

Trillium Health Resources



CINDY EHLERS, MS, LPC
VICE PRESIDENT CLINICAL OPERATIONS

Transforming Lives



What has you LME done for you lately, and what should it do!

NAVIGATING THE CHANGING LANDSCAPE OF LME/MCOS

Transforming Lives



Welcome

- **Cindy Ehlers, MS, LPC- Chief of Clinical Operations at Trillium Health Resources.**
 - 23 year veteran of the public MH/DD/SAS system at an Area Program then LME now LME/MCO
 - Started in a single county after 3 mergers now works for 24 counties in eastern NC
 - Over UM, Care Coordination, Access/STR, Customer Service and Community Development at Trillium
 - Former Foster parent for Special Needs children
 - Now adoptive parent and Mother of 6

LME/MCOs UNDER NEW MANAGEMENT

WHILE ALSO UNDER CONSTRUCTION



Transforming Lives



And Next is Medicaid Reform just signed into law by NC Governor this summer.

What has the LME done for you lately, and what should it do?

- So if I asked a DSS staff what does the LME/MCO do they would likely say?

deny services that people need.

- If I asked an MCO what DSS does they would say?

deny people Medicaid that need insurance

What has the LME done for you lately, and what should it do?

- If I asked DSS what is the process at an MCO for getting a service approved for a kid who is in need of treatment you would say -

Who knows?

- If I asked an MCO why was the abuse or neglect not substantiated by DSS they would say because

Who knows?

What has the LME done for you lately, and what should it do?

- If I asked DSS why the adult or child was denied placement

they would say because the MCO doesn't care, doesn't understand we have no other option, isn't invested in the community, the MCO thinks it isn't their responsibility

- If I asked an MCO what a person has to do to get food stamps or assistance with child care or electricity the MCO would say

Who knows?

Reality is

- This is an example of a lack of understanding of NC Medicaid policy and our agency policies for both DSS and the MCO about each other.
- What fixes this? Collaboration, Talking and Teaching each other and an open mind.
- Systems and programs change all the time and most of the time it isn't something we control at a local level.

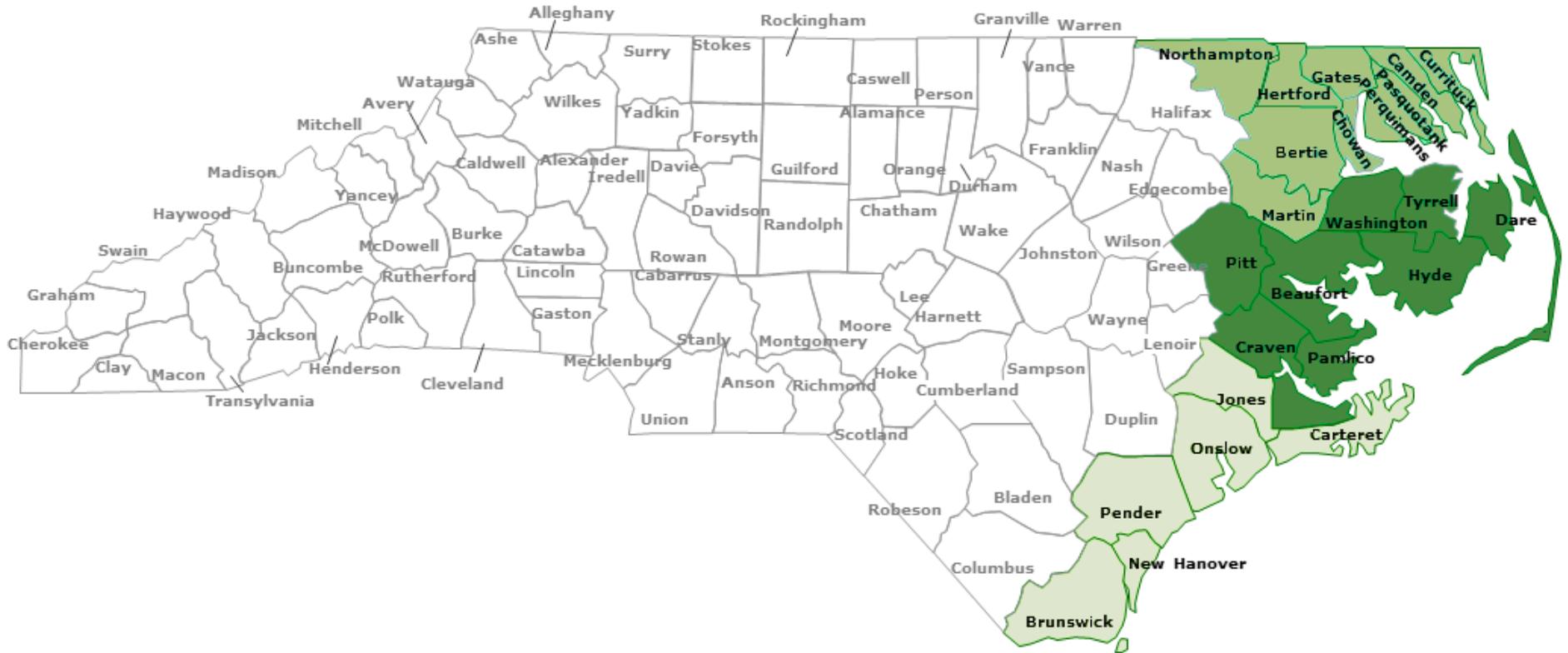
What is an LME/MCO?



