

NC Department of Health and Human Services

## **Joint DMH/DD/SAS & DHB Provider Webinar**

**February 2, 2023**



NC Department of Health and Human Services

# Person – Centered Planning Initiative

February 2, 2023

# PCP Initiative

- **Updated PCP Guidance:**
  - New guidelines for Person-Centered Planning (PCP) process
  - Values and Principles Underlying Person-Centered Planning:
    - Right to live, love, work, learn, play, in community
    - Self-determination
- **Free PCP Training :**
  - 4 hr. Experiential on-line live training sessions
  - Meets the requirements for service providers responsible for developing a PCP
  - Conducted by world renowned Dr. Tondora
  - CEUs available

# Updates

PCP Manual - 2010	PCP Guidance Document/ Training - 2023
Person –Centered thinking / elements of PCP	Person Centered thinking/ elements incorporated in 4 hr. experiential training
Focus on completing templates in the plan	Guidance Document focused on <i>Golden Thread</i> : <ul style="list-style-type: none"><li>• Philosophy and principals of PCP</li><li>• 6 Life Domains</li><li>• SMART Goals</li></ul>
PCP template - Required	PCP template provided but not required – Focus on Life Domains and SMART Goals
Action Plan: <ul style="list-style-type: none"><li>• Not individualized</li><li>• Focus on Service Authorization</li></ul>	Action Plan: <ul style="list-style-type: none"><li>• Each intervention has its own frequency and duration.</li><li>• Living document – Updated when goals change</li></ul>

# Updates

## PCP Manual - 2010

## PCP Guidance Document/ Training - 2023

Indicators of PCP implementation not defined

Indicators of PCP implementation defined: (Consumers)

- Individual's preferences, choices, culture, and identity are reflective in the plan
- Goals written in the individual's language
- Goals/ Action plans include Individual's housing/ employment/ education/ community Inclusion desires

Indicators of PCP implementation defined:  
(Provider/ LME/MCO)

- Perception of care/ client satisfaction surveys
- Continuous Quality Improvement plans to monitor PCPs
- Provider/ LME/ MCO staff training in PCP training

# Next Steps

- Information on PCP Guidance, Training Registration, Templates:

[Person-Centered Planning Training | NCDHHS](#)

- Training Dates:

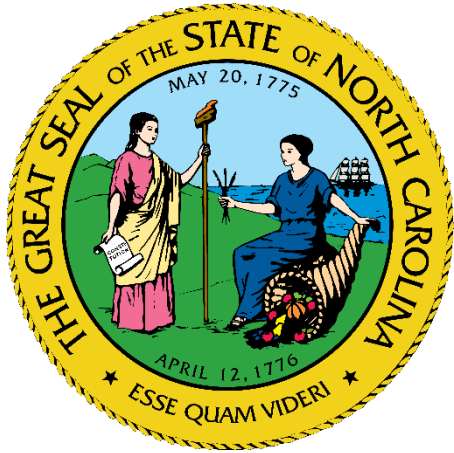
- Wednesday, Feb. 22, 2023, 9:00-1:00 p.m.
- Tuesday, Feb. 28, 2023, 12:30-4:30 p.m.
- Wednesday, March 8, 2023, 9:00-1:00 p.m. (ASL Interpreter available)
- Tuesday, May 9, 2023, 12:30-4:30 p.m. (ASL Interpreter available)

# Next Steps

- **Implementation:**
  - **Webinars / Meetings for Consumers, Providers, LME/MCOs**
  - **Identify Potential Issues and Barriers to Implementation**
  - **Finalize Effective Date**

**Questions/ Feedback:**  
**[Saarah.waleed@dhhs.nc.gov](mailto:Saarah.waleed@dhhs.nc.gov)**





NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

## **Healthy Opportunities Pilot Update**

**Andrea Price-Stogsdill**

**Program Manager for Healthy Opportunities Pilot Program**

**Feb. 2, 2023**

# Healthy Opportunities Pilots Update

The Healthy Opportunities Pilot has delivered over 30,000 non-medical services to over 3,400 enrollees since March 2022.

## Who's involved?

- DHHS, PHPs, CMs, NLS, HSOs, NCCARE360, and you!

