” July 1, 2021
- Funding allocated for start-up
- Established a Medicaid Contingency Reserve for budget shortfalls
- Made changes to restructure the ongoing funding, i.e. changed the Supplemental Payment Program, created the Hospital Assessment Act and amended the Gross Premium Tax for Prepaid Health Plans
- Created the Hospital Uncompensated Care Fund for payments to Institutions for Mental Disease (IMDs) and hospitals (rules will be made around eligibility)

NC DHHS Timeline for Implementation:

Date	Implementation Activity
11/20	Request for Application for BH/IDD Tailored Plans (LME/MCO submission ONLY)
1/21	Responses to RFA for BH/IDD Tailored Plans due
3/15/21	Open Enrollment For Standard Plan Begins
5/14/21	Auto Enrollment for Standard Plan Begins
7/1/21	Standard Plan (and Tribal Option) Go Live
7/1/22	BH/IDD Tailored Plan Go Live

Lots to Be Done:

- Update all stakeholder materials, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS)
- Update the Consolidated Provider Directory (NC DHHS, Enrollment Broker, health plans)
- Re-review and re-validate Enrollment Broker readiness including call center staff and scripting once rehired
- Analyze health plan network adequacy to ensure adequate provider networks and processes
- Moving forward with the Medicaid Managed Care Ombudsmen contract

Watch for Changes to Previous Policy Papers and Guidances:

We have heard that NC DHHS will be re-evaluating some of the pieces of previous policy papers because of COVID-19.

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