Behavioral Health Crisis System Memo for Standard Plans[1]

March 6, 2020

The Department of Health and Human Services (DHHS) recognizes the importance of ensuring that individuals experiencing behavioral health crises have immediate access to a robust continuum of crisis services and are linked to appropriate follow-up care once they are stabilized. It is a DHHS priority to reduce unnecessary involuntary commitments (IVCs), emergency room visits and incarcerations for beneficiaries experiencing behavioral health crises. Currently, DHHS works with its Local Management Entity/Managed Care Organization (LME/MCO) partners to maintain a comprehensive behavioral health services crisis system and to create alternatives to overly restrictive levels of care and non-therapeutic dispositions. Local and regional investments reinforce DHHS and LME/MCO efforts to support local crisis systems. As part of its efforts to improve the delivery and availability of crisis services throughout the state's counties, North Carolina enacted Session Law 2018-33, which required each LME/MCO to adopt a "Community Crisis Services Plan" for their catchment area that is comprised of "Local Area Services Plans" by October 2019[2].

DHHS is committed to ensuring that local comprehensive crisis systems are sustained and improved following Medicaid Transformation. These systems include: facility- and community-based Medicaid, state and county funded services, trainings for first responders, and diversion from non-therapeutic and overly restrictive settings. Standard Plans will be responsible for maintaining comprehensive behavioral health crisis systems on behalf of their beneficiaries. It is of utmost importance to DHHS that Standard Plan beneficiaries who experience behavioral health emergencies have the same or better access to crisis services and providers than they have today.

This memo details Standard Plan requirements and expectations related to crisis services across a range of areas, including crisis services plans, covered services, provider contracting and reimbursement, and the transitioning of Standard Plan beneficiaries into LME/MCOs (and Behavioral Health I/DD Tailored Plans after their implementation), as indicated, following crises. Additional guidance regarding Behavioral Health I/DD Tailored Plan expectations and requirements related to crisis services will be forthcoming.

Key Terms

- **Local Area Crisis Services Plan.** Each region within the LME/MCO must develop an approach for coordinating the transfer and examination of an individual for involuntary commitment.
- **Community Crisis Services Plan**. Each LME/MCO is required to adopt a Community Crisis Services Plan that encompasses separate Local Area Crisis Services Plans for all the regions within the LME/MCO.
- **Comprehensive Local Crisis Management Plan.** Each Standard Plan must submit an annual report of their progress on implementing the Local Area Crisis Services Plans and contracting with key crisis providers (identified by DHHS) within their regions.

[1] The Department reserves the right to revise the guidance provided at its sole discretion.

[2] Session Law 2019-240 extended the deadline for submission of the Local Area Crisis Services Plans, which "shall be submitted to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services beginning October 1, 2019, but no later than August 1, 2020."

Crisis Services Plans

In accordance with Session Law 2018-33, and as amended by Session Law 2019-240, LME/MCOs have worked and continue to work with county law enforcement agencies, acute care hospitals, magistrates and other stakeholders to develop the "Local Area Crisis Services Plans," which include, at a minimum[3]:

- IVC transportation plans developed by the counties;
- Facilities designated for IVC first examinations in conjunction with required health screenings;
- Training for law enforcement and other transportation personnel involved in IVC custody and transportation; and
- Any other matters necessary to facilitate the custody, transportation, examination, and treatment of those undergoing commitment proceedings as mutually agreed to by all entities identified in the plan.

LME/MCOs will continue to retain primary responsibility for the Local Area Crisis Services Plans. DHHS has amended the Standard Plan contracts to clarify the responsibilities of Standard Plans in this critical area. Under the Prepaid Health Plan (PHP) Contract Amendment #1, Section V.F. Stakeholder Engagement, Standard Plans are required to:

- Participate in the development of and agree in writing to each Local Area Crisis Services Plan developed by the LME/MCOs across each PHP region they cover;[4,5]
- Contract for the relevant behavioral health crisis services with the provider(s) identified in each local area crisis plan.
- Coordinate with LME/MCOs and local communities around efforts to increase access to and secure the sustainability of behavioral health crisis options, including through development of innovative approaches to behavioral health crisis management as defined in each Local Area Crisis Services Plan.

Ongoing collaboration across Standard Plans and LME/MCOs (and subsequently Behavioral Health I/DD Tailored Plans) is critical to the successful implementation of the Local Area Crisis Services Plans and the sustainability of the behavioral health crisis system. Under PHP Contract Amendment #1, Section V.F. Stakeholder Engagement, Standard Plans are also required to submit to DHHS an annual Comprehensive Local Crisis Management Plan on their compliance efforts in these key areas. The Comprehensive Local Crisis Management Plan will include:

- Contracting status with each provider identified in each Local Area Crisis Services Plan and other key crisis providers (identified by DHHS) within their regions;
- Planned activities for the upcoming contract year to support the development and implementation of each Local Area Crisis Services Plan; and
- Implementation progress for the previous year's planned activities including strategies to address any barriers to accomplishing these activities.

