MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES
March 25, 2022 (10:30 a.m. – 12:30 p.m.)

Participation by audio only: Dial +1 984-204-1487; Phone Conference ID: 198009101#

This MCAC meeting was held via Microsoft Teams on Friday, March 25, 2022, at 10:30 a.m. – 12:30 p.m.

MCAC MEMBERS PRESENT

Gary Massey, MCAC Chair, Marilyn Pearson, MCAC Vice Chair, Kim Schwartz, MCAC Secretary, Samuel Clark, Dave Tayloe, III, Benjamin Smith, Kristy Preston, William (Trent) Cockerham, Ramon P. Llamas, Billy West, LaSonia Barnett, Thomas Johnson, Ted Goins, David Sumpter, Paula Cox Fishman, Jenny Hobbs, and a host of MCAC Interested Parties.

STAFF PRESENT

Jay Ludlam, Debra Farrington, Shannon Dowler, Adam Levinson, Melanie Bush, Julia Lerche, Emma Sandoe, Kathy Batton, Andrea Phillips, WRenia Bratts-Brown, Betty Staton, Arthur Romero, Linda Provanzo, Pamela Beatty.

CALL TO ORDER

Gary Massey, MCAC Chair

- Meeting was called to order at 10:30 a.m. followed by a roll call. Pamela Beatty declared a quorum.
- Chair Massey entertained a motion to approve the December 11, 2021, meeting minutes. Motion made by Kim Schwartz, MCAC Secretary, and seconded by Ted Goins. Minutes approved by the Committee.
- Chair Massey reminded participants to review the Clinical Policy Written Report and State Plan Amendments included in the meeting materials.
- Chair Massey turned the meeting over to Dave Richard, Deputy Secretary, NC Medicaid for opening remarks.

OPENING REMARKS:

Dave Richard, Deputy Secretary, NC Medicaid

- Dave highlighted the MCAC Meeting agenda items and updated the group on the following work of the NC General Assembly (GA) in its recent legislative sessions. Dave expressed excitement and appreciation to the Committee for its active role of influence.
    - General Assembly granted a one-time $2000 Direct Care Workforce (DCW) bonus.
    - Increased the rate for Intermediate Care Facilities (ICF) for individuals with Intellectual Disabilities (ICF-IDD).
    - General Assembly also committed to working with the Administration to continue COVID provider rate increases to the end of the fiscal year for long-term care including nursing homes, Personal Care Services (PCS), and telehealth flexibilities. These are items that Chairman Massey on behalf of the MCAC alluded to in his letter to members of the GA.
    - The Department has a requirement from CMS to do Medicaid redeterminations at the end of the Public Health Emergency (PHE). Redeterminations will require a lot of effort and work by our local DSS offices and will also impact the Medicaid budget. The Department will work with the GA regarding timelines. There will not be a return of a surplus to the GA this year.
    - General Assembly held three meetings mainly about Medicaid Expansion, which have shed a different light on Expansion. Additional meetings will be held in the short session. Dave encouraged the MCAC members to keep talking with their members of the GA on the importance of Medicaid Expansion. Dave also expressed kudos to Casey Cooper, MCAC Member, for his presentation at the last GA meeting on its importance for western North Carolinians.
- Chairman Massey opened the floor for comments and/or questions from the Committee.

- Billy West, MCAC Member, expressed personal appreciation for the DCW bonus and what his practice was able to give individuals who provide in-patient care. Commented that it may also be a good opportunity for the MCAC to make a recommendation for temporary waivers to address other things such as the huge nursing shortages. Recommended that we not view the fact that Medicaid does not have a surplus to return as something negative. Instead, view it as good news that money has been spent on people that needed it. Chairman Massey asked for clarification on the Medicaid redeterminations and added that he always advocated spending what was budgeted.
- Dave thanked Billy for his comments on reframing our view of the Medicaid surplus and his idea of convening a group to talk about flexibilities that were not included in the pandemic.
- Kim Schwartz echoed Billy's comments. Kim also stated that with expanding Medicaid, the highly sensitive issue of the nursing and professional shortages in North Carolina will need to be addressed to serve the additional people. This is a dynamic that needs deep attention and conversation with professional and medical organizations.
- Dave responded to Paula Cox-Fishman's question regarding Medicaid expansion: Will any priority be given to people who have been in waiting for years to receive services or will this be for all new people?
- Sonia Barrett inquired about how we can direct individuals to the Market Place for insurance when they receive a Medicaid denial. Marilyn Pearson, MCAC Vice Chairperson, added that lots of individuals show up at Johnson County Health Department thinking they can get services not covered by Family Planning Medicaid. Dave asked Debra Farrington and Julia Lerche to follow up with LaSonia.

