

# **Provider Central: Q&A Webinar for Vaya Network Providers**

**Friday, May 28, 2021**



**Good Morning and Welcome**

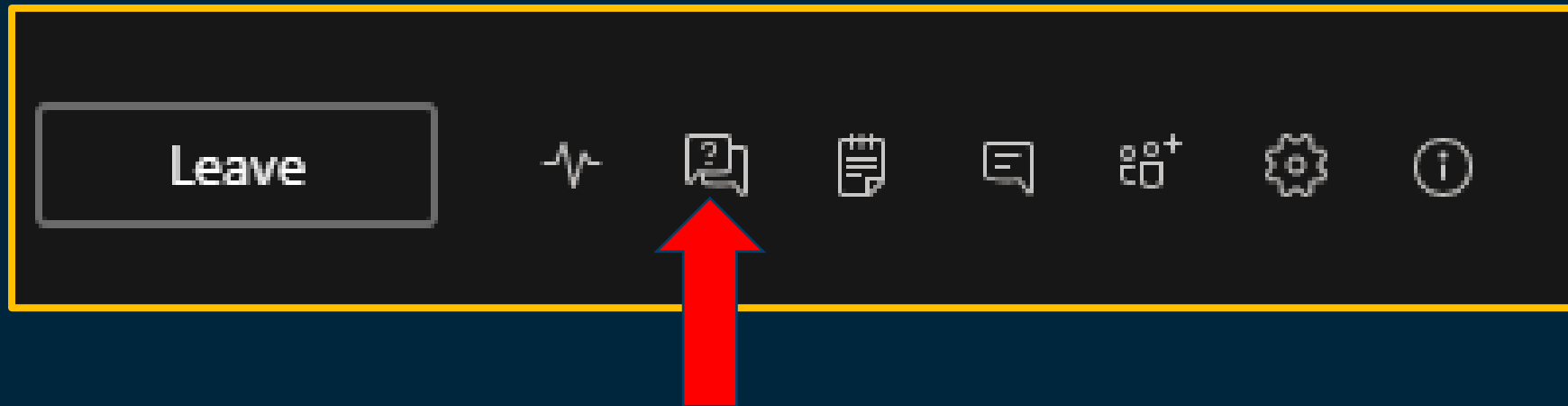
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# How the live broadcast works

- Attendees are seeing the broadcast on a 30 second delay.
- All attendees are muted throughout the broadcast.
- Attendees 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 moderator. Submitted questions will be addressed at 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.**



# Where can I find...

## Q&A Webinar Recordings and Resources:

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Communication Bulletins

# Today's Vaya Participants

**Donald Reuss**, Sr. Vice President, Provider Network Operations

**Tommy Duncan**, Training and Special Projects Manager, Provider Network Operations

**Justine Tullos**, Provider Network Operations (Q&A Moderator)

# Sarah Pfau

Health Policy Consultant,  
Cansler Collaborative Resources

on behalf of  
NC Providers Council

[ncproviderscouncil.org](http://ncproviderscouncil.org)



# Provider Updates

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Sarah Pfau, JD, MPH  
Senior Consultant  
CCR





# NCGA Legislative Updates

May 28, 2021

# Session Laws of Interest



[S.L. 2021-22](#): AN ACT TO REDUCE UNNECESSARY REGULATORY CONSTRAINTS FOR APPLIED BEHAVIOR ANALYSIS.

[S.L. 2021-18](#): AN ACT TO MODIFY THE RIGHT TO APPEAL IN TERMINATION OF PARENTAL RIGHTS CASES

[S.L. 2021-7](#): AN ACT TO ESTABLISH SCHOOL EXTENSION LEARNING RECOVERY AND ENRICHMENT PROGRAMS IN EACH LOCAL SCHOOL ADMINISTRATIVE UNIT TO MITIGATE THE IMPACTS OF COVID-19 ON AT-RISK STUDENTS

[S.L. 2021-26](#) : – AN ACT EXEMPTING AMBULATORY SURGICAL CENTERS FROM THE REQUIREMENT TO SUBMIT DEMOGRAPHIC AND CLINICAL DATA, EXTENDING FOR CERTAIN PROVIDERS AND ENTITIES THE DEADLINES FOR MANDATORY PARTICIPATION IN THE STATEWIDE HEALTH INFORMATION EXCHANGE NETWORK KNOWN AS NC HEALTHCONNEX, AND INSTITUTING REFORMS TO PROTECT PATIENTS

