



Provider Touchpoint

Friday, November 18, 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.
- Questions submitted during the webinar will be addressed at the end of the webinar.



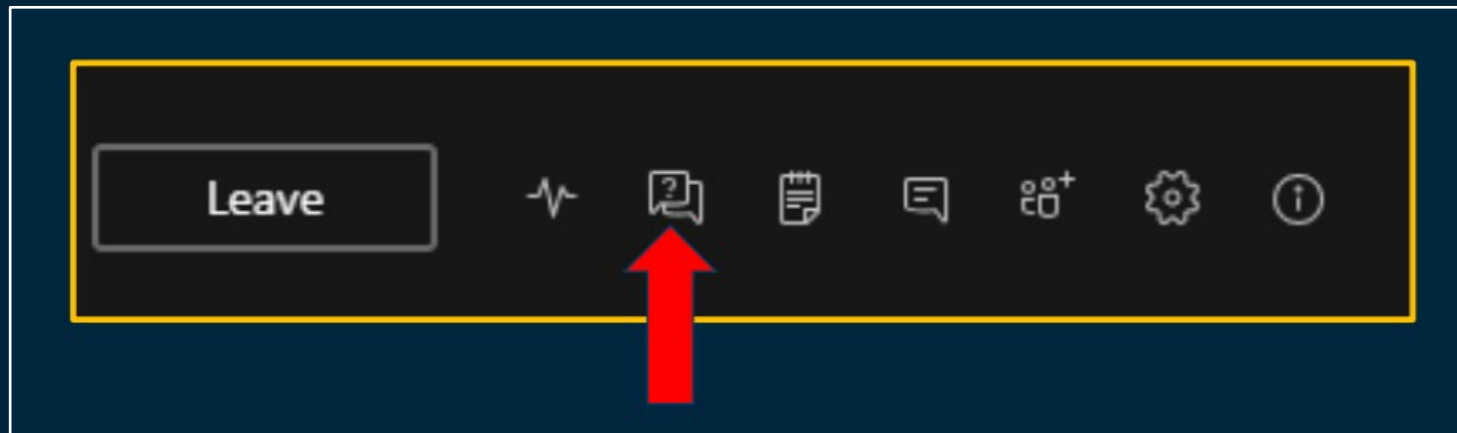
How the live broadcast works

- 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 Q&A feature will close at **11:50 a.m.** to allow us to respond to all questions before the end of the webinar.



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

Care Management Team

David Boyd, Provider Network Operations- Behavioral Health

Donald Reuss, Provider Network Operations- Behavioral Health (host)

George Canella, Provider Network Operations- Behavioral Health

George Ingram, Provider Network Operations- Physical Health

Jessica Moore, Provider Network Operations- Behavioral Health



Today's Vaya participants

Kate Glance, Quality Management

Ruth Downey, Care Management

Stephanie Justice, Utilization Management

Tina Green, Utilization Management

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

Tommy Duncan, Provider Network Operations (producer)

Lindsay Locklear, Provider Network Operations (co-producer)



GUEST PRESENTER

Sarah Pfau

Senior Consultant,
CCR Consulting

on behalf of
NC Providers Council

ncproviderscouncil.org



Good morning and welcome

International **Stand Up** to Bullying Day





LEGISLATIVE AND POLICY UPDATE





Provider Touchpoint

NOVEMBER 18, 2022

SARAH PFAU, JD, MPH

SENIOR CONSULTANT, CCR CONSULTING



PHE EXTENSION

1/12/2023. . .FOR NOW

***ANTICIPATING MID-APRIL EXTENSION
SINCE 11/11/2022 HAS PASSED WITHOUT 60-DAY NOTICE***

PHE Extension: NAMD Call for Congressional Action

This week the National Association of Medicaid Directors [called on Congressional leaders to give states concrete commitments on when normal eligibility determinations can begin for the nearly 90 million people now covered by Medicaid programs](#). The ask:

- Provide certainty on when Medicaid coverage redeterminations will begin, with at least **120** days advance notice.
- Provide certainty that existing [federal guidance](#) on the redetermination period will not change.
- Provide certainty on available financial resources during the redetermination period, specifically by maintaining the current 6.2 percentage point FMAP enhancement through the first quarter of redeterminations and phasing the enhancement down over 12 months after this quarter.
- Provide certainty that underlying Medicaid eligibility rules will not change during the redetermination period.

