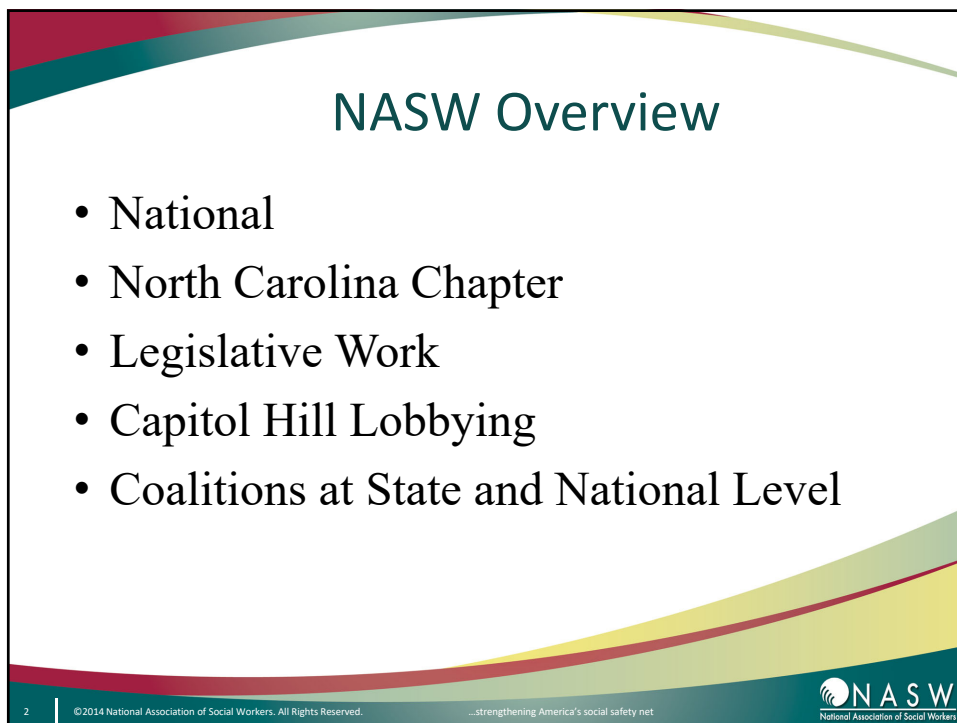




The State of Health Care

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National Association of Social Workers



NASW Overview

- National
- North Carolina Chapter
- Legislative Work
- Capitol Hill Lobbying
- Coalitions at State and National Level

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Health Related Policies

- Medicaid Transformation
- Medicaid Expansion?
- Electronic Health Records

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Overview of Medicaid Transformation

- DHHS is committed to providing accessible, comprehensive, whole person care and health services to residents covered by Medicaid and NC Health Choice.
- Transform from a fee-for-service delivery model to managed care.
- Targeted implementation date

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Let's start from the top

In September 2015, the North Carolina General Assembly enacted Session Law (SL) 2015-245, to transform and reorganize North Carolina's Medicaid and NC Health Choice programs. This legislation directed DHHS to redesign Medicaid and NC Health Choice to achieve the following goals:

- 1) Ensure budget predictability through shared risk and accountability;
- 2) Ensure balanced quality, patient satisfaction and financial measures;
- 3) Ensure efficient and cost-effective administrative systems and structures; and
- 4) Ensure a sustainable delivery system through the establishment of two types of prepaid health plans: provider-led entities and commercial plans.

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Contracts to provide services

Standard Plans:

AmeriHealth Caritas North Carolina, Inc.
 Blue Cross and Blue Shield of North Carolina
 UnitedHealthcare of North Carolina, Inc.
 WellCare of North Carolina, Inc.
 Carolina Complete Health- will cover regions 3, 4, 5

Tailored Plans

Today's LME-MCOs will have exclusive rights to operate Tailored Plans in the first four years of the program (July 2021–June 2025).

In order to win a BH I/DD Tailored Plan contract, each LME-MCO will need to demonstrate the ability to oversee and implement the Tailored Care Management.

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How will the plan roll out?