# Senate Bills of Interest

## Made Crossover **OR** Likely to Appear in Budget Bill

SB90- Social Services Reform/CWBTC: AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO MAKE REFORMS TO IMPROVE SOCIAL SERVICES, THE FOSTER CARE SYSTEM, AND CHILD WELFARE SERVICES; TO MAKE APPROPRIATIONS TO TRANSITION TO REGIONAL SUPERVISION; TO IMPROVE INTERCOUNTY COLLABORATION BETWEEN DEPARTMENTS OF SOCIAL SERVICES; AND TO SUPPORT THE IMPLEMENTATION OF THE FAMILY FIRST PREVENTION SERVICES ACT, AS RECOMMENDED BY THE NORTH CAROLINA CHILD WELL-BEING TRANSFORMATION COUNCIL

SB93- Assisting NC Families in Crisis: AN ACT TO ALLOW PARENTS TO RETAIN MEDICAID ELIGIBILITY WHILE THEIR CHILD IS TEMPORARILY SERVED BY THE FOSTER CARE SYSTEM

SB161 – NC Statewide Telepsychiatry Program/Funds

SB173 – Occupational Therapy Interstate Compact

S191 – No Patient Left Alone Act

SB207 – Various Raise the Age Changes/JJAC Recs

SB321 – Amend NC Controlled Substances Act

SB371 – Resume Funding Adult & Pediatric TBI Pilot

SB408 – Stop Addiction Fraud Ethics Act of 2021

SB448 – Amendments to Schedule VI of the CSA

SB462 – CON Threshold Amds. & Certificate Expirations

SB530 – Medicaid for Twelve Months Postpartum

SB538 – DHHS Contract/EPIC at State Psych Hospitals

SB594 – Medicaid Admin. Changes & Tech. Corrections

SB622 – 2021 Governor's Budget

SB666 – Update Reqs. / Advance Health Care Directives

SB692 – Use of Opioid Settlement Funds

*\*Multiple COVID relief, broadband, telehealth, workforce wage, CON, and Medicaid Expansion bills*



# House Bills of Interest

Made Crossover **OR** Likely to Appear in Budget Bill



HB61 – Local Communicable Disease Programs/Funds

HB93 – Require Naloxone Scripts with Opioid Scripts

HB96 – Allow Pharmacists to Admin. Injectable Drugs

HB144 – Teledentistry / RDH Admin. Local Anesthetic

HB149 – Improving Access to Care through Telehealth

HB174 – Funds to Help Those Struggling with Addiction

HB178 – Access to Prescription Drug Cost Information

HB209 – Support Statewide Telepsychiatry Program

HB212 – Social Services Reform

HB249 – Children with Disabilities Funding Formula

HB252 – Various Raise the Age Changes/JJAC Recs

HB280 – Mental Health Facility/Western NC/Funds

HB295 – DSS Review of Procedures /OAH

HB339 – PDN Workforce Stability/Medicaid

HB346 – Funds for Down Syndrome Programs

HB351 – Clifford's Law

HB383 – Medicaid Modernized Hospital Assessments

HB389 – North Carolina Innovations Waiver Act of 2021

# House Bills of Interest

Made Crossover **OR** Likely to Appear in Budget Bill



HB436 – Support Law Enforcement Mental Health

HB473 – Revise Laws/Safe Surrender/Infants

HB553 – Traumatic Brain Injury Advisory Council/Funds

HB555 – 2021 Governor’s Budget

HB639 – Funds for Opioid Abuse Treatment Centers

HB646 – Dental Care Act

HB658 - Deploy Child Welfare & Aging Component/NCFAST

HB665 - Address Direct Sup. Staffing Crisis/Medicaid

HB731 - Adult Day Care Consistency/Funding Sources

HB734 - Dept. of Health & Human Services Revisions

HB747 - Merge NC Health Choice & Medicaid

HB756 - State as a Model Employer/IDD

HB769 - Foster Parents' Bill of Rights

HB788 - Achieve Better Mental Health Recovery Results

HB879 - LME/MCO Funds Transfer/Partners Add'l Funding

HB914 - Support Our Direct Care Workforce

HB928 - Opioid Overdose Prev. Pilot Program/Funds

HB947 – The G.R.E.A.T. Broadband Expansion Act



# Federal Agency Updates

May 28, 2021

# CMS Regulatory Guidance

## 10% FMAP Increase for HCBS

- Access the 5/13/2021 CMS Dear State Medicaid Director letter and appendices with covered services and suggested enhancements [here](#).