PHE Extension: What Does It Mean for NC?

- As long as the PHE is in effect and NC DHHS continues to maintain enrollment (2.8M), the State will continue to receive a 6.2% enhanced FMAP.
- Per 2022 NCGA legislation, County DSS offices will have 12 months to complete eligibility redeterminations once the PHE ends. *Distinct from CMS Guidance.*
- NC is not a Medicaid Expansion state, and NCGA House and Senate leaders have recently (post-election) indicated that they do not plan to take this up until the 2023 long session, if at all, despite talks earlier in the year that they might hold a vote in December.
- DHHS has estimated that there are several hundred thousand Medicaid-enrolled individuals who may lose eligibility via the post-PHE redetermination process.
- How will the potential disenrollment of so many individuals by 4/2024 affect Tailored Plan enrollment and subsequently, CMA and AMH+ panels for Tailored Care Management? TBD. . .

MH-SUD Updates

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANTS

2023 Legislative Watch: NC law not currently aligned with federal law ("[Tobacco 21](#)")

At risk: >\$4M / year in SAMHSA Block Grant funding to NC DHHS

Federal Law

- Synar Amendment to the federal Public Health Service Act (enacted and eff. 12/20/2019).
- States have *three years* to complete transitions to Tobacco 21, where no penalties will be provided for Retail Violation Rates in excess of 20 percent. These years comprise FY 2021, FY 2022, and FY 2023.
NC has not yet amended its statutes. Current law: "N.C. LAW STRICTLY PROHIBITS THE PURCHASE OF TOBACCO PRODUCTS, TOBACCO-DERIVED PRODUCTS, VAPOR PRODUCTS, AND CIGARETTE WRAPPING PAPERS BY PERSONS UNDER THE AGE OF 18. PROOF OF AGE REQUIRED." [gs 14-313.pdf \(ncleg.gov\)](#)
- The penalty for a state is loss of up to 10% of its [Substance Abuse Prevention and Treatment Block Grant](#) funds. States can avoid the 10% reduction in their Block Grant funds if they stipulate that they will spend their own funds to improve compliance with the law.

How NC DHHS Uses SABG \$\$

NC DHHS [publishes](#) that it receives approximately \$44M / year in SABG funds (so potential loss = >\$4M / year that NC is out of compliance). The funds are used for:

- Priority treatment and support services for individuals *without* insurance or for whom coverage is terminated for short periods of time.
- Priority treatment and support services not covered by Medicaid, Medicare or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
- Primary prevention - universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collection of performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and planning for the implementation of new services on a nationwide basis.

I/DD Updates

SAMANTHA R. ORDER

Samantha R. Order

- **Order filed on 11/2:** [Sam-R-Order.pdf \(disabilityrightsnc.org\)](#)
- **DRNC Press Release:** [Judge Orders NC to End Segregation of Thousands of People with Intellectual and Developmental Disabilities - DRNC \(disabilityrightsnc.org\)](#)
- **TODAY: 12:00 noon and 4:00 p.m. Disability Rights Town Halls:** Zoom registration is full but you can register [here](#) to use a Facebook live stream link.

Samantha R. Order Summary

- Legal Claim: “Defendants [NC DHHS and DHHS Secretary in his official capacity] unnecessarily institutionalize, or place at risk for institutionalization, people with intellectual and developmental disabilities.”
- The Court in 2020 allowed Defendants in the 2019 lawsuit to develop a plan to remedy the “ongoing violation of the [NC] Persons with Disabilities Protection Act.” [Chapter 168A \(ncleg.net\)](#)
- The Defendants “have not remedied their ongoing violation. . . and have not provided the Court with an actionable plan with specific and measurable goals for compliance.”

