

MEDICAID



Long-Term Services and Supports

Long-Term Services and Supports

Long-term services and supports (LTSS) includes:

- Care provided in the home, in community-based settings or in facilities such as nursing homes.
- Care for older adults and people with disabilities who need support because of age, physical, cognitive, developmental or chronic health conditions; or other functional limitations that restrict their abilities to care for themselves.
- Care management for individuals who, because of age, physical, cognitive, developmental or chronic health conditions or other functional limitations, are at risk of requiring formal LTSS services to remain in their communities.

If you have any questions, please visit the provider website at <https://provider.healthybluenc.com> or call Provider Services at **844-594-5072**.

Long-Term Services and Supports (cont.)

LTSS includes:

- A wide range of services to help people live more independently by assisting with personal healthcare needs and activities of daily living including but not limited to:
 - Eating
 - Taking baths
 - Managing medications
 - Grooming
 - Walking
 - Using the toilet
 - Cooking
 - Driving
 - Getting dressed
 - Managing money
 - Getting up and down from a seated position

Continuity of Care — Long-Term Services and Supports

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will work to ensure a seamless transition for new Healthy Blue members to receive necessary services without disruption including:

- Extend all existing authorizations, including services and identified frequency of service on the member's care plan, for up to 90 days following enrollment and as established by their previous Medicaid plan.
- Arrange for initial and ongoing transportation through our nonemergency medical transportation vendor to the nearest appropriate provider.

Continuity of Care — Long-Term Services and Supports (cont.)

- Identify members receiving services from out-of-network providers and contact our Provider Relations department for outreach and contracting.
- Review new members' care plans for appropriateness of care, arrange for all medically necessary services, identify any gaps in care, then refer the member for additional services, if needed, to help ensure a successful provider transition.
- More information regarding our continuity of care and transition policies and procedures can be found in the *Healthy Blue Provider Manual (Blue BookSM)* and on our website at <https://provider.healthybluenc.com>.

Opportunities for Health

When people experience challenges with unmet health-related resource needs, basic healthcare often becomes less of a priority. Access to transportation, employment supports, educational opportunities, fresh or nutritious food, and safe and affordable housing can significantly improve overall health.

Blue Cross NC is addressing these challenges in a number of ways including through:

- **Value-added benefits** offer additional services to address housing, food insecurity, transportation, interpersonal safety and educational needs.
- **Comprehensive care management — standardized screening questions** identify each individual's unique physical, behavioral, and social supports needs, and bring it all together to support each member's recovery and resiliency to improve or maintain their level of functioning.
- **Enhanced care management pilots** test delivery of evidenced-based interventions in the four priority domains (housing, food, transportation and interpersonal safety) at the population level.

Long-Term Services and Supports Care Management

Members with LTSS needs will be assigned a care manager that provides person-centered and collaborative care coordination for members.

The care manager will engage the following individuals to develop and update the member's care plan:

- Member
- Member's direct support staff
- Representatives from non-Medicaid in-home or care management services used by the member
- Member's family and friends as identified by the member

LTSS Care Management (cont.)

Care management includes:

- Coordination of physical, behavioral health and social services
- Medication management, including regular medication reconciliation and support of medication adherence
- Progress tracking through routine care team reviews
- Referral follow-up
- Peer support
- Training on self-management, as relevant
- Transitional care management as needed

Nursing Facilities

- Once a member reaches 90 days of residence in a skilled nursing facility, the member will be disenrolled from the prepaid health plan (PHP) and will be re-enrolled in the North Carolina state Medicaid fee-for-service (FFS) plan.

Solutions to Common Authorization Issues

Authorization Issue	Solution
Providers submit an authorization request: <ul style="list-style-type: none">• Without the Healthy Blue member ID number• With the member's name spelled incorrectly.• Without the member's date of birth	Always include the: <ul style="list-style-type: none">• Member's Healthy Blue subscriber ID number• Member's name (spelled correctly)• Member's date of birth
Providers submit an authorization request with missing date spans.	Always include first and last date through which you are requesting the authorization request, not to exceed 12 months.
Providers submit an authorization request missing the provider ID.	Make certain that the provider ID is always included on the authorization request.
Providers send the entire list of Healthy Blue members instead of sending only the members who need a new authorization.	Please only send those members for whom an authorization is required.