## State Medicaid Agencies Must:

- Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021;
- Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021; and
- Use the funds to supplement versus supplant existing Medicaid HCBS funding.

## **Home and Community-Based Services Eligible for the American Rescue Plan Section 9817 Temporary Increased FMAP**

Home Health

PCS

Self-Directed PCS

Case Management

School-based Services

Rehabilitative Services

PDN

PACE

MLTSS

Section 1115 Demonstrations

Section 1915(c) Waivers

Others not applicable to NC

# CMS COVID-19 Retainer Payment Updates

Retainer payments allow certain providers to continue to bill for individuals who are enrolled in an HCBS program or who otherwise receive personal care services authorized under sections 1915(c), 1915(i), 1915(k), or 1115, as specified in their person-centered service plan when circumstances prevent the individual from receiving the service.

Previously, CMS had authorized states up to three 30-day episodes of retainer payments for an individual during the period of the COVID-19 Public Health Emergency (PHE) using the Appendix K template for section 1915(c) waivers, a disaster relief state plan amendment for section 1915(i) or (k) programs, or an Attachment K for HCBS services under a section 1115 demonstration. Due to the duration of the COVID-19 PHE, which has spanned two calendar years, CMS is *now* authorizing states to choose to offer up to three additional 30-day periods in calendar year 2021.

The additional days of retainer payments may be retroactively effective to January 1, 2021.

For states that are seeking to contractually require managed care plans to make retainer payments to providers where the authorized service is covered under the managed care plan contracts, states must seek approval under 42 C.F.R. § 438.6(c) for state directed payments.

**Waiting for response from DHB re: current status of this extension in NC.**



# U.S. DHHS / SAMHSA Block Grants

## **North Carolina amounts will be:**

- Community Mental Health Services Block Grant: \$41.5M
- Substance Abuse Prevention and Treatment Block Grant: \$36.4M

*These are administered by DMH/DD/SAS, NC DHHS at the State level.*

[HHS Announces \\$3 Billion in American Rescue Plan Funding for SAMHSA Block Grants to Address Addiction, Mental Health Crisis | HHS.gov](#)

# NC DHHS Updates

May 28, 2021

# Standard Plan Enrollment Update

## Total Members by Health Plan by Enrollment Method

All Regions	Active Selection	Auto-Enrollment	Total		Existing PCP in-network
Plan	Total Members	Total Members**	Members	% of Members	% of Members
AmeriHealth Caritas	12,120	264,048	276,168	19%	97%
HealthyBlue	104,870	251,578	356,448	25%	98%
Carolina Complete Health*	23,943	166,816	190,759	13%	98%
United Healthcare	37,824	283,815	321,639	22%	97%
WellCare	33,854	268,525	302,379	21%	97%
Tribal Option	76	3,630	3,706	0.3%	100%***
<b>Total</b>	<b>212,687</b>	<b>1,238,412</b>	<b>1,451,099</b>	<b>100%</b>	<b>97%</b>

\*Carolina Complete Health is only available to members in Regions 3, 4 and 5.

\*\*Totals include members temporarily living out of state that were auto-enrolled into plans.

\*\*\*Members who have an existing PCP that is not in the Tribal Option network will remain in NC Medicaid Direct

# Standard Plan Enrollment Update

## Total Members by Health Plan by Region

Plan	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Total**
AmeriHealth Caritas	29,165	47,229	67,142	51,486	38,973	41,565	275,560
HealthyBlue	34,868	80,512	70,926	61,397	54,365	53,913	355,981
Carolina Complete Health*	-	-	70,204	61,657	58,898	-	190,759
United Healthcare	32,727	64,931	69,375	57,397	51,036	45,593	321,059
WellCare	30,821	60,270	62,332	54,883	49,077	44,440	301,823
Tribal Option	3,706	-	-	-	-	-	3,706
<b>Total</b>	<b>131,287</b>	<b>252,942</b>	<b>339,979</b>	<b>286,820</b>	<b>252,349</b>	<b>185,511</b>	<b>1,448,888</b>
*Carolina Complete Health is only available to members in Regions 3, 4 and 5.							
**Total does not include 2,211 members temporarily living out of state were auto-enrolled into plans.							