Samantha R. Order Summary

- **By 1/2028, “cessation on new admissions** to institutional settings. . .” with the exceptions of: 1) respite; and 2) short-term stabilization services.
 - The Order defines an institutional setting as a State- or privately operated ICF, including State operated developmental centers, and adult care homes. *Excludes Group Homes.*
 - The Order “does not require the closure of specific institutional settings.”
- **From 1/1/2024 – 1/1/2031**, NC DHHS must **divert** or **transition** 3,000 individuals “*who do not oppose a community-based setting*”- [via “informed choice”] and as long as a transition from institutional settings to community-based settings is “medically appropriate.”
- **By 7/1/2032, reduce the Innovations Waiver Registry of Unmet Needs** that is currently at 16,314 individuals to 0. The first decrease of approx. 1,700 individuals must occur by 7/1/2023.

Samantha R. Order Summary

Increase access to Direct Support Professionals (DSPs). DHHS must report by 1/9/2023:

- For SFY2022, the number of LME/MCO authorized Medicaid *and* State-funded service hours that were not delivered due to staffing shortages (by LME/MCO, by month).
- The status of any effort to establish professional credentialing for DSPs, including contracting.
- The Court will then meet with Plaintiffs and establish benchmarks and specific, measurable goals for expanding access to DSPs via an additional Order.
- [*For all Order requirements*] DHHS must submit quarterly reporting to the Court and Plaintiffs' Counsel, with the first report for Q4 of 2022 due in March of 2023.

Managed Care Provider Updates

NC DHHS TCM TEMPORARY FLEXIBILITIES AND PROGRAM CHANGES
NC DHHS MEDICAID DELIVERY REFORM & VALUE-BASED PAYMENT POLICY PAPER
CMS CHILD & FAMILY WELFARE CORE QUALITY MEASURE UPDATES

TCM Temporary Flexibilities and Program Changes

11/14 publication: [download \(ncdhhs.gov\)](https://www.ncdhhs.gov/download)

- Creates a 'soft launch' with TCM model "temporary flexibilities and program changes" until 4/1/2023.
- Outlines populations excluded from TCM until 4/1/2023: NC Health Choice; Medicaid 0 – 3; and immigrants who do not meet benefit requirements
- DHHS will oversee TCM assignment until 4/1/2023.
- The document sets forth flexibilities in CMA and AMH+ requirements for staffing, quality measurement, comprehensive assessments, contacts, and more. These include:
 - Complete comprehensive assessment within 120 versus 90 days of member enrollment
 - *Average* of 2 contacts per month with at least 1 face-to-face contact quarterly for *all* acuity tiers – still need at least 1 contact per month to bill for that month.
 - A single TCM rate (\$269.66) across *all* acuity tiers, with an additional \$78.94 for Innovations and TBI Waiver participants.

Medicaid Delivery Reform & Value-Based Payment Policy Paper

- NC Medicaid has published a [Medicaid Delivery Reform and Value-Based Payment Update](#) to seek stakeholder feedback on how to further evolve this vision.
- **Priorities under review:**
 - primary care (including within care management)
 - maternal and infant health reform
 - intentional integration of physical health care, behavioral health care, and care addressing non-medical needs
- “[alignment] is crucial to reducing administrative burden for providers who contract with multiple payers. North Carolina is one of four states partnering with [CMS] and the Health Care Payment Learning and Action Network (HCP-LAN) on the State Transformation Collaborative, an initiative to support alignment across payers in components of innovative payment arrangements and encourage their adoption.”
- **Provide feedback by emailing Medicaid.NCEngagement@dhhs.nc.gov (subject line “VBP Feedback”) by Dec. 19, 2022.**