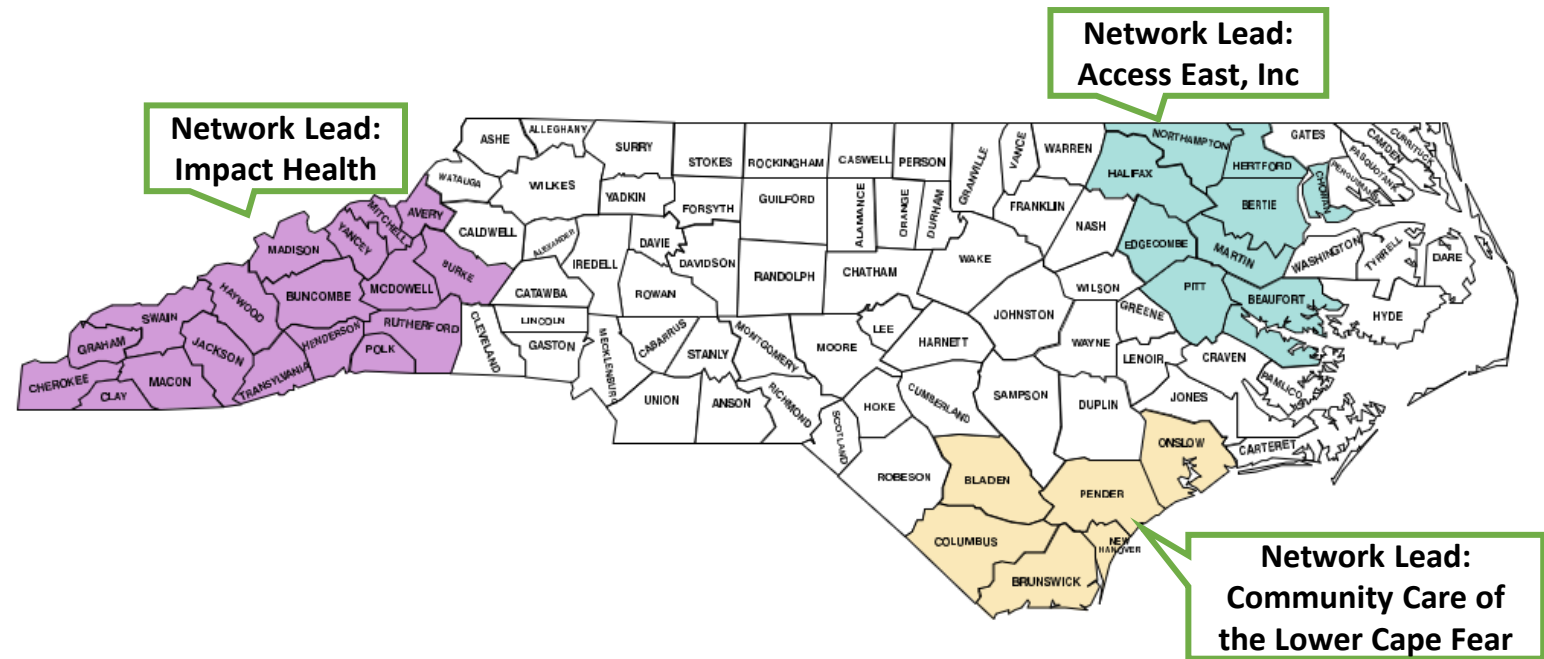
## Service Domains

- **Food** (Ex. Food/Nutrition Case Management, Healthy Food Boxes/Meals)
- **Housing** (Ex. Housing Navigation, Home Remediation Services, Move-In Support)
- **Transportation** (Ex. Reimbursement for Health-Related Private Transportation)
- **Toxic Stress** (Ex. Evidence-Based Parenting Curriculum and Home Visiting)
- **Cross-Domain** (Ex. Medical Respite)

## Eligibility Criteria

- Enrolled in Medicaid Managed Care
- Live in a Pilot Region
- Have at least one qualifying physical/behavioral condition and one qualifying social risk factor
- Note: There are no age restrictions for eligibility!

**Remember: A whole family can access HOP services through one Medicaid member!**



- **No Wrong Door referral pathway in NCCARE360:** Create a "Benefits Eligibility Screening" referral in NCCARE360 to refer a member you think may be eligible for HOP to their health plan. The health plan will assess the member's eligibility and enroll them in HOP, if eligible.