# Tailored Plan Projected Enrollment Update

DHHS released data on the number of Medicaid and NC Health Choice beneficiaries who, as of 4/2021, meet eligibility criteria to enroll in Tailored Plans scheduled to launch in July 2022. The number is expected to decrease after the federal PHE end date.

- Statewide, approximately 200,000\* current Medicaid and NC Health Choice beneficiaries meet one or more criterion for Tailored Plan eligibility. Characteristics:
  - 58% have a behavioral health condition
  - 20% have an I/DD or traumatic brain injury (TBI)
  - 15% have a co-occurring behavioral health condition and I/DD
  - 62% are adults and 38% are children
- The Department may make updates to the Tailored Plan eligibility criteria, including a more recent lookback period for qualifying behavioral health claims.

\*The data include approximately 46,000 dual eligibles who are currently carved out of Medicaid managed care unless the Department obtains legislative authority.

# Estimated Tailored Plan Eligibles in Vaya Catchment

## County

- Alexander - 263
- Alleghany - 72
- Ashe - 208
- Avery - 103
- Buncombe – 2,401
- Caldwell - 869
- Cherokee - 255
- Clay - 63
- Graham - 239
- Haywood – 1,508

## County

- Henderson – 1,901
- Jackson - 834
- Macon - 791
- Madison - 489
- McDowell – 1,451
- Mitchell - 342
- Polk - 325
- Swain - 446
- Transylvania - 725
- Watauga - 517
- Wilkes – 1,630
- Yancey - 416

**Vaya total:** 15,848 (7.9% of statewide TP eligibles). See all estimates by county and condition [here](#).

The slide features a white background with a dark grey triangle in the top-left corner and a light grey triangle in the top-right corner. A white diagonal line separates these two grey areas. At the bottom, there is a light grey triangle on the left and a yellow triangle on the right, also separated by a white diagonal line.

# IDU Updates

May 28, 2021

# TBI Waiver Renewal Pending

## North Carolina TBI Waiver Expansion Planning

- TBI Waiver still under review with CMS with an anticipated start date of July 1, 2021.
- The new waiver application proposes short-term expansion with the addition of one new LME/MCO catchment area initially, then going statewide within five years.
- DHB developing an RFP for LME/MCOs to apply for the additional waiver region.

## Proposed Changes in The NC DHHS TBI Waiver Renewal Application

- Lower the qualifying age of Date of Traumatic Brain Injury from 22 years to 18 years.
- Change the eligibility requirement from 100% of the Federal Poverty Level to 300%.
- Add Supported Living as a service definition.
- Add the language: “Individuals who receive Day Supports do not have to attend the Day Supports facility and therefore are often in the community with individuals without intellectual and developmental disabilities.”
- Add language regarding criteria for beneficiaries to exceed the \$135,000 Waiver limit.



# Medicaid Transformation Changes in IRIS

- Changes will appear in IRIS by July 1, 2021 to incorporate fields needed for Medicaid Transformation and to improve data analysis and trending.
- Providers will enter information about the provider agency/ facility and will choose between PHP (by Plan) and LME/MCO based on beneficiary enrollment.
- Providers will now enter beneficiaries' Medicaid number or CNDS Number and the funding source for the services rendered.
- Providers will now add information regarding any Traumatic Brain Injury and Veteran status.
- IRIS will use the data to determine the incident level and route the report to the appropriate PHP or LME/MCOs (Home and Host) and appropriate agencies.

# Medicaid Transformation Changes in IRIS

☆ Does consumer receive Innovations Waiver?

Yes  No  Unknown

☆ Self-Directed Waiver?

Yes  No  Unknown

☆ Is this person in the Money Follows the Person program?

Yes  No  Unknown

☆ Does consumer have TBI (Traumatic Brain Injury)?

Yes  No  Unknown

☆ Has this person ever hit his/her head or been hit in the head, including being told that he or she has/had a concussion?

