

AGENDA

REGULAR MEETING

OF THE

STOKES COUNTY

February 24, 2021

3:00 p.m.

BOARD OF SOCIAL SERVICES

ETHICS AND CONFLICT OF INTEREST REMINDER:

In accordance with the State Government Ethics Act, it is the duty of every board member to avoid both conflicts of interest and appearances of conflict. Does any board member have any known conflict of interest or appearance of conflict with respect to any matters coming before board today? If so, please identify the conflict or appearance of conflict and refrain from any undue participation in the particular matter involved.

- I. Call to Order
- II. Discussion/Adjustments to the Agenda
- III. Consent Agenda
 - A. Minutes – Regular Meeting – January 27, 2021
- IV. Board Member Comments
- V. Public Comments (Maximum Allowance of Ten Minutes Per Person)
- VI. Discussion
 - A. DSS Dashboard
 - B. Child Support Review – December 2020
 - C. DCDEE Final Monitoring Letter (1/28/21)
 - D. DCDEE Technical Assistance Report (2/16/21)
 - E. E-mail from Carolyn Harrison Regarding Quarterly Oversight Review of Adult Care Home Monitoring (2/12/21)
 - F. E-mail from Laverne Blue Regarding Review of SA-In Home Records (2/10/21)
 - G. Medicaid Transformation Update
 - H. REDA Audit 9 (March)
 - I. Thank You Note
 - J. O-Chart
- VII. Action Items
 - A. Old Business
 - B. New Business
- VIII. Adjournment

STOKES COUNTY BOARD OF SOCIAL SERVICES
MINUTES
January 27, 2021

The regular meeting of the Stokes County Board of Social Services was held on Wednesday, January 27, 2021 via the Go-To-Meeting platform. Chairman Greg Collins called the meeting to order at 3:03 p.m. Board members present were Vice-Chair Sandy Smith, Member Darlene Bullins, and Member Sonya Cox. Member Katie Tedder was absent. Staff present were DSS Director Stacey Elmes, Admin. Officer Becky East, and Income Maintenance Administrator Cindy Joyce.

Chairman Collins read the Ethics and Conflict of Interest Reminder to the Board. Board members were asked if they had a conflict with any of the items listed on the agenda. No conflicts noted.

Chairman Collins asked if there were any Board members that needed to discuss or make any adjustments to the agenda. Member Bullins motioned to approve the agenda. Vice-Chair Smith seconded and the motion carried 4-0 with Member Tedder absent.

Chairman Collins asked for approval of the consent agenda. Member Cox motioned to approve the consent agenda. Member Bullins seconded and the motion passed 4-0 with Member Tedder absent.

Chairman Collins welcomed the DSS Board's newest Member Cox (County Commissioner). Member Cox was sworn in on Monday, January 25, 2021. All DSS Board members present welcomed Member Cox.

There were no public comments made.

Director Elmes stated that the DSS Dashboard report shows increasing numbers in Medicaid and Food and Nutrition Services. The agency is receiving a lot of applications for those programs. LIEAP (Low Income Energy Assistance Program) started December 1, 2020 for age 60 and older. Starting January 1, 2021 this program is open to all citizens of the county. This is a supplemental heating program that occurs annually. As far as vacancies within the agency, we have two Foster Care Social Work positions, one clerical position, one Social Work Supervisor III position, and one Social Work II position. Member Bullins referred to the increase in walk-in traffic for the month of December. Director Elmes stated the walk-in traffic had increased due to the LIEAP program starting.

Director Elmes introduced Income Maintenance Administrator Cindy Joyce. Administrator Joyce spoke about the Work First Monitoring Results for SFY 2020-2021. This monitoring occurs every three years, with random sampling. No issues were found with the monitoring and the agency passed with 100%. The Occupational Support Team Technical Assistance Report is a visit or telephone call that is completed by the state every other month for the Food and Nutrition Services (FNS), Work First and Day Care programs. The overall report was good. The report showed Food and Nutrition timeliness for applications and recertifications at 100%. The report also shows the Crisis and LIEAP programs having no issues. The FNS Quality Control CAPER (Case and Procedural Error Rate) Case review Findings Report showed one case with a finding. A worker had put down the wrong date on a denial letter. This has been corrected and the agency is in good standing. The Subsidized Child Care Assistance Monitoring Report 2018-2021 was completed on September 3, 2019. There were several findings; however, the agency was able to counter and correct all findings except one. This finding

was costly and the agency had to pay \$3,510.00 back to the state. Since this finding, the agency has implemented a performance improvement plan and measures have been put in place so this error does not happen again. Member Bullins commended the agency for all the work the agency does especially with only one error. Director Elmes stated that DSS staff work really hard to make sure that folks get their needed benefits timely and the majority of the time staff feel like they are under a microscope where the state is concerned.

Chairman Collins asked if there was any old business that needed to be discussed. Director Elmes stated the Board of County Commissioners allotted the Department \$100,000.00 from COVID Relief Funding for client needs such as help with electric bills and rental assistance. We have spent a total spent of \$98,317.00. This helped the agency save some other funds that can be used later in the fiscal year for client needs.

The Board discussed keeping children that come into the agency's care or have placement disruptions at the DSS building and how that is not an ideal situation. Chairman Collins asked Member Cox to keep this issue at the forefront when the County Commissioners meet for discussion on this subject. The county EMS department is building a new station. The old EMS station would be a great space for DSS to house children when they are waiting for placement. Member Cox agreed to speak with the County Commissioners on this subject when needed.

Chairman Collins asked if there was any new business to discuss. Director Elmes spoke about the open position on the Child Protection/Child Fatality Team. Previous Member Walker had sat on this team representing the Stokes DSS Board. Member Cox stated she would fulfill this position for the DSS Board.

There being no further business, Chairman Collins requested a motion to adjourn the meeting. Member Bullins made a motion to adjourn. Vice-Chair Smith seconded and the motion passed 4-0 with Member Tedder absent. Meeting adjourned at 3:32 p.m.

Stacy S. Elmes
Secretary

2/8/2021
Date

Stokes County DSS Dashboard 2021

	January	February	March	Total
ADULT SOCIAL WORK SERVICES				
Guardianship Cases	33			
New APS Reports Received	14			14
APS Reports Accepted	7			7
Investigations Initiated Timely [Goal 95%]	100%			
Outreach Visits	4			4
In Home Aide Programs/Family Caregiver	33			
Community Alternatives Program (CAP/DA)	79			
Representative Payee	14			
SA - In-Home	57			
Placement	0			
Adult Care Homes Monitored	2			
Total Requests for CIP	73			73
CIP Expenditures	\$ 26,371			\$ 26,371
Total Requests for LIEAP	249			249
LIEAP Expenditures	\$ 30,529			\$ 30,529
Unclaimed Bodies	0			0
Staff Hours Spent at Shelters	0			0
CHILD CARE SUBSIDY				
Children Receiving Services	213			
Expenditures	\$79,408			\$79,408
Waiting List	0			
CHILD PROTECTIVE SERVICES				
CPS Reports Received	49			49
CPS Reports Accepted	31			31
Children Opened	37			37
Open Reports	28			
Reports Substantiated/Services Needed	3			
Open Case Management	13			
Courtesy Requests	5			5
Substance Affected Infants Reported to DSS	5			5
Substance Affected Infants Accepted for Inv.	5			5
Reports Initiated Timely [Goal 95%]	100%			
Reports Completed Timely [Goal 75%]	70%			
Children Remaining at Home [Goal 95%]	97%			
CHILD SUPPORT				
Number of Children Served	1,160			
Total Collections	\$167,489			\$167,489
Paternities Established	5			5
New Court Orders	1			1
FISHING LICENSE WAIVERS				
Fishing License Waivers	0			0
FOOD & NUTRITION SERVICES				
Total Households	2,973			
Total Individuals	5,917			
Report Card (App. Timeliness) [Goal: 95%]	99%			
Report Card (Recert. Timeliness) [Goal: 95%]	100%			
Benefits Distributed	\$ 1,167,871			\$1,167,871

