2020 Community Mental Health, Substance Use and Developmental Disabilities Services
Network Adequacy and Accessibility Analysis Requirements for North Carolina LME/MCOs

Overview

The purpose of this document is to provide requirements to Local Management Entities-Managed Care Organizations (LME/MCOs) for conducting the 2019 Network Adequacy and Accessibility Assessment in accordance with performance contracts with LME/MCOs. Changes in this year's requirements document are based on standards reflected in the final federal Medicaid managed care rule.

Submission Information

The Network Adequacy and Accessibility Analysis report is based on provider counts as of April 1, 2020 and the number of persons served proxy will include persons served during calendar year 2019. The report shall include as Appendix F the LME/MCO's Network Access Plan, which should describe the LME/MCO's response to identified gaps in network adequacy and accessibility as well as strategies to address identified gaps. Requirements for the Network Access Plan are provided in a separate document (Appendix F).

The Network Adequacy and Accessibility Analysis and the Network Access Plan are both due on **Wednesday, July 1, 2020**, and should be submitted to DMH/DD/SAS at contactdmhquality@dhhs.nc.gov and NC Medicaid at Medicaid.DHB.LME-MCO.Contracts@dhhs.nc.gov.

Format

Use this template for the report, completing all tables and providing the information requested in each section. Appendix documents are included to provide additional information on the requirements for completing this process.
- Appendix A – Related excerpts from contracts between LME/MCOs and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- Appendix B – Related excerpts from contracts between LME/MCOs and NC Medicaid
- Appendix C – Service Codes
- Appendix D – Urban & Rural Counties
- Appendix E – Exception Requests
- Appendix F – Network Access Plan Requirements

Section One: Network Availability & Accessibility

General instructions:

- Throughout this document, the term "non-Medicaid-funded services" is used to refer to services paid by sources other than Medicaid, such as federal block grant funds, state-appropriated funds, single-stream dollars, grant funds, local funds and others.

- Use geo mapping software to determine the number of individuals with choice and/or access.

- Count only people who lived in the catchment area during some or all of the reporting period (1/1/2019 – 12/31/2019).

- When determining if Medicaid enrollees have choice of or access to providers, count only provider agencies with current (as of 4/1/2020) contracts with the LME/MCO who were actively accepting new referrals to provide Medicaid services.

- When determining consumer choice of or access to providers for DMH/DD/SAS, count only provider agencies with current (as of 4/1/2020) contracts with the LME/MCO to provide non-Medicaid-funded services.

- Requirements for a Medicaid or non-Medicaid-funded access/choice standard may be met by a combination of contracted providers. For example, a contract with a provider for Medicaid crisis services in a limited area combined with a contract with a second provider for Medicaid crisis services in the remainder of the catchment area may meet the standard of 95% access to at least one provider throughout the entire catchment area. Medicaid and non-Medicaid-funded contracts *cannot* be combined together to meet access/choice requirements. Only Medicaid/Medicaid or non-Medicaid-funded/non-Medicaid-funded contract combinations are acceptable.

- 30/45 miles/minutes is the abbreviated term used in this document for individuals having choice and/or access within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences.

- Complete the tables below. Do not enter values in shaded boxes.

- Appendix C contains codes for services by type.

- Appendix D contains the list of urban and rural counties for LME/MCOs to use when calculating access/choice data and throughout the report.

- Appendix E contains the exception request format. In the event of gaps in access/choice of services in the network please submit an exception request for each service along with the analysis.

- Appendix F contains requirements for the Network Access Plan.

I) Outpatient Services

Choice of Two	Medicaid				Non-Medicaid Funded			
Categories	# of providers accepting new Medicaid consumers	# of enrollees with choice of two providers within 30/45 miles/ minutes	# of Medicaid enrollees	% (# of enrollees with choice/# of enrollees)	# of providers accepting new non-Medicaid funded consumers	# of consumers with choice of two providers within 30/45 miles/minutes	# of consumers	% (# of consumers with choice/# of consumers)
Reside in urban counties								
Reside in rural counties								
Total (standard = 95%)								
Adults (age 18+)								
Children (age 17 and younger)								
Total (standard = 95%)								

II) Location-Based Services

	Medicaid			Non-Medicaid Funded			
Location-based Services	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences	Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded consumers	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences		Total # of consumers
		#	%			#	%	
Psychosocial Rehabilitation								
Child and Adolescent Day Treatment								
Partial Hospitalization								
SA Intensive Outpatient Program								
SA Comprehensive Outpatient Treatment Program								
Opioid Treatment								

	Medicaid			Non-Medicaid Funded			
Location-based Services	# of providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency	Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded consumers	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency		Total # of consumers
		#	%			#	%	
SA Non-Medical Community Residential Treatment								
SA Medically Monitored Community Residential								

