Provider Touchpoint

Friday, October 27, 2023



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How does the Q&A work?

- 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 and will be addressed during the Q&A session of this webinar.
- If multiple similar questions are received, the Q&A moderators may combine the questions into one before posting or post the questions with the most detail.
- If you need to ask a question that is specific to your agency or the services you provide, please contact your Provider Network Contract Manager or email provider.info@vayahealth.com.

- The moderated Q&A is available in the controls bar on your screen.
- Look for the bubble with the question mark.
- 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.



Where can I find ...

Provider Touchpoint recordings and resources:

Provider Central > Learning Lab >

Provider Touchpoint

Provider Communication Bulletin Archive:

<u>Provider Central</u> > <u>Learning Lab</u> > <u>Communication Bulletins</u>

Are you receiving Vaya's weekly Provider Communication Bulletin?



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Today's Vaya Participants

David Boyd, Behavioral Health Network Operations Director **Donald Reuss,** VP of Behavioral Health & IDD Network Operations **Dr. Melissa Hamm, BH/IDD/TBI Utilization Management Clinical Director George Ingram,** VP of Physical Health Network Ops & VBC Kate Glance, Director of Regulatory Reporting Jennifer Jennings, SU Network Development Director **Tom Wilson, IDD Network Development Director Care Management Leadership Team**

Today's Production Team

Shamika Howard, Provider Educator (Co- Producer) Justine Tullos, Admin Support (Q&A Moderator) Lindsay Locklear, Provider Educator (Producer)

Today's Guest Presenters

Alicia Hess, Human Services Program Consultant III: Operations (NCDHHS Deaf & Hard of Hearing Services)

WELCOME Vaya Health Providers

Domestic Violence Awareness Month



Resource: <u>Domestic Violence Awareness Month -</u> <u>Domestic Violence: It's EVERYBODY'S Business</u> **Domestic violence awareness month** was first introduced back in *1981* by the <u>National Coalition Against Domestic Violence</u>

- It was created not only to bring more awareness to others but to connect and unify the millions of affected survivors that had been battered due to domestic violence.
- Every year, around 10 million people become survivors of domestic violence, which equates to about 20 individuals per minute.
- It affects <u>not only women</u>, but men, intersex, trans, and all genders, children and all ages, individuals of all different races and ethnicity, status, religions, and culture.

NO ONE IS IMMUNE FROM IT.

Signs of Domestic Violence

1. Isolation

- Missing social events
- Unusually restricted contact with friends and family
- Being unusually confined to their house or residence

2. Fear-Driven Partner Interactions

- A survivor of domestic violence sometimes feels the need to constantly agree with and please their partner to avoid abuse.
- Sometimes a survivor acts afraid of their partner, receives aggressive phone calls, or feels compelled to tell their partner everything they (survivor) does.

Signs of Domestic Violence

3. Unexplainable or Frequent Injuries

 Pay attention if injuries are being "brushed off" as accidents, or signs of violence (like bruises and cuts are being masked with makeup or clothing). A survivor might wear long-sleeved shirts in the summer or sunglasses on a cloudy day to hide their wounds.

4. Personality Changes

- Has someone who was previously outgoing become antisocial?
- Are they acting nervous or anxious?
- Do they seem to have low self-esteem?
- Domestic violence frequently impacts survivors' mental health leading to symptoms including anxiety, depression, and/or suicidal thoughts, all of which might come across as personality changes.

If you or someone you know is *considering suicide*, <u>call 988</u> right away.





NC Department of Health and Human Services

Resources for the Deaf and Hard Of Hearing

Community Mental Health

October 27, 2023

Deaf and Hard of Hearing Statistics

United States:

- About 2 to 3 out of every 1,000 children are born with a detectable level of hearing loss in one or both ears
- More than 90% of deaf children are born to hearing parents
- Approximately 15% of American adults (37.5 million) aged 18 and over report some trouble hearing
- Approximately 13% of Americans aged 12 or older have hearing loss in both ears
- Age is the strongest predictor of hearing loss among adults ages 20-69 with men being twice as likely as women to have hearing loss

North Carolina:

