# 2016 Community Behavioral Health Service Needs,

# Providers and Gaps 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 2016 Community Behavioral Health Service Needs, Providers and Gaps Analysis in accordance with performance contracts with LME-MCOs. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the Division of Medical Assistance (DMA) each have contracts with LME-MCOs containing requirements for assessments of community need, providers, gaps in services and strategic plans to address gaps. Please see Appendix A for the DMH/DD/SAS contract requirements, and Appendix B for the DMA contract requirements and an excerpt from the North Carolina 1915(b)/(c) Medicaid Waiver.

The LME-MCO Community Behavioral Health Service Needs, Providers and Gaps Analysis is one part of a continuous assessment and action process with each component driving the focus of the next:

**Assess** and study the LME-MCO’s community to determine needs and providers to deliver services;

Develop or update LME-MCO strategic **plan**s, such as local business plans, network development plans and strategic initiatives, as needed to incorporate results from the LME-MCO service needs assessment and gaps analysis;

Implement strategic plans through local initiatives, quality improvement projects and other **act**ions;

Review and **assess** action steps that have been taken and determine progress and challenges in meeting community needs and adjusting resources to respond to gaps in services.

Submission Information

The deadline for submission is close of business April 1, 2016. The time frame for the report is July 1, 2014 through June 30, 2015, and the suggested length is no more than 25 total pages plus appendices. Submit reports to DMH/DD/SAS and DMA at contactdmhquality@dhhs.nc.gov.

Format: Use this template for the report, completing all tables and providing the information requested in each section. This is intended to communicate the LME-MCO’s official gaps analysis and response, rather than be an external evaluation prepared for the LME-MCO’s consideration and action.

**Section One**

1. Executive Summary: Provide a 2‐3 page summary of the report.
2. Describe progress and achievements in addressing gaps identified in last year’s gaps analysis report.
3. Demographic data: Describe the demographic make‐up of the LME-MCO’s catchment area. Include information about unique, underserved and special populations (for example, including but not limited to ethnic groups, pregnant women, people who are sexually aggressive, people with traumatic brain injuries, veterans, military members and their families, and people who are in jails or prisons).
4. Describe methods used to get input from consumers and family members regarding service needs, gaps, strategies and priorities. Include efforts made to achieve geographic and disability-specific representation.
5. Describe methods used to get input from stakeholders other than consumers and family members regarding service needs, gaps, strategies and priorities.

**Section Two:** Access and choice standards, service needs, gaps and strategies

1. **Outpatient Services**
2. Medicaid and state-funded outpatient services access and choice standard: All eligible individuals must have a choice of two different outpatient services provider agencies within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences. Outpatient behavioral health services can include psychiatric and biopsychosocial assessment, medication management, individual, group, and family therapies, psychotherapy for crisis, and psychological testing. Complete the tables below for outpatient services as one group, using geomapping software to calculate the number and percentages of individuals with choice:

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| --- | --- | --- |
|  | **Medicaid** | **State Funded** |
| **Categories** | **# of enrollees with choice of two providers within 30/45 miles\*** | **# of Medicaid Enrollees** | **%** | **# of consumers with choice of two providers within 30/45 miles\*** | **# of Consumers** | **%** |
| Reside in urban counties |  |  |  |  |  |  |
| Reside in rural counties |  |  |  |  |  |  |
| Total (standard = 100%) |  |  |  |  |  |  |
|  |
| Adults (age 18+)  |  |  |  |  |  |  |
| Children (age 17 and younger) |  |  |  |  |  |  |
| Total (standard = 100%) |  |  |  |  |  |  |

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

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| Medicaid | State-funded |
| If not at 100%, has an exception been requested but not yet finalized? yes \_\_\_\_ . If no, briefly explain and give date it will be requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If not at 100%, has written justification and a plan to meet needs been submitted? yes \_\_\_\_. If no, briefly explain and give date it will be submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If not at 100%, is an exception to the standard in place? yes \_\_\_\_ If no, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If not at 100%, are written justification and a plan to meet needs in place? yes \_\_\_\_\_, attach copy to this report. If no, briefly explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Effective date of exception approval: | Effective date of written justification and plan approval: |
| Next exception review date, if applicable:  | Next review date, if applicable: |

1. What outpatient service gaps were identified by consumers and family members?

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1. What outpatient service gaps were identified by other stakeholders?

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1. What specific geographic, cultural or demographic groups experience outpatient services gaps that need to be addressed? Describe gaps and how the information was gathered.

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1. Goals, strategies and timelines for addressing outpatient services gaps identified in I.A., I.B., I.C. and I.D. Briefly identify the service gap, goal and target date for reducing or eliminating the gap, and strategies planned or in progress to achieve the goal.

**Medicaid:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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**State-Funded:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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1. **Location-Based Services**
2. 1. Medicaid location-based services access and choice standard: All eligible individuals must have a choice of two different provider agencies for each location-based service in the chart below within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences.

2. State-funded location-based services access and choice standard: All eligible individuals have access to at least one provider agency for each location-based service in the chart below within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences.

