

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medicaid Update on Long Term Services and Supports 2024 NCLIFTSS Conference

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North Carolina's Vision for Medicaid Transformation

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

Transition to NC Medicaid Managed Care

NC Medicaid has collaborated with clinicians, hospitals, beneficiaries, counties, health plans, elected officials, advocates and other stakeholders to shape the program, and is committed to:

1

Whole-person care - through the coordination of services addressing physical health, behavioral, I/DD, TBI, long term services and supports (LTSS), pharmacy and unmet health-related resource needs with the goal of improved health outcomes and more efficient and effective use of resources

2

Buy health - Unite communities, providers and health care systems to address the full set of factors that impact health while deploying cost-effective resources that are needs-based and outcomes driven

3

Local care management - Oversee a transition to provider-based care management at the site of care, in the home or in the community to promote in-person interaction with members

4

Member experience - Improving the NC Medicaid Managed Care member experience with a simple, timely, and user-friendly eligibility and enrollment process focused on high-quality, culturally and linguistically appropriate services

5

Provider access - Maintain broad provider participation in NC Medicaid by removing or mitigating provider administrative burden from the health delivery system

In 2015, the NC General Assembly enacted session law 2015-245, directing the transition of Medicaid and NC Health Choice from predominantly fee-for-service to managed care.

NC Medicaid's Webpage for the Federal COVID-19 PHE Unwinding

NC Medicaid's webpage provides guidance on preparation for the end of the PHE.

medicaid.ncdhhs.gov/End-of-PHE

- Includes information and resources for:
 - beneficiaries
 - providers
 - community partners, including a [communications toolkit](#)
- Please share with your partners and stakeholders.

Preparing for the End of the COVID-19 Federal Public Health Emergency

Since it began in January 2020, the COVID-19 federal Public Health Emergency (PHE) helped prevent NC Medicaid beneficiaries from losing their health coverage during the pandemic, even if someone's eligibility changed. The PHE also helped health care providers keep their practices running so they could deliver care to Medicaid beneficiaries.

The PHE currently extends through later this year. While we do not know when the PHE will end, NC Medicaid wants to help beneficiaries, providers and community stakeholders understand any potential impacts and steps they can take to be ready.



[Beneficiaries](#)

Guidance for beneficiaries and their families regarding the end of the COVID-19 federal Public Health Emergency (PHE).



[Providers](#)

Guidance for providers regarding the end of the COVID-19 federal Public Health Emergency (PHE).



[Local DSS](#)

Guidance for Local Departments of Social Services (DSS) regarding the end of the COVID-19 federal Public Health Emergency (PHE).



[Community Partners](#)

Guidance for community partners and support agencies regarding the end of the COVID-19 federal Public Health Emergency (PHE).



[NC Medicaid End of COVID-19 PHE Toolkit](#)

A collection of resources to support stakeholders, advocates and partners with key messaging for beneficiaries. Includes social media posts, frequently asked questions, suggested text and email content and more.

