NC Department of Health and Human Services

Joint DMH/DD/SAS & DHB (NC Medicaid)
COVID-19 Update
for
NC Providers

Thursday, Dec. 10, 2020
Building a Healthier North Carolina
Part of a Broader Statewide Framework

The Problem:
Connecting people to community resources is inconsistent, not coordinated, not secure, and not trackable.

The Solution:
Uniform system for providers, insurers, and community organizations to coordinate care, collaborate, and track progress and outcomes. Tool to make it easier to connect people with the community resources they need to be healthy.

Multi-Faceted Approach
Promoting the Opportunity for Health

- Medicaid Managed Care
  1. Statewide Core Components
  2. Regional Pilots
- Align enrollment w/ existing resources
- Work Force (Community Health Workers)
- Map SDOH Indicators
- Standardized Screening

NCCARE360

PROPRIETARY & CONFIDENTIAL
What is NCCARE360?

NCCARE360 is the first statewide network that unites health care and human services organizations with a shared technology that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. NCCARE360 helps providers electronically connect those with identified needs to community resources and allow for feedback and follow-up.

NCCARE360 Partners:
Our Connection to this Work

Our digital infrastructure supports individuals seeking services across the nation.
Why are we coming together?

To connect people to care they need, faster and with fewer barriers

To strengthen existing partnerships and create change in our community
Who’s Involved So Far?

- A **robust statewide resource directory** powered by NC 2-1-1 that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities.

- A **community repository** powered by Expound to integrate multiple resource directories across the state and allow data sharing.

- A **shared technology platform** powered by Unite Us to send and receive electronic referrals, seamlessly communicate in real-time, securely share client information, and track outcomes.

- A **community engagement team** powered by Unite Us to guide change management, workflows and training, and provide ongoing network partner support.
Building our Vision

- North Carolinians are easily connected to the right service, quickly and efficiently.

- Service providers can view, coordinate, and collaborate on their clients’ care beyond the services they provide.

- Outcomes data is tracked and leveraged to demonstrate impact, increase visibility of gaps in services, and improve access to services for all.
Connecting People to Care

Tom shows up at Sue’s organization.

Sue screens Tom and identifies that he has additional needs.

Sue uses Unite Us to gain digital consent and electronically refer Tom to multiple community partners. Through the platform, she can seamlessly communicate with the other providers in real time and securely share Tom’s information.

As Tom receives care, Sue receives real-time updates and tracks Tom’s total health journey.
Why Participate in NCCARE360?

Traditional Referral

Providers cannot always exchange PII or PHI securely
Limited prescreening for eligibility, capacity, or geography
Clients must contact each organization they were referred to
Providers have limited insight or feedback loops
Client data is siloed and transactional data is not tracked

NCCARE360

Information is stored and transferred on Unite Us' HIPAA, FERPA, FIPS, and 42 CFR Part 2-compliant platform
Clients are matched with the provider(s) they qualify for
Information is captured once and shared on clients' behalf
Providers have insight into the entire client journey
Longitudinal data is tracked to allow for informed decision-making by community care teams
Optimization to Date
Recent Data

Current licensed user count: 7,212

Referrals sent since 1/1/20: 48,965

from Jan 1 - Nov 30 2020, we served 27,699 unique clients

Oct 2020: 9,535  
Oct 2020 resolution rate: 82.5%

Nov 2020: 12,614  
Nov 2020 resolution rate: 83.2%
Observation on Top Needs

Needs Reflected

- **Individual/Family**: 15.2%
- **Benefits Navigation**: 2.2%
- **Food**: 19.6%
- **Utilities**: 2.2%
- **Physical Health**: 15.2%
- **Housing**: 17.4%
- **Employment**: 21.7%
- **Clothing**: 6.5%

- **Employment Assistance**
Guiding Community Reinvestment Strategies

How can decision-makers use data to build resilient cities, states, and regions?

The ability to drill down to service needs (referrals), ability to refer (program status), and outcomes (resolved and unresolved cases) across a network makes our platform a dynamic tool in any policy-maker’s toolbox.
Getting Involved

Recommend Network Partners
- Email abbie@uniteus.com to refer organizations to the network, or to request a presentation for an existing community group.

Provide Feedback
- Let us know if there's a better way to provide organizational support.

