



Provider Touchpoint

Friday, May 20, 2022

How the live broadcast works

- You are seeing the broadcast on a 30-second delay.
- Your microphone is muted throughout the broadcast.
- You may ask questions at any time during the broadcast through the Q&A feature.
- Questions can be seen by all attendees after they are published by the moderators.



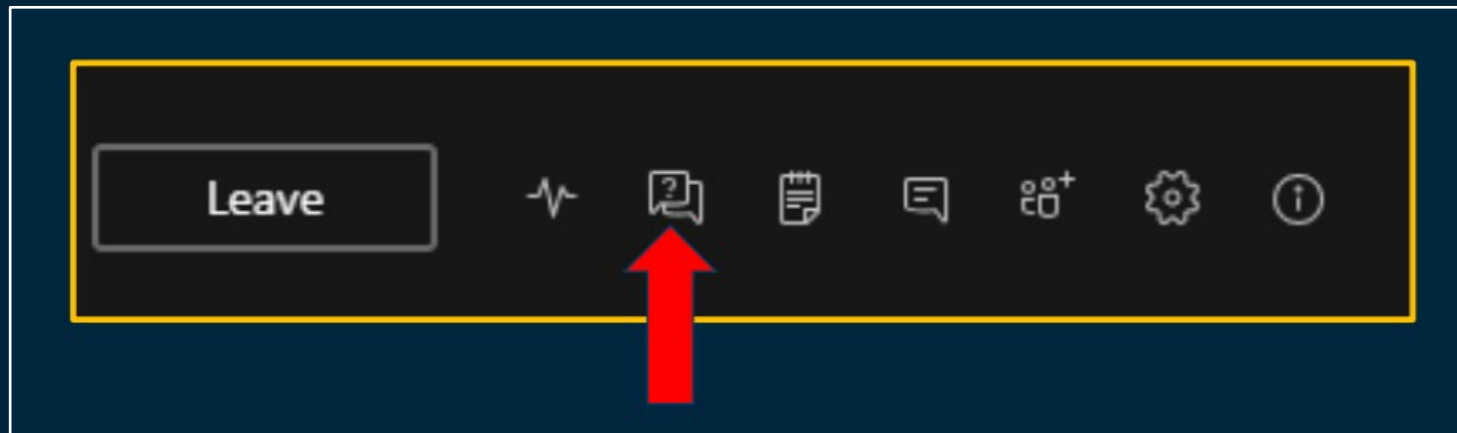
How the live broadcast works

- Questions submitted during the webinar will be addressed at the end of the webinar.
- If multiple similar questions are received, the Q&A moderators may combine the questions into one before posting.
- If you need to ask a question that is specific to your agency or the services you provide, please include your name, agency, and email address with your question.



The moderated Q&A is available in the controls bar on your screen.

Look for the bubble with the question mark.



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Today's Vaya participants

Brian Justice, Transition and Housing

David Boyd, Provider Network Operations

Donald Reuss, Provider Network Operations (host)

George Ingram, Provider Network Operations

Justine Tullos, Provider Network Operations (Q&A moderator)

Tommy Duncan, Provider Network Operations (producer)



