

NC Department of Health and Human Services

Joint DMHDDSAS and DHB Provider Call

Deb Goda

Associate Director, Behavioral Health and I/DD

Thursday, Sept. 1, 2022

Tailored Plan Choice Period

August 15, 2022

October 14, 2022

During this time, members may choose a primary care provider (PCP) and a Tailored Care Management provider or different health care option (if applicable).

Choice Period

- Members may contact their Tailored Plan to choose a PCP and Tailored Care Management (TCM) provider.
- Members may contact the NC Medicaid Enrollment Broker to choose a different health care option (if applicable).
 - The Enrollment Broker has extended their Call Center hours to assist beneficiaries with choice counseling.
 - Some Tailored Plan members will have the option to enroll in a Standard Plan. They cannot enroll in a Standard Plan via website or mobile app – they **must** enroll via phone or enrollment form.

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">• Innovations Waiver (or waiting list)• TBI Waiver (or waiting list)• Transition to Community Living (TCL)	<ul style="list-style-type: none">• Used a Medicaid service that will be available only through the Tailored Plan• Used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none">• Children with complex needs• Qualifying I/DD diagnosis code• Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period*• 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*	<ul style="list-style-type: none">• 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• 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*

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

Auto-Enrollment Algorithm

Auto-enrollment for Tailored Plan members was based on the following:

1

Beneficiary meets Tailored Plan enrollment criteria

Determines if the beneficiary needs certain services only offered by Tailored Plans (e.g., TBI/Innovations Waiver services).

2

The county that manages the member's Medicaid case

Determines which Tailored Plan the member was auto-enrolled in. There is only one Tailored Plan per county. Members cannot choose a different Tailored Plan.

3

Special population considerations

Determines if the member is part of a special population and should not be auto-enrolled in the Tailored Plan (e.g., duals, federally recognized tribal members, children in foster care).

Tailored Plan Auto-enrolled vs. Opt-in Populations

- **Certain beneficiaries who met Tailored Plan enrollment criteria were auto-enrolled in a Tailored Plan Aug. 15, 2022.**
- **Other beneficiaries who met Tailored Plan enrollment criteria were not auto-enrolled but can choose to enroll during the choice period (Aug. 15, 2022–Oct. 14, 2022).**

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)**



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

**Michael Leighs
Deputy Director, Engagement**

September 1, 2022

Federal COVID-19 Public Health Emergency

In January 2020, the federal government declared a public health emergency (PHE) due to COVID-19.

- For Medicaid, the PHE helped prevent beneficiaries from losing their health coverage during the pandemic, even if their eligibility changed.**
- It also helped health care providers keep their practices running so they could deliver care to Medicaid beneficiaries.**

Beneficiary Redeterminations

- The end of the federal PHE means Medicaid programs across the country will need to restart eligibility redeterminations for beneficiaries.
- As directed by Session Law 2020-88, counties in NC resumed Medicaid eligibility determinations for beneficiaries whose annual redetermination was due on or after Sept. 1, 2020.
 - If beneficiaries are redetermined ineligible or eligible for a more limited benefit plan, they are marked as extended for COVID-19 in NC FAST and their eligibility is continued in their current benefit plan.

Federal COVID-19 Public Health Emergency Timing

- **The COVID-19 federal PHE currently extends through October 13, 2022**
- **States will receive a 60-day notice announcing the end of the PHE**
- **While we do not know for certain when the PHE will end, Medicaid wants to help beneficiaries and providers understand potential impacts and steps they can take now to be ready.**

Beneficiary Communication for Redeterminations

Key Messages

- ***Report all changes to your local DSS***
 - **Don't miss important information about your Medicaid benefits!**
 - **Update your contact information on file with your local DSS (dhhs.nc.gov/localdss) today. This includes your address, household size or income.**
- ***Check your mail***
 - **If any information is needed, your local DSS will send you a letter about your Medicaid or NC Health Choice benefits. It is important to respond if DSS asks for information.**

Communication for Redeterminations

Engagement and Outreach

- **NCDHHS is working closely with the NC DSS Directors Association and has developed a work group with health plans, the Enrollment Broker and the Ombudsman.**
- **Call scripting will be provided to the Standard Plans, Tribal Option, LME/MCOs, CCNC, Enrollment Broker and Ombudsman.**
- **NCDHHS will be working with our partners and leveraging a variety of communications channels to share information in preparation for the end of the federal PHE.**

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

NC Medicaid's new 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).



