Meeting Behavioral Health Needs of North Carolinians

Kody Kinsley, Deputy Secretary for Behavioral Health & IDD

October 11, 2019

Agenda

- Big Picture
- Medicaid Managed Care Status update & Overview
- Overview of BH I/DD Tailored Plans
- Increasing Access in the Community

Big Picture – The Budget

- June 27: NC House and Senate agreed to a Budget (H966) & presented it to the Governor
  - NC House vote: 64-49
  - NC Senate vote: 33-15
- June 28: Governor Cooper vetoed H966
- July 1: State Government began operating on a continuing resolution
- Requirement to override a veto: 3/5ths of members present and voting
  - NC House: 72 (if all present)
  - NC Senate 30 (if all present)
- September 11: NC House voted to override the veto by a vote of 55-11
- Veto override not currently on the Senate calendar – 24 hour rule on floor votes
- NC Senate leader Sen. Berger indicated Senate will leave by October 31

Big Picture – The Budget

Medicaid Expansion

500,000 — **New projected enrollees due to expansion, including a disproportionate number of rural North Carolinians**

90% — **Share of costs paid by the federal government – no new state appropriation needed to fund the state share**

43,000+ — **Jobs created in the first five years of expansion**

Put downward pressure on premiums

•

Improve health in NC, reduce rural health disparities

•

Shore up rural hospitals

•

Combat the opioid epidemic

Overview of Medicaid Managed Care

The goal of managed care is to improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care.

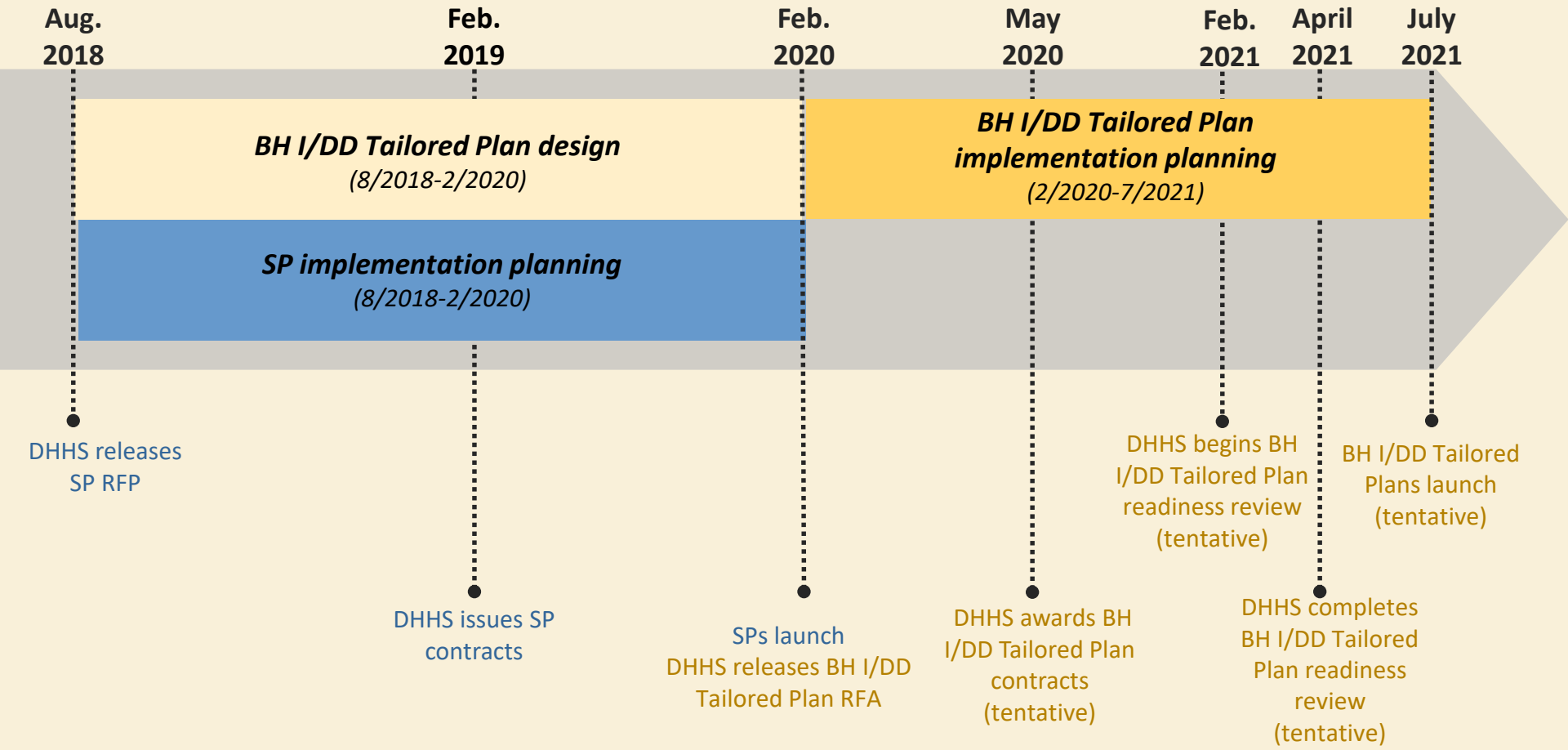
- NC Medicaid providers will contract with and be reimbursed by prepaid health plans (PHPs) rather than the State directly
- Three types of products:
  - **Standard Plans** for most Medicaid and NC Health Choice beneficiaries; scheduled to launch in February 2020
  - **BH I/DD Tailored Plans** for qualifying high-need populations with a serious mental illness, serious emotional disturbance, substance use disorder, I/DD, or traumatic brain injury; tentatively scheduled to launch in July 2021