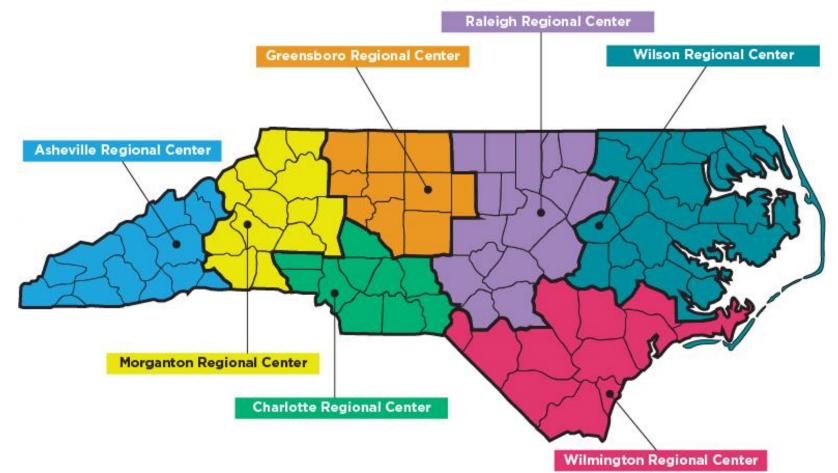
- Approximately 1,030,000 North Carolinians have hearing loss
- Only 20% of those who need a hearing aid actually have one
- Approximately 27,000 North Carolinians, the majority of them senior citizens, have both hearing and vision loss

Source: National Institute on Deafness and Other Communication Disorders Source: Division of Services for the Deaf and the Hard of Hearing

RESOURCES

Division of Services for the Deaf and Hard of Hearing (DSDHH)

DSDHH has 7 Regional Centers



DSDHH Community Resource Program Services

- Advocacy
- Consultation
- Education
- Information & Referral
- Outreach
- Equipment Distribution
- Medicaid Communication Access Service

Medicaid Communication Access Service Expanded

Covered Medical Services	Covered Mental Health Services	Services NOT COVERED
Dental, Eye, Audiology	Counseling & Psychiatric Testing	Hospital Services
Occupational Therapy	Independent Living Skills	Emergency Room
Physical Therapy	Psychosocial Rehabilitation	Substance Abuse Programs
Health Check Early Prevention Screening	Intensive In-Home Services	Inpatient Mental Health Programs
Urgent Care	Court-ordered Services	
	Community Alternative Program (CAP)	
	Partial Hospitalization	

Deaf-Blind Services: NC DHHS

• Provide:

- Assistive Technology
- **Employment Services**
- Specialized Training in the following areas:
 - Braille
 - Safe Travel
 - Adaptive Technology
 - Low-Vision Aids
 - Amplified and Tactile Devices
 - Communication Skills
 - Training required to get or keep employment

PROGRAMS

- RHA
- Broughton Hospital Deaf Unit
- Dream Connections Group Home
- Gaynelle Group Home



- DMHDDSAS provides annual funding to RHA through Legislative Appropriation, Substance Abuse Block Grants and Mental Health Block Grant
- RHA provides statewide treatment services to eligible deaf individuals with a mental health and/or substance use disorder diagnosis

Group Homes

- Dream Connections:
 - Morganton
 - Provides Peer Support and Recovery Services
 - Serve an average of 5-6 per year
- Gaynelle Group Home
 - Charlotte
 - Part of InReach
 - For those with I/DD or dual diagnosis

Inpatient Services

- Broughton Hospital Deaf Unit
 - Morganton
 - Adults only: Capacity is 14 adults
 - For those who need inpatient psychiatric, or substance use services and are deaf/hard of hearing

POTENTIAL PARTIAL SOLUTION

- Provide funding for a multi-tier stepdown service approach:
 - Select a central location that all MCOs and their providers could refer consumers to
 - Initial funding would cover staffing, training, supplies, any basic remodeling/repairs
 - Work with each LME-MCO to develop in lieu of service definitions which could then help sustain this service
 - Ongoing Federal funding could be used to continue to train specialized staff and offset costs not covered by billing



Legislative Update

Public comment period for *section 504* of the *Rehabilitation Act of 1973*

Input Opportunity: Proposed Update to Section 504 of the Rehabilitation Act of 1973

- The U.S. HHS Office for Civil Rights (OCR) has published a proposed rule update to federal regulations implementing Section 504 of the Rehabilitation Act of 1973. The act prohibits recipients of federal funding from discriminating against individuals based on their disability. For more information, review an <u>Administration for Community Living</u> article.
- HHS is seeking public comment on the proposed rule through Nov. 13, 2023. <u>Submit comments</u> <u>electronically</u> or by mail, hand delivery, or courier to U.S. Department of Health and Human Services, Office for Civil Rights, Attention: 504 NPRM (RIN 0945-AA15), Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.
- For more information, see the HHS <u>fact sheet on the proposal</u> or visit the <u>OCR webpage</u>.