# Healthy Opportunities Pilots Update - Continued

## Upcoming Engagements

- No Wrong Door Approach to Enrollment Webinar – February 15 @ 5:30 pm
- Fireside Chat – February 16 @ 5:30 pm
- DMH/DHB Joint Consumer Webinar – February 27 @ 2:00 pm
- Community Partners Webinar – TBD (February)

## Where to learn more

- Visit [Healthy Opportunities Pilots at Work](#) webpage for key Pilot metrics and success stories
- Like us on Facebook, Twitter, and Instagram!

## **How Providers can refer Medicaid Members**

Providers play an essential role in helping to identify Medicaid members that can benefit from Pilot services—including identifying physical or behavioral health conditions that may qualify someone for the Pilots. A provider may contact a members PHP to request the member be assessed for Pilot services. For members without a care manager, providers can help patients call the Member Services line on their health plan Member ID card (see Health Plans' Member Services numbers below). For more information, please visit the [Healthy Opportunities Pilots webpage](#) or the [Healthy Opportunities Frequently Asked Questions](#).

## **Contact**

For more information, call the NC Medicaid Contact Center: 888-245-0179

## **Health Plans' Member Services Numbers:**

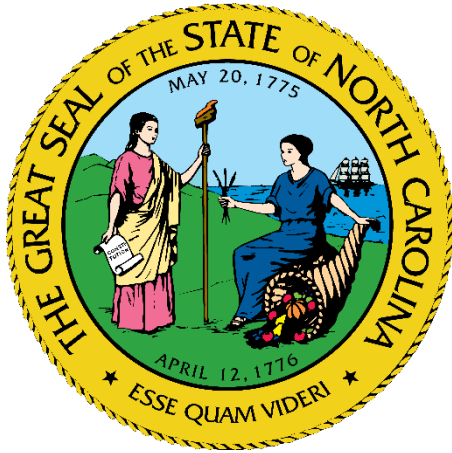
AmeriHealth Caritas: 855-375-8811 (TTY 1-866-209-6421)  
Carolina Complete Health: 833-552-3876  
Healthy Blue: 844-594-5070 (TTY 711)  
United Healthcare: 800-349-1855  
WellCare: 866-799-5318

"The Healthy Opportunities Pilots have literally changed my life."

## Healthy Opportunities Pilot Program

Health begins long before we need medical care





**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

## **Medicaid Update**

**Sonja McLeod**

**Associate Director, Member Operations**

**Feb. 2, 2023**

# **Federal COVID-19 Public Health Emergency (PHE)**

## **2023 Consolidated Appropriations Act (Omnibus Bill)**

- **Signed into law Dec. 29, 2022**
- **Decouples the continuous coverage requirement from the COVID-19 PHE**
  - **Effective April 1, 2023, state Medicaid programs are no longer required to maintain continuous coverage for beneficiaries**
- **Includes a new requirement to contact individuals using more than one modality prior to termination**
  - **A beneficiary's Medicaid cannot be terminated due to mail being returned as undeliverable. State Medicaid programs are required to make a good-faith effort to find the person.**
- **Requires one year of continuous coverage for kids on Medicaid and NC Health Choice (no change from NC Medicaid's current policy)**
- **Permanently extended the 12-month postpartum coverage option.**

# NC Medicaid's Continuous Coverage Unwinding

NC Medicaid will begin the renewal (redetermination) process for beneficiaries **April 1, 2023**, for beneficiaries with renewal dates in June 2023.

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- **Redeterminations will be completed over the next 12 months, as beneficiaries are up for renewal.**
  - During renewal, the beneficiary's local Department of Social Services (DSS) will use information they have on file to decide if they or their family member(s) still qualify for NC Medicaid.
  - If the local DSS needs more information from a beneficiary to decide on coverage, they will send the beneficiary a renewal letter in the mail.
- **If a beneficiary is found ineligible for Medicaid, they will receive a letter with the following information:**
  - The program being terminated or reduced.
  - The decision made by DSS.
  - Deadlines for responding.
  - How to appeal the decision.

## If a Beneficiary is Redetermined Ineligible

If a beneficiary loses their NC Medicaid eligibility during redetermination their Medicaid coverage will end.

- **Beneficiaries have the right to:**
  - **Appeal the decision. Beneficiaries have 60 days from the date of the termination letter to appeal.**
  - **Continue to receive benefits pending the fair hearing decision.\***
- **If a beneficiary no longer qualifies for Medicaid:**
  - **They may be able to buy a health plan through the Health Insurance Marketplace *and* get help paying for it.**
  - **Four out of five enrollees can find plans that cost less than \$10 a month**
  - **Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits and more**

\* If the resolution upholds the beneficiary's termination, the beneficiary may be required to pay for medical services received while the appeal was pending.