2021	January	February	March	Total
FOSTER CARE				
Children Entering Care	1			1
Total Children in Care	90			
Children Discharged	4			4
Children in Care Over 1 Year	41			
% Receiving a Monthly Visit [Goal 100%]	100%			
% Visited in the Home [Goal > 90%]	95%			
Foster Care 18-21	7			
Monitoring of Children No Longer in Custody	4			
Licensed Foster Homes	27			
Sanctioned Homes	1			1
# of Individuals/Families Receiving Training	0			
Recruitment Events Held	0			0
Foster Care Costs (county/state/fed)	not available			
Children Free For Adoption	6			
Children Open for LINKS	74			
Adoptions Completed	0			0
Adoption Assistance Cases	180			
Adoption Assistance Costs (fed & state)	\$17,149			\$17,149
MEDICAID [ADULT, FAMILY & CHILDREN'S]				
# of Cases	9,233			
Report Card (Timeliness) [Goal: 85%]	99%			
Public Assistance Hearings (All Areas)	3			
MEDICAID TRANSPORTATION				
Clients Served	252			
Trips Provided	1,080			1,080
Monthly Cost	\$34,372.18			\$34,372.18
PROGRAM INTEGRITY				
New Claims Established	\$ 1,063.00			\$1,063
Total Collections	\$740			\$740
Retained in County	\$739			\$739
SPECIAL ASSISTANCE				
# of Special Assistance Cases	149			
Benefits Distributed	\$54,031			\$54,031
SA/MH LIAISON				
Number of Referrals during the Month	7			7
Open Cases at end of Month	49			
VACANCIES				
Social Work	3			
Clerical/Income Maintenance/Child Support	1			
WORK FIRST				
Total Work First Cases	57			
Number of Child Only Cases	54			
Employment Cases	3			
Referrals for Drug Testing	0			
Applicants Testing Positive	0			
Benefits Distributed	\$12,164			\$ 12,164
OTHER				
Voter Registrations	0			0
Walk-In Traffic	825			825



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

SUSAN OSBORNE • Assistant Secretary for County Operations for
Human Services

Stacey Elmes, DSS Director
Stokes County Department of Social Services
1010 State Hwy 8
Danbury, N.C. 27016

Dear Ms. Elmes:

On December 10, 2020 Cindy and I conducted a conference call to discuss information regarding the COVID-19 situation, statistical information, information updates, and county concerns.

Incentive statistics are available through November 2020. The November benchmark for Total Collections is 41.67%. The unit is below State Average for Total Collections (43.81%) at 43.10%. The unit has been able to achieve/exceed the 2020-21 goal for Cases Under Order (89.00%) at 92.27%. The unit is above State average in the areas of Paternity at 93.67%. The unit is OFF Track in the areas of Paternity and Current Collections at, however the unit is close to the 2020-21 goal in both of these areas. These areas were discussed as well as strategies and reports. Reports suggested/provided during this call: Cases with Arrears & No Payment, Cases with CSUP, no payment, and Undistributed Report.

Goals 2020-21					
TC	Paternity	CUO	CC	Arrears	Medical
\$2,484,355	99	89	66.46	59.86	
Current	11/20				
43.10<	93.67>	92.27>*	65.50<	49.81<	85.76>

*-Exceeding/achieving goal

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES • CHILD SUPPORT SERVICES

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Self-Assessment scores are available through November 2020. The unit is currently in compliance with eight of nine areas of Self -Assessment. The unit is out of compliance in the area of Enforcement at 73.43%. Compliance in this area is 75%. This area has seen increase. All other areas have a compliance level of 78% or better. Reports suggested/provided during this call: P/F for Enforcement

During this call it was determined that there were no training needs or concerns at this time. Management advises that the unit is taking advantage of the virtual trainings that are being offered.

Many counties continue to see the impact of COVID-19 reflecting in statistical information. It is affecting all areas from Establishment to Enforcement. Establishment is being impacted through the inability to Non-Cooperate public assistance cases for not complying with Child Support Services and limited court time. Enforcement is being impacted by limited court time and the economy. All areas are being impacted by COVID-19 restrictions. Counties are being advised to operate the best that they can within the confines of the restrictions for the county.

Due to the continued restriction of travel by Child Support Program Representatives and the fact that staff in many Child Support Offices are teleworking, making access to their hard files difficult, the quality review process will be modified for the duration of the restrictive period. Elements on the quality review will be scored based on what is available in the automated system, ACTS.

If the reviewer is unable to determine for certain how to score the above items from documentation in ACTS, the item is to be scored in error and a note will be entered in the comments section that supporting documentation is required for that line item. The county may then check for the documentation, communicate to the reviewer that it is in place, and the score will be updated.

Should you have any questions about the items discussed during my visit or addressed in this email, please email (Kenya.Newsome@dhhs.nc.gov) or call me at (336)788-5857.

Sincerely,
Mrs. Kenya Newsome
Child Support Program Representative

Cc:

**DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION
SUBSIDY SERVICES SECTION
TECHNICAL ASSISTANCE VISIT REPORT**

LPA: Stokes County Department of Social Services
DATE OF CONTACT: February 16, 2021 - Microsoft Teams Meeting
LPA STAFF: Cindy Joyce, Sharon Bullins, and Cindy Hodges
SERVICES CONSULTANT: Belinda Thomas

FUNDING MANAGEMENT

Direct Services

Non-Smart Start

- Non-Smart Start allocation for direct services is \$901,456.
- The Non-Smart Start expenditure for the December service month was \$61,001.
- The Non-Smart Start spending target for the January service month was \$83,112.
- The current Non-Smart Start spending coefficient is 88%.
- A reversion/reallocation was completed in the amount of \$0 effective N/A.

Smart Start

- Smart Start allocation for direct services is \$214,005.
- The Smart Start expenditure for the December service month was \$18,407.
- The Smart Start spending target for the January service month was \$18,733.
- The current Smart Start spending coefficient is 99%.
- A reversion/reallocation was completed in the amount of \$0 effective N/A.

Combined

- The combined allocation for direct services is \$1,115,461.
- The combined expenditure for the December service month was \$79,408.
- The combined spending target for the January service month was \$101,844.
- The current Combined spending coefficient is 90%.

Services Support

Non Smart Start

- Direct Services Support allocation is \$80,000.
- The services support expenditure is \$37,350.
- Balance of \$42,650 is anticipated to be spent in full by the end of the Fiscal Year.

Smart Start

- Direct Services Support allocation is \$0.
- The services support expenditure is \$N/A.
- Balance of \$0 is anticipated to be spent in full by the end of the Fiscal Year.