    Focus of today's presentation
  - **Statewide Foster Care Plan** for children in foster care; tentatively scheduled to launch shortly after the launch of BH I/DD Tailored Plans *(more information is forthcoming)*
- All three types of products will offer a robust set of behavioral health benefits; however, certain more intensive behavioral health benefits will only be available through BH I/DD Tailored Plans
- Continued focus on high-quality, local care management in all three types of products

Note: Certain populations will **continue to receive fee-for-service (FFS) coverage, also known as NC Medicaid Direct,** on an ongoing basis. In addition, certain benefits, such as those provided by Children's Developmental Services Agencies (CDSAs), will be carved out of managed care.

Draft Timeline for BH I/DD Tailored Plan

Until early 2020, DHHS will be conducting intensive planning for both Standard Plans and BH I/DD Tailored Plans. After Standard Plans launch, DHHS will continue implementation planning for BH I/DD Tailored Plans.



Standard Plans for NC Managed Care

Statewide Contracts:

AmeriHealth Caritas North Carolina, Inc.

Blue Cross and Blue Shield of North Carolina, Inc.

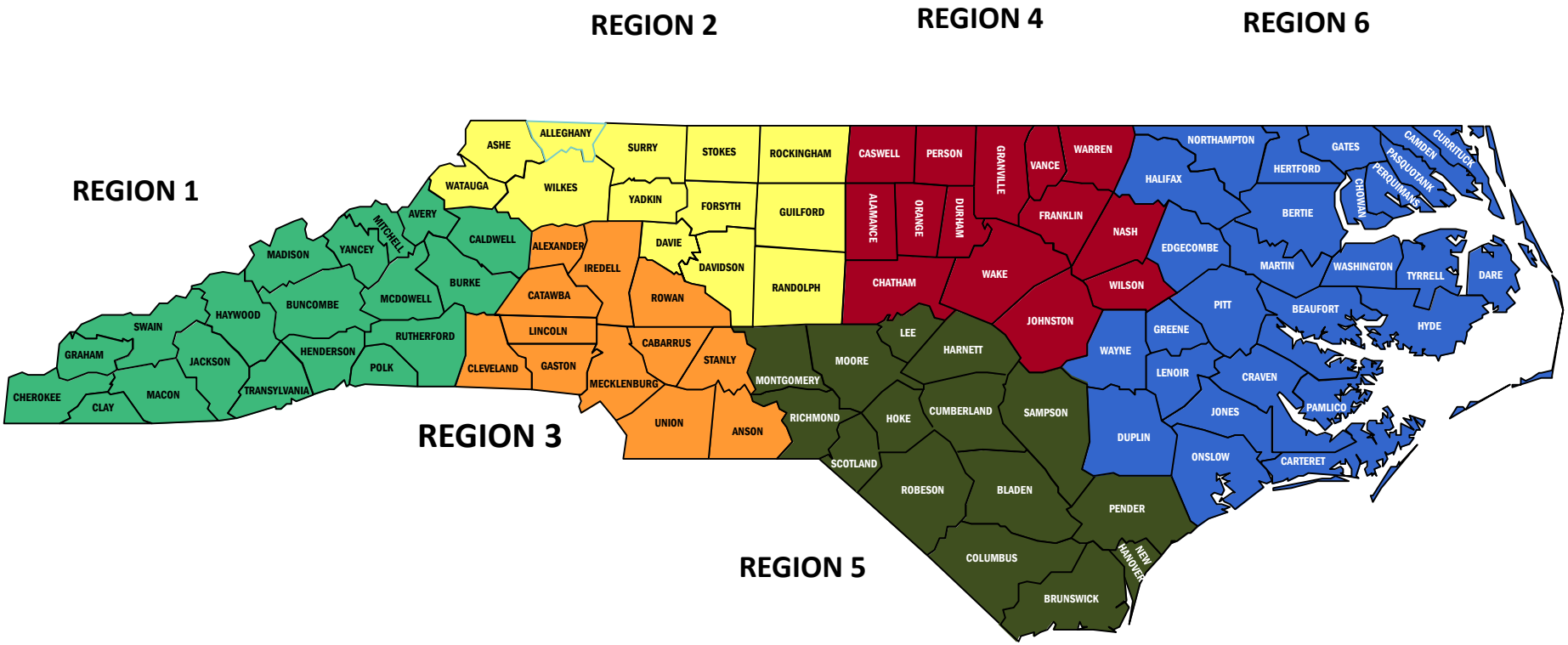
UnitedHealthcare of North Carolina, Inc.