MEDICAID MANAGED CARE UPDATE

Jay Ludlam, Assistant Secretary, NC Medicaid

- Jay provided a high-level overview of the following:
    - **DHHS Priorities**
        - The Department's focus is centered on investing in children and families' wellbeing -- the whole person, equity and being responsive to lessons we have learned, behavioral health, and resilience. We are looking for opportunities to move upstream to build stronger communities, invest in coordinated systems of care, make mental health services easier to access, and reduce stigmas associated with them.
    - **Managed Care Enrollment Dashboard**
        - Jay encouraged participants to review the Medicaid dashboard hub on the NC Medicaid website. Information pertaining to enrollment, claims payment, and other information to monitor health and performance can be found at: https://medicaid.ncdhhs.gov/reports/dashboards
        - Since the launch of EBCI Tribal Option and the Standard Plan program on July 1, 2021, approximately 4,200 beneficiaries have received services through the EBCI Tribal Option.
        - Currently over 1.7 million beneficiaries are receiving services in the Standard Plans across the state.
    - **COVID Vaccine Incentive**
        - Dr. Shannon Dowler, Chief Medical Officer, NC Medicaid, has been working with our Managed Care Standard Plans to encourage more vaccines and to offer counseling related to the importance of getting vaccinated. It has been a really good program. A fact sheet is available for beneficiaries and providers to learn more about the incentive program.
    - **Additional Value-added Services**
        - NC Medicaid Direct, Standard Plans, and the EBCI Tribal Option members are receiving additional value-added services at no costs. A link to our Enrollment Broker website highlights the various benefits that each of the HPs offer.
- Jay turned the floor over to Amanda Van Vleet, Associate Director of Innovations, who leads the Healthy Opportunities Pilots.
    - ***Healthy Opportunities Update***
        - Amanda stated that the Healthy Opportunity pilots launched on March 15, 2022, for qualifying Medicaid Standard Plan members in 33 North Carolina counties, which was super exciting.
        - More than 20 members across the regions have enrolled and are eligible to receive pilot services. To date, at least 10 Managed Care members have successfully received food services.
    - **Examples of food services**

- Food and nutrition access case management
- Fruit and vegetable prescriptions and healthy food boxes/meals
- Medically tailored meal delivery and group nutrition classes
- Other services include housing and transportation services on May 1, 2022, and Toxic stress, and cross-domain services on June 15, 2022

- ***How to be eligible for pilot service***
  - Member must be enrolled in a MC plan, live in a pilot region, and have at least one qualifying physical or behavioral health condition
  - Have one qualifying social risk factor as defined by the Department
  - Additional information can be found on the NC Health Opportunities Pilots webpage.
- **New Extended Postpartum Benefits**
  - As of April 1, 2022, pregnant beneficiaries will receive 12 months of postpartum coverage regardless of their Medicaid eligibility group. The coverage begins the date the beneficiary's pregnancy ends and will end on the last day of the month of their 12-month postpartum period.
  - Letters will be sent to eligible beneficiaries informing them of the change. Those that do not receive a letter can contact the Medicaid Contact Center at 888-245-0179.
  - If a woman becomes pregnant while on Medicaid, she needs to call her local DSS office to report her pregnancy and anticipated due date. Staff is working with local DSS offices to get the message out.
  - Fact sheets for beneficiaries and providers will be available on the NC Medicaid website.
- **Public Health Emergency Winddown**
  - The current PHE ends mid-April; expected to be extended through mid-July.
  - CMS will give a 60-day notice to Medicaid prior to the end of the PHE to begin unwinding activities. The Department established a workgroup to determine its overall operational approach.
- **Redeterminations**
  - NC Medicaid is in a better state than others with our technology, systems, and our beneficiary addresses because of Managed Care, notices, and our work with the health plans. A requirement of our legislation was to continue redeterminations.
- **Available Resources/Contact Information**
  - Included in the packets for review.