Vulnerable Population Set-Aside

- County Vulnerable Population Set Aside amount is \$36,058.
- County has spent \$19,454 of their Vulnerable Population Set Aside funds.

WAITING LIST

Number of Children on the Waiting List: 0

ACTION NEEDED

In NC FAST, funds are ranked as Special Needs #1, Smart Start #2, and Non-Smart Start #3. I agree with the ranking of funds. If the agency reaches 100% with Smart Start funds, the fund manager can adjust the ranking again and change Non-Smart Start to #2 to prevent overspending with Smart Start funds.

The agency is doing well with transferring obligations from Non-Smart Start to Smart Start and vice versa when necessary to balance out the Smart Start expenditures.

Hope Child Care did not submit the December roster by the deadline on 12/5/20; therefore the December expenditure is lower because a payment was not made for that facility. The payment will be made for December with the January payment. The January services paid in February will be higher.

The agency received IV-E funds in the amount of \$24,590 in the second quarter of the fiscal year. The total amount of IV-E funds received for the first two quarters is \$43,390. DCDEE has not added the IV-E funds to the Non-Smart Start allocation. The IV-E funds will be added when the statewide reversion/reallocation is completed.

The January preliminary expenditures were provided. The spending coefficient for the preliminary January combined expenditures is 99%.

Stokes County may need to implement a waiting list in the next two months if spending increases above 100%.

SMART START COLLABORATION

Both agencies collaborate well and are very supportive of one another.

WAITING LIST LOCAL POLICIES

Approved by:

- DCDEE – May 28, 2020
- DSS Board – March 25, 2020

RECORD REVIEW

During this visit 0 records were reviewed.

Finding(s)

N/A

Corrective Action(s)

N/A

COMPLIANCE SCORING

N/A

POLICY DISCUSSION

Review of Policies

N/A

NC FAST ISSUE(S)

N/A

PROVIDER ISSUE(S)

N/A

OTHER DISCUSSION

NC FAST requested the case reference numbers for invalid over/underpayment cases on September 11, 2020 with a due date of September 18, 2020. Sharon Bullins sent a list of over/underpayment cases to be closed on September 11, 2020. NC FAST closed the cases in a batch run and the cases were removed from the Over/Underpayment report in Data Warehouse. NC FAST will run another closure batch soon. The agency may have some invalid over/underpayments from April to August 2020 because the state did not pay providers in the normal manner. Unless an over/underpayment is truly obvious and accurate for those months, staff can include them on the list of invalid over/underpayments to be closed.

Staff should continue to review the over/underpayment report and create a list of new invalid over/underpayment cases to be closed in the next batch.

County staff should not close any over or underpayment cases until DCDEE provides guidance for counties to begin closing them.

County staff should continue to review, approve and activate correct over and underpayment cases monthly. Staff should routinely complete this process to prevent an unnecessary backlog and to correct the payments in a timely manner. This process will benefit the agency and the child care providers.

If the agency has any over/underpayments that were incorrect because the amount the LPA staff calculated was not the same amount generated in NC FAST, help desk tickets should be sent.

DCDEE continues to ask that you allow flexibility with 90-day transition and extensions due to the COVID-19 pandemic.

If a child care provider did not reenroll by 12/31/20, and the provider enrolled during the month of January, the LPA or the provider can call the NC FAST Help Desk to have the enrollment date changed to January 1, 2021. Due to the COVID19 pandemic, DCDEE is flexible with the deadline for reenrollment this year.

DCDEE will be sending out guidance regarding a grace period for recertifications due to delays with the mail in recent months. This will be a temporary change.

DCDEE management and TA Consultants will meet and plan to have virtual territory meetings in 2021.

At present, DCDEE continues to pay the differential payments for blended rate eligible children from 83% to 100%. DCDEE also continues to pay the difference between the 83% parent fee and 100% parent fee. The 17% differential payments are paid to providers each month in a separate payment run.

SCCA parental fees will be waived in March and April 2021. Notices will be sent to the families and the child care providers.

FOLLOW-UP TASKS FOR LPA STAFF BEFORE NEXT VISIT

N/A

Stacey S. Elmes

From: Harrison, Carolyn <carolyn.harrison@dhhs.nc.gov>
Sent: Friday, February 12, 2021 10:18 AM
To: Donna G. Martin; Maria A. Lyons; Martina M. Tunat
Cc: Stacey S. Elmes; Riggsbee, Tameka N
Subject: Stokes County second quarter oversight review

CAUTION: This email originated from outside of the County Network. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Donna,

I have completed the second quarter county oversight review, and investigation requirements for timely initiation, completion of complaint investigations and reporting for the second quarter have been met, therefore Stokes County is in compliance for second quarter county oversight requirements.

Regards,
Carolyn Harrison

Carolyn Harrison, RN, BSN
Central Region Team 3 Supervisor
Division of Health Service Regulation, Adult Care Licensure Section
NC Department of Health and Human Services

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Office/Mobile: 336-341-8124
Fax: 336-357-7827
carolyn.harrison@dhhs.nc.gov

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Stacey S. Elmes

From: Donna G. Martin
Sent: Wednesday, February 10, 2021 3:01 PM
To: Stacey S. Elmes; Marsha S. Marshall
Subject: FW: Review of SAIH Records

From: Blue, Laverne <laverne.blue@dhhs.nc.gov>
Sent: Wednesday, February 10, 2021 2:55 PM
To: Donna G. Martin <dlmartin@co.stokes.nc.us>
Subject: Review of SAIH Records

CAUTION: This email originated from outside of the County Network. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hey Donna,

I wanted to follow up with you on my review of your SAIH cases. I found the SAIH records to be well documented. The case manager does an excellent job managing the cases to ensure that each client's needs are being met and maintained safely in the community. Great job!!!

La Verne V. Blue, MA
Adult Programs Representative
Division of Aging and Adult Services
[NC Department of Health and Human Services](#)

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Office/Mobile: 919-594-7496
Laverne.blue@dhhs.nc.gov

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Fact Sheet

Introduction to Medicaid Transformation: Part 1 – Overview

County Playbook: NC Medicaid Managed Care

What is Medicaid Transformation?

Medicaid Transformation is changing the way most people receive Medicaid services. In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services (DHHS) to transition Medicaid and NC Health Choice from fee-for-service to Managed Care.

Under the fee-for-service model, DHHS reimbursed physicians and health care providers based on services provided or procedures ordered. This model will now be known as **NC Medicaid Direct**. **Some people will stay in NC Medicaid Direct.**

Under Managed Care, the State is contracting with insurance companies, called Prepaid Health Plans or PHPs. These PHPs will be paid a capitated rate, which is a pre-determined set rate per person to provide health care services. This model is known as **NC Medicaid Managed Care**. Approximately 1.6 million of the current 2.3 million Medicaid beneficiaries will transition to NC Medicaid Managed Care.

In addition, DHHS is contracting with the Cherokee Indian Hospital Authority (CIHA) to support the Eastern Band of Cherokee Indians (EBCI) in addressing the health needs of American Indian/Alaskan Native Medicaid beneficiaries. This new delivery system, the **EBCI Tribal Option**, will manage the health care for North Carolina's approximate 4,000 Tribal Medicaid beneficiaries primarily in Cherokee, Graham, Haywood, Jackson, and Swain counties.