Yes  No  Unknown

☆ Has the person ever had a loss of consciousness or experienced a period of being dazed and/or confused because of the injury to the head?

Yes  No  Unknown

How old were you the first time you were knocked out or loss consciousness?

8

Veteran:

Have this person or a family member ever served in the Active Duty, Guard, or Reserve Armed Services?

Yes  No  Not Known

If yes, has this person ever served in a Combat Zone?

Yes  No  Not Known

# MH-SUD Updates

May 28, 2021

# Opioid Epidemic Updates

## **SB692 - Use of Opioid Settlement Funds**

**AN ACT ESTABLISHING AN OPIOID ABATEMENT FUND FOR RECEIVING OPIOID SETTLEMENT FUNDS AND SPECIFYING HOW AND WHEN THESE FUNDS MAY BE USED.**

“The Opioid Abatement Fund (Fund) is established as an interest-bearing special fund. All funds received by the State as a beneficiary of the final consent judgment resolving the case, *State of North Carolina, ex rel Joshua H. Stein, Plaintiff v. McKinsey and Company, Inc.*, in the General Court of Justice, Superior Court Division, Wake County, shall be deposited into the Fund pursuant to G.S. 114-2.4A. . .” **Fund expenditures are prohibited without NCGA appropriations and NC DHHS Secretary consultation with the JLOC on HHS, the Joint Legislative Commission on Government Operations, and the Chairs of the Senate and House HHS Appropriations Committees.**

“North Carolina will receive \$18,984,494.71 over five years, with the vast majority coming in the first year. The settlement requires that it be spent on opioid abatement.” [source: [Attorney General Josh Stein Reaches \\$573 Million Settlement with McKinsey Over Opioids - NC DOJ](#)]

## **MDL Settlement Agreement Pending**

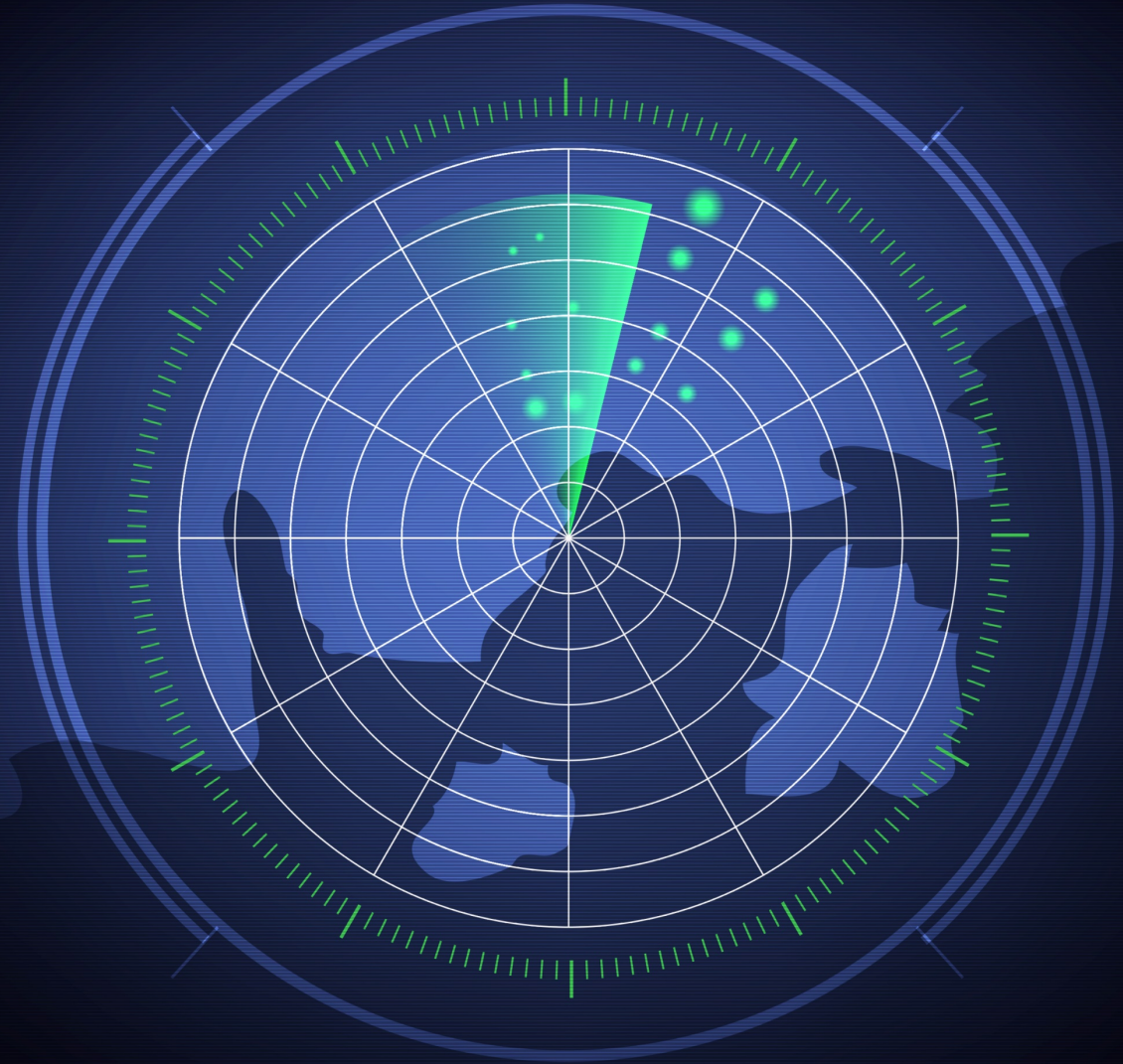
North Carolina could receive as much as \$850 million over an 18-year period. [source: [How will NC spend its opioid settlement money? - NC Health News \(northcarolinahealthnews.org\)](#)]