WellCare of North Carolina, Inc.

Regional Contracts: Regions 3, 4*& 5

Carolina Complete Health, Inc.

Standard Plan Regions



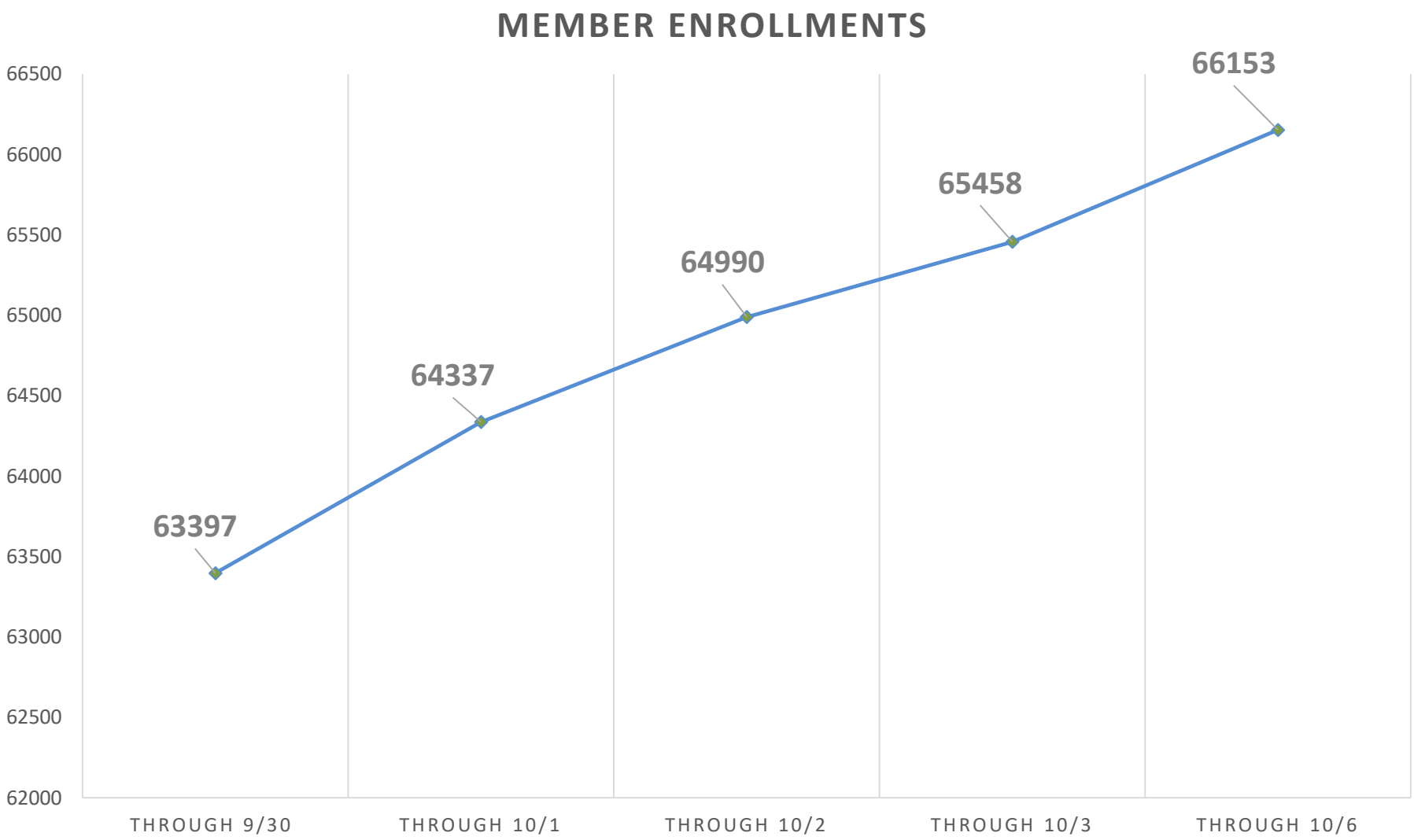
4 Statewide PHP's and Carolina Complete Health in Regions 3, 4* & 5