Solutions to Common Authorization Issues (cont.)

Authorization Issue	Solution
The nursing facility requests a copy of the authorization when a copy has already been sent to the nursing facility's home office, or they do not send a copy of the authorization to the North Carolina Department of Health and Human Services (NCDHHS).	Nursing facilities should coordinate authorization requests with their home offices, and also send a copy to the NCDHHS.
The facility does not provide notification when the member transfers to another facility or is discharged. In this case, the new facility requests an authorization when Blue Cross NC shows the member as being in the original facility.	Send notification when a member leaves a nursing facility or transfers to another facility.
Providers submit an authorization request that has illegible handwriting.	Ensure that the authorization request is legible.
Providers submit an authorization request that does not contain a contact phone or fax number.	Ensure that the authorization request has a phone or fax number to facilitate a return of the authorization and clarifications as necessary.

Solutions to Common Authorization Issues (cont.)

Authorization Issue	Solution
<p>Providers submit an authorization request with a provider name that is not consistent with the provider name indicated on the contract and credentialing application.</p>	<p>Please be sure the authorization request is in the legal name as represented on the contract.</p>
<p>Nursing facility providers call Healthy Blue utilization managers with claim issues. The utilization managers redirect the providers to Provider Services.</p>	<p>Call your Provider Relations representative for assistance with claims issues or questions.</p>
<p>A home health agency or primary care office provider requests an authorization for services at home when we show the member as still being in the nursing facility.</p>	<p>Please send notification when a member leaves the nursing home.</p>

LTSS Tools and Resources

Blue Cross NC provides specific online tools and resources to support LTSS providers through the Healthy Blue Medicaid Training Academy, which provides a comprehensive approach to providing educational resources. Key aspects include:

- Elsevier Performance Manager learning management system.
- DirectCourse — course curriculum developed through a University-based research and training center.

LTSS Tools and Resources (cont.)

Elsevier Performance Manager

- Online training platform, trusted by more than 1,500 organizations and 2.5 million professionals worldwide
 - Access to nationally recognized course content including
 - DirectCourse,
 - Community Technical Assistance Center (CTAC),
 - Achievement Behavioral Services (ABS),
 - Association for People Supporting Employment First (APSE),
 - OMNI Behavioral Services and more
- Continuing medical education (CMU)/continuing education units (CME) credit available for some courses

LTSS Tools and Resources (cont.)

DirectCourse

- Includes course curriculum developed through a university-based research and training center that has been recognized by the National Institute on Disability and Rehabilitation Research (NIDRR)
- Has access to all four DirectCourse Curricula for self-enrollment for CEU/CME opportunities:
 - College of Direct Support
 - College of Personal Assistance and Caregiving
 - College of Recovery and Community Inclusion
 - College of Employment Services

Electronic Visit Verification — CAREBRIDGE

CareBridge is a best-in-class Electronic Visit Verification (EVV) solution that can be used via mobile phone, tablet, landline and web-based platform to record service delivery and facilitate day-to-day management of members' appointments.

Here the steps you need to take to start the EVV process:

- Complete the Healthy Blue EVV Survey <http://survey.carebridgehealth.com/ncevv> to provide critical information regarding your agency including:
 - Contact person for receiving EVV communications and training notices
 - Services you provide that will require EVV
 - Your choice for providing EVV in North Carolina — this could be CareBridge, SembraCare or another EVV vendor
- Register for Training <https://www.carebridgehealth.com/trainingncevv>
CareBridge Support Center **1-855-782-5976**



BlueCross BlueShield
of North Carolina

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<https://provider.healthybluenc.com>

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