4/27/2021 NCACC & NCDOJ Memorandum of Agreement: [Text-of-NC-MOA-4.30.21.pdf \(ncacc.org\)](#)

- 15 percent to the state, which the General Assembly would appropriate to address the epidemic
- 80 percent to local governments, including all 100 counties and large municipalities, as well as those that joined the national litigation
- An additional five percent to an incentive fund to encourage counties and large- and medium-size municipalities to sign on to the agreement, in order to maximize the settlement funds coming into North Carolina
- The Memorandum of Agreement includes details about settings and populations in which MAT will be supported.

This month NC DHHS released its third edition of the [NCDHHS: North Carolina's Opioid Action Plan](#).

**On  
your  
radar...**



# FY22 Provider Contracts

- FY22 Contracts for Medicaid and State funds are in process of being sent out
- We are still waiting on approval of some County MOE funds- if your organization is receiving county funds your contract may be delayed
- Some state funded contracts are being held until we receive an allocation from the state
- If you have questions about your contract, please contact your Provider Network Manager or send an inquiry to [provider.info@vayahealth.com](mailto:provider.info@vayahealth.com) .

# Retroactive Medicaid Rate Enhancements

- Communication Bulletin Issue 78 & 79
- Support for community-based providers that have been seeing individuals in the community throughout the pandemic
  - Medicaid rate enhancements continuing through at least 9/30/21
  - State funded rate enhancements will sunset on 6/30/21
- Please work with your Provider Network Manager and Claims Specialist to coordinate any retroactive claims replacement

# From the State



```
int main() {  
    int n;  
    int arr[10];  
    int n = sizeof(arr) / sizeof(arr[0]);  
    int arr[] = {3, 4, 1, 7, 6};  
    int n = sizeof(arr) / sizeof(arr[0]);  
    // Driver code  
    int main()  
    {  
        int arr[] = {3, 4, 1, 7, 6};  
        int n = sizeof(arr) / sizeof(arr[0]);  
        return -1;  
    }  
    if (arr[i] == x)  
        return i;  
    for (i = 0; i <= n; i++)  
        if (arr[i] == x)  
            return i;  
    // linearly search x in arr]. If x is present then return its  
    // location, otherwise return -1.  
    int search(int arr[], int n, int x)  
    {  
        int i;  
        for (i = 0; i < n; i++)  
            if (arr[i] == x)  
                return i;  
        return -1;  
    }  
    // include <bits/stdc++.h>  
    using namespace std;  
    return 0;  
}
```