Topics

- Who is Trillium ?
- What is the 1915(b)/(c) Waiver? Why does that matter?
- How do enrollees access care?
- What is medical necessity and how does it work?
- What services are available?
- What do I do when Medicaid doesn't cover what I need for a person I am serving?
- What is Medicaid Reinvestment?

Trillium Health Resources



Overview of Consolidated Catchment Area

- 24 counties, largest LME/MCO in NC in terms of counties covered and geographic size - roughly the size of the state of Maryland
- Total population = 1,260,778, 13% of NC total population.
- Medicaid eligibles ages 3+ = 185,000, also 13% of NC total
- Widely varying population density
 - Wilmington and Greenville are the 8th and 10th largest cities, respectively

Functions at a High Level

- Access- Call Center
- Customer Service
- Network
- Care Coordination
- Utilization Management
- System of Care

Medical Leadership

- **Two full-time, Board-certified psychiatrists**
 - Burt Johnson, MD - adult - lead on adult and QM issues
 - Michael Smith, MD - child - lead on child and UM issues
- **Contracts for other psychiatrists**
 - ECU for 2 child psychiatrists
 - Independent contractor specializing in I/DD and Mental Illness
 - 18 Board Certified NC Licensed Psychiatrist for Peer Review
- **Licensed Data Analytics manager**
- **Ph.D. level Senior Psychologists**
- **Integrated care RNs**

1915 (b)/(c) waiver

- “1915” refers to sections in the Social Security Act pertaining to Medicaid
- “1915(b)” is sometimes referred to as a “freedom of choice waiver”
 - Waive enrollees’ freedom of choice of “any willing and qualified provider.”
 - Results in a closed provider network that must still provide enrollees with choices among providers.
 - NC’s (b) waiver called “NC DMH/DD/SAS Health Plan”
- “1915(c)” is a Home and Community Based Services (HCBS) waiver
 - May offer services not normally covered by Medicaid as an alternative to an institutional level of care.
 - CAP-MR/DD waiver is a 1915(c) waiver for individuals with I/DD in lieu of ICF-MR care
 - (c) waiver in (b)/(c) combo called “NC Innovations”

Why do it?

- Increase access to and quality of services for enrollees
 - Flexible payment methodologies allow incentive payments for underserved areas; pay for performance for high quality providers; incentives to provide Evidence-Based Practices (EBPs)
- More rational operating environment for providers, reduced paperwork
- Stable funding for State
- Operating waiver in the public sector allows savings to be reinvested in additional services.
 - Peer Support, Respite, Supported Employment, etc.

What has changed for Providers?

- All providers in good standing with the State were offered opportunity to enroll with Trillium (formerly ECBH and CoastalCare) for those services for the first year.
- 550+ total providers; 118 currently do business with both
- Reauthorizing all existing contracts *as is*
 - Same sites, same services, same funding sources
 - enrollee-specific contracts remain enrollee-specific
- Changes to contracts will be based upon gaps and needs analyses, network sufficiency reviews, identification of new treatment modalities

What has changed for enrollees?

- Change has been minimal to enrollees
- Most have remained with same provider
 - Biggest impact has been on enrollees who move or who wish to go to a specific provider not under contract
- All enrollees whose Medicaid eligibility is established in our 24 counties are enrolled in Trillium.

ACCESS
CALL
CENTER
Customer
Service



How does an enrollee access services?

- Call Trillium's Access to Care Line 24/7/365
1-877-685-2415
 - Brief telephonic assessment of urgency of need
 - If emergency, will have care within 2 hours
 - If urgent, must have care within 48 hours
 - Routine needs will have referral to a provider for appointment within 14 days
- Make an appointment directly with a contracted provider. No wrong door philosophy.