Be a Champion
- Utilize the platform and help cheerlead the use.
- Distribute network marketing materials with your community partners; Send us examples of successes; offer guidance on specific service areas (i.e. Housing/CoC). Share NCCARE360.org with your community and co-workers.
- Host a Community Strategy Session
Next Steps

Create Momentum
- Schedule a standing meeting and identify a workgroup
- Identify key staff for input to the project
- Identify internal project management or change management resources
- Identifying bandwidth

Learn how to use Unite Us platform
- Attend a live remote training
- Complete a self guided training
Get in Touch

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Electronic Visit Verification (EVV) Presentation – LME/MCOs

Kenneth Bausell
IDD Manager

December 10, 2020
Agenda

- Welcome
- EVV Overview
- LME/MCO
- Timeline
- Q&A
- Next Steps
Welcome
EVV Overview – 21st Century CURES Act

- The CURES Act is designed to improve the quality of care provided to individuals through further research, enhancing quality control, and strengthening mental health parity.

- Section 12006 of the CURES Act requires states to implement an electronic visit verification (EVV) system for Personal Care Services (PCS) by Jan. 1, 2020 and for Home Health Care Services (HHCS) by Jan. 1, 2023.

- CMS allowed states to request a Good Faith Effort Exemption (GFE) Request to delay implementation by 1 year. CMS approved North Carolina’s GFE on 11/21/19 delaying implementation until 1/1/2021
EVV Overview

- Electronic Visit Verification (EVV) is a method used to verify visit activity for services delivered as a part of Home and Community Based Services (HCBS) programs.

- EVV offers a measure of accountability to help ensure that individuals who are authorized to receive services, receive them.
EVV Overview

Services Included – specific to NC Medicaid

● Phase 1—Target Jan. 1, 2021
  - 1905(a)(24) State Plan Personal Care Services benefit
  - 1915(c) HCBS Waivers
    ■ Community Alternatives Programs for Children (CAP/C)
    ■ Community Alternatives Programs for Disabled Adults (CAP/DA)

■ LME/MCO Applicable Services – Currently delayed – Timeline is being updated
  ■ NC Innovations
  ■ Traumatic Brain Injury Waiver
  ■ (b)(3) Services

EVV Technology

● Telephony

● Mobile APP Beacon/Fob technology Fixed Visit Verification Devices
LME/MCO Applicable Services Timeline

- EVV implementation of the Innovations Waiver, the TBI Waiver and the (b)(3) services is currently delayed.
EVV Must Verify:

- **Date** of Service
- **Location** of Service
- **Beneficiary** Receiving Service
- **Person** Providing Service
- **Type** of Service Rendered
- **Time** the service begins and ends
The EVV system utilized by the PIHP shall have the ability to collect and verify the following data (the “EVV Data”) from any Network Provider for Personal Care Services prior to the PIHP releasing payment for such services:

- Type of service performed;
- Beneficiary receiving the service
- Date of service
- Location of service delivery
- Name of the individual providing the service; and
- The time the service begins and ends.

The PIHP shall require any Provider providing “Personal Care Services” to utilize an Electronic Visit Verification system to collect and remit the EVV Data to the PIHP.
EVV and Managed Care Overview

- The PIHP shall have the capacity to collect, validate, and deliver EVV Data to the Department for Personal Care Services or services that provide support with activities of daily living in an Enrollee’s home.
LME/MCOs

- Providers serving Innovations, (b)(3), and TBI beneficiaries will work with the LME/MCOs system.
### Innovations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>T2013 TF HQ</td>
<td>Community Living and Supports - Group</td>
</tr>
<tr>
<td>T2013 TF</td>
<td>Community Living and Supports</td>
</tr>
<tr>
<td>T2033 U1</td>
<td>Supported Living – Periodic</td>
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<td>TBI</td>
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<tr>
<td>S5125</td>
<td>Personal Care</td>
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<tr>
<td>T1015</td>
<td>In Home Intensive</td>
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<tr>
<td>T2013</td>
<td>Life Skills Training - Individual and Group</td>
</tr>
</tbody>
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**Note:** Services provided by a Relative who lives in the same home of the member are not subject to EVV.
Stakeholder Feedback and Questions

Medicaid.EVV@dhhs.nc.gov
Questions and Answers

For more information visit our website: https://covid19.ncdhhs.gov

Comments, questions and feedback are welcome at:
• www.ncdhhs.gov/divisions/mhddساس
• BHIDD.COVID.Qs@dhhs.nc.gov
• Medicaid.COVID19@dhhs.nc.gov

Awareness, Managing Crisis, Resiliency
• Hope4NC Helpline (1-855-587-3463)
• Hope4Healers Helpline (919-226-2002)