CMS Child & Family Welfare Core Quality Measure Updates

26

11/15/2022 CMS Bulletin: [cib111522.pdf \(medicaid.gov\)](#) ; Effective FFY2023

Child Core Set Updates

No measures will be retired

- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-CH), NQF# 0058¹⁶*. This measure assesses the percentage of episodes for children ages 3 months to 17 years old with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. As this measure aims to avoid the use of unnecessary antibiotics, it supports Department of Health and Human Services (HHS) efforts to promote antibiotic stewardship. It is currently on the Adult Core Set (AAB-AD) and the addition of this measure to the Child Core Set creates further alignment across the Core Sets.
- *Lead Screening in Children (LSC-CH)¹⁷*. This measure assesses the percentage of children who had one or more capillary or venous lead blood tests to screen for lead poisoning by their second birthday. It complements efforts to improve blood lead screening rates for children in Medicaid, and will improve the understanding of the health disparities experienced by Medicaid and CHIP beneficiaries as children who live in low-income households are at higher risk of lead exposure.

CMS Child & Family Welfare Core Quality Measure Updates

Adult Core Set Updates

No measures will be retired

- *Long-Term Services and Supports (LTSS) Comprehensive Care Plan and Update (CPU-AD)*¹⁸. This measure assesses the percentage of long-term services and supports (LTSS) organization members 18 years of age and older who have documentation of a comprehensive LTSS care plan in a specified timeframe. The care plan must include core elements and address whether beneficiaries are engaged in a care planning process that incorporates person-centered principals and looks at all their needs including physical, behavioral, functional, and social. The measure was considered by the 2022 Workgroup. In the interest of promoting measure alignment, CMS deferred a decision on this measure in anticipation of a forthcoming Home and Community Based Services quality measure set. That measure set was released on July 21, 2022,¹⁹ and included the CPU-AD measure, which is now being added to the Adult Core Set and helps to fill a critical gap area in measuring the quality of care in LTSS.



**ON YOUR
RADAR**



Current Network Needs

SERVICE	LOCATION OF NEED
Adolescent Substance Use Services	All counties
Child and Adolescent Day Treatment	School system based
*Emergency Respite (child and adolescent)	*All counties
*Emergency Respite (adult I/DD overnight)	*All counties
Financial Support Agency	All counties
Psychological/Psychiatric Services: I/DD Testing	All counties
Psychosocial Rehabilitation (PSR)	Rural counties
Research Based – Behavioral Health Treatment	Rural counties
Therapeutic Foster Care	All counties

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



Fee Schedule (Dec. 1, 2022)



Vaya Health COVID PHE Rate Supplements
SUNSET November 30, 2022



Child and Family Improvement Initiative (CFII)

- **What is happening?**

North Carolina's six Local Management Entities/Managed Care Organizations (LME/MCOs) launched the NC Child and Family Improvement Initiative on May 1, 2022, to create a statewide solution to the current pressing challenges of the service delivery system for children and youth.



Child and Family Improvement Initiative (CFII)

- **What is happening (continued)?**

Building on the early successes of the NC Child and Family Improvement Initiative, the LME/MCOs have established a standardized, statewide rapid access Utilization Management and Review protocol to ensure that children and youth can receive medically necessary residential services without delay. An objective of this standardized pass-through benefit is to expedite service options for children and youth.

- **When will the change take effect?**

All six LME/MCOs implemented this standardized pass-through benefit effective Oct. 1, 2022.



Child and Family Improvement Initiative (CFII)

- **How does the change affect providers?**

The standardized pass-through benefit will expedite admissions for: Therapeutic Foster Care (TFC), Intensive Alternative Family Treatment (IAFT), Residential Level II and Level III programs, Level IV programs and Psychiatric Residential Treatment Facility (PRTF) services for youth ages 14 and older.



Child and Family Improvement Initiative (CFII)

- **How do pass-through authorizations work for each residential service?**
All children/youth should only receive medically necessary treatment that meets clinical coverage policy requirements, delivered in the least restrictive setting in accordance with applicable laws; and will be subject to continued stay review for concurrent authorizations as outlined in each LME/MCO benefit plan.