GUEST PRESENTER

Sarah Pfau

Health Policy Consultant,
Cansler Collaborative Resources

on behalf of
NC Providers Council

ncproviderscouncil.org

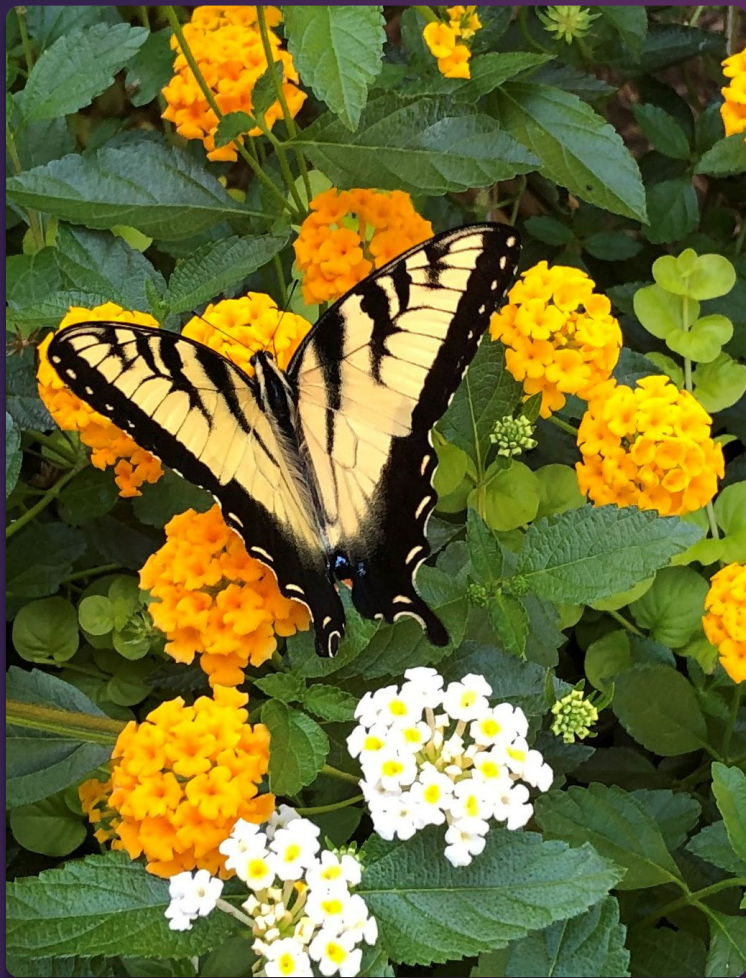


Good morning and welcome



LEGISLATIVE AND POLICY UPDATE





Provider Touchpoint

MAY 20, 2022

SARAH PFAU, JD, MPH

SENIOR CONSULTANT, CCR CONSULTING

2022-2023 Governor's Recommended Budget

Health and Human Services Section

- ▶ [S.L. 2021-180] "Pandemic bonus repeat": \$3.4M non-recurring for State & Local Gov. Employee \$1,500 + \$500 (select group) retention bonuses
- ▶ \$2.1M for 11 positions total in the Offices of Health Equity and Diversity and Inclusion
- ▶ \$800K for 18 FTEs for Medicaid Information Management related to Medicaid managed care (PHP encounters, contracts oversight)
- ▶ \$10.5M for 0-3 Early Intervention Services
- ▶ \$2.6M for high-fidelity wrap around for children with MH disorders
- ▶ \$425K for additional Rapid Response Team staff (child welfare & BH experts)
- ▶ \$4.25M for Key Rental Assistance for supportive housing for very low income and/or disabled aging adults
- ▶ Invest \$10M in lottery receipts in Smart Start early childhood education
- ▶ \$7.725M for State-County Special Assistance (SA); lifts cap on # of participants and creates parity across in-home and ACH facility rates
- ▶ \$7.5M for 100 FTE county positions allocated statewide to address APS & CPS staff shortages
- ▶ \$0 State budget for Medicaid Coverage Gap / Medicaid Expansion
- ▶ \$267.8M Medicaid Rebase
- ▶ \$60M for Nursing Home rate increases with requirement for an 80% passthrough to direct care workers
- ▶ \$2.6M for 100 new Innovations Waiver slots
- ▶ \$3.985M TCLI funding for enhanced housing and tenancy support and wrap around MH services

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NCGA Updates

2022 SHORT SESSION HAS BEGUN!



NCGA Updates: Week 1 Notable Bill Filings

House Bills

HB990 - Tech. Adjustmts/Medicaid Hospital Assessments.

HB991 – ALJ Authority to Void Rules

HB996 – Protect NC's Opioid Settlement Payments

HB997 – Funds Stanly Adult Care Center

HB999 - Increase Admin. Rate/Foster Care & Adoption

HB1007 – Authorize Concurrent Juvenile Jurisdiction [State, military bases]

HB1009 – Funds for Ready for School, Ready for Life [Guilford Co./Sandhills LME/MCO]

HB1010 - UNCG Opioid Mitigation Institute/Funds

Senate Bills

Senate Resolution 760 – Confirm Eddie Buffaloe/Secretary of DPS

ANOTHER PHE EXTENSION PENDING???

7/16/2022

WAIVERS & POLICY FLEXIBILITIES

Federal PHE Extension

At State level, the ongoing “State of Emergency”:

- Allows health care licensure and regulation flexibility
 - Appendix K waiver continues
 - 1135 waiver continues
- Allows the State Health Director to issue standing orders for testing and treatment
- Allows continuation of Medicaid eligibility maintenance of effort
- Allows continuation of the federal 6.2% enhanced FMAP to NC

Read the official federal declaration to extend the PHE [here](#).

NOTE: The federal government has committed to a 60-day notice before ending the PHE.