All will go live in February 2020

Notices for Final Open Enrollment (OE) Period

- Notice about beginning of OE to all mandatory and exempt individuals in 73 counties
- Mailing of notices began September 30, 2019
- Estimate approximately 50,000 packets will be sent per day
- Enrollment packet mailings will continue through October 11th

Managed Care Member Enrollments



Overview of BH I/DD Tailored Plans

What is a BH I/DD Tailored Plan?

Key Features of BH I/DD Tailored Plans:

- BH I/DD Tailored Plans are designed for those with **significant behavioral health (BH) needs**—including both serious mental illness and severe substance use disorders—and **intellectual/developmental disabilities (I/DDs)**
- BH I/DD Tailored Plans will also serve other special populations, including **Innovations and Traumatic Brain Injury (TBI) waiver enrollees** and waitlist members
- BH I/DD Tailored Plan contracts will be **regional** (5-7 regions), not statewide
- **LME-MCOs are the only entities** that may hold a BH I/DD Tailored Plan contract during the first four years; after the first four years, any non-profit PHP may also bid for and operate a BH I/DD Tailored Plan
- LME-MCOs operating BH I/DD Tailored Plans **must contract with an entity that holds a PHP license** and that covers the same services that must be covered under a standard benefit plan contract
- BH I/DD Tailored Plans will manage **State-funded** behavioral health, I/DD, and TBI services for the uninsured and underinsured

BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will cover a more robust behavioral health, I/DD, and TBI benefit package than Standard Plans.

BH I/DD Tailored Plan Benefits Include:

- Physical health services
- Pharmacy services
- State plan long-term services and supports (LTSS), such as personal care, private duty nursing, or home health services
- Full range of behavioral health services ranging from outpatient therapy to residential and inpatient treatment
- New SUD residential treatment and withdrawal services
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)*
- Current 1915(b)(3) waiver services*
- Innovations waiver services for waiver enrollees*
- TBI waiver services for waiver enrollees*
- State-funded behavioral health, I/DD, and TBI services for the uninsured and underinsured*

Telemedicine and Telepsychiatry Services

Members can be referred to a consulting provider for the purpose of diagnosis and treatment via either telemedicine or telepsychiatry.

Supported employment will be included in the BH I/DD Tailored Plan benefit package and will be covered as a Medicaid and state-funded service.

Note: Dual eligible enrollees will receive behavioral health, I/DD, and TBI services through a BH I/DD Tailored Plan and other Medicaid services through NC Medicaid Direct.

**Services will only be offered through BH I/DD Tailored Plans; in addition, certain high-intensity behavioral health services, including some of the new SUD services, will only be offered through BH I/DD Tailored Plans.*

Overview of BH I/DD Tailored Plan Eligibility

Certain beneficiaries with more intensive behavioral health needs, I/DDs, and TBI will be eligible to enroll in a BH I/DD Tailored Plan. Starting in 2021, DHHS will conduct regular data reviews to identify eligible beneficiaries. These beneficiaries will remain in NC Medicaid Direct/LME-MCOs at Standard Plan launch unless they choose to opt into a Standard Plan.*

BH I/DD TP Eligibility Criteria Identified via Data Reviews

- Enrolled in the Innovations or TBI Waivers, or on the waiting lists**
- Enrolled in the Transition to Community Living Initiative (TCLI)
- Have used a Medicaid service that will only be available through a BH I/DD Tailored Plan
- Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Children with complex needs, as defined in the 2016 settlement agreement
- Have a qualifying I/DD diagnosis code
- Have a qualifying mental illness or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period, such as enhanced crisis services
- Have had an admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including, but not limited to, individuals who have had one or more involuntary treatment episodes in a State-owned facility
- Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months