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## **ePASS – an Overview**

**ePASS is a secure, web-based, self-service tool that enables North Carolinians to apply for possible eligibility for several NC benefits and services.**

- **For NC residents, ePASS allows them to apply for various benefits, view case details, renew their Medicaid and update their information without having to visit their local Department of Social Services.**
- **For local DSS, ePASS aims to improve effectiveness, efficiency and flexibility for caseworkers and agencies by reducing staff workload.**
  - **ePASS streamlines the application process so people don't need to wait in line or appear in person at their local DSS.**
- **ePASS is available over the internet. Individuals can use ePASS from the privacy of their home or from any internet location. It can be accessed with a computer, mobile phone or tablet.**

# What is an Enhanced ePASS Account?

**An enhanced ePASS account allows individuals to go online and:**

- **Update information without having to contact their local DSS, such as changing their mailing address or completing their Medicaid renewal. It is important to make sure their mailing address is correct, so they receive information from NC Medicaid.**
- **View their case details – not only for Medicaid, but for other programs like Food and Nutrition Services (FNS).**
- **If they are signing up for an ePASS account for the first time, they will be prompted to enhance your account.**

# Resources

- ePASS Fact Sheet [English](#) | [Spanish](#)
- [ePASS website](#)
- Local DSS [ncdhhs.gov/localdss](https://ncdhhs.gov/localdss)



# NC Health Choice move to NC Medicaid

Approximately 55,000 NC Health Choice beneficiaries will move to NC Medicaid on April 1, 2023.

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A provision in the North Carolina state budget, approved in July 2022, directed NCDHHS to move NC Health Choice beneficiaries from the NC Health Choice program to the Medicaid program.

- **Benefits of the change**

With NC Medicaid beneficiaries will:

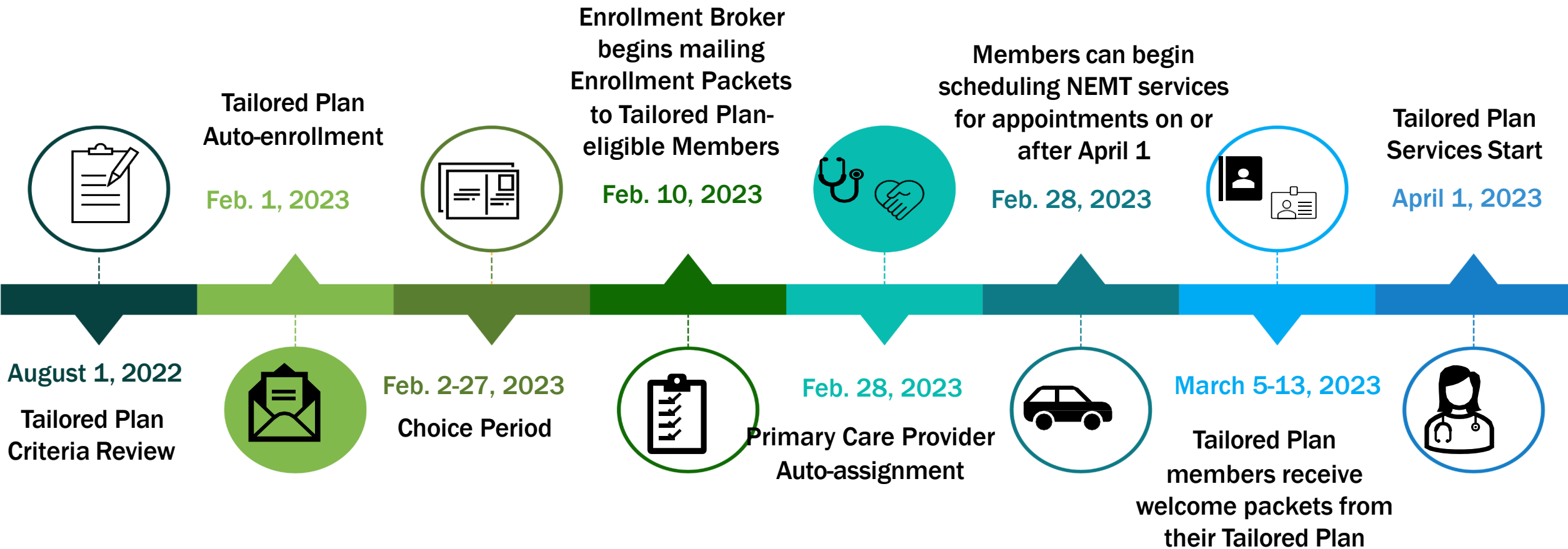
- Be eligible for Early & Periodic Screening, Diagnosis and Treatment (EPSDT), a benefit designed to discover and treat health conditions before they become serious
- No longer have enrollment fees or copays
- Be eligible for Non-Emergency Medical Transportation (NEMT) for Medicaid-covered services