MEDICAID ENROLLMENT AND FINANCIAL UPDATE

Adam Levinson, Chief Financial Officer, NC Medicaid

- Monthly Medicaid Enrollment by Category
  - Growth since start of PHE is under 559,000 (26%) in total growth driven by TANF adults and children growth
- **Historical Budget Overview**
  - Over the past eight fiscal years, NC Medicaid has been on budget. Surplus is unlikely this year.
- **NC Medicaid Budget Pressures included the following to name a few:**
  - Convergence of MC and pandemic uncertainties
  - Enrollment exceeding projections
  - COVID response costs (temporary rate increases) continued longer than planned
  - Continued COVID response to address Long-Term Care staffing challenges
  - Change in hospital financing approach (HB 383)
- **NC Medicaid Actuals vs Budget**
  - Through January, NC Medicaid has expended a higher percent of total budget than at the same point last year.
- **HCBS DCW Rate Increases highlighted** (see Special Bulletin #230) and bonuses information (see Special Bulletin #233).

- *Looking Ahead*
  - Uncertainty of the Public Health Emergency (PHE) end date. If extended, we will have the bonus FMAP to help plan in our budgeting.
  - New high-cost pharmaceuticals -- Alzheimer's drugs and gene therapy
  - Implementing Tailored Plans
  - Possible Medicaid Expansion

DIRECT CARE WORKFORCE (DCW) CRISIS UPDATE

Dr. Kezia Scales, PhD., Director of Policy Research, PHI

- Ted Goins provided opening remarks on the DCW crisis prior to handing the floor over to Dr. Scales. Ted stated that PHI is partnering with the Coalition on Aging and a range of stakeholders, advocates, and experts.
- Dr. Scales commenced with background information on PHI, a national organization dedicated to improving quality jobs for direct care workers as the foundation of quality care for older adults and people with disabilities. PHI is partnering with the Coalition and is part of the ongoing 3-year initiative designed to advance policy reforms to support and grow the DCW workforce in the years ahead. This initiative also builds on the work of the Workforce Crisis Group that Ted Goins leads and complements a range of other important advocacy and workforce development efforts in our state.
- Dr. Scales stated that the DCW bonus is really important and recognizes these workers' commitment and contributions during the COVID-19 pandemic. The rate increases are exciting and explicitly earmarked as a critical step toward achieving a minimum wage of $15.00 an hour for essential workers.
- Underscored the important announcement that the COVID-19 temporary rate increases for skilled nursing homes, personal care services, and PACE programs will be sustained at least through the end of the fiscal year.
- Dr. Scales stated that continued advocacy for rates to make DCW careers something that people want to do and can afford to do is high on the agenda in addition to building pipelines to fill job vacancies.
- Direct Care Workforce is also front and center in the North Carolina Olmsted plan. Workforce experts from North Carolina are presenting at a range of venues in the next couple of months.
- Area Health Education Centers (AHEC) are partnering with the North Carolina Institute of Medicine (NCIOM) and UNC to convene stakeholders to identify challenges/solutions and coordinate the development of our State's health workforce to focus on the entire continuum of care.
- Dr. Scales closed by stating there is still a lot of energy, momentum, and a lot of uncertainty. We need to keep our eyes on the prize in terms of investment in the DCW workforce and the settings of care in which they work to ensure access and quality of care.

PUBLIC COMMENTS

None

CLOSING REMARKS

- The MCAC approved a motion to continue its support of Medicaid Expansion in NC and to make the COVID rate increases permanent. The Committee also approved a vote to empower a MCAC Subcommittee to prepare a "letter of support".
- Next MCAC Meeting will be held in person at the McKimmon Center on June 17, 2022, (10:30 am – 12:30 pm).

MEETING ADJOURNED