[3] LME/MCOs have submitted to the Department Local Area Crisis Plans covering all 100 North Carolina counties as of October 1, 2019. Not all Plans include the IVC transportation plans, which can continue to be developed through August 1, 2020.

[4] Similar to other affected agencies, Standard Plans are expected to attend crisis planning meetings organized by the LME/MCOs.

[5] Given the suspension of Medicaid Managed Care and delayed involvement by Standard Plans, the Department currently deems this requirement as met for the Local Area Crisis Services Plans submitted by the LME/MCOs in October 2019, through the SP's submission of their Comprehensive Local Crisis Management Plan.

Services
Standard Plans are required to maintain a comprehensive and continual crisis system. DHHS requires each Standard Plan's crisis network to comply with the below requirements:

Behavioral Health Crisis Line
Each Standard Plan must operate a toll-free Behavioral Health Crisis Line 24 hours a day, 7 days a week, and 365 days a year to serve as entry points into their crisis continuums. These lines must be staffed continuously with skilled and licensed behavioral health professionals who can assist beneficiaries in behavioral health distress and connect them immediately to crisis response systems.

Covered Services
Standard Plans are required to cover all Medicaid State Plan behavioral health crisis services, in addition to inpatient, including:

Behavioral Health Crisis Services	Substance Use Disorder Specific Crisis Services
• Mobile crisis management • Facility based crisis (for children and adolescents) • Professional treatment services in a facility-based crisis program	• Ambulatory detoxification • Non-hospital medical detoxification • Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization

DHHS encourages Standard Plans to use in lieu of authority to cover innovative and alternative crisis services, developed in collaboration with local and regional stakeholders. DHHS has approved the following in lieu of services that have service locations across the state, as follows[6]:

- Behavioral health urgent care
- Behavioral health crisis assessment and intervention (Behavioral Health -CAI)

Provider Contracting and Reimbursement
Standard Plans are required to negotiate in good faith with any willing crisis provider, contract with at least one provider of each crisis service type within each PHP covered region and have Mobile Crisis Management available to respond to members within two hours.[7] To further strengthen Standard Plans' crisis networks, they are required to contract with crisis providers as identified in each Local Area Crisis Services Plan as provided for by PHP Contract Amendment #1 under Section V.F. Stakeholder Engagement. Additionally, the state expects them to contract with key crisis providers (e.g., mobile crisis, facility-based crisis and behavioral health urgent care providers) within each of their PHP regions in compliance with network adequacy requirements and ensure that beneficiaries have the same or greater access to these services as they have currently through the LME/MCO system. The state, working with the LME/MCOs, has identified a list of specific crisis providers by county which will be updated annually.

[6] The complete list of approved in lieu of services for behavioral health services included in the Standard Plan benefit package with service locations across the state is listed in Attachment C of the Standard Plan contract, available here: https://files.nc.gov/ncdhhs/30-19029-DHB-2.pdf

[7] The Department intends to update the Standard Plan network adequacy to reflect the two-hour mobile crisis management standard in an upcoming amendment.

Standard Plans must contract with any willing crisis providers within each of their regions to ensure that beneficiaries have access to a robust network of crisis services, as well as to promote the sustainability of local crisis networks. As a part of overall PHP readiness, the DHHS will prioritize ensuring behavioral health crisis service network adequacy prior to Standard Plan launch. DHHS's ongoing assessments of Standard Plan network adequacy will also prioritize access to behavioral health crisis services.

DHHS expects Standard Plans to reimburse crisis services providers at rates that promote a sustainable system of care, which is characterized by payment that covers components necessary to deliver accessible, effective, innovative and quality care. As a result, DHHS has incorporated the historical experience reflecting enhanced rates paid by the LME/MCOs for crisis services into the Standard Plan capitation rates. DHHS is also considering reflecting further rate enhancements in regions where state only funds have historically been used to subsidize deficiencies in unit cost reimbursement levels. DHHS recognizes that sustainable rates may vary across and within regions.

Transition to Behavioral Health and I/DD Tailored Plan

Standard Plan beneficiaries who have visited the emergency department for psychiatric problems twice within an 18-month period, as well as those who have used any of the crisis services listed above during the look-back period and have a qualifying primary mental health or substance use disorder diagnosis will be determined eligible for Behavioral Health I/DD Tailored Plans. Consistent with DHHS's overall Behavioral Health I/DD Tailored Plan enrollment approach, these beneficiaries will be auto-enrolled into Behavioral Health I/DD Tailored Plans (or NC Medicaid Direct which includes the LME/MCOs prior to Behavioral Health I/DD Tailored Plan launch) on the first of the month following the date they are flagged as eligible, or earlier if they need services only covered by the Behavioral Health I/DD Tailored Plans (or LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch). These beneficiaries can elect to transfer to a Standard Plan at any point during the coverage year. Standard Plans are required to assist beneficiaries during these transitions to promote continuity of care.

More Information

For more information about Behavioral Health I/DD Tailored Plans, please visit https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd-tailored-plan

For more information about North Carolina's Medicaid Transformation, please visit https://medicaid.ncdhhs.gov/medicaid-transformation