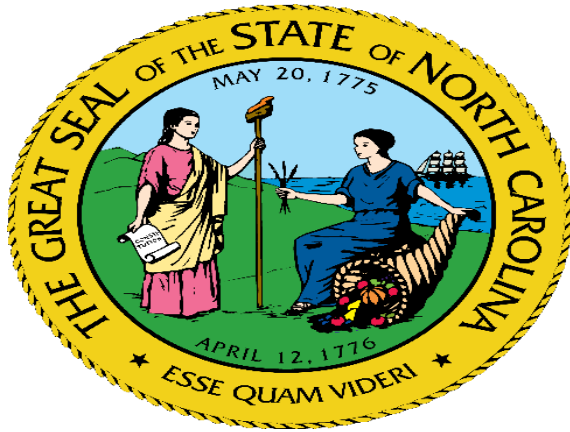
NC Medicaid End of COVID-19 PHE Toolkit

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](#)



NC Department of Health and Human Services
DMHDDSAS
NC 9-8-8
Suicide and Crisis Lifeline

Lisa DeCiantis MA, LCMHC
Human Service Program Consultant

September 1, 2022

LIVE NOW



NC 988

- **NC Call Center (REAL Crisis Intervention Inc.)**
 - **Call/Text 988 24/7**
 - **Chat 988lifeline.org 24/7**
- **SAMHSA grant helping with workforce development**
- **NC call center identified in top 7**
- **July answer rate**
 - **Offered* 5,636**
 - **Answered* 5,161**
 - **ASA (H:M:S) 00:00:15**
 - **Avg. Talk Time 00:09:12**
 - **Answer Rate 92%**

988 Call Volume

Call Volume

6/4-7/15

3,770

7/16-8/26

5,733

Increase

52%

First Time Callers

2,176

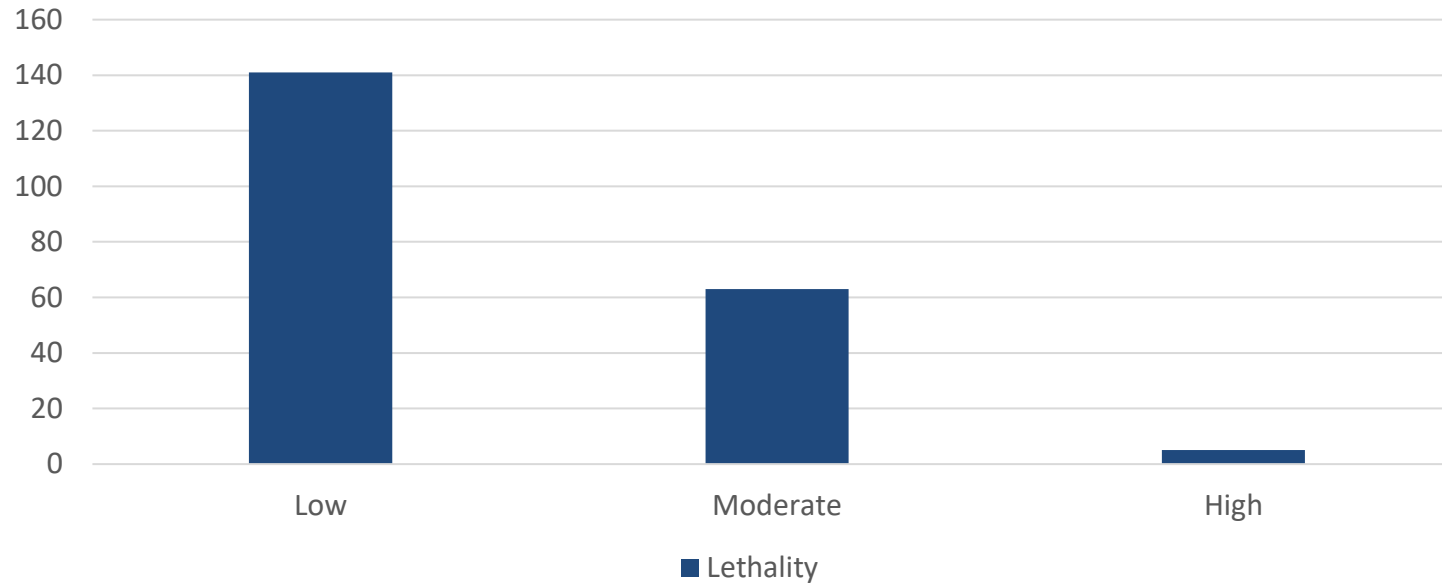
3,842

77%

988 Callers

Ages	6/4-7/16	7/16-8/26	% Increase
0-12	51	134	163%
13-17	354	588	66%
18-24	727	1,130	55%
25-34	903	1,458	61%
35-44	530	886	67%
45-54	416	829	99%
55-64	400	636	59%
65+	296	501	69%