SOURCE OF FEDERAL AUTHORITY	EXPIRATION OF FEDERAL AUTHORITY*
COVID-19 1115 Waiver	Expires at the end of the Public Health Emergency + 60 days
1135 Waivers	Expires at the end of the Public Health Emergency
Medicaid Disaster SPAs	Expires at the end of the Public Health Emergency
CHIP Disaster SPA	Expires the latter of the end of the Public Health Emergency or the state-dec
Concurrence Letter	Expires at the end of the Public Health Emergency
Appendix Ks (applicable to 1915(c) waivers)	Expires six months after the Public Health Emergency ends

*NC Medicaid has the authority to end prior to the end of the end of the federal expiration date.



Preparing for PHE Waivers to Sunset
January 16, 2023 - *maybe*

Medicaid Updates

WAIVERS, PROGRAMS, AND POLICIES

Medicaid Updates – CMS

PHE Unwinding: Program Eligibility

3/3/2022 CMS Guidance to States re: Medicaid Eligibility Redeterminations that must be *completed* within 14 months of the end of the PHE

a. States must “mitigate the risk” of inappropriate terminations and “churn”

- i. CMS may grant authority to *temporarily* permit states to accept updated enrollee contact information *from managed care plans* without additional confirmation with the individual where doing so would serve to protect beneficiaries in the aggregate. Under temporary waiver authority, states may treat updated contact information received from the plan as reliable and update the beneficiary record with the new contact information without first sending a notice to the address on file with the state.

- 1. Where information verification is necessary, CMS is exploring the legality of using *text messages* in addition to email and U.S.P.S. mail.

b. States may manage pending new applications during the unwinding with flexible timelines:

- i. Within 60 days post-PHE versus non-PHE within 45 days post-application for non-disability applications
- ii. Within 90 days post-PHE versus non-PHE within 90 days post-application for disability applications
- iii. Must resume normal processing timelines 4 mos. after PHE ends

c. Due Process reminder: Notice and Fair Hearings

- i. CMS regulations require: “. . . a beneficiary always has the right to request a Medicaid fair hearing or a CHIP [NC Health Choice] review to contest that the eligibility determination was wrong. . . In Medicaid, beneficiaries also have the right to continue to receive benefits pending the fair hearing decision when the individual requests the fair hearing prior to the date of the action.”
- ii. March 2022 CMS Guidance authorizes State discretion to extend time frames for beneficiaries to request fair hearings.
 - i. N.C.G.S. § 108A-79 [both Medicaid and NC Health Choice]

Medicaid Updates – NC DHB

Tailored Care Management

DHHS continues to work with NC AHEC and NCQA to certify providers.

- 20 providers certified: 18 CMAs, 2 AMH+s
- 30 Site visits completed
- All Round 1 Site Reviews anticipated to be complete by 5/31/2022
- All Round 2 Site Reviews anticipated to be completed by 6/30/2022.

Slides 10 – 12 source: May 5, 2022 Joint DMH/DHB Provider Webinar: Tailored Care Management Program Updates presented by Kelly Crosbie, Chief Quality Officer, NC Medicaid

Medicaid Updates – NC DHB

CERTIFIED

- ▶ Alexander Youth Network
- ▶ B&D Integrated Health Services
- ▶ Catawba Valley Behavioral
- ▶ Coastal Horizons Center [AMH+, CMA]
- ▶ Coastal Southeastern United Care
- ▶ Crossnore School and Children's Home
- ▶ Daymark Recovery Services
- ▶ Dixon Social Interactive Services
- ▶ ECU Physicians [AMH+]
- ▶ Freedom House Recover Center
- ▶ Integrated Family Services

CERTIFIED

- ▶ Monarch
- ▶ PQA Healthcare
- ▶ Primary Health Choice
- ▶ Southlight
- ▶ Sunrise Clinical Associates
- ▶ The Arc of NC
- ▶ Triangle Comprehensive Health Services
- ▶ UNC Center for Excellence
- ▶ VOICE Therapeutic Solutions
- ▶ SPARC Services & Programs

NOTE: *Tailored Plan enrollment will be based on county of residence. Beneficiaries may choose among only the CMAs (or AMH+s) that have contracts within a Tailored Plan's catchment area.*

