

**NC Providers Council IDD Committee Videoconference Meeting**

**April 15, 2021**

**Thursday, 10 a.m. – 12 p.m.**

**Welcome and Introductions** – **Devon Cornett, Christopher White**

**Attendees: Devon Cornett, Christopher White, Ann Newsome, Sheryl Zerbe, Fontine Swinson, Joel Brickner, Margaret Mason, Doug Finley, Chris Brigman, Joel Maynard, Sarah Pfau, Wilson Raynor, Kelly Husn, Vanessa Burden, Matthew James**

**Review of Minutes from the 2/18/2021 meeting**

**Special Guests:**

**Kenneth Bausell, IDD Manager NC Medicaid, Behavioral Health**

* **EVV updates –EVV implementation delayed to June 30, 2021. Weekly calls are made with Medicaid providers and MCOs to meet 6.30 date. Setting up command center to triage issues that are happening. Finalizing guidance now to ask additional for codes/modifiers for live in caregiver in homes.**
* **County disengagement update – Stanly and Forsyth seeking alignment with Partners**

**Orange seeking to align with Alliance posted on 3.16.21**

**L Chancey - there aren’t any pre-approvals made, decisions are made out of the Secretaries office along with the Deputy Secretary.**

**Question – once disengagements approved by Secretary, is it possible 9.1.2021 is the effective date for all approved counties to disengage? L Chancey - Statue guidelines include timelines for the approval process, MCOs must move monies around, HCBS data base has to move to reallocate funding, etc. so it is doubtful all counties will have effective final date of 9.1.21.**

**Question- what about Meck – have they submitted request to disengage? L Chancey – we only released what counties / timelines we have released for today’s meeting.**

**Question – B3 services were specific to LME/MCOs based on their savings - What is being looked at in terms what moves over to the “new” MCO. L Chancey -B3 only Medicaid, so this is a KB question. Suggestion to providers that are active with both MCOs, then providers should ask “new” MCO how will this scenario be handled and then let MCO know what the individual is currently B3 services from “old” MCO.**

**Question – In regard to standard plans starting 7.1.21 and the process of moving so many people, MCOs have different data systems - Partners going into new data system and EVV, concerned that too many things are happening at once. Is the capacity of MCOs capacity taken into consideration when applications for disengagement are reviewed? L Chancey – not sure how technology capability is considered when looking at realignment but encouraged ongoing communication to note concerns to the MCOs.**

**Question - Union County going to Partners, notify through network specialist or UM to plan for continuity of care for people receiving B3 services? L Chancey will follow up on how B3 services moves from one LME/MCO to another.**

**There is concern from providers that B3 funds are already cut so for continuity of care is it 3 months or 6 months the service will be approved? Partners B3 moving to ILO**

* **CCP-8P – has it been re-posted? K Bausell reported they are finalizing information, should have completed within next couple of weeks.**
* **ILO services updates on Day Activity transition to LTCS1 with Partners – meeting will occur April. How are SE, Day Activity and ADVP rolling into 1 rate of $84, services have different needs. Services are not provided in the same environment. Must have doctor’s signature, Vaya does not require doctor’s signature – Partners said they are not sure how Vaya operates services without requiring doctor’s signature**
* **Any other Covid related updates – K Bausell the public health emergency is slated to end April 2021 – Appendix K will end 6 months later end around October. HEROS funding – many states are waiting for CMS to provide updates how to use HEROS funds, discussions are happening around legislation. Currently there is a delay in administering the J&J vaccine.**

**L Chancey added closed everything for group home funding – all expenditures had to be spent by 12.31.20, were unable to spend the full $5 million, some providers did not want to use the funds. Some non-profit organizations support some providers not affiliated with MCOs so orgs did not accept the funds.**

**Question - Medicaid deductibles are not paid during COVID – when do members resume paying Medicaid deductibles? Also, if Public Health emergency ends mid-month, how does that impact amount due by person paying?**

**K Bausell will reach out to eligibility staff and provide follow up to NCPC.**

* **Stakeholder workgroup updates (Supported Living, IDD Peer Supports, IDD state Stakeholder, etc.) –K Bausell reported that L Chancey and himself are running the I/DD stakeholder group looking at I/DD issues, various stakeholders people receiving services/providers/relatives. The goal is to bring information to group to have shared vision, bring information that will go to public comment, to guide process for the future. Next year will have different participants. L Chancey reported 131 people applied, have 30 work group members Question - Is this the round table that met in March? Response - Problem have so many portals of communication. Group L Chancey and K Bausell are holding is open to the public, other group is concentrated. Public comment is reviewed during I/DD stakeholder workgroups**

**Question – Joel Maynard what workgroups NCPC isn’t aware of? K Bausell reported there is the State stakeholder, SL workgroup, IDD Peer Supports workgroup through Council of Developmental Disabilities, TBI Workgroup – in renewal process now and will bring back to the group. What are intended goals for work groups? Representation from CAP DA, CAP C are ahead of us on self-direction to have less barriers for people. Working through issues of the educational system and how is different across the 100 systems and impact on how people access services.**