- Standard Plans: will serve most Medicaid and NC Health Choice enrollees, including adults and children. They will provide integrated physical health, behavioral health, and pharmacy services at the launch of North Carolina's Medicaid managed care program.
- Tailored Plans: special populations with unique health care needs. May expand populations

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Behavioral Health Plan

Who is eligible:

- Individuals with a qualifying I/DD diagnosis, including those enrolled in or on the waiting list for the Innovations waiver
- Individuals enrolled in the Traumatic Brain Injury (TBI) waiver who are on the waiting list for the TBI waiver or have used a state-funded TBI service
- Individuals enrolled in the Transition to Community Living Initiative (TCLI)
- Individuals with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) diagnosis who have used a Medicaid-covered enhanced BH service or a state-funded BH service within the past year
- Individuals with a qualifying substance use disorder (SUD) diagnosis who have used a Medicaid covered enhanced BH service or state-funded BH service within the past year

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Excluded from the plan

Session Law 2015-245 as amended by Session Law 2016-121 excludes a limited number of populations:

- Beneficiaries dually eligible for Medicaid and Medicare
- PACE beneficiaries
- Medically needy beneficiaries
- Beneficiaries only eligible for emergency services
- Presumptively eligible enrollees, during the period of presumptive eligibility
- Health Insurance Premium Payment (HIPP) beneficiaries

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Medicaid Transformation: Work Being Done

- Funding- need some type of state budget to pass
- Design of tailored plans
- Provider sign up
- Beneficiary enrollment (until Dec, then auto enroll)
- Start in Feb. 2020- HOPEFULLY

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NO MEDICAID EXPANSION BUT A POTENTIAL NORTH CAROLINA SOLUTION...

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HealthCare for working families- HB 655

Residents of North Carolina who meet all of the following criteria shall be covered by the program:

- (1) The resident is not eligible for Medicaid under the currently established North Carolina Medicaid program eligibility criteria.
- (2) The resident's modified adjusted gross income (MAGI) does not exceed one hundred thirty-three percent (133%) of the federal poverty level.
- (3) The resident is not entitled to or enrolled in Medicare Part A or Medicare Part B benefits.
- (4) The resident is an adult who is no younger than age 19 and no older than age 64.

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Plan Details

- Annual Premium
- Billed monthly
- Co-payments similar to Medicaid's
- Preventative care and wellness activities
- Mandatory employment activities (with exemptions)

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Electronic Health Records

Who has to connect?

- Hospitals as defined by G.S. 131E-176(13), physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes, physician assistants as defined in 21 NCAC 32S .0201, and nurse practitioners as defined in 21 NCAC 36 .0801 who provide Medicaid services and who have an electronic health record system shall connect by June 1, 2020.
- Psychiatrics connect by June 1, 2021.
- Prepaid Health Plans (PHPs), as defined in S.L. 2015-245, will be required to connect to the HIE per their contracts with the NC Division of Health Benefits (DHB). Clarifies that PHPs are required to submit encounter and claims data by the commencement of the contract with NC DHB.
- Local Management Entities/Managed Care Organizations (LMEs/MCOs) are required to submit encounter and claims data by June 1, 2020.

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Exemptions/Extensions

Everyone must connect by December 31, 2022. Exemptions are being worked out now.

10 classes exempted totally:

Community-based long-term services and supports providers, including personal care services, private duty nursing, home health, and hospice care providers.

Intellectual and developmental disability services and supports providers, such as day supports and supported living providers.

Community Alternatives Program waiver services (including CAP/DA, CAP/C, and Innovations) providers.

Eye and vision services providers.

Speech, language, and hearing services providers.

Occupational and physical therapy providers.

Durable medical equipment providers.

Nonemergency medical transportation service providers.

Ambulance (emergency medical transportation service) providers.

Local education agencies and school-based health providers.

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Unequal approach

- Congress gave money to physicians to implement (excluded psychiatrists)
- Few companies provide platforms to small providers
- NC one of a few states to mandate this

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Senate Bill 537

- Changes to occupational licensure for
 - Licensed Clinical Social Workers
 - Licensed Professional Counselors
 - Licensed Clinical Addiction Specialists

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Social Work

- Clinical Supervision Hours
- Record retention
- Board Changes

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Licensed Professional Counselors

- Changes name **Licensed Clinical Mental Health Counselors**
- Impairment program
- Allow the North Carolina Board of Licensed Professional Counselors to enter into reciprocity agreements with other states with similar licensure requirements.

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Licensed Clinical Addiction Specialist

- Reduces Board
- Changes name to from North Carolina Substance Abuse to **NC Addictions Specialist Professional Practice Board**
- Discontinues Certified Substances Abuse Residential Facility Director Credentialing
- Updates language from substance abuse to substance use disorder

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Where do we go from here?

- It's important for health care providers to stay connected to their professional associations for up to date information.
- Talk about behavioral health services vs primary care services.
- Solve from a local community perspective.
What can you offer your community at schools, jails/prisons, trainings?

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You made it!

Thanks for sticking with me!

For more information,
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