



1915 (b)/(c) Medicaid Waiver: What Does It Mean for Quality, Access and Services

NC Division of
Medical Assistance

Home



North Carolina Institute of Medicine
Annual Meeting, August 23, 2012

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“Responsible Change to Achieve Easy Access, Better Quality and Personal Outcomes”

Panel: Kelly Crosbie, NC Division of Medical Assistance
David Swann, Partners Behavioral Health
Marvin Swartz, Duke University

Moderator: Shealy Thompson, NC Division of MH/DD/SA Services

What is the Medicaid 1915 b/c Waiver?

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GOALS:

1. Improve **ACCESS** to MH/DD/SAS Services.
2. Improve **QUALITY** of MH/DD/SAS Services.
3. Improve **OUTCOMES** for people receiving MH/DD/SAS Services.
4. Improve access to **PRIMARY CARE** for people with mental illness, developmental disabilities and substance abuse.
5. Improve **COST BENEFIT** of services.
6. Effectively manage **PUBLIC RESOURCES**.

Social Security Act allows states to waive certain federal Medicaid policies.

Section 1915(b) allows states to adopt managed care plans and limit provider networks to meet the needs of Medicaid beneficiaries

In NC: Medicaid Recipients with mental illness and/or substance abuse disorders

Section 1915(c) allows states to provide home and community-based care to Medicaid beneficiaries who would otherwise be institutionalized.

In NC: Medicaid Recipients with intellectual or developmental disabilities

Groundwork: MH/DD/SAS System Reform

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History:

2001



2012

- **2001 to 2010 – State Plan: Blueprint for Change**
 - **41 Area Programs became 23 Local Management Entities (LMEs)**
Divested services; Responsible for managing and coordinating state-funded care, prevention, community outreach, building systems of care
 - **Performance Contracting** – Annual performance measures, standards and public reporting; improvement goals
 - **State and Local Consumer and Family Advisory Committees** --
Provide ongoing input into policy decisions
 - **Person-Centered Service Planning** – Consumer-driven treatment
 - **Enhanced MH/DD/SA services** – Evidence-based practices; comprehensive service array
 - **Critical Access Behavioral Health Agencies** – Medically and clinically appropriate services; coordination across continuum of care
 - **Integration of primary and behavioral health care** – LME-CCNC coordination; primary/behavioral healthcare co-location and reverse co-location projects; SBIRT projects

Groundwork: Waiver Planning

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History:

2001



2012

- **2005 – Piedmont Behavioral Health (PBH) Managed Care pilot project** -- Cabarrus, Davidson, Rowan, Stanly, and Union Counties.
- **2009 to 2011 – Expansion planning and selection** of additional managed care sites
- **2012 – Implementation of three additional LME-MCOs** – Western Highlands, East Carolina Behavioral Health, Smoky Mountain
- **2012 – Expansion of PBH** to 10 more counties

Current and Proposed LME-MCOs

Implementation
Start Date:

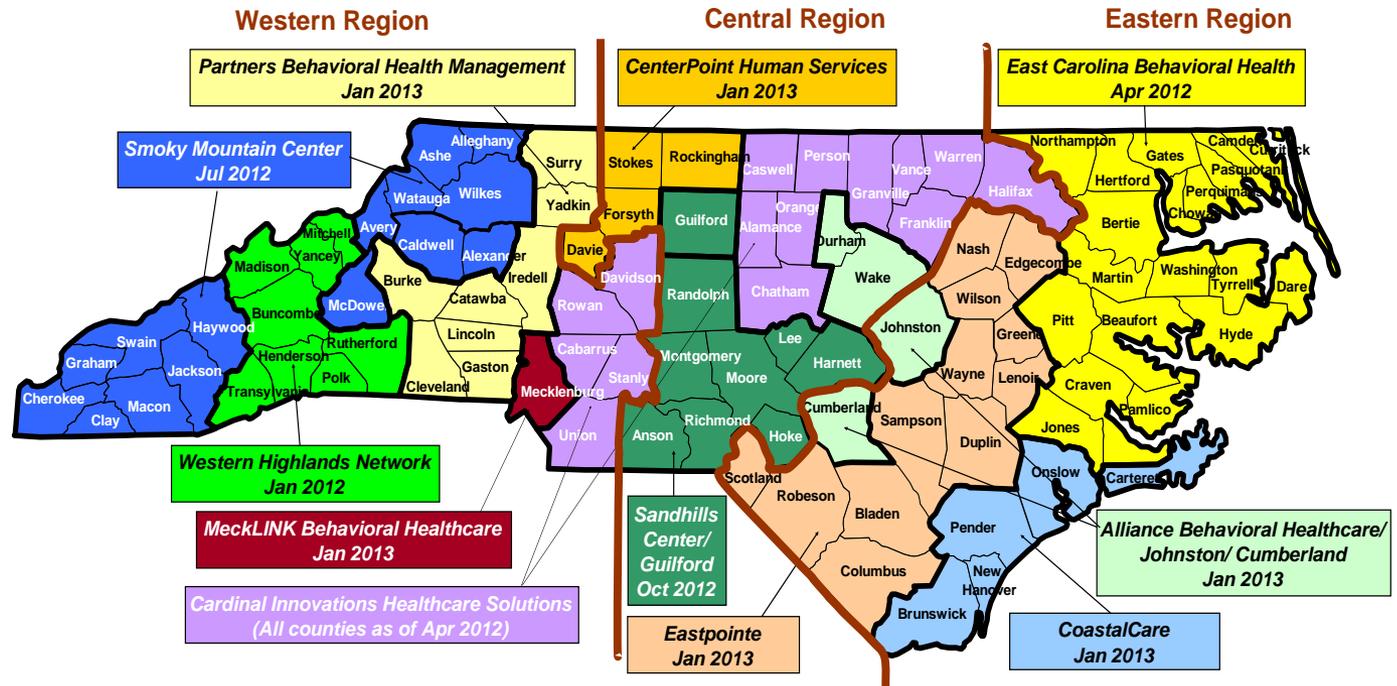
July 1, 2011



Expansion
Completion Date:

July 1, 2013

Local Management Entity - Managed Care Organizations (LME-MCOs) and their Member Counties (Current and Proposed on January 1, 2013)



For proposed LME-MCOs that have not yet merged, the lead LME name is shown first. Dates shown after Jul 2012 are the planned Waiver start dates. Reflects plans and accomplishments as of July 13, 2012.

For More Information...

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- NC DHHS Waiver Implementation:
 - <http://www.ncdhhs.gov/mhddsas/providers/1915bcWaiver/index.htm>
 - <http://www.ncdhhs.gov/dma/lme/MHWaiver.htm>
- NC IOM Health Reform:
 - <http://www.nciom.org/task-forces-and-projects/>
- NC Medical Journal's Mental Health Issue:
<http://www.ncmedicaljournal.com/>
- Session Law 2011-264, Section 1.(k):
<http://www.ncleg.net/>
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