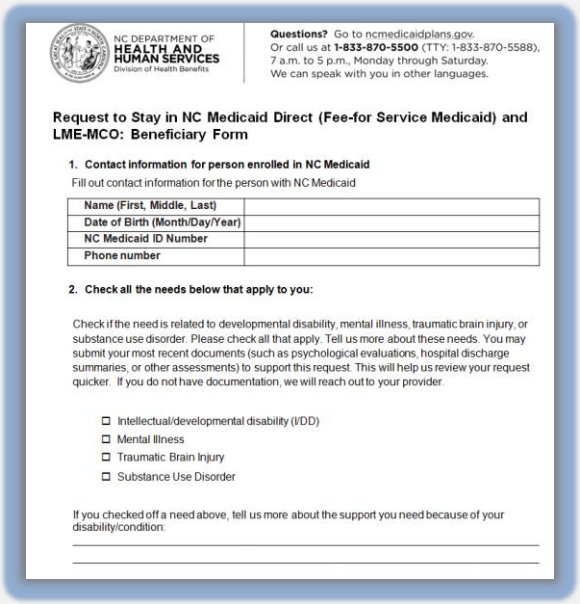
*Populations excluded from LME-MCOs today will continue to obtain behavioral health services through NC Medicaid Direct.
**Currently, there is no waiting list for the TBI waiver.

BH I/DD Tailored Plan Eligibility Request Process

New Medicaid applicants and Standard Plan beneficiaries not identified as BH I/DD Tailored Plan-eligible by DHHS data reviews can request to "stay in NC Medicaid Direct/LME-MCO" or enroll in a BH I/DD Tailored Plan after launch

- The beneficiary (or legally responsible) person can submit the form themselves or work with their provider to complete the form indicating the reason why they are eligible and indicate that they understand if the request is approved, the beneficiary will be moved automatically

Beneficiary Form



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

Questions? Go to ncmedicaidplans.gov.
Or call us at **1-833-870-5500** (TTY: 1-833-870-5588), 7 a.m. to 5 p.m., Monday through Saturday.
We can speak with you in other languages.

Request to Stay in NC Medicaid Direct (Fee-for Service Medicaid) and LME-MCO: Beneficiary Form

1. Contact information for person enrolled in NC Medicaid

Fill out contact information for the person with NC Medicaid

Name (First, Middle, Last)	
Date of Birth (Month/Day/Year)	
NC Medicaid ID Number	
Phone number	

2. Check all the needs below that apply to you:

Check if the need is related to developmental disability, mental illness, traumatic brain injury, or substance use disorder. Please check all that apply. Tell us more about these needs. You may submit your most recent documents (such as psychological evaluations, hospital discharge summaries, or other assessments) to support this request. This will help us review your request quicker. If you do not have documentation, we will reach out to your provider.

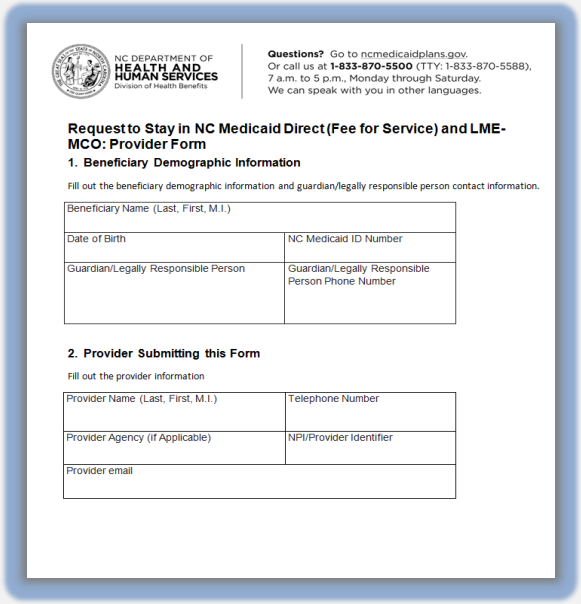
- ☐ Intellectual/developmental disability (I/DD)
- ☐ Mental Illness
- ☐ Traumatic Brain Injury
- ☐ Substance Use Disorder

If you checked off a need above, tell us more about the support you need because of your disability/condition:

_____

_____

Provider Form



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Request to Stay in NC Medicaid Direct (Fee for Service) and LME-MCO: Provider Form

1. Beneficiary Demographic Information

Fill out the beneficiary demographic information and guardian/legally responsible person contact information.

Beneficiary Name (Last, First, M.I.)	
Date of Birth	NC Medicaid ID Number
Guardian/Legally Responsible Person	Guardian/Legally Responsible Person Phone Number

2. Provider Submitting this Form

Fill out the provider information

Provider Name (Last, First, M.I.)	Telephone Number
Provider Agency (if Applicable)	NPI/Provider Identifier
Provider email	

Tailored Care Management Model

The care management model in BH I/DD Tailored Plans will be known as "Tailored Care Management."