[Provider Communication Bulletin 2022-23, Issue 16](#)



Quick Reference

SERVICE	AUTHORIZATION GUIDELINES
TFC, IAFT, and Residential Level I	Pass through up to 180 days; 1 unit/day.
Residential Level II <i>program type</i> Residential Level III	Pass through up to 120 days; 1 unit/day.
PRTF	Pass through up to 60 days; 1 unit/day. Ages 14 and older (<u>no pass through</u> for <i>under</i> age 14 and a SAR is required)
ALL children who are living in residential services	No documents at pass through (submitted within 72 hours of admission); Initial and concurrent documents submitted at the concurrent review





QUALITY MANAGEMENT UPDATE



National Diabetes Month

- Type 2 diabetes is thought to affect 6% to 9% of the world's population and 10.5% of the U.S. population.
- Lindekilde found much higher Type 2 diabetes rates in people with psychiatric disorders, including a 39.7% rate of Type 2 diabetes among people with a sleep disorder and 20.7% rate among those with a binge-eating disorder.
- Other disorders with high rates of Type 2 diabetes included substance-use disorder (15%), anxiety disorder (13%), bipolar disorder (11%), and psychosis (11%).



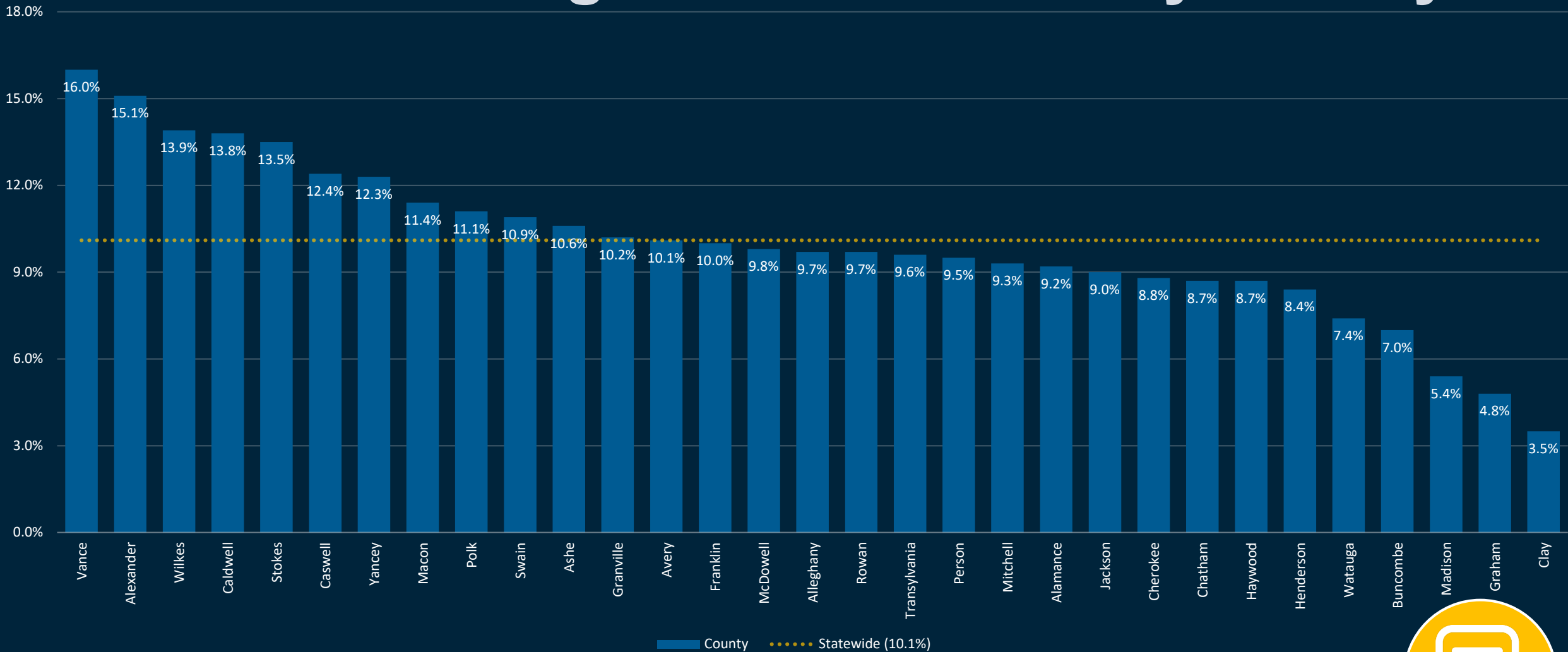
National Diabetes Month

What's more, the association between Type 2 diabetes and many psychiatric disorders goes both ways. For example, studies have shown that people with depression are more likely to get diabetes, and people with diabetes are more likely to get depression.