# NC Health Choice move to NC Medicaid

## What to expect

- NC Health Choice beneficiaries will automatically be transferred to the Medicaid program. No action on their own is needed for the change to take effect.
- A letter will be mailed to beneficiaries (their legal guardians) the beginning of March explaining the move.
- NC Health Choice beneficiaries will keep their Medicaid ID number and should keep using their current ID card until they get their new Medicaid ID card in the mail.
- Beneficiaries in the NC Health Choice program cannot opt out of moving to the Medicaid program. NC Health Choice will no longer be an offered program, beginning April 1, 2022.
- For more information visit our webpage [medicaid.ncdhhs.gov/nc-health-choice-move-medicaid](https://www.medicaid.ncdhhs.gov/nc-health-choice-move-medicaid)

# Tailored Plan Timeline and Major Milestones



Tailored Plan Auto-enrollment  
Feb. 1, 2023



Enrollment Broker begins mailing Enrollment Packets to Tailored Plan-eligible Members  
Feb. 10, 2023



Members can begin scheduling NEMT services for appointments on or after April 1  
Feb. 28, 2023

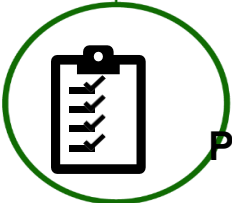


Tailored Plan Services Start  
April 1, 2023

August 1, 2022  
Tailored Plan Criteria Review



Feb. 2-27, 2023  
Choice Period



Feb. 28, 2023  
Primary Care Provider Auto-assignment



March 5-13, 2023  
Tailored Plan members receive welcome packets from their Tailored Plan



# Tailored Plan Criteria Review

August 1, 2022

Beneficiaries were assessed for Tailored Plan enrollment. Those who qualified were auto-enrolled or mailed a notice explaining their health care options.

PROGRAMS	TAILORED PLAN-ONLY SERVICES
<ul style="list-style-type: none"><li>• Innovations Waiver (or waiting list)</li><li>• TBI Waiver (or waiting list)</li><li>• Transition to Community Living (TCL)</li></ul>	<ul style="list-style-type: none"><li>• Used a Medicaid service that will be available only through the Tailored Plan</li><li>• Used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds</li></ul>
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none"><li>• Children with complex needs</li><li>• Qualifying I/DD diagnosis code</li><li>• Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period*</li><li>• Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or received ECT during the lookback period*</li></ul>	<ul style="list-style-type: none"><li>• Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility</li><li>• Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*</li></ul>

\* Beneficiaries will be assessed based on a 24-month lookback period

## Tailored Plan Auto-enrolled vs. Opt-in Populations

- Beneficiaries who met Tailored Plan enrollment criteria were auto-enrolled in a Tailored Plan Feb. 1, 2023
- Other beneficiaries who met Tailored Plan enrollment criteria, but were not auto-enrolled, can choose to enroll in a Tailored Plan by calling the Enrollment Broker.

### Auto-enrolled Population Examples

- Innovations Waiver participants (including duals)
- TBI Waiver recipients (including duals)
- People who need certain services for a mental health disorder, substance use disorder, I/DD or TBI

### Opt-in Population Examples

- Federally recognized tribal members
- Individuals who qualify for services through Indian Health Service (IHS)



# Questions and Answers



**Comments, questions and feedback are welcome at:**

[BHIDD.HelpCenter@dhhs.nc.gov](mailto:BHIDD.HelpCenter@dhhs.nc.gov)

[Medicaid.Transformation@dhhs.nc.gov](mailto:Medicaid.Transformation@dhhs.nc.gov)