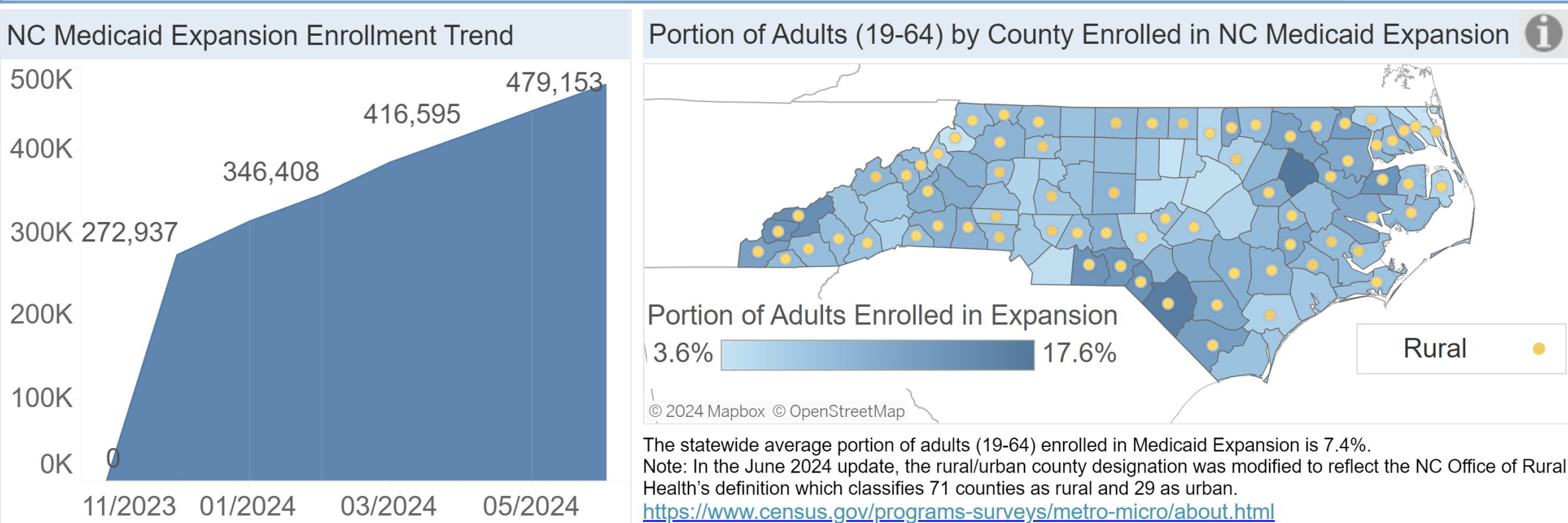
QUICK LINKS

[NC Medicaid COVID-19 Information](#)

[NCDHHS COVID-19 Information](#)

Medicaid Expansion

On Dec. 1, 2023, more people became eligible for NC Medicaid through Medicaid expansion. Under expansion, NC Medicaid covers people ages 19 through 64 years with higher incomes. Many North Carolinians who did not qualify for health coverage prior to expansion now do.



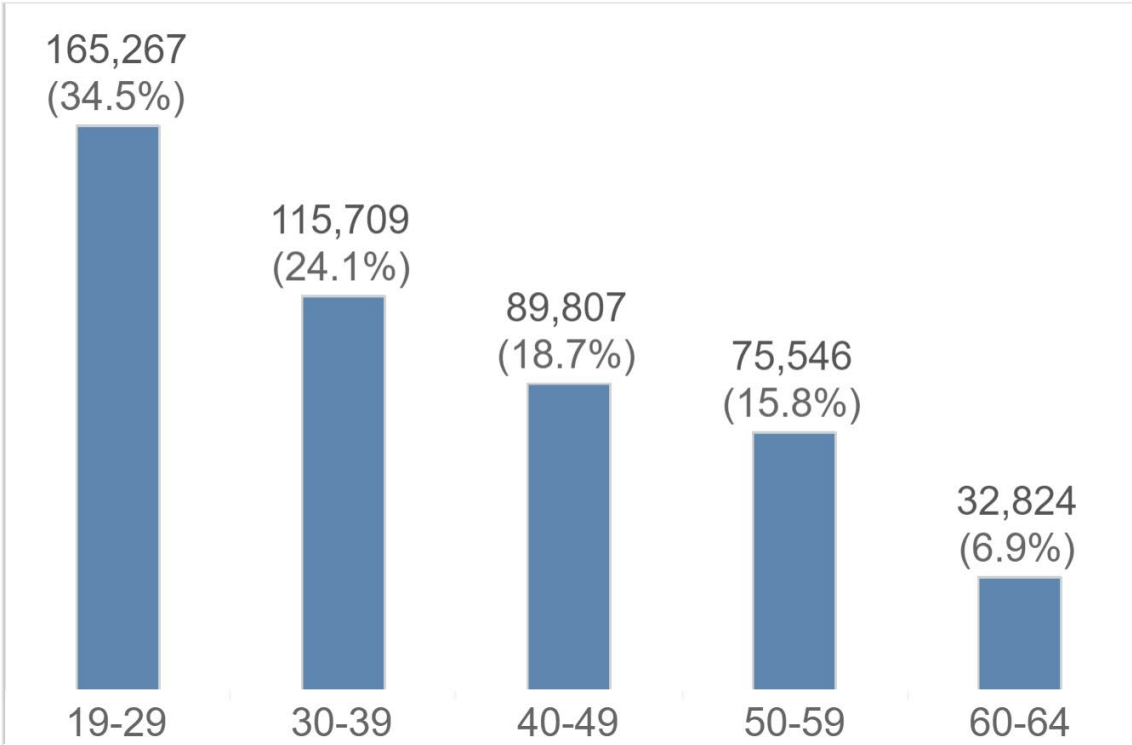
Who is benefiting from expansion?

