north carolina medicaid

Medicaid Waivers

Managed Care

1915 b (NC MH/DD/SAS Health Plan)

Home & Community Based Services/HCBS

1915 c (NC Innovations)

Kelly Crosbie, LCSW
Chief, Behavioral Health Policy Section
Division of Medical Assistance (DMA)

Medicaid Waiver

- Medicaid Program follows Title XIX of the SSA
- Medicaid Managed Care Program under CFR 438
- DMA (Medicaid) gets a 1915b/c waiver from CMS (Centers for Medicare & Medicaid)
- (b) waiver allows DMA to contract with a managed care vendor (LME) for mh/sa/dd services in their counties.
- (c) Waiver allows DMA to offer HCBS (habilitation)
- We (DMA) monitor the company (LME-MCO) to make sure that they follow all Medicaid rules.
- CMS monitors DMA

What does the Vendor (LME) do for Medicaid?

- **Enroll & monitor providers (statewide)****
- Call Center—Customer Support
- Make sure consumers with greatest need get connected to providers and have treatment plans (Care Coordination)
- Authorize “medically necessary” services
- Pay for mh/sa/dd services
- Provide education about ALL Medicaid benefits to recipients & consumers (website, mailings, seminars)
- Reviews, Medications, OAH Hearings (Due Process)
- **Gap analysis/community development****
- CCNC collaboration

Covered Benefit Package I

- Enhanced Behavioral Health Services (*DMA Clinical Coverage Policy 8A*)
- Inpatient Behavioral Health Services (*DMA Clinical Coverage Policy 8B*)
- Inpatient services for the treatment of mental health and substance abuse disorders and developmental disabilities
- Outpatient Behavioral Health Services including all services provided by psychiatrists for recipients with a diagnosis in the 290-319 range (*DMA Clinical Coverage Policy 8C*)
- Psychiatric Residential Treatment Facilities (PRTFs) (*DMA Clinical Coverage Policy 8D1*)
- Therapeutic Foster Care (TFC) (*DMA Clinical Coverage Policy 8D2*)
- Residential Child Care Levels II group, III, IV (*DMA Clinical Coverage Policy 8D2*)

Covered Benefit Package II

- Intermediate Care Facilities for Individuals with Mental Retardation (ICF-MR) (*DMA Clinical Coverage Policy 8E*)
- I/DD Services under the NC Innovations (c) waiver
- Hospital Emergency Department (ED) services: Each LME-MCO will be responsible for all facility, professional, and ancillary charges for services delivered in the emergency department to individuals with a discharge diagnosis ranging from 290 to 319.

- **Excluded: E&M codes by physicians (except psychiatrists) – even if dx is 290-319**
- **NOTE: Co-located BH providers will need to enroll with the LME-MCO**

How does DMA pay the LME-MCO

- DMA pays the LME-MCO a monthly capitation payment
- LME-MCO pays providers for all services and supports--"At Risk"
- How does DMA determine how much to pay?
- **History of spending for mh/sa services**
  - Assume increased # of consumers get services
  - "Recovery model"
- **History of spending for (c) waiver services (I/DD)**
  - Assume life-long need, often increased need for services; Based on slots

"At-Risk" Benefits

- LME-MCO can do "care management"—have clinical discussions with providers
- Limit their provider network (after initial offer of contract to all Medicaid providers)
- Pay differential rates—for specialty care, for crisis services, for performance; can use case rates or sub-capitation

"Extra Services": b3 Services

- **Projected savings from better management of care & network**
  - Inpt, ED use, LOS in residential treatment
  - Less waste, fraud, abuse

- **Extra services that benefit the population**
  - Respite* (children, adults & children w/IDD)
  - Community Guide (adults w/IDD)
  - Peer Support Services (MH/SA consumers)

North Carolina Roll-Out

- **HB 316 (PBH), HB 916 (expansion to other LMEs)**
- **PBH has been operating under these waivers for ~6 years** (expanding Oct 2011-April 2012)
- **Western Highlands Network (WHN)—**January 2012
- **East Carolina Behavioral Health (ECBH**)—April 2012
- **Smoky Mountain Center and Sandhills Center** (July 2012)
- **Rest of State:** January 2013

Birth-5
Challenges & Benefits

Excluded Services/Populations

- **Early Intervention Services (0-3) are currently excluded**
  - CDSA, including case management
  - CBRS
  - Outpatient MH services
    - Very small #s of claims
- **FQHCs, School-based health centers are excluded**
- **Any BH service for children 4-5 are <u>included</u>**
  - INPT, OTPT, Enhanced, residential

Case Management/Care Management for 0-5

- Case Management at CDSA (0-3)
- CC4C program**
- Care Coordination/Care Management at LME-MCO from ages 4-5**
- Pediatric ASO**
  - **PBH, CCNC, UNC, community partners**

Care Coordination for "Recipients with Special Health Care Needs"

- **Care Coordination (42 CFR 438.208(c))**
  - I/DD (eligible for Innovations)
  - Innovations waiver recipient
  - Child SED & CALOCUS score
  - Substance Dependence & ASAM level
  - Opioid Dependent & IV-use
  - Dual Diagnosis & LOCUS/ASAM level
- **Identify**
- **Assure Treatment Plan exists**
- **Assure access to all assessments & specialists**

Service Development

- **Gap Analysis is required**
- **Access requirements per 42 CFR 438**
- **Incentive for LME-MCOs to develop local, qualified network aimed at early intervention and treatment**
- **Flexibility Tools**
  - Payment methodology (case rate, per diem, bundled rate)
  - Flexibility for incentive payments for outcomes and pay for performance contracts

DMA Contacts

Kelly Crosbie, LCSW

Chief, Behavioral Health Policy Section

919-855-4293

Kelly.crosbie@dhhs.nc.gov

Kathy Nichols, LCSW

Waiver Programs Manager

919-855-4289

Katherine.nichols@dhhs.nc.gov

Catharine Goldsmith, MSW

Children's Mental Health Program Manager

919-855-4296

Catharine.goldsmith@dhhs.nc.gov