CHANGES FOR MEDICAID BENEFICIARIES

NC Medicaid Managed Care will bring changes for most Medicaid beneficiaries.

- Medicaid services will be administered and reimbursed by health plans.
- Beneficiaries will be able to choose a health plan and primary care provider (PCP). A new support system will be available to help beneficiaries make a choice.

- Medicaid services will not change, but health plans (including the EBCI Tribal Option) may offer enhanced services to plan members.
- Medicaid eligibility rules and processes **will not** change because of Medicaid Transformation.

Local Departments of Social Services (DSS) will have materials to share with beneficiaries about the changes. Current beneficiaries will receive information by mail that outlines actions to be taken, when to take those actions, and who they can contact for assistance.



KEY TERMS YOU SHOULD KNOW

ELIGIBILITY refers to whether a person qualifies for Medicaid or NC Health Choice.

ENROLLMENT is the process of joining a health plan that is responsible for that person's Medicaid health coverage.

BENEFICIARY refers to a person who is eligible for Medicaid or NC Health Choice. Once a beneficiary enrolls in a health plan, he or she becomes a **MEMBER** of that health plan.

Within NC Medicaid Managed Care, there are **STANDARD PLANS** (members will benefit from integrated physical and behavioral health services) and **TAILORED PLANS** (specialized plans that offer integrated services for members with significant behavioral health needs and intellectual/developmental disabilities). Tailored Plans are expected to launch July 1, 2022.

EBCI TRIBAL OPTION is the health plan that will be available to federally recognized tribal members and others eligible services through Indian Health Service (IHS).

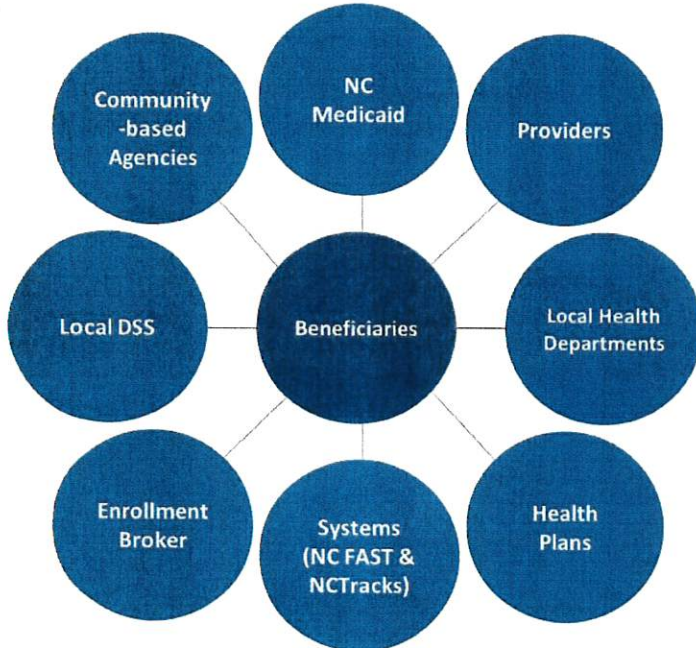
NC Medicaid determines the populations in Managed Care who will enroll in a health plan.

MUST ENROLL	CANNOT ENROLL	MAY ENROLL
Required to enroll in a health plan.	Stays in NC Medicaid Direct.	May enroll in a health plan or stay in NC Medicaid Direct.
Most Family & Children's Medicaid, NC Health Choice, Pregnant Women, Non-Medicare Aged, Blind, Disabled. (MANDATORY)	Family Planning Program, Medically Needy, Health insurance premium payment (HIPP), Program of all-inclusive care for the elderly (PACE), Refugee Medicaid (EXCLUDED*)	Federally recognized tribal members, beneficiaries who would be eligible for behavioral health tailored plans (until they become available)** (EXEMPT)

*Some beneficiaries are temporarily excluded and become mandatory later. This includes dually-eligible Medicaid/Medicare, Foster Care/Adoption, Community Alternatives Program for Children (CAP-C), and Community Alternatives Program for Disabled Adults (CAP-DA).

**Target launch date for Tailored Plans is July 1, 2022.

KEY PARTNERS AND THEIR ROLES



Beneficiaries are at the center of the transition to Managed Care. Partners need to work together to support beneficiaries during and after the transition to Managed Care.

- **NC Medicaid:** Provides NC Medicaid Direct supervision and oversight of health plans and other partners
- **Local DSS:** Determine Medicaid eligibility, update beneficiary information, and Medicaid eligibility case management
- **NC FAST & NCTracks:** Transmit beneficiary information; NC FAST remains the system of record for beneficiary information
- **Enrollment Broker:** Acts as an unbiased, third-party entity to provide enrollment assistance and help in choosing a health plan and PCP; provides outreach and education to beneficiaries
- **Health Plans:** Provide health care and ensure related services are available to their members; inclusive of Prepaid Health Plans (PHPs) and the EBCI Tribal Option
- **Providers:** Contract with health plans; must be enrolled as a Medicaid and/or NC Health Choice provider
- **Local Health Departments:** Provide services under NC Medicaid Direct and may contract with health plans for some services
- **Community-based Agencies:** Disseminate information to help educate the public on changes to Medicaid and provide feedback to DHHS from clients they serve
- **NC Medicaid Ombudsman:** Resolves beneficiary issues and directs beneficiaries to the right resource.

WHAT DOES MEDICAID TRANSFORMATION MEAN FOR YOU?

The local DSS will be impacted by Medicaid Transformation. As with beneficiaries, many things will stay the same, but some things will change. This playbook is one tool to help you understand what is changing. NC Medicaid will continue to provide training for each local DSS to help you stay informed and learn how to help beneficiaries.

DSS Directors should be aware of timelines associated with Medicaid Transformation and ensure that related information and communications (like these Fact Sheets) are shared with county partners and staff. All staff who interact with beneficiaries should be aware of Medicaid Transformation and the changes it brings. Directors can contribute to the success of this initiative by ensuring staff participate in upcoming Medicaid Transformation training, interact and collaborate with County Liaison Specialists from the Enrollment Broker and DSS Liaisons with the health plans, and champion this change. Be on the lookout for “**BUDGET CONSIDERATIONS**” in other Fact Sheets to help facilitate conversations about budgeting.

DSS Program Managers and Supervisors have a similar role. We encourage you to provide staff with opportunities to participate in training, discuss upcoming changes with your teams, and work to understand the role

of the Enrollment Broker and health plans. Share information and materials with your staff as it becomes available and participate in Medicaid Transformation training.

DSS Direct Line Staff should actively participate in training and be prepared to answer beneficiary questions related to Medicaid Transformation. You will not know all the answers – the best customer service you can provide is to direct beneficiaries and members to the right place. A goal of NC Medicaid is to support you with the information you need.

Please make a point to update contact information at **every interaction** with beneficiaries! NC FAST will remain the system of record for beneficiary information. Keeping addresses up-to-date is very important.

Please see below for a summary of how the role of the local DSS will change.

More information on key dates and milestones within Medicaid Transformation are provided in the **Introduction to Medicaid Transformation: Part 2 – Enrollment & Timelines Fact Sheet**.