Treatment							
SA Halfway House - Female							
SA Halfway House - Male							

III) Community/Mobile Services

	Medicaid				Non-Medicaid-Funded		
Community/Mobile Service	**# of providers accepting new Medicaid consumers**	**# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area**		**Total # of Medicaid enrollees**	**# of providers accepting new non-Medicaid consumers**	**# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area**	**Total # of Consumers**
		#	%			#	%	
Assertive Community Treatment Team							
Community Support Team							
Intensive In-Home							
Multi-systemic Therapy							
(b)(3) MH Supported Employment Services							
(b)(3) I/DD Supported Employment Services							
(b)(3) Waiver Community Guide							
(b)(3) Waiver Individual Support (Personal Care)							
(b)(3) Waiver Peer Support							
(b)(3) Waiver Respite							
I/DD Supported Employment Services (non-Medicaid-funded)							
Long-term Vocational Supports (non-Medicaid-funded)							
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)							
I/DD Non-Medicaid-funded Personal Care Services							
Day Supports							
Peer Support							
Transition Management Service							

IV) Crisis Services

	Medicaid				Non-Medicaid Funded			
Crisis Service	**# of providers accepting new Medicaid consumers**	**# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Medicaid Enrollees**	**# of providers accepting new Non-Medicaid consumers**	**# and % of consumers with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Consumers**
		#	**%**			**#**	**%**	
Ambulatory Detox								
Facility-Based Crisis - child								
Facility-Based Respite								
Mobile Crisis Management								

	Medicaid				Non-Medicaid Funded			
Crisis Service	**# of providers accepting new Medicaid consumers**	**# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area**		**Total # of Medicaid Enrollees**	**# of providers accepting new Non-Medicaid consumers**	**# and % of consumers with choice of two provider agencies within the LME-MCO catchment area**		**Total # of Consumers**
		#	**%**			**#**	**%**	
Facility-Based Crisis - adults								
Detoxification (non-hospital)								

V) Inpatient Services

	Medicaid				Non-Medicaid-Funded			
Service	**# of providers accepting new Medicaid consumers**	**# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Medicaid Enrollees**	**# of providers accepting new Non-Medicaid consumers**	**# and % of consumers with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Consumers**
		#	**%**			**#**	**%**	
Inpatient Hospital – Adult								
Inpatient Hospital – Adolescent/Child								

VI) Specialized Services

Give the number of service sites, with LME/MCO contracts.

Service – choice of two provider agencies within the LME-MCO catchment area	Number Provider Locations with Current Medicaid Contract	Number Provider Locations with Current Contract for Non-Medicaid Funded Services
MH Group Homes		
Psychiatric Residential Treatment Facility		
Residential Treatment Level 2: Therapeutic Foster Care		
Residential Treatment Level 2: other than Therapeutic Foster Care		
Residential Treatment Level 3		
Residential Treatment Level 4		
Child MH Out-of-home respite		
I/DD Respite		
(b)(3) I/DD Out-of-home respite		
(b)(3) I/DD Facility-based respite		
(b)(3) I/DD Residential supports		
Intermediate Care Facility/IDD		

VII) C-Waiver Services

C-Waiver Services-Choice of two providers					
Services	Adult	Child	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		Total # of C-Waiver Enrollees
			#	%	
Community Living and Supports	✔	✔			
Community Navigator	✔	✔			
Community Navigator Training for Employer of Record	✔	✔			
Community Networking	✔	✔			
Crisis Behavioral Consultation	✔	✔			
In Home Intensive	✔	✔			
In Home Skill Building	✔	✔			
Personal Care	✔	✔			
Crisis Consultation	✔	✔			
Crisis Intervention & Stabilization Supports	✔	✔			
Residential Supports 1	✔	✔			
Residential Supports 2	✔	✔			
Residential Supports 3	✔	✔			
Residential Supports 4	✔	✔			
Respite Care - Community	✔	✔			

Services	Adult	Child	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		Total # of C-Waiver Enrollees
C-Waiver Services-Choice of two providers					
			#	%	
Respite Care Nursing – LPN & RN	✓	✓			
Supported Employment	16 & older				
Supported Employment – Long Term Follow-up	16 & older				
Supported Living	18 & older				
C-Waiver Services – Access to at least one provider					
Day Supports	✓	✓			
Out of Home Crisis	✓	✓			
Respite Care - Community Facility	✓	✓			
Financial Supports	✓	✓			
Specialized Consultative Services (at least one provider of one of multiple services)	✓	✓			

Geo Maps

In a report appendix, provide separate geo maps for each service listed in these requirements, except for outpatient services. On geo maps, show only provider agencies with current (as of 4/1/2020) LME/MCO.

I) Location-based services – one geo map for each Medicaid and Non-Medicaid funded location-based service. Show provider locations with a radius of 30 miles for providers located in urban counties and 45 miles for providers located in rural counties.