The section below displays NC Medicaid Expansion Enrollment by various demographic groups. Use the selector below to show enrollment by month or monthly enrollment trends.

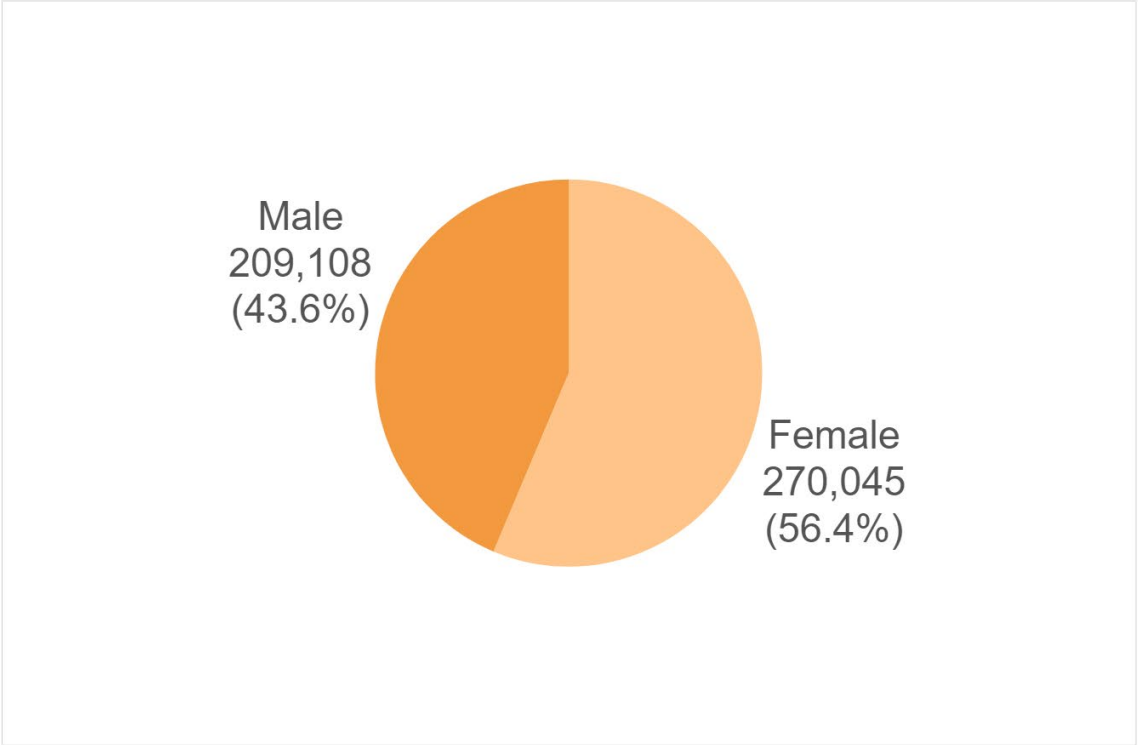
- ☒ Show Enrollment by Month
- ☐ Show Monthly Enrollment Trends
- June 2024

▼
- Use the selector to the left to change the date displayed for Enrollment by Month.