**SL workgroup is focused on SL, - issues of hard to pay staff livable wage, lack of affordable housing, have HUB of looking at all information.**

**Question – is ECI included? working on a way to include ECI.**

**TBI waiver still at CMS, last policy call discussed CMS to extend to July 1st in order to be in line with federal quarter for approval of waiver. CMS wants remote supports.**

* **Follow-up about people with BCBA certification providing behavior component of SCS Any other updates – people are working on this in General Assembly, but nothing finalized now**

**Question – MCO working through version 5 files? Are MCOs ready to receive those? KB – will add to agenda to discuss with HHA.**

**Latoya Chancey, I/DD Team Lead, Division of Mental Health, Developmental Disabilities, Substance Abuse Services**

* **HCBS updates – validation processes are still on hold because care coordination is still on hold.**
* **NC Start – People are staying on NC Start longer that typical 12 to 18 months, it is a crisis service so we don’t want waiting list. Issue with crisis respite**
* **In reference to “Direct Support Professionals” being added to the rules – don’t have any updates, lots going on at legislature**

**Question - Number who would move to Standard plan, when will run system to determine who will go SP or TP. What checks/balances in place to determine person is in correct Plan?**

**L Chancey – raise your hand feature is still active, if a person is in SP and supposed to be in TP.**

**Question - If get in wrong insurance and need to get back into Medicaid, is there a forgiveness period? Will providers lose the days member is in wrong place? L Chancy will take question back for an answer.**

**Email question to Medicaid transformation box about in wrong insurance/forgiveness period. This way the FAQs are reviewed and covered in webinars**

**C White stated Day activity State funded members getting calls from doctor’s office to choose a plan.**

**Standing Business:**

* **Legislative updates – Joel Maynard**

**Governors budget includes $83 million , Dave Richard explained ballpark figure to support concept of raising wages across the state – didn’t have numbers/details to accurately project what it would cost, but they wanted to support the initiative. In governor budget, proposal for 20% of that to go to LMEs – providers would see 80% of that funding. SB 610 is staff at how to increase DSP wages. Lot depends on budget availability.**

**Senate Bill 447 to increase minimum wage over years – system must have $ for providers to pay staff for more than minimum wage and wages then bump up against other staff in the organizations (wage compression).**

**SB 610 – ICF rate increase for DSP (House bill 261)**

**Committee Co-Chair Updates:**

1. **Business Regulatory** **– Joel Maynard**

**J Maynard has put together a list of providers for K Crosby interested in Tailored Care Management**

**Joel has questions for K Crosby:**

**What do you want us to do? Who is going to pay? What are you going to pay? How long are we going to have competition with MCOs? Where does HIE play into all of this? Doug Finley will also provide a list of questions J Maynard can include in his submission to K Crosby.**

1. **Data Operational Strategy Committee – Joel Maynard**
2. **Bill tracker – updated weekly for NCPC**

**Legislative action – J Maynard explained legislators have to file bill of some sort to get place holder because limited in number of bills that can be filed but the legislators are not having conversations with people who understands problems/ramifications of the proposed bills.**

**Example - HB 179 – fine providers who don’t connect with HIE by Dept of Technology, but Dept of Technology saying we don’t have authority to do that/infrastructure to monitor.**

**HB 247 – suspension in schools – adverse effects on people of color, example being disrespectful**

**HB 212 / SB 90 – DSS having 7 regions of DSS**

**Senate Bill 594? Not sure if this is the bill number – M James will check number and follow-up with J Maynard - working on therapeutic leave days – in bill opportunity discuss for billing for hospitalization days when staff goes with the client doesn’t apply to ICF in CARES act. Per Deb Goda, would have to have legislative action for provider to send staff with ICF member to hospital.**

**SB 594 – LME disillusion bill – what would happen if LME not chosen as a Tailored Plan.**

**MCO updates/questions from members:**

* **ILO – Partners - Day Activity transition to LTCS1 with Partners**
* **State funded services and budget cuts with Partners**
* **SCS – effective 5.1.2020 rate change in Cardinal at $38.00 per unit – suggestion to ask MCOs to look at what state facilities pay licensed clinicians. If could get to unit rate for the professional cost that would work. Discuss with Cardinal to remove language of “up to” 36 hours per year so after the initial year authorized SCS hours would not be capped, give it to us as the floor and say no more than 48 hours to invest in a program that is sustainable for every year. M James – we can serve members with acute needs that require a higher level of care which is essential to keeping NC citizens in NC versus that member having to go out of state for tracheotomy and ventilation care. Devon will present proposal to Board Members before submitting to Cardinal. Suggestion submit to I/DD workgroup this proposal/scenario**

**NC CARE 360 backbone to, doesn’t have to do with TCM requirements, referral for SDOH.**

**Expectation of data exchange by providers and which Agency is lead responsible for data exchange**

**Adjournment**

**Next Meeting, June 17th, 2021**

**10:00 a.m. – 12:00 p.m.**