County DSS will CONTINUE:



- Processing Medicaid applications, changes, and redeterminations.
- Generating replacement Medicaid cards for NC Medicaid Direct and EBCI Tribal Option members.
- Providing Non-Emergency Medical Transportation (NEMT) services for NC Medicaid Direct and EBCI Tribal Option members.
- Updating Primary Care Provider (PCP) for NC Medicaid Direct and EBCI Tribal Option members.

County DSS will NOT be responsible for:



- Choice counseling to help beneficiaries choose a health plan.
- Enrolling beneficiaries in health plans.
- Providing NEMT services for Prepaid Health Plan (PHP) members.
- Updating health plan or PCP for PHP members.
- Generating replacement health plan ID cards for PHP members.

County DSS will START:



- Referring beneficiaries to the Enrollment Broker for health plan choice counseling and enrollment assistance.
- Referring beneficiaries to their health plan for PCP updates, NEMT, and other requests related to their health plan.

PRIORITIES FOR DAY 1 OF MANAGED CARE

In the transition to an innovative Managed Care program, NCDHHS' priority for day 1 is that individuals get the care they need, and providers get paid.

- A member's prescription will be filled by the pharmacist.
- Members know their chosen or assigned health plan.
- Members have timely access to information and are directed to the right resource.
- Health plans have sufficient networks to ensure member choice.
- A provider enrolled in Medicaid prior to the launch of NC Medicaid Managed Care will still be enrolled.
- Calls made to call centers are answered promptly.

Fact Sheets will be updated periodically with new information. Created 12/7/2020.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.

Fact Sheet

Introduction to Medicaid Transformation: Part 2 – Enrollment & Timelines

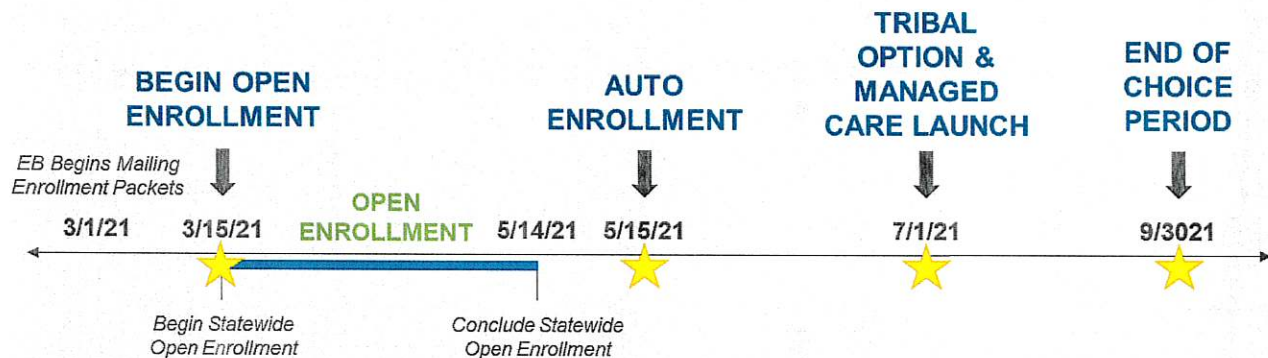
County Playbook: NC Medicaid Managed Care

NC Medicaid Managed Care is Rolling Out Statewide

The Department of Health and Human Services (DHHS) will transition most beneficiaries to NC Medicaid Managed Care statewide on July 1, 2021. **Some people will stay in NC Medicaid Direct.** This Fact Sheet provides details on how and when these transitions will occur. Open enrollment for beneficiaries will begin March 15, 2021 and end May 14, 2021.

The statewide launch of NC Medicaid Managed Care and the EBCI Tribal Option will be **July 1, 2021**.

NC MEDICAID MANAGED CARE TRANSITION TIMELINE



Local DSS will continue to determine Medicaid Eligibility and direct beneficiaries to the proper support system.

Enrollment Broker will provide beneficiary support through choice counseling.

Health plans will provide beneficiary support through member services lines and IVR.



MILESTONE	IMPORTANCE	TIMELINE	WHO CAN HELP?
Enrollment Packets mailed from Enrollment Broker	Current beneficiaries will receive details by mail on who in their household must enroll or may choose to enroll in a health plan, what plans they have to choose from, and how they can enroll. Beneficiaries may select a primary care provider (PCP) and enroll in a health plan.	Beginning 3/1/2021	Beneficiaries should contact the Enrollment Broker for assistance.
Open Enrollment	Beneficiaries may select a PCP and enroll in a health plan. Postcard reminders will be sent to beneficiaries during open enrollment.	3/15/2021 – 5/14/2021	Beneficiaries should contact the Enrollment Broker for assistance.
Auto-Enrollment	Beneficiaries who have not selected a health plan will be enrolled in one systematically. A PCP will be assigned as well.	5/15/2021	Beneficiaries should contact the Enrollment Broker for assistance.
Day 1 – Health Plan Effective Date	Beneficiaries in NC Medicaid Managed Care will now receive Medicaid services from their health plan.	7/1/2021	Beneficiaries should contact their health plan and/or the Enrollment Broker for assistance.

**Dates are approximate and subject to change*

HOW ENROLLMENT OCCURS

Once open enrollment begins on **March 15, 2021**, beneficiaries can enroll in health plans in various ways. They can:

- Select a Primary Care Provider (PCP) and health plan through the Enrollment Broker.
 - By calling 1-833-870-5500 (toll free)
 - Online at ncmedicaidplans.gov
 - By completing and returning a paper enrollment form by fax or mail
 - Using the NC Medicaid Managed Care mobile app
- Be auto-enrolled in a health plan and PCP if they do not choose one by the deadline.

Auto-enrollment is based on:

- 1) Where the beneficiary lives
- 2) Whether he or she is a member of a special population
- 3) Historical provider-beneficiary relationship and preference
- 4) Health plan assignments of other family members
- 5) Previous health plan enrollment within the past 12 months
- 6) Equitable health plan distribution

Beneficiaries may also indicate PCP and health plan preference in NC FAST (via ePASS application or caseworker entry).

CHOICES FOR ENROLLMENT

Beneficiaries will have 6 health plans to choose from when they enroll, based on the region in which they live:

- WellCare
- UnitedHealthcare Community Plan
- Healthy Blue
- AmeriHealth Caritas
- Carolina Complete Health*
- EBCI Tribal Option**

The Enrollment Broker can assist beneficiaries in choosing a health plan and a PCP.

*Carolina Complete Health is only available to beneficiaries in these counties: Alamance, Alexander, Anson, Bladen, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Durham, Franklin, Gaston, Granville, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Orange, Pender, Person, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Vance, Wake, Warren, and Wilson.

**The EBCI Tribal Option is only available to federally recognized tribal members or others eligible for services through Indian Health Service (IHS) who live in Cherokee, Graham, Haywood, Jackson, or Swain County. Eligible members in the following counties may opt in: Buncombe, Clay, Henderson, Macon, Madison, and Transylvania.

WHEN ENROLLMENT OCCURS

During the open enrollment period as noted above. (Note: Beneficiaries may change health plans at any time during open enrollment).

After NC Medicaid Managed Care launch, beneficiary enrollment occurs or may change:

- New Applicants –
 - Enrollment is effective the month the application is dispositioned. (This may mean a portion of their eligibility period will be NC Medicaid Direct).
- Beneficiaries with a Change of Circumstance Impacting Enrollment -
 - Enrollment change is effective the month following the change.
- At Redetermination:
 - Beneficiaries may choose to remain with current health plan or make a change.