# DHHS Announces Healthy Opportunities Pilot

- The nation's first comprehensive program to test evidence-based, non-medical interventions designed to reduce costs and improve the health of Medicaid beneficiaries
- Dogwood Health Trust: Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
- [DHHS Announces Three Regions for Medicaid Healthy Opportunities Pilots](#)

# DMHDDSAS Training Needs Assessment

- Goal to identify current needs for training across our system servicing children, youth, and young adults dually diagnosed with a mental illness and an intellectual or developmental disability (to include Autism Spectrum Disorder)
- Approximately 5 minutes to complete
- All responses will be recorded anonymously
- Assessment will close to participation on **Monday, June 14, 2021, 5 p.m.**
- [https://unc.az1.qualtrics.com/jfe/form/SV\\_1ZFFmBiBZKdxv7g](https://unc.az1.qualtrics.com/jfe/form/SV_1ZFFmBiBZKdxv7g)

# Learning Opportunities



# Trauma-Informed Communities Summit

**Wednesday, June 16, 2021**

**9 a.m. – 3 p.m.**

Racial Equality as Foundational to Trauma-Informed Systems:  
Moving toward Healing Communities

- Presented by Trauma-Informed Communities Project, SAMHSA's Center for Child & Family Health, and NC DHHS
- <https://bit.ly/3fbsjs1>

# 2021 Vaya Health Provider and Learning Summit

**July 20 – 22, 2021**

**Microsoft Teams Live Event**

- July 20      Provider specific presentations
  - State of Vaya
  - Medicaid Transformation
  - AMH+ / CMA
  - Integrating Care
  - Fraud, Waste and Abuse Trends
  - Vaya's Provider Portal
  - Provider Prospective
  
- July 21 - 22      Providers are invited to participate in sessions of interest

# Medicaid Transformation: What does it mean for Licensed Independent Practitioners

- Presented by the Vaya Health Provider Advisory Council
- Two webinars held on May 25
- Recordings will be available on Vaya website in [Provider Central](#) early next week.

**New resource from the Kaiser Family Foundation:**

[Mental Health and Substance Use Considerations Among  
Children During the COVID-19 Pandemic | KFF](#)

# COVID-19 Updates





# Executive Order No. 215: Health Care Settings

- “All residents, workers, and visitors in health care settings including hospitals, outpatient healthcare settings, Long Term Care ("LTC") Facilities, skilled nursing facilities ("SNF"), and intermediate care facilities for individuals with intellectual disabilities ("ICFIID"), must follow the requirements in the CDC Healthcare Infection and Prevention Control Recommendations in Response to COVID-19 Vaccination”.
- Additional requirements in health care settings can be found in Executive Order Nos. 130 and 139 and in the Secretarial Orders issued under Executive Order Nos. 152, 165, 177, 193 and 211 (and any extensions).

# EVW Updates



# Electronic Visit Verification (EVV) Update

- NC Medicaid implementation of Electronic Visit Verification (EVV) for the Innovations Waiver, TBI Waiver and (b)(3) services administered by the LME-MCOs has been moved to **June 30, 2021**.
- This new date is to allow for additional testing and provider training.
- Providers should continue to work with the applicable LME-MCOs to prepare for the June 30, 2021, EVV implementation date for Innovations Waiver, TBI Waiver and (b)(3) services administered by the LME-MCOs.

# Electronic Visit Verification (EVV) Update

- Vaya is offering a one-time incentive payment of **\$10,000** to providers of EVV required services in support of EVV implementation.
  - Payment to be applied toward Provider's costs related to EVV implementation
  - Providers will be required to attest to readiness for go live before June 30, 2020, in order to receive incentive payment.
  - A contract amendment will be required in addition to the completed attestation form.

# EVV- HHAeXchange Training

- Vaya, in collaboration with HHAeXchange, are offering the following additional training sessions:

June 15, 2021, 10 a.m.