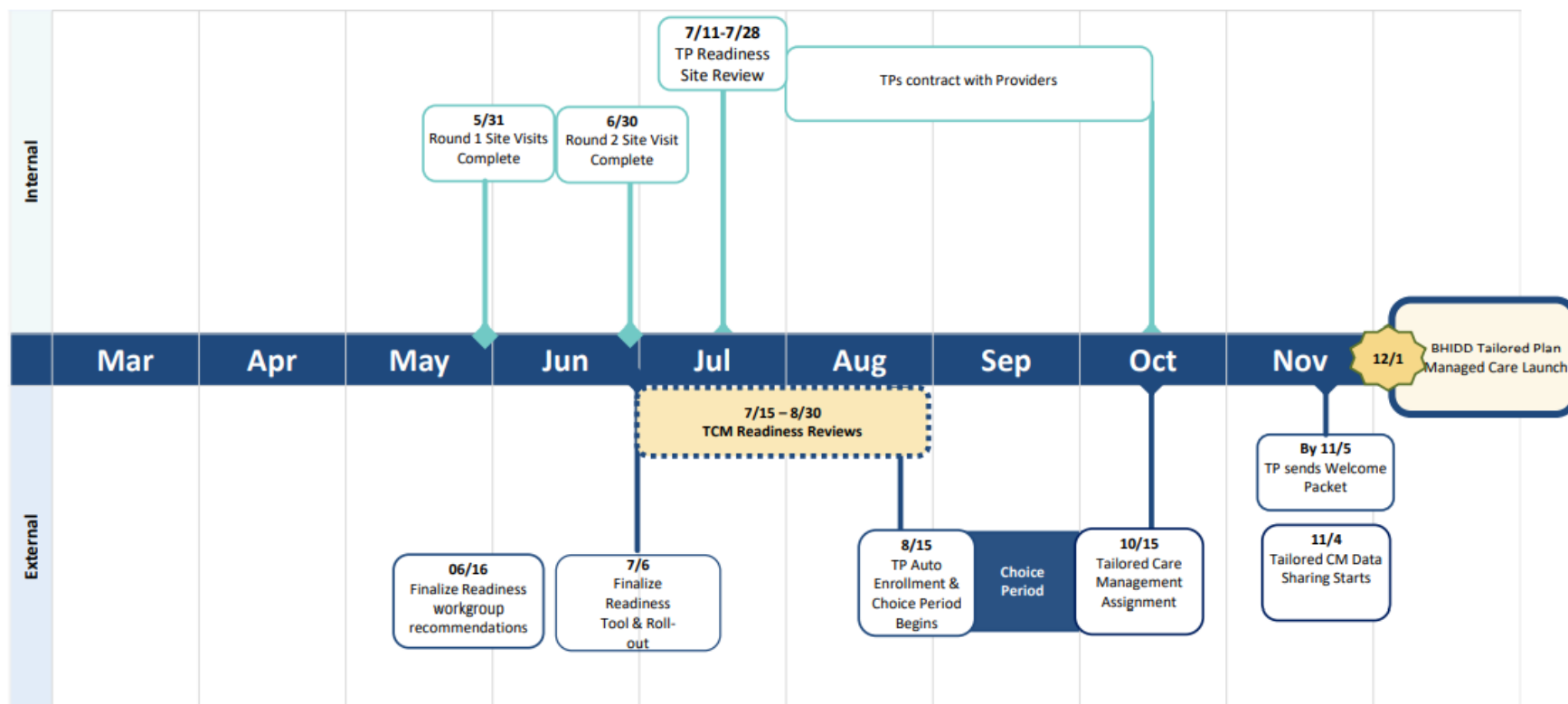
Medicaid Updates – NC DHB

Tailored Care Management

Capacity Building Distributions	
Total Distribution Allocation Approved	\$88,500,000
Total Allocated for TPs to keep	\$8,850,000
Total Approved for Providers	\$79,650,000
Total Funds Distributed as of 5/5/22	\$35,400,000

Medicaid Updates – NC DHB

Tailored Care Management



Medicaid Updates – Clinical Coverage Policy Amendments

Clinical Coverage Policy 8A-2 (NC Medicaid Clinical Coverage Policy 8A-2: Facility-Based Crisis Service for Children and Adolescents) – eff. 5/15/2022

- Subsection 5.3: Added “or Licensed Practical Nurse under the supervision of a registered nurse”
- Subsection 6.2: Removed “on-site”

Clinical Coverage Policy 8P (NC Innovations) – eff. 5/1/2022

- ▶ New language regarding criteria for beneficiaries to exceed the \$135,000 waiver limit.
- ▶ Updated Supported Employment Definition and other service language to reflect 7/1/2019 Waiver amendments
- ▶ Authorizes individuals who receive Day Supports to not have to attend the Day Supports *facility*
- ▶ Adds telehealth coverage details, including authorized sites and billing codes
- ▶ Adds “Licensed Clinical Mental Health Counselor (LCMH)” and “Licensed Clinical Mental Health Counselor Associate (LCMHA)” as qualified providers to comply with S.L. 2019-240
- ▶ Adds slot allocation process section