Overarching Principles

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources

Care Management Will Be Delivered By:

- Advanced Medical Home Plus (AMH+) Primary Care Practices
- Care Management Agencies
- BH I/DD Tailored Plan-Employed Care Managers

Roles and Responsibilities of Care Managers

- Completion of care management assessments/care plans
- Coordination of services, including those addressing unmet health-related resource needs
- Management of beneficiary needs during transitions of care
- High-risk care management
- Chronic care management
- Management of rare diseases and high-cost procedures
- Management of high-risk social environments

State-Funded Services and Federal Block Grant

DHHS will transfer responsibility for managing State-funded and federal block grant non-Medicaid services from LME-MCOs to the regional BH I/DD Tailored Plans.

BH I/DD Tailored Plan Functions Include:

- Overseeing the provider network authorizing services
- Paying providers
- Submitting "shadow claims" for state-funded services through NCTracks
- Monitoring provider performance
- Authorizing medically necessary services
- Care coordination
- Managing local health functions (e.g., crisis systems, disaster response, community relationship and prevention efforts)
- Member services

Local Health Functions

- Work is underway to develop an approach for the future provision of "local health functions," which generally focus on health promotion and prevention to improve the health of the population
- Continued collaboration and coordination across DHHS divisions will be critical to ensuring the smooth transition of these functions at managed care launch

Ways to Inform DHHS of Issues

- We want to hear from you. What is working? What is not?
- START HERE FIRST
  - Providers: NCTracks: 800-688-6696
  - Beneficiaries: Medicaid Contact Center: 833-870-5500
  - Counties: NC FAST: 919-813-5400
- Staff can escalate issues to internal SWAT team focused on problem identification and resolution
- When needed, issues can be escalated to our SWAT team by calling (919) 527-7460 or emailing MedicaidSWAT@dhhs.nc.gov

Increasing Access in the Community

Peer Support

- **The State-funded PSS service definition went live August 1, 2019**
- **NC Medicaid promulgating a consistent PSS policy that is part of the State Plan Amendment (SPA), submitted to CMS September 16, 2019**
- **Anticipate shorter than normal approval time**

Feedback & Aligning the State-funded & Medicaid Service Definition

- NC Medicaid and DMHDDSAS have worked closely throughout the revision of the PSS service definition and policy
- NC Medicaid posted the draft policy for 45 day public comment - July 15, 2019 through August 30, 2019 - and shared all feedback received with DMHDDSAS
- Both Divisions will continue to closely collaborate to ensure that the State-funded service definition is revised (as needed) to align with the Medicaid policy that is promulgated.
- Incorporating Feedback
  - Webinars with LME/MCOs and stakeholders - 3 webinars in Fall 2018, nearly 600 registrants
    - Questions/comments received from stakeholders and published an FAQ along with the slides: https://www.ncdhhs.gov/documents/peer-support-service-definition
  - Leveraged the NC Certified Peer Support Workgroup & engaged with the Leadership Fellows Academy to gain input and feedback
  - Stakeholders email blast with draft PSS policy during 45 day comment period

Peer Support

Changes in State-funded Service Definition

Services are provided directly by NC Certified Peer Support Specialist (NC CPSS) who identify as being a person in recovery from mental illness and/or substance use disorder

- It can be provided 1:1 or in a group setting
- Service recipients must be 18 years of age or older
- Recipients must have a diagnosis of mental illness and/or substance use disorder

Staff Requirements include:

- PSS staff (except for the PSS Program Supervisor) MUST be CPSS
- The PSS Program Supervisor MUST be a full time QP, they can also be a CPSS
- The PSS Program Supervisor can supervise up to 8 CPSS, and a CPSS can work with up to 15 individuals (12 individuals in a group setting

There are some requirements for - and limitations on – coverage designed to offer flexibility

- Each individual receives 24 unmanaged units (6 hours) per State fiscal year where there no authorization is required - just a service order.
- Unmanaged units can be expanded in advance of managed units being planned for and implemented
- LME-MCOs can offer less restrictive limitations on unmanaged units but cannot impose more restrictive limitations than the State-Funded policy

Peer Support

Peer Support Services Rates

- State-funded rate recommendation is $13.26/unit or $53.04/hour.
- This should support a QP salary at $23/hour and a CPSS salary at $16/hour, and include fringe benefits, paid sick time, paid vacation, and paid holidays
- DHHS makes rate recommendations, each LME-MCO maintains the authority to set the rates to support their PSS provider network
- Medicaid rate currently under development, as that's finalized DHHS will work to align state-funded rates
- Individuals that are currently getting Peer Support Services from (b)(3) can continue to get this service as the Medicaid service definition is finalized