Process

- Call to make appointment for Assessment (or court order)
- Assessment determines what type of treatment is needed. The state has always used the least restrictive approach in policy related to treatment, so most often services will start with outpatient therapy and medication evaluation and management first. There are always exceptions.
- Receives treatment and ongoing assessment.
- If the demonstrated needs exceed the scope of traditional therapy the person may be referred to a higher level of care.

What is the driver behind the need?



Placement Driver

- Current home is no longer an option because family or current provider cant provide adequate care for the child and DSS has custody of the child.

Treatment Driver

- Assessment reveals a major mental illness for which an effective treatment option is identified AND
 - Assessment reveals needs and recommendations for highly intensive, clinically specialized therapies that require a specially trained and clinically sophisticated milieu for effective delivery (such as but not limited to: sexually aggressive youth, deaf/hard of hearing,) AND
 - History of Failed treatment in services along the outpatient and other enhanced continuum of care AND
 - Presentation is clinically challenging enough to warrant the level of intensity provided by out of home treatment settings AND
 - Assessment has confirmed that symptoms of the condition cannot be managed at the current treatment level.

When the Rubber meets the road....

When a child is removed from the custody of the parent(s) and they have a MH/DD/SA issue that does not automatically mean they meet the medical necessity or entrance criteria for higher levels of treatment such as TFC, group home or PRTF.

In fact in most cases those higher levels of care can cause trauma for a child. Most children need foster care ONLY with basic therapy that is trauma informed to meet their behavioral health needs. Assessment determines the need for treatment and the level of treatment needed, not placement barriers.

LME/MCOs purchase treatment services not placements. This is one of the areas of disconnect between DSS and MCOs

LME/MCO can ONLY use public money for medically necessary services. Public safety and poor parenting do not meet medical necessity criteria.

LME/MCO can require independent assessment if the initial assessment does not seem appropriate.

Customer Services

- Helps consumers and families understand how to Navigate the system
- Provides Consumer Education
- Takes complaints and grievances from community related to service delivery or gaps in services.
- Assists with Appeals when services have been denied to assure due process rights are available.

Utilization Management



Trillium Health Resources

What is medical necessity and how does it work?

- Service orders
- Entrance Criteria
- Continued Stay criteria
- Locus/Calocus/ASAM score
- Evidence-Based Practices

Trillium's Decisions about Treatment

- Licensed clinicians and physicians are making the decisions regarding care.
- Review the entire history and current information for medical necessity determination.
- Licensed clinicians either approve request because medical necessity is met or send to a Physician for Peer Review
- Any time a service is not approved, a physician has made the determination that it did not meet criteria based on evidence provided.

Process

- Provider submits request for authorization along with all supporting evidence of medical necessity.
- UM has 14 days to process the request
- Requests can be submitted as expedited
- All requests for children under the age of 21 must be reviewed against EPSDT criteria.
- LME MCOs have clinical guidelines for treatment posted on their websites
- DMA and DMHDDSAS have clinical coverage policies that LMEMCOs are required to follow published

What services are available for children and adults?

- Trillium Health Resources manages four distinct benefit plans
 - Three (3) distinct benefit plans covered by Medicaid: Medicaid B; Medicaid C; Medicaid (b)(3)
 - A State-funded and non-Medicaid federally funded services (State services).
- Each benefit plan has a unique service array and coverage that is specific to each benefit plan.
- All four plans are defined by services offered, entrance and continued stay criteria, authorization requirements and due process rights when services are denied, reduced or terminated
- <http://www.trilliumhealthresources.org/en/For-Providers/Benefit-Plans--Service-Definitions/>

Medicaid

- The service array for Medicaid B can be found in the following Clinical Coverage Policies:
 - DMA-Clinical Coverage Policy 8A, Enhanced Mental Health and Substance Abuse Services
 - DMA-Clinical Coverage Policy 8B, Inpatient Behavioral Health Services
 - DMA-Clinical Coverage Policy 8C, Outpatient Behavioral Health Services
 - DMA-Clinical Coverage Policy 8D-1, Psychiatric Residential Treatment Services for children under that age of 21
 - DMA- Clinical Coverage Policy 8D-2, Residential Treatment Services
 - DMA - Clinical Coverage Policy 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities
- The Clinical Coverage Policies are located on the Division of Medical Assistance web site at <http://www2.ncdhhs.gov/dma/mp/> under Behavioral Health
- A link to that page is also provided on the Trillium web site at <http://trilliumhealthresources.org/en/For-Providers/Provider-Resource-Library/> under Operational Information & Forms