DHHS Update – *Strategic Housing Plan Public Comment Period*

- ▶ NCDHHS has released a draft of its Strategic Housing Goals, Objectives and Strategies, which will culminate in the development of a Strategic Housing Plan designed to address the housing needs of individuals with disabilities, currently receiving or eligible for DHHS-funded services at the state and local levels, who are either homeless, currently residing in congregate settings or at-risk of entry into these settings. Developed with stakeholders from across the state, the plan will provide a strategic guide to focus policy efforts and resource decision making in creating and maximizing community-based housing opportunities for identified populations over a five-year horizon. **The draft workgroup goals, objectives and strategies document is open for public comment through June 10, 2022.** NCDHHS encourages all interested individuals and organizations to provide comment on this draft. NCDHHS will publish the first iteration of a five-year plan in summer 2022 and begin implementing activities outlined in the plan in calendar years 2023-2027.
- ▶ Submit public comments to: tclolmstead.housing@dhhs.nc.gov.



**ON YOUR
RADAR**



Current Network Needs

• Adolescent Substance Use Services	All counties
• Child and Adolescent Day Treatment	School system based
• Emergency Respite (child and adolescent)	All counties
• Emergency Respite (adult IDD overnight)	All counties
• Financial Support Agency	All counties
• Psychological/Psychiatric Services Specific to IDD testing	All counties
• Psychosocial Rehabilitation (PSR)	Rural counties
• Research Based Behavioral Health Treatment	Rural counties
• Therapeutic Foster Care	All counties

For more information, please contact your Provider Network Manager,
or provider.info@vayahealth.com



State-funded I/DD & TBI Residential Supports and Supported Living Periodic Services

- Effective June 1, 2022, the new State-Funded Residential Supports (RS) and Supported Living Periodic (SLP) services will be live. This implementation does not affect recipients receiving only mental health and/or substance use disorder services
- Recipients with I/DD or TBI dx who currently receive state-funded RS services must transition to the new Residential Supports (LVL 1-3), SLP, or another available services by Nov. 30, 2022, to continue residential services.



State-funded I/DD & TBI Residential Supports (RS) and Supported Living Periodic (SLP) Services

- Recipients will transition to the new RS service when their current SAR ends OR no later than Nov. 30, 2022
- Recipients who are *new* to Residential Supports must be enrolled in Residential Supports (Level 1-3). Effective June 1, 2022, providers must use the new appropriate NC Tracks code based on the assigned level

Provider Communication Bulletin #60 issued 5/12/2022



State-funded Residential Services

Brian Justice and Joanna Drury

brian.justice@vayahealth.com 828.225.2785 ext. 1145

joanna.drury@vayahealth.com 828.225.2785 ext. 4565

- How Vaya currently uses state funds to address residential housing needs:
 - State hospital discharges
 - ED discharges



State-funded Residential Services

- Funding approval for State-funded Residential Services is determined through Vaya's Specialty Needs Staffing Process prior to a provider's submission of a service authorization request (SAR).

* Recipients with routine needs will be placed on the State-funded waitlist



Year End Deadlines – Claims and Invoices

- Last check write for SFY 2022:

Tuesday, June 28, 2022

- All claims and invoices must be submitted by:

Tuesday, June 21, 2022



BH I/DD TAILORED PLAN



Tailored Plan Contracting

- Physical and Behavioral Health Provider Contracts are currently being issued by Vaya.
- All Physical Health and Medicaid Ancillary provider contracts will be effective Dec. 1, 2022.
- All Behavioral Health provider contracts will receive a contract amendment extending their existing contract through Nov. 30, 2022 and will receive a new Tailored Plan contract that will be effective Dec. 1, 2022.



Tailored Plan Contracting

- If your organization has a State/Federal/County funded contract those funds will be prorated within your existing contract and the new Tailored Plan contract for FY23
- All Scopes of Work for specific programs will be added to your contract via an amendment prior to Dec 1, 2022.



REMINDER: Tailored Plan Contracting

**Please sign and return your
contract ASAP**



Tailored Plan Resources for Providers

- [Tailored Plan Contracting Information](#) (May 5, 2022)
- [Fact Sheet What Providers Need to Know: Part 3 – Before Tailored Plan Launch](#)





Q&A SESSION

Questions? Thoughts? Ideas?



Our next Provider Touchpoint

Friday, June 3, 2022
11 a.m. – 12 p.m.