Community Support Team

- **CST service definition approved CMS on 10-3-19**
- **Policy will be reposted for 15 days due to changes**
- **Final policy will then be posted with 11/1/19 effective date**

Background

- CST is a service for adults with mental illness and adults with substance use disorder
- Teams are required to have a substance use specialist as part of the team, and also be skilled **evidence based** interventions for adults using substances, including:
  - Motivational interviewing
  - Harm reduction
- CST services should be **flexible** to meet the individual's needs, which could mean multiple contacts a week, or daily contacts for some individuals
- CST teams are expected to work with individuals who are experiencing homelessness, or have tenuous, unstable housing
- The CST team lead will facilitate weekly face-to-face team meetings to ensure the interventions identified in the PCP are being provided

Community Support Team

- **CST service definition approved CMS on 10-3-19**
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Essential Elements of Revised Service Definition

- Staffing increase from three (3) to four (4) positions. ← Increase in staffing
- 12:1 Ratio of individuals/staff with a team maximum of 48 ← Lower ratio
- Functional assessment and housing assessment now required ← New requirements
- 36 unmanaged units for initial 30 calendar days to engage the individual early in treatment
- Added components of Permanent Supportive Housing (PSH), such as: ← Additional Assistance
  - Assist with beneficiary housing search
  - Assist with connecting beneficiaries to financial and in-kind resources to set up and maintain household;
  - Prevent and mitigate housing crises;
  - Assist with rehousing beneficiaries if they are no longer able to stay in their unit due to eviction or risk of eviction;
  - Assist in developing daily living skills to stabilize and maintain housing
  - Requires 15 hours of training in PSH.
- Service can be authorized for no more than 6 months per year at a time

Community Support Team

- **CST service definition approved CMS on 10-3-19**
- **Policy will be reposted for 15 days due to changes**
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Expected Outcomes

- Increased ability to function in the major life domains (emotional, social, safety, housing, medical or health, educational, vocational, and legal) as identified in the PCP;
- Reduced symptomatology;
- Decreased frequency or intensity of crisis episodes;
- Increased ability to function as demonstrated by community participation (time spent working, going to school, or engaging in social activities);
- Increased ability to live as independently as possible, with natural and social supports;
- Engagement in the recovery process;
- Increased identification and self-management of triggers, cues, and symptoms;
- Increased ability to function in the community and access financial entitlements, housing, work, and social opportunities;
- Increased coping skills and social skills that mitigate life stresses resulting from the beneficiary's diagnostic and clinical needs;
- Increased ability to use strategies and supportive interventions to maintain a stable living arrangement; and
- Decreased criminal justice involvement related to the beneficiary's mental health or substance use disorder diagnosis.

Substance Use Disorder (SUD) Waiver

As part of the State's multifaceted Opioid Action Plan, DHHS is in the process of implementing its waiver of the institution for mental diseases (IMD) exclusion for SUD treatment to expand access to and Medicaid reimbursement for critical services.*

Key Activities

- Adding four SUD benefits to further expand access to SUD treatment and residential services and offer a complete continuum of services according to the American Society of Addiction Medicine (ASAM):**
  - Substance abuse halfway house (ASAM 3.1)
  - Clinically managed population-specific high intensity residential services (ASAM 3.3)
  - Ambulatory withdrawal management with extended on-site monitoring (ASAM 2-WM)
  - Social setting detoxification withdrawal management (ASAM 3.2-WM)
- Building provider capacity for new and existing SUD services
- Providing training for SUD providers on ASAM criteria
- July 1, 2019 start for allowing services in the IMD
- Updating and incorporating new policies to implement this waiver through October 2020 so that SUD services can be provided in an IMD and in more community-based settings

SUD waiver implementation includes working with the Division of Health Services Regulation (DHSR) to update administrative licensure rules for SUD providers to align with ASAM criteria.

*Medicaid law precludes payment for services delivered to individuals ages 21-64 residing in facilities classified as institutions for mental diseases (IMDs). This provision of Medicaid law is commonly referred to as the IMD exclusion. SSA Section 1905(a)(B).

**The waiver of the IMD exclusion applies to both Standard Plans and BH I/DD Tailored Plans, but certain SUD services will only be offered in BH I/DD Tailored Plans.

Mental Health IMD Waiver

In 2018, the Centers for Medicare and Medicaid Services (CMS) changed their policy to allow states an opportunity to pay for mental health treatment services in IMDs by applying for a waiver on the provision restricting payment for these services in this setting.