II) Community/Mobile Services – one geo map for each Medicaid and Non-Medicaid funded community/mobile service. Show provider coverage on each map. For example, if a provider serves only enrollees who live in a particular county, shade in the county that is covered.

III) Crisis Services – one geo map for each Medicaid and Non-Medicaid funded crisis service that shows provider locations within the LME/MCO's catchment area.

IV) Inpatient Services – one geo map for each Medicaid and Non-Medicaid funded inpatient service that shows provider locations within the LME/MCO's catchment area.

V) Specialized Services – one geo map for each Medicaid and Non-Medicaid funded specialized service that shows provider locations within North Carolina.

VI) C-Waiver services – one geo map for each C-Waiver residential and day supports service.

VII) Additional Opioid Services – one geo map for prescribers of Buprenorphine that the LME/MCO has a contract/MOU/MOA with that addresses opioid use disorder needs for persons in the LME/MCO network. In addition to the map, provide the prescribers names, group affiliation (organization or facility name), address (street, city, county, zip), counties served by service location.

Access to Care

I) Current DMA and DMH/DD/SAS contracts include requirements related to consumer access to care for emergent, urgent and routine services. Describe how your LME/MCO assures adequate provider capacity and service access for new persons who go directly to provider agencies.
   A. What mechanisms do you have in place to monitor providers adhering to access to care standards?
   B. What processes do you have in place to improve access to emergent, urgent and routine care?

Section Two: Accommodation

LME/MCOs must ensure the availability and delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

I) Describe the population make-up of the LME/MCO's catchment area, including the size and geographic locations/distribution of specific cultural and special populations. Please include sources for demographic information provided. Address the supports available for each of the populations below and include additional populations that are present in your area. If you are not serving these populations what are the potential barriers and what efforts are you taking to reach out to them.

Please address each of the following special populations in addition to any special populations that are unique to your catchment area:
- ethnic groups
- people with traumatic brain injuries
- people with physical disabilities
- people with visual impairments
- people who are deaf or hard of hearing
- veterans, military members and their families
- pregnant women with substance use disorders
- people who are LGBTQ
- people who are in jails or prisons
- youth in the juvenile justice system

II) Describe obstacles and barriers to serving specific geographic, cultural or special populations, including those listed above, as well as gaps they experience in mental health, developmental disabilities and substance use disorder services access, quality, or outcomes.

III) Conduct an environmental review of the availability and needs for community supports related to social determinants of health for the catchment area, including:
- Employment
- Housing
- Transportation
- Food Insecurity

Section Three: Acceptability

To ensure the LME/MCO's assessment reflects consumer and stakeholder experience, seek direct input from consumers and from a variety of existing service system partners. Discuss service gaps with local leaders, staff and consumers of disability-specific agencies to learn about service gaps for people with co-occurring physical, sensory (visual, hearing) and other disabilities. Engage the LME/MCO's Consumer and Family Advisory Council (CFAC) per § 122C-170, partners such as juvenile justice, DSS, education and disability advocacy groups in dialogue about service gaps and corresponding strategies and solutions. Use the information gathered to address the following items. If surveys were used please include a copy of the survey and a description of the distribution methodology as appendix documents.

I)   Describe methods used to get input from consumers and family members regarding service needs, gaps and strategies. Include efforts to achieve geographic and disability-specific representation.
II) For each disability group (mental health, developmental disabilities and substance use disorder) what service gaps were identified by consumers and family members?
III) Describe methods used to get input from stakeholders other than consumers and family members regarding service needs, gaps and strategies.
IV) For each disability group (mental health, developmental disabilities and substance use disorder) what service gaps were identified by other stakeholders?
V)   Describe how you use survey data including the ECHO survey, the Perception of Care survey and National Core Indicators to inform the LME/MCO on issues related to access to care and network adequacy and accessibility. Who do you share the data with and what efforts are occurring to address low scoring items?

