NC MHSADD Health Plan (1915b waiver)
NC Innovations (1915c waiver)
Medicaid Plan for *Quality, Access, Services*

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

Medicaid Waivers

- **States are using waivers to implement managed care plans**
  - Improve efficiency
  - Improve quality & access
  - Contain costs
- **Past: contract with private MCO/MBHO**
- **Current trend: Managed care tools in existing infrastructures**

HOW?

NC Medicaid Waiver for MH/SA/IDD Services

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

How Waivers Can Be Used

- **Increased access to preventive & maintenance care**
- **Decreased use of inappropriate inpatient care**
- **Expanded provider networks & services**
- **Emphasis on recovery, rehabilitation, work**
- **More focused and goal-oriented treatment**
- **Increased reliance on best practices**

Managed Care = TOOLS, INCENTIVES

What does the Vendor (LME) do for Medicaid?

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

Covered Benefit Package

- Outpatient therapy & testing
- Community -based MHSA services (Enhanced)
- Inpatient MH/SA services
- Hospital ED services: MH/SA/IDD
- Psychiatrist services
- Residential MHSA Treatment for children
- ICF-MR
- Innovations services (habilitation & support)
- EPSDT**

"Extra Services": b3 Services

- **Projected savings from better management of care & network**
  - Inpt, ED use, LOS in residential treatment
  - Tailored network
  - Access to psychiatrists
  - Targeted prevention and maintenance services
- **Extra services that benefit the population**
  - Respite* (children, adults & children w/IDD)
  - Community Guide (adults & children w/IDD)
  - Peer Support Services (MH/SA consumers)

Local Service Development

- **Gap Analysis** is required
- MCOs must meet **specified access standards**
- **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

Care Coordination

- "Special health Care Populations"
  - Assessment, access to specialists, treatment plan
- 24/7 crisis triage & assessment
- Coordination and monitoring of hospital /institutional admissions and discharges
- Linkage to Medical Home (CCNC)
- Follow-up activities to :
  - **High risk enrollees** who do not appear for scheduled appointments
  - Enrollees for whom a crisis service has been provided as the first service

LME-MCOs & CCNC Health Homes

- CCNC Health Home: 1915b waiver for a ‘primary care case management’ (PCCM) program
- Routine meetings between the LME-MCOs & CCNC networks
- Data sharing into CCNC “Informatics Center”
- Joint development of integrated care practices
- Joint Care Coordination
  - 4 Quadrant Model

Quality Strategy

CMS requires that each state have a quality strategy:

- PIHP Performance Measures
- PIHP Quality Strategy
- PIHP Performance Improvement Projects
- External Quality Review Vendor (EQRO)

- DMA tracks utilization and finances

Performance Measures

- **Effectiveness of Care**
  - Follow up After Hospitalization for Mental Illness*
  - Readmission Rates for Mental Health
  - Readmission Rates for Substance Abuse
  - Ambulatory Follow-up within 7 calendar days of Discharge for Substance Abuse
  - Ambulatory Follow-up within 7 calendar days of Discharge for Mental Health*

Performance Measures

- **Use of Services**
  - Mental Health Utilization – Inpatient Discharges and Average Length of Stay*
  - Mental Health Utilization – Percentage of Members Receiving Inpatient, Intermediate Care, Ambulatory and Other Support Services*
  - Chemical Dependency Utilization – Inpatient Discharges and Average Length of Stay*
  - Chemical Dependency Utilization - Percentage of Members Receiving Inpatient, Intermediate Care, Ambulatory and Other Support Services
  - Integrated Care

Performance Measures

- **Access/Availability**
  - Initiation & Engagement of Alcohol & Other Drug Dependence*
  - Call Answer Timeliness*
  - Call Abandonment*
  - Payment Denials
  - Out of Network Services

Performance Measures

- **Patient and Provider Satisfaction**
  - Provider Satisfaction Survey
  - Patient Satisfaction Survey
  - Grievances
  - Appeals
- **Health Plan Stability**
  - Network Capacity (Annual)
- **Health and Safety**
  - Critical Incident Reports

DMA Contact Information

Kelly Crosbie, LCSW
Chief, Behavioral Health Policy Section
919-855-4290
Kelly.crosbie@dhhs.nc.gov

http://www.ncdhhs.gov/dma/lme/MHWaiver.htm