



**NC Collaborative for Children, Youth and Families**  
**DATE: August 14, 2020**

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**Upcoming Joint Legislative Oversight Committee (JLOC) Meetings:**

Committee	Date and Time	Location, Video and Audio
<a href="#">House Select Cmte on COVID-19</a> , Health Care Working Group	August 20, 10:00 a.m.	643 LOB, <a href="#">Audio</a>
<a href="#">JLOC on Education</a>	September 1, 10:00 a.m.	643 LOB, <a href="#">Video</a> , <a href="#">Audio</a>

**Joint Legislative Committees Talk about Children, COVID-19 and Medicaid Managed Care:**

The Joint Legislative Oversight Committees (JLOC) on [Health and Human Services](#) and on [Medicaid and Health Choice](#) both met this week. NC DHHS Secretary Cohen gave some promising news that the state trajectory for cases is leveling off. She was careful to point out that NC is not going down on the number of overall cases, but the state is also not increasing overall number of cases and that is improvement. Dr. Cohen attributed this to better adherence to precautions, contact tracing and improved turnaround for test results. NC DHHS will be working on getting out the message about shorter turnaround for test results to people to encourage them to get tested when they are concerned that they have symptoms or been exposed to the virus.

*Children and COVID-19:*

The JLOC on Health and Human Services talked in depth about how COVID-19 has impacted children and NC DHHS Chief Deputy Secretary Susan Perry [presented](#) how the federal CARES and State Coronavirus Relief Fund (CRF) funding has been allocated to support the State and local public school system and child care facilities. Those allocations include funding for:

- Over 3,800 programs to get operational grants to help them stay open in April, May, June, with an additional \$23m projected for July;

- More than 25,000 teachers and staff bonuses to help ensure there were adequate staffing levels at child care facilities to serve children of essential workers;
- 20,000 children to be served through emergency child care subsidy funding;
- Parent copayments for families receiving subsidy in June and July at open programs;
- Availability of nutritious meals and funding for Food Banks across the State;
- Counties to give them the flexibility to pay essential expenses, including salaries, for Adult Protective Services (APS) and Child Protective Services (CPS);
- Residential child care facilities to purchase critical supplies and PPE;
- Transitioning foster care youth in the LINKS program who need assistance with housing or transitional costs due to COVID-19.

*Medicaid Expansion and the Impact of COVID-19 on the Medicaid Budget:*

Secretary Cohen used the opportunity to exemplify the benefit of Medicaid expansion, not only to cover the healthcare costs related to the virus for so many uninsured individuals, but also as a long-term strategy for the state. She has stated that the 500,000 number of uninsured North Carolinians has increased since the beginning of the pandemic. One of the slides in her presentation states, “Expanding Medicaid would bring billions of dollars into the state’s economy. Had the state expanded in November 2019, it would have gained \$11.7 billion more in federal funding from 2020 to 2022 (Milken Institute School of Public Health, The George Washington University)”. There was discussion that the State would have had additional funding to address the health care treatment and supply needs from the pandemic if expansion had occurred. Legislators turned the discussion more toward Medicaid managed care and whether an earlier implementation would have benefitted the State during the pandemic. Secretary Cohen responded that the managed care financial benefit takes several years to come to fruition. She did note that systems might have been in place to assist with access to testing and contact tracing ramp up more quickly.

Despite increases in the number of North Carolinians that qualify for Medicaid, spending is lower than budgeted amounts and NC DHHS reasons that this is due to the lower claims volume due to social distancing and the federal funding that has been allocated.

*Medicaid Transformation:*

The JLOC on Medicaid and Health Choice received some revealing updates on Medicaid managed care implementation from NC DHHS leaders. NC DHHS leaders Dave Richard and Jay Ludlam provided insights into what the Department is working on right now for implementation. A few key points that were made:

- Open enrollment will begin again in March 2021 and end on May 13, 2021;
- Auto enrollment will begin on May 14, 2021;
- Go live for both the Standard Plan and Tribal Option will begin on July 1, 2021;

- Request for Application for BH/IDD Tailored Plans (only LME/MCOs can respond) will be let this fall 2020 (“around November 1<sup>st</sup>”).

To that end, there are multiple tasks that NC DHHS is ramping up again and that includes:

- Update all stakeholder materials, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS);
- Update the Consolidated Provider Directory (NC DHHS, Enrollment Broker, health plans);
- Re-review and re-validate Enrollment Broker readiness including call center staff and scripting once rehired;
- Analyze health plan network adequacy to ensure adequate provider networks and processes;
- Moving forward with the Medicaid Managed Care Ombudsmen contract.

### **Child Care Commission Emergency Rules:**

The Child Care Commission of NC DHHS has adopted [temporary rules](#) addressing the pandemic in public schools and child care centers and they are **seeking public feedback on the temporary rules**. The public comments will be received up until September 2, 2020.

The temporary rules allow child care centers to “use space, regardless of location, not previously approved for child care ("additional space") to care for school-age children during the Declaration of a State of Emergency” and gives the centers six-months to get the appropriate inspections completed. This provision is being done to alleviate the pressure parents who are working outside of the home may be facing with their children engaging in school through remote learning. To supplement this, NC DHHS is using CARES funding to provide child care subsidies for children of essential workers, to support teachers and staff and to help purchase PPE and cleaning supplies. The rules also create a definition for a “Remote Learning Facility” that is used by a public school system to provide space for school-age children. Public school units would be exempt from licensure.

### **Resources:**

#### **[The SCOOP on Managing Stress](#)**

**S** - *Stay connected to family and friends*. Social connections build resiliency.

**C** - *Compassion for yourself and others*. Self-compassion decreases trauma symptoms and stress.

**O** - *Observe your use of substances*. Early intervention can prevent problems.

**O** - *Ok to ask for help.* Struggling is normal. Asking for help is empowering.

**P** - *Physical activity to improve your mood.* Exercise boosts mood and lowers anxiety.

Governor [Executive Order 156](#) extends the deadlines for proof of immunizations and health assessment documentation to schools and child care centers.