Mandatory beneficiaries (required to enroll in a health plan) have a 90-day choice period in which they can change health plans for any reason. The 90 days starts as of the effective date of enrollment.

Exempt beneficiaries (may enroll in a health plan) can change health plans at any time.

BUDGET CONSIDERATIONS

Milestones in Medicaid Transformation described above may result in additional foot traffic and phone calls to the agency. More information will be provided.

Fact Sheets will be updated periodically with new information. Created 12/7/2020.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.

Fact Sheet

Increase in Beneficiary Contact

County Playbook: NC Medicaid Managed Care

Potential for Higher Call Volumes & Foot Traffic at DSS Offices

Change almost always prompts questions. Many Medicaid beneficiaries will turn to their local Department of Social Services (DSS) office to get answers. As a result, DSS offices will likely experience higher call volumes from beneficiaries. Due to the COVID-19 pandemic, foot traffic may be limited. You can anticipate when increased volumes are likely based upon the Medicaid Transformation timeline.

The **Introduction to Medicaid Transformation – Part 2: Enrollment & Timelines Fact Sheet** outlines some of the key milestones most of our beneficiaries will experience in the transition to NC Medicaid Managed Care. We recommend that DSS offices prepare for an increase in calls and/or visits around the time these milestones occur. Please reference the table below for the approximate dates. We have also included example scenarios to explain why beneficiaries may contact DSS offices (or other community partners) during this time.

MILESTONE	TIMELINE	EXAMPLE SCENARIO
Enrollment Packets mailed to beneficiaries	Beginning 3/1/2021 (all should be mailed within 10 business days)	Joe receives a letter from NC Medicaid explaining that he and his family need to enroll in a health plan. Instead of calling the toll-free number on the form, he calls his caseworker to make sure this is really something he has to do. DSS Action: Caseworker provides basic NC Medicaid Managed Care information and directs Joe to contact the Enrollment Broker.
Reminder Postcards mailed to beneficiaries	Beginning 4/15/2021 (all should be mailed within 10 business days)	Angie receives a postcard from NC Medicaid reminding her about open enrollment. She remembers seeing something about that a few weeks ago but misplaced her paperwork. She calls the main number for her local DSS office to see if they can help. DSS Action: Caseworker informs Angie that she has until May 14, 2021 to choose a health plan and directs Angie to contact the Enrollment Broker.
Auto-Enrollment	Beginning 5/15/2021 Health plans will mail Welcome Packets to their members within six business days of enrollment.	Lola received mail from NC Medicaid about enrolling in a health plan, but she ignored it. She is auto-enrolled in a health plan after open enrollment ends. She then receives mail from one of the health plans containing a handbook and an ID card. She calls her Medicaid caseworker to ask if she still has Medicaid. DSS Action: Caseworker informs Lola that she still has Medicaid, but health care services are now provided by the health plan. She directs Lola to contact the Enrollment Broker if she wishes to change her health plan.

**Dates are approximate and subject to change*



RETURNED MAIL

Most beneficiaries will receive information by mail from the Enrollment Broker and from their health plan. DSS offices should not see an increase in returned mail due to Medicaid Transformation.

- Mail from the Enrollment Broker will be branded as "NC Medicaid" but will have the return address for the Enrollment Broker. This includes:
 - Enrollment Packets
 - Reminder Postcards
 - Notices related to Managed Care status changes and disenrollment
- Mail from the health plans will be branded with the health plan's name and logo and will have the return address for that health plan. This includes:
 - Welcome Packets, Member Handbooks, and ID cards*
 - * NC Medicaid will send ID cards for EBCI Tribal Option members.
 - Provider Directory
 - How to access care management services

Returned mail will be compiled by the Enrollment Broker and the health plans and shared with NC Medicaid. More information will be coming soon about how NC Medicaid will share out-of-date addresses with local DSS offices.

Fact Sheets will be updated periodically with new information. Created 2/9/2021.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.



Fact Sheet

Transfers & Referrals

County Playbook: NC Medicaid Managed Care

What are cold/warm transfers and referrals?

Transfers and referrals are one way to support beneficiaries with the changes associated with Medicaid Transformation. Throughout the transition, many organizations – the Enrollment Broker, health plans, local Departments of Social Services (DSS), and Ombudsman (expected to be fully operational in April) – will work together on behalf of beneficiaries. Sometimes, beneficiaries may contact an organization that cannot resolve their issue; in these cases, it is crucial that the beneficiary is directed to the correct place through either a cold transfer, warm transfer, or referral. The table below provides a description of each.

Cold Transfer	Transfer beneficiary to appropriate support entity and provide contact information.
Warm Transfer	Transfer beneficiary to appropriate contact and stay on the line with him or her until a live agent answers; explain the situation to ensure the agent clearly understands before leaving the call.
Referral	Provide contact information for appropriate support entity.

ROLES BY ORGANIZATION UNDER NC MEDICAID MANAGED CARE

Local DSS Offices

- Determine Medicaid eligibility.
- Enter health plan preference in NC FAST for beneficiaries who already know which health plan they want.
- Assist beneficiaries in understanding who to contact to get answers to questions.
- Ensure that addresses, contact information, and changes in circumstance are up to date in NC FAST.
- Provide general assistance with questions about Medicaid eligibility.
- Direct beneficiaries to the Enrollment Broker for choice counseling and/or enrollment assistance.

Enrollment Broker

- Send notices to beneficiaries about enrolling in health plans.
- Provide choice counseling to help beneficiaries choose the right health plan and PCP to meet their needs.
- Enroll beneficiaries in health plans.
- Provide general assistance with questions about Medicaid Transformation.
- Perform outreach and education to beneficiaries, DSS offices, and community-based agencies.

Health Plans (Prepaid Health Plans (PHPs) and the EBCI Tribal Option)

- Send health plan information to beneficiaries.
- Provide Medicaid services and care coordination for their members.

TRANSFERS & REFERRALS TO DSS

The Enrollment Broker, health plans, and NC Medicaid Contact Center will all make referrals and transfers to the local DSS. The following questions and topics are intended to prepare DSS offices for these calls.

- Are all incoming calls getting answered? If calls are not being answered, what can we do to mitigate this?
- Do we need to provide information about the Enrollment Broker and health plans to all DSS staff (not just Medicaid)?
- Can we secure a dedicated line to be used for the Enrollment Broker and health plans to transfer individuals with questions?

TO WHOM AND WHEN IS IT RECOMMENDED FOR DSS TO MAKE WARM TRANSFERS (WHEN POSSIBLE)?

Enrollment Broker:

- Complaints about the Enrollment Broker

Health Plans:

- Complaints about a provider or health plan
- Behavioral health crisis

Ombudsman

- Help resolving a problem after attempting to do so with the Enrollment Broker or health plan
- Concern about NC Medicaid Direct access to care
- Questions about rights and appeal options

TO WHOM AND WHEN IS IT RECOMMENDED FOR DSS TO MAKE REFERRALS?