- *From The Link Between Type 2 Diabetes and Psychiatric Disorders, Time Magazine, March 10, 2022*



Adults with Diagnosed Diabetes by County



https://nciom.org/nc-health-data/map/?Health_Data_Email__health_map_email_





TAILORED CARE MANAGEMENT



TCM Rates, Acuity Tier and Claims

- TCM Rate: \$269.66 T1017 HT Modifier
- Innovations and TBI Waiver Add-on: \$78.96
- Acuity Tier-DHB is planning to have this information to LME/MCOs by Dec. 18, 2022.
- Acuity information will be uploaded into the BA file to providers within *7 days* of MCO's receipt from Department.
- DHB is working with GDIT and LME/MCOs to get care management data to providers as soon as possible.
- DHB is exploring *early January* date for sending claims information.

Billing and Diagnosis Codes

TCM is *not* a "clinical service", but a *diagnosis code is needed* for claim submission.

Providers should use the greatest specificity to describe the focus of the attention of the visit. Some diagnoses that can be used include:

- F99 Unspecified Mental Disorder, Z codes (any), F70 Unspecified Intellectual Disability, F89 Developmental disorder NOS, F89 Neurodevelopmental disorder NOS.

Providers are encouraged to identify a member's diagnosis code by accessing Alpha or the Provider Portal.

Member Choice

- Members can change their TCM provider at any time through April 1, 2023, by calling the MCO and making the requests.
- The number of changes in TCM providers through April 1, 2023, is not limited and will not be counted against the number of (without cause) changes a member may make during the year.
- Members who are already assigned to their preferred TCM agency will not need to do anything. Their choice will remain in place for the April 1, 2023, TP Launch.

Vaya TCM Support Resources:

- Weekly technical assistance calls



Mondays (8:30 - 9:30 a.m.), Nov. 28, 2022 to mid-January 2023.

- We will review any questions submitted before the call, and answer questions during the call.
- Q & A's will be posted to Vaya's Care Management website page each week.
- Technical assistance calls will include cross-departmental representation
- Send questions to: provider.info@vayahealth.com