NC Medicaid Expansion Enrollment by Age Group



NC Medicaid Expansion Enrollment by Sex



Healthy Opportunities Pilots (HOP)

HOP provides:

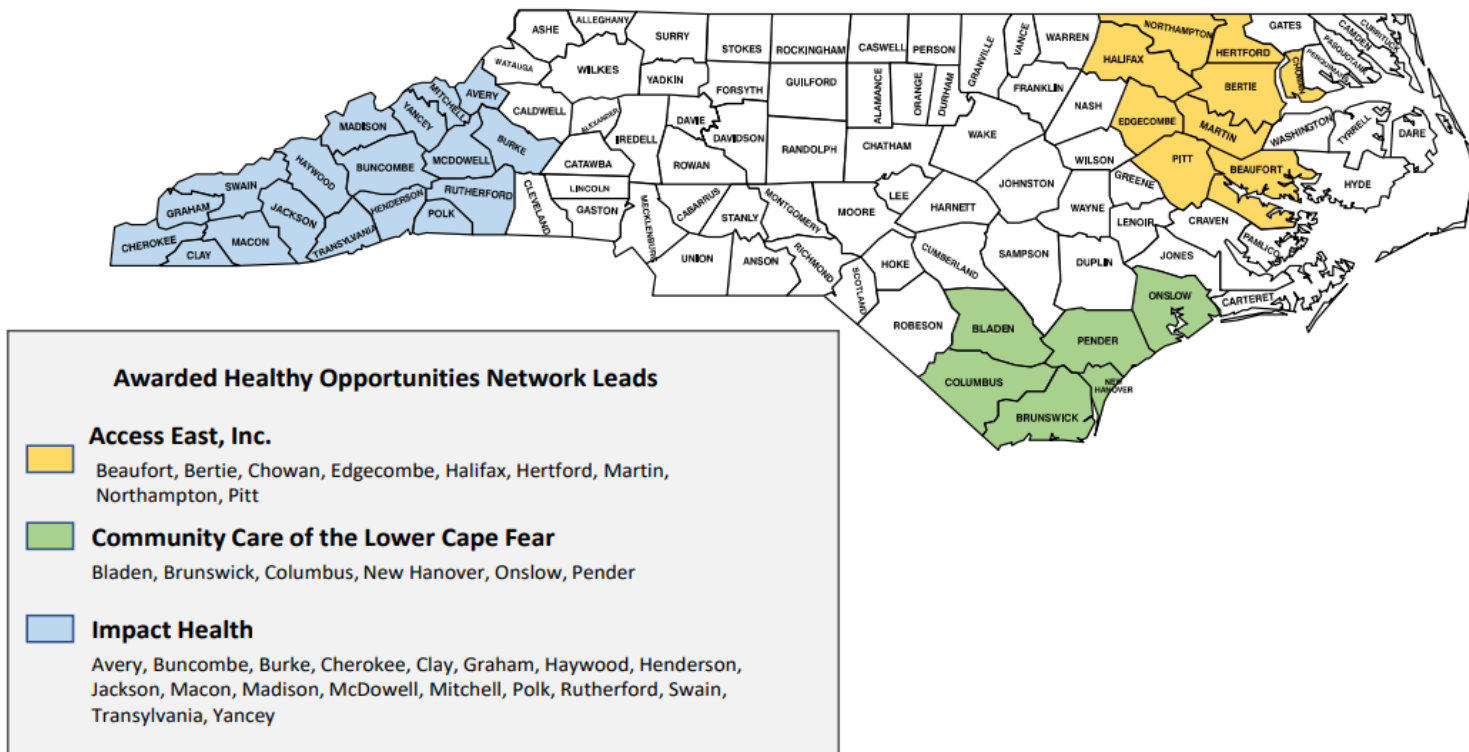
- Evidence-based, non-medical interventions to address social needs
- Collaboration model for the State, managed care organizations, health care systems, and community-based organizations to provide social needs services