On Your Radar

IRIS Reports: Updated Fax Number

Effective Oct. 16, 2023, the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services (Division of MHDDSUS) has updated the fax number for submission of incident reports through the Incident Response Improvement System (IRIS).

• Please begin using the new IRIS fax number, 984-777-9864, *immediately*.

- If you have questions, email Vaya's Incident Reporting Team at IncidentReport@vayahealth.com.
- For reporting requirements, visit the Incident Reporting page of Vaya's Provider Central website.

New Bundled Rate: Claims Submission Format Opioid Treatment Programs (OTP)

Effective Oct. 15, 2023, the rate for **Medicaid-funded** Opioid Treatment Programs using code **H0020** will increase to a *weekly bundled rate* of \$254.93.

- Providers will bill differently under the new rate:
 - Please bill one unit per week from Sunday to Saturday dates of service.
- The previous Medicaid bundled rate of \$31.70 per day will remain in effect for dates of service between April 1-Oct. 14, 2023.

Effective Oct. 15, 2023, providers of **State-funded** Opioid Treatment Programs using code **H0020** must bill the service as a weekly unit from Sunday to Saturday.

• Vaya continues to review the State-funded services rate for this code (currently \$116.70 per week).

New Bundled Rate: Claims Submission Format Opioid Treatment Programs (OTP)

NCDHHS posted the *updated* NC Medicaid <u>Clinical Coverage Policy 8A-9</u>, Opioid Treatment Program (*revised* Oct. 15, 2023) on its <u>Program Specific Clinical Coverage Policies</u> webpage.

For updated **State-funded** information, review the **<u>State-funded Opioid Treatment Program Service</u>** <u>**Definition** (*revised* Oct. 15, 2023).</u>

 For more information, contact Regional Opioid Response Coordinator James Collins: james.collins@vayahealth.com.

Vaya Provider Operations Manual Updated

• Vaya's updated **Provider Operations Manual** is now available on our Provider Central website.

 To provide suggestions or feedback about the information in the manual, call our Provider Support Service Line at 1-866-990-9712 or email <u>manuals@vayahealth.com</u>.

 For provider reference, previous manuals are posted to our <u>Provider Operations Manual Archive</u> webpage.

NC Innovations Waiver Waitlist Dashboard

- NCDHHS has created an <u>NC Innovations Waiver waitlist dashboard</u> that displays Registry of Unmet Needs (RUN) counts by county and by LME/MCO.
- NC Medicaid will update the dashboard monthly.

To get more information or to update contact information for someone on the RUN, email provider.info@vayahealth.com.

• Reminder: Do not include protected health information in email subject lines or in unencrypted emails.

Service and Authorization Updates

Outpatient Opioid Treatment Program Waiver for Take-Home Medication

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) granted a temporary exemption from the unsupervised take-home medication requirements in **42 CFR § 8.12(i)** necessary to:

- Dispense up to 7 unsupervised take-home doses of methadone (individual in treatment zero to 14 days)
- Provide up to 14 unsupervised take-home doses of methadone (during treatment days 15-30)
- Provide up to 28 unsupervised take-home doses of methadone from day 31 of their treatment course, if the OTP believes the individual can safely handle the amount of take-home medication, with applicable conditions (referred to as "SAMHSA's temporary exemption")

Outpatient Opioid Treatment Program Waiver for Take-Home Medication

- The <u>NC Division of Health Service Regulation</u> (DHSR) will consider OTP requests for a waiver to align with SAMHSA's temporary exemptions.
- To support this process, Vaya will review requests for letters of support. OTPs should send a completed <u>DHSR OTP Waiver Request Form</u> to both:
 - Onika Wilson, vice president of quality management, at <u>onika.wilson@vayahealth.com</u>
 - James Collins, regional opioid response coordinator, at james.collins@vayahealth.com.
- See the <u>Methadone Take-Home Flexibilities Extension Guidance</u> page of SAMHSA's website for more information.