Enrollment Broker:

- Choice counseling

Health Plans:

- Assistance with health plan information

Ombudsman:

- Help resolving a problem

POTENTIAL SCENARIO: REFERRAL

You receive a call from a beneficiary, Sue Jones, asking about a letter she received in the mail. She says there is information about health plans, and she has heard from her neighbors that they chose WellCare as their health plan. She asks you if she should choose WellCare or if there is a better health plan for her. You have known Sue for a few years and understand that she is not tech savvy. What do you do?

- Let Sue know that you cannot help her choose the health plan that is best for her, but you know who can.
- Inform Sue that Enrollment Specialists are available to help her review her health plan options over the phone at **1-833-870-5500** or online at [ncmedicaidplans.gov](https://www.ncmedicaidplans.gov).
- Ask Sue if she needs assistance with any other questions.

Fact Sheets will be updated periodically with new information. Created 2/9/2021.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.

Fact Sheet

Non-Emergency Medical Transportation (NEMT) Part 1

County Playbook: NC Medicaid Managed Care

Who is responsible for NEMT under NC Medicaid Managed Care?

NC Medicaid is required to provide transportation to medical appointments for all Medicaid eligible individuals who need and request assistance with transportation. NC Health Choice beneficiaries are not eligible for these services.

For beneficiaries enrolled in NC Medicaid Managed Care, Prepaid Health Plans (PHPs) are required to provide non-emergency medical transportation (NEMT) services. PHPs may use transportation brokers to arrange and provide transportation or contract directly with transportation providers.

For beneficiaries in NC Medicaid Direct and the Eastern Band of Cherokee Indians (EBCI) Tribal Option, local Departments of Social Services (DSS) will continue to arrange NEMT services. Counties will continue to follow current North Carolina NEMT policies, and providers will continue to bill NCTracks for reimbursement.

For all beneficiaries in NC Medicaid Managed Care and NC Medicaid Direct, transportation will be available if the beneficiary receives a Medicaid covered service provided by a qualified, enrolled Medicaid provider. Medicaid pays for the least expensive means suitable to the beneficiary's needs.

WILL BENEFICIARIES RECEIVE THE SAME SERVICE FROM PHPS THAT THEY ARE USED TO RECEIVING FROM DSS?

Beneficiaries will receive the same service from PHPs. The amount, duration, and scope of the NEMT service is NOT changing. NEMT will be provided by the PHP in which the beneficiary is enrolled. PHPs are contracting with statewide NEMT brokers to arrange and provide NEMT to enrolled members.

PHPs are required to:

- Provide NEMT appropriate for the member to the nearest enrolled medical provider.
- Provide NEMT to a Medicaid-covered service provider, including services not covered through NC Medicaid Managed Care, provided by a qualified Medicaid provider.
- Provide travel-related expenses including:
 - Lodging
 - Food
 - Parking fees/tolls
 - Transportation vouchers (e.g., taxis, ride-sharing services, public transit)



- Mileage
- Develop a network of NEMT providers.

PHPs are also required to:

- Provide training to NEMT providers.
- Address any behavioral or medical needs or issues that arise during transportation.
- Establish rates for reimbursement.
- Have contractual requirements for quality of care, vehicles, drivers, timeliness, and no-shows.

Members will:

- Be informed that there is no cost for NEMT services.
- Be informed of who may accompany them without cost.
- Be informed that any member under the age of eighteen (18) must have an adult present.
- Have the PHP NEMT policy explained including:
 - How to request or cancel a trip
 - Limitations on transportation
 - Advanced notice requirements
 - Expected member conduct and procedures for no-shows
- Be able to arrive at the provider's location in time for the scheduled appointment but no sooner than one hour before the appointment.
- Not have to wait more than one hour after the conclusion of the treatment for transportation home.
- Not be picked up prior to the completion of treatment.
- Be able to request an appeal if the request for transportation assistance is denied.

HOW AND WHEN CAN PHP MEMBERS SCHEDULE NEMT?

PHPs will send Welcome Packets to enrolled members that include information on how to access NEMT services. PHPs will begin accepting member calls on June 1, 2021 to schedule appointments for transportation on or after July 1, 2021.

PHPs must ensure that:

- Members are not required to make transportation requests more than two days in advance.
- Members are not required to make transportation requests in person.
- Urgent transportation services are exempt from any advance notice requirement.

Members are encouraged to call their PHP to schedule NEMT services at the time their appointment is scheduled.

CAN DSS CONTRACT WITH THE PHPS FOR NEMT SERVICES?

PHPs should be contacting counties and may contract with them to use existing NEMT providers, including county-owned transportation services or fleets. NCDHHS does not need to participate in these discussions. If there are issues or questions related to NEMT, the PHPs or the DSS offices should bring them to NC Medicaid for discussion and resolution.

WHO ARE THE NEMT BROKERS FOR EACH PHP?

PHP	NEMT Broker	Contact Information
WellCare	One Call	Kala Datz Phone: 224-256-3105 Email: kala_datz@onecallcm.com Website: www.onecallcm.com
UnitedHealthcare Community Plan	ModivCare	Phone: 866-910-7684 ext. 0 Email: ncnetwork@modivcare.com Website: www.modivcare.com
HealthyBlue	ModivCare	Phone: 866-910-7684 ext. 0 Email: ncnetwork@modivcare.com Website: www.modivcare.com
AmeriHealth Caritas	ModivCare	Phone: 866-910-7684 ext. 0 Email: ncnetwork@modivcare.com Website: www.modivcare.com

Carolina Complete Health ModivCare

Phone: 866-910-7684 ext. 0
Email: ncnetwork@modivcare.com
Website: www.modivcare.com

*As of January 6, 2021, LogistiCare is now ModivCare.

Fact Sheets will be updated periodically with new information. Created 12/14/2020.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.

Fact Sheet

Non-Emergency Medical Transportation (NEMT) Part 2

County Playbook: NC Medicaid Managed Care

NEMT under NC Medicaid Managed Care

The Non-Emergency Medical Transportation (NEMT) Part 2 Fact Sheet covers the following topics:

- 1) NEMT responsibilities for county Departments of Social Services (DSS)
- 2) NEMT responsibilities for Prepaid Health Plans (PHPs)
- 3) How NC Medicaid beneficiaries access NEMT services
- 4) NEMT policy guidance documents

COUNTY DSS AND PHP NEMT RESPONSIBILITIES

Non-emergency medical transportation (NEMT) is a critical covered benefit for NC Medicaid beneficiaries. It allows beneficiaries to access health care services from Medicaid providers and is a covered service in both NC Medicaid Managed Care and NC Medicaid Direct. NEMT services consist of arranging and/or paying for transportation that is medically necessary. Both county DSS and PHPs are responsible for arranging transportation for eligible beneficiaries/members. County DSS and PHPs are expected to work together to facilitate NEMT services when a household has beneficiaries who participate in both programs (NC Medicaid Managed Care and NC Medicaid Direct) and when beneficiaries move from one program to another.

PHPs

PHPs are required to provide NEMT services for all NC Medicaid Managed Care members. The services provided must be at a minimum in the amount, duration, and scope of what is provided to beneficiaries under NC Medicaid Direct (Medicaid fee-for-service). More information is outlined in the **NEMT Part 1 Fact Sheet** in the County Playbook.