MAHEC TCM Support Resources

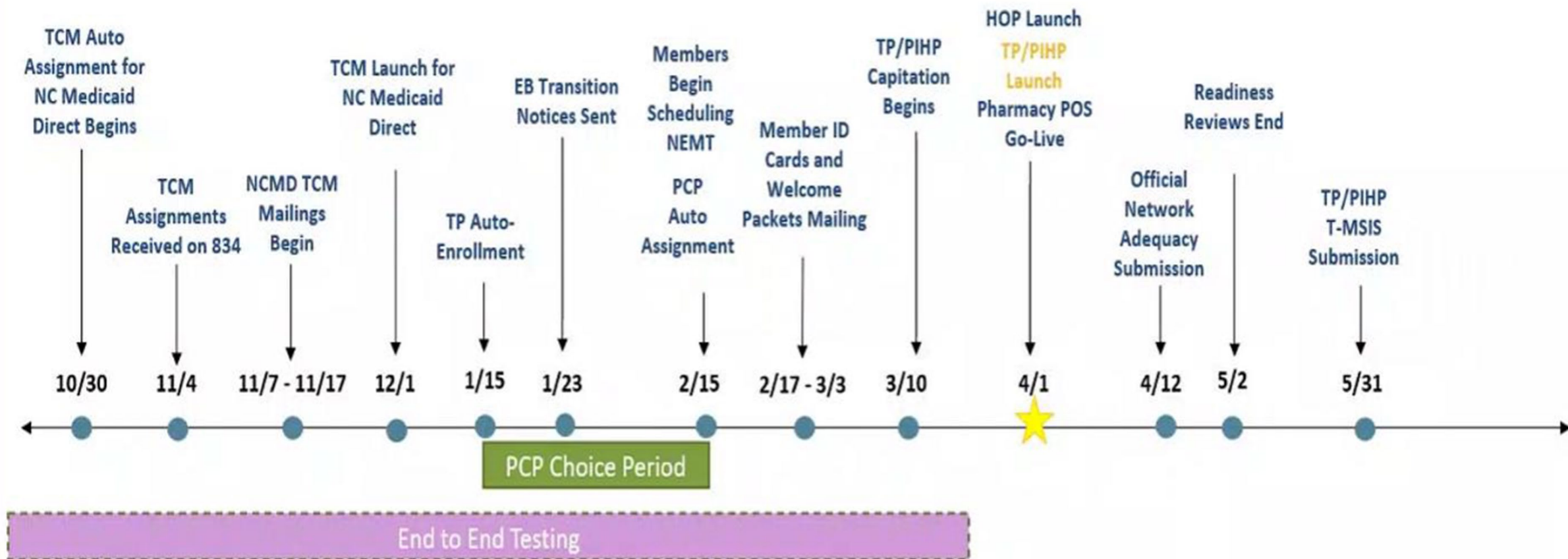
- Provision of ongoing support by practice coach of assigned TCM providers.
- Practice coach follows provider throughout implementation and beyond assisting with various CQI goals established by the Department.



BH I/DD TAILORED PLAN



December 2022 and April 2023 Launches



Vaya Health Tailored Plan Contracting

Tailored Plan (TP) contracts mailed as of Nov. 17, 2022:

- Total number of TP contracts mailed= 1,871 (100%)
- Total number of TP contracts unsigned = 257 (13.74%).
- Total number of TP contracts counter-executed= 1,614 (86.26%)
 - Behavioral Health (BH)= 1123
 - Physical Health (PH)= 485
 - Hospital/Hospital System= 4
 - Clinically Integrated Network (CIN)= 2

Questions

General: provider.info@vayahealth.com

TP: tpcontracting@vayahealth.com BH: contracts@vayahealth.com





ADDITIONAL INFORMATION & RESOURCES



American Society of Addiction Medicine (ASAM) Training

NC Medicaid 1115 Demonstration Waiver: all licensed behavioral health clinicians (contracted with an LME/MCO and/or a Standard Plan) providing assessment or evaluation services (*identifying a substance use diagnosis as part of a comprehensive clinical/diagnostic assessment*) *must use **ASAM** criteria to guide treatment recommendations.*

- The UNC School of Social Work-Behavioral Health Springboard: a virtual, two-day ASAM criteria training (theoretical foundations of the criteria, including clinically driven services, biopsychosocial assessment, the six dimensions, continued stay, and transfer/discharge criteria). Registration is now open.
- Offered monthly from December 2022 to June 2023. For more information or to register, visit the [**Behavioral Health Springboard**](#) website.



Improving Placement Outcomes for Children and Adolescents with Problematic Sexual Behaviors (PSB)

The NC Child Treatment Program is offering a NC Division of Child and Family Well-Being training series to increase understanding of PSB among children/adolescents (contributory factors, population's needs, best practices; and improving assessment, and treatment /placement recommendations).

Training sessions from 9 a.m. to 12 p.m.:

- Jan. 10, 2023 – Overview of Problematic Sexual Behaviors
- Jan. 17, 2023 – Implementation Considerations for Clinical Agency Teams
- Jan. 24, 2023 – Implementation Considerations for Care Coordination Teams
- March 21, 2023 – Troubleshooting and System of Care Collaboration

[Get more information and register online.](#)





Q&A SESSION

Questions? Thoughts? Ideas?



Our next Provider Touchpoint

Friday, December 2, 2022
11 a.m. – 12 p.m.

*This will be our only Provider Touchpoint
in December 2022.*