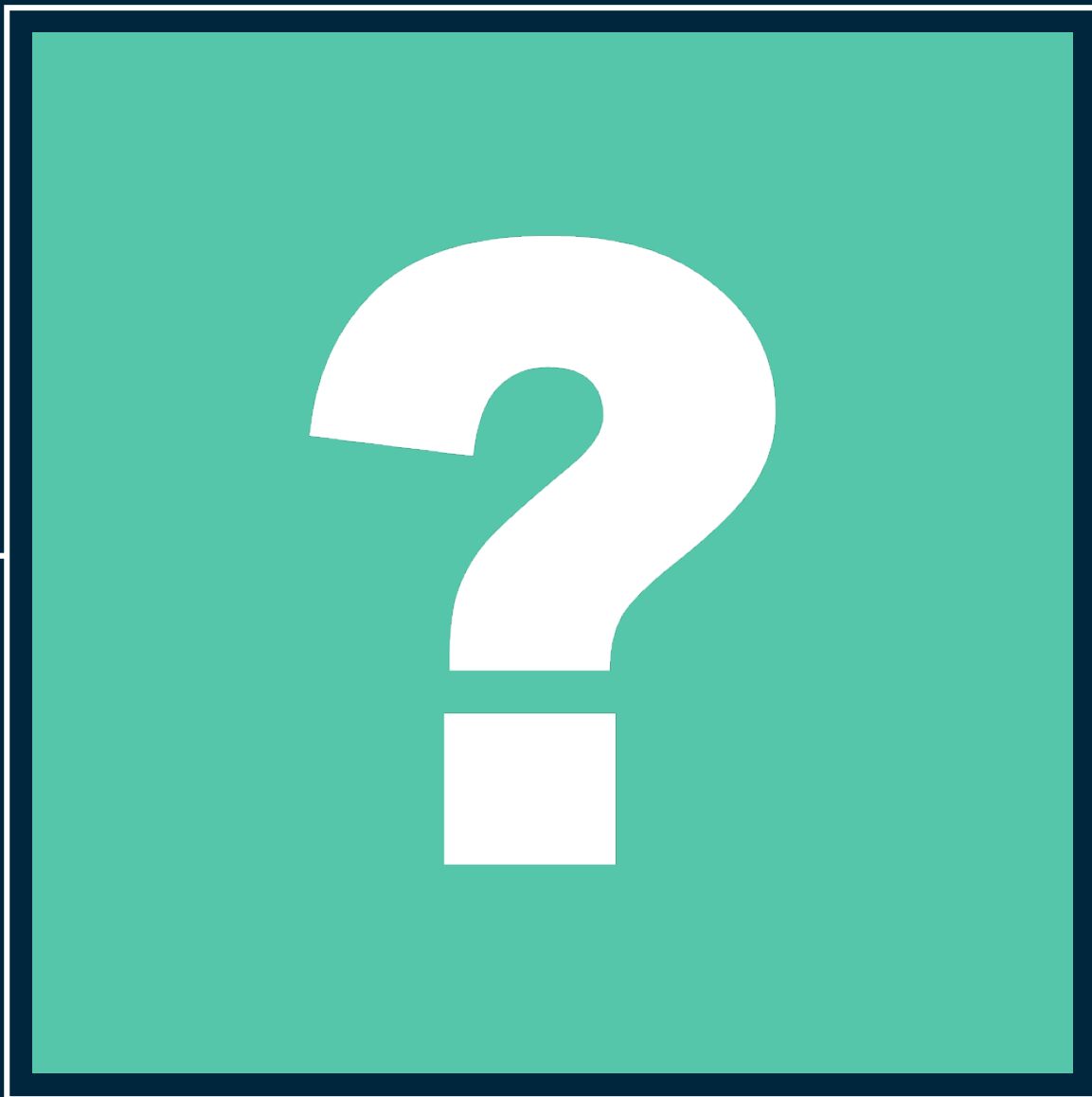
- [Pre-Go-Live Webinar](#) (pre-register) for providers using HHAeXchange

June 3, 2021, 12 p.m.

- [EDI Webinar](#) (pre-register) for any provider with an alternative EVV solution

# HHAXchange Support

- HHA Trainings have been recorded and are available on the [HHAXchange website for North Carolina LMEs](#)
- Please also be aware that the HHA Provider Support Center may be reached at [Support@HHAXchange.com](mailto:Support@HHAXchange.com) or [EDIsupport@hhaexchange.com](mailto:EDIsupport@hhaexchange.com)



**Our Next  
Q&A  
Webinar**

**Friday, June 11, 2021  
11:00 a.m. – 12:00 p.m.**



**We are  
always  
available  
to support  
you:**

**provider.info  
@vayahealth.com**