Research shows up to 80% of a person's health is determined by social and environmental factors and behaviors

Healthy Opportunities Pilot Entities and Regions

HOP works with local communities in three areas of the state to carry out the Pilots. This includes:

- 5 Health Plans – oversee care management entities, authorize and pay for services.
- 3 LME/MCOs - act as health organizations for members eligible for Tailored Care management. They oversee the care management entities and authorize and pay for services.
- 3 Network Leads – oversee and coordinate community-based organizations
- 66 Care Management Organizations - assess and refer members for HOP services
- 179 Health Service Organizations (HSOs) – community-based organizations who deliver services directly to Pilot enrollees



Healthy Opportunities Pilots

What is HOP?

- A pilot program in three regions of the state
- Goal is to test and review offering non-medical services to NC Medicaid beneficiaries
- Services are related to housing, food, transportation and interpersonal violence/toxic stress.

Who can participate in the Healthy Opportunities Pilots?

- Enrolled in NC Medicaid Managed Care or eligible for Tailored Care Management
- Live in one of the three Pilot regions
- Meet physical/behavioral health criteria (i.e., Tailored Care Management eligible)

Tailored Plans members are eligible July 1, 2024.

What is Health Equity

Health equity is when everyone can be as healthy as possible. To achieve health equity, an “all hands-on deck” approach is needed to address the severe and far-reaching health disparities across our state by increasing access and removing the social and economic obstacles that lead to poor health outcomes.

Core Goals:

- Integrate health equity principles into NCDHHS public health programs, policies, data systems and funding structures.
- Mobilize and engage partners to develop and implement evidence-based strategies that address health disparities and long-standing inequities including structural and social determinants of health.
- Catalyze tools and processes that ensure diversity and health equity competencies, transform infrastructure and mobilize the existing and future programs, and services to eliminate health disparities.

NC Medicaid Managed Care

Strategic Goals: get people covered, get people care, collaborate with partners

1115 Waiver Renewal Submission

- Extension of on-going managed care authorities to provide integrated whole-person, well-coordinated care for most Medicaid beneficiaries
- Expansion and refinement of the Healthy Opportunities Program
- Implementation of new initiatives (if approved by CMS)
 - Streamline enrollment for children and youth
 - Improve care for justice-involved individuals
 - Investing in behavioral health and I/DD technology
 - Bolster the behavioral health and LTSS workforce
- Provide integrated care for individuals with serious mental illness, severe substance use disorder, I/DD, and/or traumatic brain injury, through the launch of Behavioral Health and I/DD Tailored Plans
- Provide integrated care to address the complex needs of youth and families served by the child welfare system through the implementation of the Children and Families Specialty Plan
- Continue to reduce incidence of opioid use disorder OUD SUD by providing Medicaid coverage for individuals obtaining short-term residential services for SUD in an institution for mental disease
- Expand access to critical home and community-based services offered to Medicaid enrollees with significant behavioral health needs, I/DDs and TBI

Quick Updates

- **GS 108C-3 Provider Risk Level Special Provision**
 - Medicaid is moving forward with system changes based on federal requirements and communication will be released later this year.
- **Smoke Free Campus for ACH and Clubhouse Settings**
 - DHHS will delay the implementation of the smoke free policy in ACH settings where residents are in managed care until Jan. 1, 2025
- **EVV Soft Launches for Home Health in Standard Plan and Tailored Plan**
 - Standard Plan hard launch Oct. 1, 2024
 - Tailor Plan hard launch (TBD)



NC Medicaid Linking Individuals & Families for Long-Term Services and Supports - NCLIFTSS

Re-aligning & Maturing our LTSS Links 2024-2026