Medicaid (b)(3)

- **Medicaid (b)(3)** plan services are approved by the federal Centers for Medicare and Medicaid Services (CMS); are only available to Medicaid recipients, but are **not** an entitlement and have appeal rights.
 - Respite Individual and Group (Child MH/SU, Child IDD, Adult IDD)
 - Supported Employment/Long Term Vocational Support (Adult IDD & MH)
 - Personal Care/Individual Support (Adult MH)
 - One-Time Transitional Costs (Adult IDD) (Adult MH)
 - Psychosocial Rehabilitation/Peer Supports (Adult MH/SU)
 - NC Innovations Waiver Services (Child IDD, Adult IDD)
 - Physician Consultation (Child MH, Adult MH)
 - Community Guide (Child IDD, Adult IDD)
 - Peer Support Individual and Group

Medicaid C

- **Medicaid C plan** or Innovations Waiver services are an entitlement for individuals with an Innovations Waiver slot, subject to medical necessity criteria and with an upper limit on the benefit of \$135,000 per recipient per year
- DMA-Clinical Coverage Policy 8P, North Carolina Innovations

State Service Plan

- **State service plan** is also not an entitlement.
- Enrollees who are not eligible for Medicaid, or who do not have other third party insurance may receive state behavioral health services:
 - if they meet medical necessity criteria and
 - if funding is available.
- State services are prioritized for those individuals with the highest needs for services and for whom no other insurance coverage exists to pay for behavioral health services.
- State funding is not available for enrollees who have coverage for behavioral healthcare services, but whose insurance does not cover a particular service.

Network Of Providers



Trillium Health Resources

Network process

- Providers are credentialed
- Agreements are signed
- Authorizations are submitted
- Approved Services are provided
- Clean Claims are submitted and paid, based on negotiated rates
- Quality monitoring on-going
- Consumer and provider satisfaction tracked and trended

What is important from a Network?

- High quality services that are also compliant with state and federal regulatory requirements
- Services that achieve positive, measureable results
- Support health care affordability principles and result in a cost effective approach to services

Care Coordination



Trillium Health Resources

Care Coordination

- Assessment
- Treatment Planning
- Linking
- Education/Communication
- Monitoring

Care Coordination

Complete or arrange assessments to identify support needs:

- **Arrange**
 - Psychiatric Assessments, etc.
 - Cognitive & adaptive evaluations
- **Complete**
 - Level of Care tool/ Sis or calocus or locus
 - Risk Assessment
 - Community Guide assessment

Linkage and Referral

- Link enrollees to services identified in Individual Service Plan (ISP) or Person-Centered Plan (PCP) and address identified needs
 - Service array
 - Waiver services
 - Specialty treatment
 - Regular medical care and related services
 - Community resources
- Linkage and referral to needed psychological, behavioral, educational, and physical evaluations

Education and Communication

- Education about all available MH/SU/IDD services and supports, as well as education about all types of Medicaid and state-funded services.
- Education around community resources such as NC 211
- Apprise individuals' physician and other providers of important symptoms, service and support needs or changes in status.
- Arrange for needed and routine health-related support services
- Coordinate communication among the person/family members/guardians physicians, team members
- Coordination of all services and supports

Care Coordination Monitoring

- Medicaid eligibility
- Participants are monitored in their homes and communities
 - Ensure health & safety
 - Assess satisfaction of participants/families
 - Ensure implementation of ISP

Community Development



What are Reinvestment funds?

- Reinvestment funds are monies saved through responsible management of Medicaid dollars.
- Responsible management of services means that people who receive services from our network of providers are getting the right service, in the right amount at the right time.
- Any funds saved through this type of Managed Care are available to be used to better support individuals with Mental Health, Substance Use or Intellectual/Developmental Disabilities.

How are Reinvestment Funds used?

- Trillium uses Reinvestment funds to develop and initiate sustainable projects that help meet gaps and needs identified by enrollees, stakeholders and employees in a yearly survey.
- Trillium has developed a project portfolio to begin addressing these needs for all disability groups.

Adult Mental Health Disorders

- Child Parent Psychotherapy/Child First
- Access point Kiosk
- Give An Hour
- Peer Support and Recovery Services



Child Mental Health Disorders

- Child Parent Psychotherapy/Child First
- Access point Kiosk
- Compassion Reaction
- Child Vision 20/20



Substance Use Disorders

- Healing Transitions
- Oxford House Capacity Building
- POPS program
- CHAT assessment tool



Questions