Background

- Long-term effects of limited mental health treatment:
  - Life expectancy for people with serious mental illnesses is ten years shorter than average
  - Ten times more Americans with serious mental illnesses are in jail or prison than inpatient psychiatric treatment.
  - Individuals with mental health conditions are less likely to finish school and pursue a higher education, which can make it difficult for them to find employment
- Right now Medicaid cannot pay for mental health services provided in an IMD
- DHHS will be applying for this waiver, but at the early stages of planning
- As a result of NC's 1115 waiver, we can now request Mental Health IMD waiver
- Accordingly, DHHS will be expanding access to community-based mental health services
- Will allow for services to be paid for via Medicaid in IMDs - hopefully free up state dollars to serve more uninsured

APPENDICES

Medicaid Managed Care Eligibility

Most Medicaid beneficiaries will enroll in Medicaid managed care—either in a Standard Plan or a BH I/DD Tailored Plan. There will be beneficiaries with behavioral health needs in both Standard Plans and BH I/DD Tailored Plans.

Status of Medicaid Managed Care Enrollment*	Populations
Included	• Medicaid and NC Health Choice-enrolled children • Parents and caretaker adults • **People with disabilities who are not dually eligible for Medicaid and Medicare**
Exempt	• Members of federally recognized tribes
Excluded	• Medically needy beneficiaries (have a spend-down or deductible they must meet before benefits begin)* • Health Insurance Premium Payment program** • CAP/C waiver enrollees • CAP/DA waiver enrollees • Beneficiaries with limited Medicaid benefits–family planning, partial duals, qualified aliens subject to the five-year bar, undocumented aliens, refugees, and inmates • PACE population
Delayed	***Until July 2021*** • BH I/DD Tailored Plan-eligible beneficiaries • *Medicaid-only beneficiaries not enrolled in the Innovations/traumatic brain injury (TBI) waivers can opt into a Standard Plan. Dual eligibles will obtain only behavioral health and I/DD services through their BH I/DD Tailored Plan; they will receive all other Medicaid-covered services through NC Medicaid Direct until 2023* • Beneficiaries in foster care under age 21, children in adoptive placement, and former foster youth up to age 26 who aged out of care ***Until 2023*** • Long-stay nursing home population • **Dual eligibles who are not BH I/DD Tailored Plan eligible**

To ensure a smooth transition to managed care, DHHS has strategically considered the timing of the managed care transition for all populations.

Managed care enrollment does not impact Medicaid eligibility. DSS will continue to be responsible for Medicaid eligibility determinations.

*Per legislation; **Beneficiaries enrolled in the Innovations or TBI waivers are not excluded from Medicaid managed care, and will default into BH I/DD Tailored Plans upon their launch.

Behavioral Health, I/DD, and TBI Benefits

- **Some services are available in both plans**
- **Other services available only in Tailored Plans**

Behavioral Health, I/DD, and TBI Services Covered by Both Standard Plans and BH I/DD Tailored Plans	Behavioral Health, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
Enhanced behavioral health services are italicized	
State Plan Behavioral Health and I/DD Services • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • *Partial hospitalization* • *Mobile crisis management* • *Facility-based crisis services for children and adolescents* • *Professional treatment services in facility-based crisis program* • *Outpatient opioid treatment* • *Ambulatory detoxification* • *Research-based intensive behavioral health treatment* • *Diagnostic assessment* • Early and periodic screening, diagnostic and treatment (EPSDT) services • *Non-hospital medical detoxification* • *Medically supervised or ADATC detoxification crisis stabilization*	**State Plan Behavioral Health and I/DD Services** • Residential treatment facility services for children and adolescents • *Child and adolescent day treatment services* • *Intensive in-home services* • *Multi-systemic therapy services* • *Psychiatric residential treatment facilities* • *Assertive community treatment* • *Community support team* • *Psychosocial rehabilitation* • *Substance abuse comprehensive outpatient treatment program (SACOT)* • *Substance abuse intensive outpatient program (SAIOP)* • *Substance abuse non-medical community residential treatment* • *Substance abuse medically monitored residential treatment* • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) **Waiver Services** • Innovations waiver services • TBI waiver services • 1915(b)(3) services **State-Funded Behavioral Health and I/DD Services** **State-Funded TBI Services**

*DHHS plans to add the following services to the State Plan:

- Peer supports and clinically managed residential withdrawal (to be offered by both Standard Plans and BH I/DD Tailored Plans) and
- Clinically managed low-intensity residential treatment services and clinically managed population-specific high-intensity residential programs (to be offered by BH I/DD Tailored Plans only)