County DSS

There are no changes to current NEMT eligibility policies (e.g., MA-3550 and MA-2910) or related billing/claims submission processes for NC Medicaid Direct and Eastern Band of Cherokee Indians (EBCI) Tribal Option beneficiaries. The county DSS will continue to provide NEMT services to all NC Medicaid Direct and EBCI Tribal Option beneficiaries/members, unless they contract with a third party.

- The county DSS should continue to provide the DMA-5046 Medical Transportation Assistance Notice of Rights/Responsibilities at application and redetermination to all Medicaid beneficiaries (NC Medicaid Direct and NC Medicaid Managed Care). The DMA-5046 will be updated to include language specific to Managed Care.
- The county DSS will continue to complete the DMA-5047, Medicaid Transportation Assessment, for all NC Medicaid Direct and EBCI Tribal Option beneficiaries/members.
- The county DSS will continue to complete all other NEMT forms outlined in current policies for all NC Medicaid Direct and EBCI Tribal Option beneficiaries/members.



Working Together

In order to coordinate efforts, PHPs, transportation brokers, and county DSS offices will need to work together to facilitate the continuity of care for Medicaid beneficiaries who use NEMT services. The table below defines key activities and responsibilities for county DSS, PHPs, and transportation brokers.

Activity	County DSS	Prepaid Health Plan (PHP)
Contracting for Services for NC Medicaid Managed Care	County DSS offices interested in providing NEMT services for NC Medicaid Managed Care members need to contract with each transportation broker. Contact the transportation broker with questions regarding NEMT contracting. Transportation broker contact information can be found in the NEMT Part 1 Fact Sheet in the County Playbook.	PHPs contract with transportation brokers to coordinate NEMT services. Transportation brokers contract with providers to build an adequate network to meet PHP requirements. Brokers can contract with counties for these services.
	<i>Note: All NC Medicaid Managed Care members should be encouraged to work with their PHP to receive transportation assistance. If the county DSS is not contracted with the PHP or their transportation broker, but provides NEMT services for that PHP's member, the county DSS should reach out to the PHP to determine how to receive reimbursement as an out-of-network provider. Each PHP and their broker will have a different out-of-network policy and will have different policies around single trip contracts. During the transition of care period, there may be out-of-network exceptions.</i>	
Transition of Care (when a beneficiary moves from one program to another)	<p><u>NEMT Provider Report:</u></p> <ul style="list-style-type: none"> - County DSS offices completed the NEMT Provider Report in August 2019, which identified the NEMT providers under contract in their county. An updated provider list was shared with PHPs in January 2021 that includes data from State Fiscal Year 2020. <p><u>NEMT History Tracker:</u></p> <ul style="list-style-type: none"> - County DSS offices will identify high need, frequent, and privately reimbursed beneficiaries on the NEMT History Tracker. This tracker will be shared with PHPs in Spring 2021. 	<p><u>NEMT Provider Report:</u></p> <ul style="list-style-type: none"> - PHPs will use the NEMT Provider Report to help them build NEMT networks. <p><u>NEMT History Tracker:</u></p> <ul style="list-style-type: none"> - Starting June 1, 2021, PHPs will use the NEMT History Tracker to proactively contact high-need beneficiaries to coordinate NEMT services during the transition to Managed Care.
Transportation Coordination for Split Households	In some cases, a household could have one beneficiary in NC Medicaid Direct and one in NC Medicaid Managed Care. The PHP and the county DSS should work together to coordinate transportation for this household.	

WHO DOES THE BENEFICIARY CONTACT FOR TRANSPORTATION ASSISTANCE?

NC Medicaid Direct and EBCI Tribal Option

NC Medicaid Direct and EBCI Tribal Option beneficiaries should continue to contact their county DSS for transportation assistance. For a full list of North Carolina County DSS contact information and hours of operation, go to <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>.

NC Medicaid Managed Care

Once NC Medicaid Managed Care launches, enrolled members should always contact their PHP for transportation assistance. Any NC Medicaid Managed Care member who contacts the county DSS for transportation assistance should be directed to their PHP.

- Starting June 1, 2021, NC Medicaid Managed Care members can contact their PHP for trips taking place on or after July 1, 2021.

NC Medicaid Managed Care members should contact their PHP Member Services Line or the Where's My Ride line to receive transportation assistance. PHP-specific contact information follows:

PHP NEMT Contact Information		
WellCare (One Call)	UnitedHealthcare Community Plan (ModivCare)	
Member Services: 866-799-5318 Where's My Ride: 877-598-7602 Website: www.wellcare.com/nc	Member Services: 800-349-1855 Where's My Ride: 833-587-3901 Website: www.uhccommunityplan.com/nc	
HealthyBlue (ModivCare)	AmeriHealth Caritas (ModivCare)	Carolina Complete Health (ModivCare)
Member Services: 844-594-5070 Where's My Ride: 855-397-3602 Website: www.healthybluenc.com	Member Services: 855-375-8811 Where's My Ride: 833-807-2262 Website: www.amerihhealthcaritasnc.com	Member Services: 833-552-3876 Where's My Ride: 855-397-3601 Website: www.carolinacompletehealth.com

*As of January 6, 2021, LogistiCare is now ModivCare.

NEMT POLICY GUIDANCE

There are three categories of NEMT policy guidance: 1) NC Medicaid Direct NEMT Policy, 2) NC Medicaid Managed Care NEMT Policy Guidance, and 3) PHP NEMT Policy.

- 1) The current NC Medicaid Direct NEMT Policy is in MA-2910 and MA-3550 and will not change under NC Medicaid Managed Care.
- 2) NC Medicaid worked with the PHPs, NEMT vendors, public transportation, and county representatives to develop and refine the NC Medicaid Managed Care NEMT Policy Guidance. The NC Medicaid Managed Care NEMT Policy Guidance builds upon the current NC Medicaid Direct NEMT Policy (MA-2910/3550) to include context for situations that would arise under Managed Care that are specific to PHPs and their transportation vendors.
- 3) Each PHP will have its own NEMT policy and process. PHPs must adhere to MA-2910/3550, Contract #30-190029-DHB Prepaid Health Plan Services, and the NC Medicaid Managed Care NEMT Policy Guidance.

Fact Sheets will be updated periodically with new information. Created 12/15/2020.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.

Recipient Eligibility Determination Audit (REDA) Information

The Office of Compliance and Program Integrity (OCPI) is conducting annual audits of County DSS agencies for compliance with the accuracy standards set by the legislation, for initial application eligibility determinations as well as Medicaid reenrollment determinations. The REDA Audit is required under Session Law 2017-57, Section 11H.22.

Stokes County is a Cycle 3 county and will participate in a webinar on February 24, 2021 to receive further guidance and information on the audit. Each county will have 200 cases reviewed over a ten-month timeframe with a random sample of ten cases per month. The audit begins June 2021 and is scheduled to conclude March 2022.

Some of the information the auditors will be looking for is case documentation, correct notices, income calculations using correct base periods, representative income, etc. The documentation should include detailed information and needs to include justification for the action the worker took on the case. Local DSS agencies will have 5 business days to ensure all information is uploaded in to NC Fast.

Mrs Mabe,

Thanks so much
for your help through the years.

I really didn't know
from day to day what
was going to happen with
money for child support.

But with your understanding
and caring I have
managed to make it through.

There are no words to
say or gifts, But here
is a little something

P.S

I Don't
forget people
who has helped me!

Thanks so
much again