Section Four: Special Populations

I) **Transitions to Community Living Initiative (TCLI)**
- A. Community-Based Supportive Housing
  - 1. Describe service gaps and needs, obstacles and barriers, and recent initiatives in the LME/MCO to:
    - a. Identify and engage eligible individuals in the TCLI priority population,
    - b. Transition individuals to community-based supported housing,
    - c. Transition individuals within 90 days of assignment to a transition team, and
    - d. Support the required number of individuals to maintain community-based housing.
- B. IPS-Supported Employment
  - 1. Describe the network adequacy of IPS-Supported Employment services including:
    - a. Number, locations, and service capacity of fidelity teams,
    - b. The LME/MCO's total service capacity requirements (including but not limited to the TCLI population), and
    - c. Service gaps and needs. *Discuss discrepancies between service capacity and capacity requirements, and needs for improvement in service quality and outcomes, not only access and choice standards.*
  - 2. Describe obstacles and barriers as well as recent initiatives in the LME/MCO to engage and refer individuals in the TCLI priority population, including individuals with SMI living in community-based supportive housing and individuals living in or at risk of entry to adult care homes.
- C. Personal Outcomes and Sufficiency of Community-Based Mental Health Services
  - 1. Describe how the LME/MCO tracks and monitors the following personal outcomes for individuals in supportive housing:
    - a. Supportive housing tenure and maintenance of chosen living arrangement,
    - b. Inpatient hospital or psychiatric facility admissions and readmissions,
    - c. Use of crisis services,
    - d. Emergency room visits and repeat visits,
    - e. Incidents of harm,
    - f. Adult care home admissions and readmissions,
    - g. Employment,
    - h. School attendance/enrollment,
    - i. Community integration and engagement,
    - j. Natural supports network development and use of natural supports for crisis prevention and intervention, and
    - k. Other personal outcomes the LME/MCO monitors.
  - 2. Describe how the LME/MCO uses personal outcomes data to determine, plan, and deliver the frequency and intensity of services needed to support individuals in community-based housing.
  - 3. Describe gaps and needs in the community-based mental health services provided to individuals in TCLI supportive housing. *Discuss discrepancies between service capacity and service capacity requirements, and the sufficiency of services (array, intensity, frequency, quality, and effectiveness) as indicated by personal outcomes such as those listed above, not only access and choice standards.*
  - 4. Describe obstacles and barriers as well as recent initiatives to address gaps in the array, intensity, quality, and effectiveness of community-based mental health services provided to individuals in supportive housing.

D. Crisis Services
   1. Describe the network adequacy and sufficiency of the LME/MCO crisis service system including:
      a. The service array and geographic availability,
      b. The sufficiency to offer timely services of adequate intensity to individuals experiencing a behavioral health crisis,
      c. The extent to which services are provided in the least restrictive setting, consistent with an already developed individual community-based crisis plan or in a manner that develops such a plan as a result, and
      d. The effectiveness of crisis services for preventing unnecessary hospitalization, incarceration, or institutionalization.
   2. Describe gaps and needs in the crisis service system. *Discuss discrepancies between service capacity and capacity requirements, and the sufficiency of services (capacity, array, quality, and effectiveness), not only access and choice standards.*
   3. Describe obstacles and barriers as well as recent initiatives to address identified gaps related to crisis service availability, delivery, quality, and effectiveness.

II) **Children with Complex Needs**
   "Children with Complex Needs" are defined as Medicaid eligible children ages 5 to 21 with a developmental disability (including Intellectual Disability and Autism Spectrum Disorder) and a mental health disorder, who are at risk of not being able to enter or remain in a community setting due to behaviors that present a substantial risk of harm to the child or to others.
   A. Identification & Engagement
      1. Describe service gaps and needs to identify and link CWCN to appropriate levels of service
      2. Describe obstacles and barriers to identifying kids and linking CWCN to appropriate levels of service
      3. Number of youths not receiving any recommended services
      4. Describe activities for engaging families not receiving services or recommended services
   B. Case Management
      5. Number of youths receiving case management _____
      6. Describe activities to refer and link CWCN to needed services and supports
      7. Describe monitoring and follow-up activities for CWCN in regard to linkage and referral to needed services and supports
      B. Describe other services and supports that have like or similar Case Management functions that are in place and would be duplicative of CM requested via EPSDT-wording??
   C. NC START
      1. What is the referral process to NC START
      2. How are referrals for NC START prioritized
      3. Number of CWCN who received NC START
      4. Number of CWCN who are currently on the waitlist for NC-START
   D. ABA
      1. Number ABA providers in the network accepting new members
      2. Of the total # in question 1. How many of the providers offer ABA in-home and how many offer ABA in-office, how many provide both in-home & in-office as an option

    3.   Number of ABA requests for CWCN

    4.   Number of CWCN approved for ABA

    5.   Number of CWCN who received ABA service

III) Traumatic Brain Injury (TBI) Population

  A. For the TBI population describe:
    1.   How are they identified
    2.   where they are located in the catchment area
    3.   challenges in service provision as well as gaps and needs of this population
  B. Describe the mental health, developmental disabilities and substance use services the TBI population accesses
  C. Describe any other service(s) and system(s) the TBI population accesses
  D. Describe the services and supports identified as a need for this population but that are unavailable for them
  E. Describe what service gaps were identified by TBI consumers and family members
  F. Describe what service gaps were identified by other TBI stakeholders
  G. Describe the level of satisfaction of TBI consumers and family members regarding services received
  H. Describe the TBI specific training offered to families, consumers and professionals

Section Five: Network Access Plan

I)   Network Access Plan requirements are included in Appendix F