Appendix K Flexibilities

- On September 1, the Division of Health Benefits (DHB) submitted an Innovations Waiver Amendment to extend various **Appendix K** flexibilities. DHB recognizes the work of each LME/MCO is integral to the beneficiaries' wellbeing and health, promoting a meaningful life in their respective communities.
- In August 2023, CMS provided guidance that all Appendix K flexibilities will continue if a States Amendment is not approved by November 11, 2023. NC Medicaid will comply with CMS guidance and extend Appendix K if approval is not received before the end of Appendix K authority.
- NC Medicaid acknowledges needed systems changes are required in preparation for the ending of Appendix K. NC Medicaid continues engagement with CMS to expedite the approval of the various flexibilities. We intend to keep all stakeholders updated.

Appendix K Flexibilities

The 1915 (C) Innovations Waiver was amended to include the following **Appendix K** flexibilities to continue **after CMS approval:**

ADD or AMEND	DESCRIPTION
Add	Home-delivered meals (up to 7 meals per week, 1 per day).
Amend	Remove the requirement for the beneficiary to attend Day Supports provider once per week.
Add	Allow real time two-way interactive audio and video telehealth for Community Living Support; Day Support, Supported Employment; Supported Living and Community Network to be delivered via telehealth must follow the requirements and guidance in <u>Clinical Coverage Policy 1-H.</u>
Amend	Community Navigator to note that individuals may not receive this support unless they are self-directing one or more of their services through the Agency with Choice or Employer of Record (EOR) Model.

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Appendix K Flexibilities

The 1915 (C) Innovations Waiver was amended to include the following **Appendix K** flexibilities to continue **after CMS approval**:

ADD OR AMEND	DESCRIPTION
Add	Allow Waiver Individuals to receive services in alternative locations.
Amend	Increase the Innovations Waiver Cap from \$135,000 to \$157,000 per waiver year.
Amend	Allow parents of minor children receiving Community Living and Support to provide this service to their child who has been evaluated as having extraordinary support needs up to 40 hours per week.
Amend	Allow Supported Living to be provided by relatives.
Amend	Allow Relatives as Providers for Adult Waiver individuals to provide above 56 hours per week, not exceeding 84 hours per week of Community Living and Supports.

Person-Centered Planning Template Implementation

Effective Nov. 1, 2023, providers are required to use the new NCDHHS <u>Person-Centered Planning Guidance</u> for all services that require person-centered plans.

• See the <u>Person-Centered Planning</u> page of the NCDHHS website for more information.

<u>Vaya will require providers to use the *new* Person-Centered Planning Template for the following:</u>

- Authorizations and reauthorizations (that require an updated PCP per Vaya's authorization guidelines found <u>here</u>) with an effective date *on or after Nov. 1, 2023*
- New services started on or after Nov. 1, 2023, even if prior authorization is not required
- Any time there is a need for a new service order on or after Nov. 1, 2023

For more information, contact Vaya's Utilization Management (UM) Team at <u>UM@vayahealth.com</u> or our Provider Support Service Line, 7 a.m.-6 p.m., Monday through Saturday, at 1-866-990-9712.

1915(i) Updates

1915 (i) Waiver Service Limit and Member Assessment Reminder

 NCDHHS has provided additional details about 1915(i) Waiver services as part of NC Medicaid's transition from 1915(b)(3) home and community-based services.

For more information, link to this Oct. 19, 2023, memo:

• <u>1915(i) Waiver Service Limits and Member Assessment Reminder</u>

Temporary Prior Authorization Pass-through Process for 1915(i) Waiver Services

- Vaya has *extended* the <u>temporary</u> prior authorization process for 1915(i) Waiver services by one month.
- Effective July 1, 2023, through Nov. 30, 2023, Vaya network providers may follow the prior authorization pass-through process for 1915(i) services.
- No notification Service Authorization Request (SAR) is required for 1915(i) services during this time.
- However, network providers must submit a SAR and other required documentation to continue services beyond Nov. 30, 2023.
- Prior authorization requirements will take effect Dec. 1, 2023. For more information, contact Vaya's UM Team at 1-800-893-6246, ext. 1513, or <u>UM@vayahealth.com</u>.

Services: Provider Updates and CCPs

NCDHHS has clarified that Tailored Care Management (TCM) providers are responsible for developing care plans (also known as Individual Support Plans) for individuals who receive 1915(i) Waiver services.

The 1915i service provider then uses the care plan to create short-term goals using the template of their choice.