988 High Intensity Calls – July 2022



Total Suicide Calls July 2022=308

High Active Intervention-Total 2%

Moderate -Total -28% -

988 Chat/Text

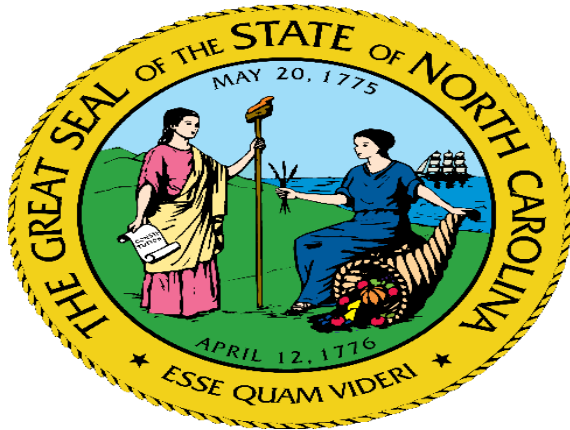
- July 16 24/7 chat/text offered
- July 16-31, 2022 = 441
- August 1-21=500
- Daily Average=24 daily

Age Range August 1-21

0-12	21
13-17	112
18-24	114
25-34	77
35-44	36
45-54	14
55-64	9
65+	1
Unknown	116

Gender – August 1-21

Female	223
Male	105
Non – Binary	26
Unknown	146
Race	
African American	10
White	50
Multi Racial	1
Unknown	433



Clinical Coverage Policy 8C- Outpatient Behavioral Health Services UPDATE

**Stacy A. Smith, LCMHC-S, LCAS, NCC
Behavioral Health Policy Analyst
NC Division of Health Benefits**

September 1, 2022

CCP 8C- Update

- **Objectives**
 - Provide clarification on the proposed changes in policy
 - Provide an update regarding next steps in policy development

CCP 8C- Update

- Many codes have been made telehealth eligible and updated in the current policy
- Providers must follow the requirements and guidance in CCP 1-H Telehealth, Virtual Communications and Remote Patient Monitoring when using telehealth

Telehealth should be used when it is the preference of the beneficiary. Beneficiaries that wish to receive in-person services still need to be provided that option.

CCP 8C- Update

- **Psychological Testing Codes:**
 - We are seeking feedback regarding what codes related to psychological testing are appropriate for telehealth, and which ones need to be conducted in person

CCP 8C- Update

- **SOME codes have been made eligible for Telephonic Services**
- **This is reserved for circumstances when:**
 - **Physical or behavioral health status prevent the beneficiary from participating in in-person or telehealth services; or**
 - **Access issues prevent the beneficiary from participating in in-person or telehealth services**
- **Providers should review CCP 8C, Section 3.2.2 for Telephonic Specific Criteria**

CCP 8C- Update

- **Additional stakeholder feedback received that is under consideration:**
 - Request to remove unmanaged units for visits
 - ASAM training requirements should not required.
 - Credentialing and supervision of NPs was problematic

CCP 8C- Update

- Next steps
- CCP 8C will post again for **15-day public comment**
- Stacy Smith at stacy.smith@dhhs.nc.gov

Additional Resources

- **NC Medicaid Enrollment Broker**

- Website ncmedicaidplans.gov
- Call Center 833-870-5500
- Tailored Plan webpage ncmedicaidplans.gov/learn/get-answers/tailored-plan-services

- **NC Medicaid Ombudsman**

- Website ncmedicaidombudsman.org
- Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

- **NC Medicaid Behavioral Health I/DD Tailored Plan**

- Webpage medicaid.ncdhhs.gov/BehavioralHealth_IDD_TailoredPlan
- [Behavioral Health I/DD Tailored Plan Fact Sheet for Providers](#)
- [Behavioral Health I/DD Tailored Plan Fact Sheet for Beneficiaries](#)

Provider Resources

- **NC Medicaid Transformation**

- [medicaid.ncdhhs.gov/transformation](https://www.ncdhhs.gov/medicaid/transformation)
- Includes County and Provider Playbooks

- **NC Medicaid Help Center**

- [medicaid.ncdhhs.gov/helpcenter](https://www.ncdhhs.gov/medicaid/helpcenter)

- **Practice Support**

- [ncahec.net/medicaid-managed-care](https://www.ncahec.net/medicaid-managed-care)
- **Back Porch Chat Webinar Series**
 - Hosted by Dr. Dowler on the third Thursday of the month
- **Virtual Office Hours for Providers**

- **Regular Medicaid Bulletins**

- [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.ncdhhs.gov/providers/medicaid-bulletin)



Questions & Answers



Have a question, send it to us. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services is working to centralize questions so we can ensure your questions are answered in a timely manner by the appropriate subject matter experts.

Comments, questions and feedback are welcome at:

- BHIDD.HelpCenter@dhhs.nc.gov
- Medicaid.Transformation@dhhs.nc.gov
- www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse-services

Requests for presentations or to provide feedback:

Medicaid.NCEngagement@dhhs.nc.gov