NC Medicaid has also finalized clinical coverage policies (CCPs) for the following 1915(i) services:

- Respite
- Individual and Transitional Supports
- Community Transition
- Community Living and Supports

The CCPs are available on the <u>Program Specific Clinical Coverage Policies</u> page of the NCDHHS website. If you have questions, email <u>Provider.Info@vayahealth.com</u>.

Medicaid Expansion Updates

NC Medicaid Expansion Resource

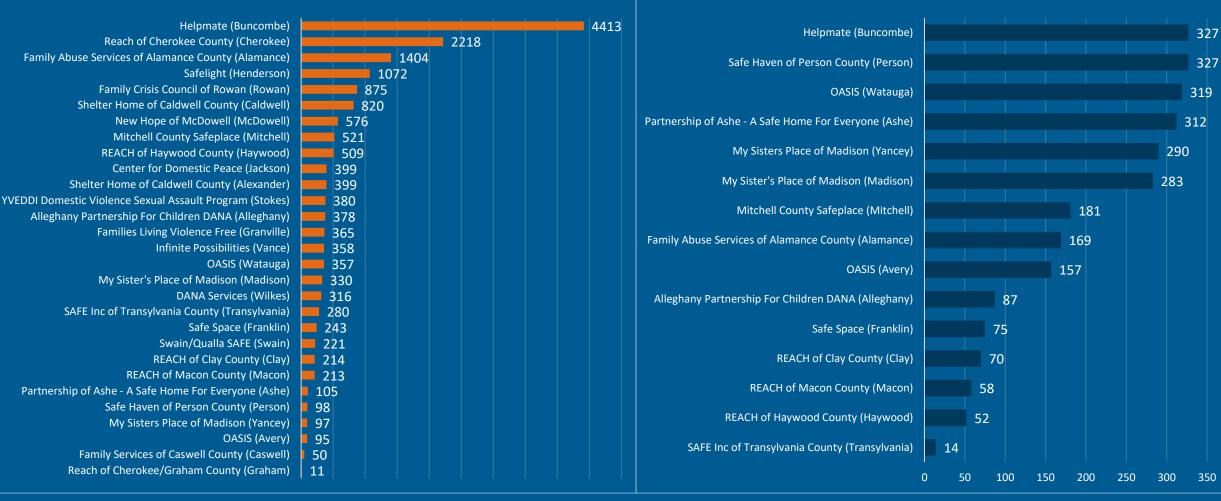
- Beginning Dec. 1, 2023, North Carolina is expanding Medicaid.
- Please begin working with your State funded recipients to have them apply for Medicaid benefits.
- NCDHHS has created a <u>Questions and Answers about Medicaid Expansion</u> webpage to address questions about coverage, costs, expansion benefits, and general concerns.
- For more information, contact your provider network contract manager or provider.info@vayahealth.com.

Quality Management Updates

Domestic Violence Services

Individuals Served

of Days Every Shelter Bed was Full in FY 2021-22



Learning and Participation Opportunities

Transitions to Adulthood Event

Transitions to Adulthood Event

- Where? Blue Ridge Community College, Flat Rock, NC
- When? November 7, 2023, 4-7 p.m.

This *free* transition fair is intended for families of youth living with disabilities or special health care needs, educators, and all interested community members.

Learn about resources and <u>connect with advocates</u> to help prepare families for life, work, and community involvement to support youth as they transition to adulthood. <u>See the event flyer</u> for more information.

Questions? contact Karen Caldwell at kcaldwell@hendersoncountync.gov.

Learning and Participation Opportunities

In the interest of time today, please visit the <u>PCB-10-19-23-Issue-18.pdf (vayahealth.com</u>) and <u>PCB-10-26-</u> <u>23-Issue-19.pdf (vayahealth.com</u>) for many great learning and participation opportunities.

<u>Recent Provider Communication Bulletins include information about the following:</u>

- **Benefits Counseling Training**: A Tool to Promote Employment for Individuals Living with Disabilities
- How to sign up for announcements through the <u>Change for Life: Tobacco-Free Recovery Coalition NC</u> <u>Interest Form</u>
- NCDHHS TCM Provider Newsletter posted on the MAHEC TCM web portal
- <u>Healthy Opportunities Pilot self-guided online Training</u>: Tailored Care Managers Part 1
- <u>Transitions to Adulthood Event</u>



Questions, Thoughts, Comments



Our Next Provider Touchpoint: Friday, November 17, 2023



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