Complete the tables below:

|  | **Medicaid** | **State Funded** |
| --- | --- | --- |
| **Service** | **# and % of enrollees with choice of two providers within 30/45 miles of their residences** | **Total # of Medicaid Enrollees** | **# and % of consumers with at least one provider within 30/45 miles of their residences** | **Total # of Consumers** |
| # | % | # | % |
| Psychosocial Rehabilitation |  |  |  |  |  |  |
| Child and Adolescent Day Treatment |  |  |  |  |  |  |
| SA Comprehensive Outpatient Treatment Program |  |  |  |  |  |  |
| SA Intensive Outpatient Program |  |  |  |  |  |  |
| Opioid Treatment  |  |  |  |  |  |  |
| Day Supports  |  |  |  |  |  |  |
| Adult Developmental Vocational Program |  |  |  |  |

| Medicaid | State-funded |
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| If not at 100%, have exceptions been requested but not yet finalized? yes \_\_\_\_ . If no, briefly explain and give dates each will be requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If not at 100%, have written justifications and plans to meet needs been submitted? yes \_\_\_\_ If no, briefly explain and give dates each will be submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If not at 100%, are exceptions to the standard in place? yes \_\_\_\_ Please list: If no, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If not at 100%, are written justifications and plans to meet needs in place? yes \_\_\_\_\_, attach copy to this report. If no, briefly explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Effective dates of each exception approval: | Effective date of each written justification and plan approval: |
| Next review dates for each exception, if applicable:  | Next review dates, if applicable: |

1. What location-based services gaps were identified by consumers and family members?

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1. What location-based services gaps were identified by other stakeholders?

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1. What specific geographic, cultural or demographic groups experience gaps in the location-based services above that need to be addressed? Describe gaps and how the information was gathered.

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1. Goals, strategies and timelines for addressing location-based services gaps identified in II.A, II.B., II.C. and II.D. Briefly identify the service gap, goal and target date for reducing or eliminating the gap, and strategies planned or in progress to achieve the goal.

**Medicaid:**

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| --- | --- | --- |
| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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**State-Funded:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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1. **Community/Mobile Services**
2. 1. Medicaid community/mobile services access and choice standard: All eligible individuals must have a choice of two provider agencies for each community/mobile service in the chart below within the LME-MCO catchment area.

2. State-funded community/mobile services access and choice standard: All eligible individuals have access to at least one provider agency for each community/mobile service in the chart below within the LME-MCO catchment area.

Complete the tables below:

|  | **Medicaid** | **State Funded** |
| --- | --- | --- |
| **Service** | **# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area** | **Total # of Medicaid Enrollees** | **# and % of consumers with access to at least one provider agency within the LME-MCO catchment area** | **Total # of Consumers** |
| # | % | # | % |
| Assertive Community Treatment Team |  |  |  |  |  |  |
| Community Support Team |  |  |  |  |  |  |
| Intensive In-Home |  |  |  |  |  |  |
| Mobile Crisis |  |  |  |  |  |  |
| Multi-systemic Therapy  |  |  |  |  |  |  |
| Traumatic Brain Injury Services (non-residential) |  |  |  |  |  |  |
| Home-based I/DD Services |  |  |  |  |  |  |
| (b)(3) MH/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 (Innovations) |  |  |  |  |
| I/DD Supported Employment Services (State-funded) |  |  |  |  |
| MH/SA Supported Employment Services (IPS-SE) (State-funded) |  |  |  |  |
| Developmental Therapies (State-funded) |  |  |  |  |

| Medicaid | State-funded |
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| If not at 100%, have exceptions been requested but not yet finalized? yes \_\_\_\_ . If no, briefly explain and give dates each will be requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If not at 100%, have written justifications and plans to meet needs been submitted? yes \_\_\_\_ If no, briefly explain and give dates each will be submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If not at 100%, are exceptions to the standard in place? yes \_\_\_\_ Please list.If no, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If not at 100%, are written justifications and plans to meet needs in place? yes \_\_\_\_\_, attach copy to this report. If no, briefly explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Effective dates of each exception approval: | Effective date of each written justification and plan approval: |
| Next review date of each exception, if applicable:  | Next review dates, if applicable: |

1. What community/mobile services gaps were identified by consumers and family members?

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1. What community/mobile services gaps were identified by other stakeholders?

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1. What specific geographic, cultural or demographic groups experience gaps in the community/mobile services above that need to be addressed? Describe gaps and how the information was gathered.

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1. Goals, strategies and timelines for addressing community/mobile services gaps identified in III.A., III.B., III.C. and III.D. Briefly identify the service gap, goal and target date for reducing or eliminating the gap, and strategies planned or in progress to achieve the goal.

**Medicaid:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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**State-Funded:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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1. **Crisis Services**
2. Medicaid and state-funded crisis services access and choice standard: All eligible individuals must have access to at least one provider agency for each crisis service in the chart below within the LME-MCO catchment area.

Complete the tables below:

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| --- | --- | --- |
| **Service** | **Number Facilities in LME-MCO Catchment Area with Medicaid Contract** | **Number Facilities in LME-MCO Catchment Area with Contract for State-Funded Services** |
| Facility-Based Crisis |  |  |
| Crisis Respite |  |  |
| Detoxification (non-hospital) |  |  |

| Medicaid | State-funded |
| --- | --- |
| If standard not met, have exceptions been requested but not yet finalized? yes \_\_\_\_ . If no, briefly explain and give dates each will be requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If standard not met, have written justifications and plans to meet needs been submitted? yes \_\_\_\_ If no, briefly explain and give dates each will be submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If standard not met, are exceptions to the standard in place? yes \_\_\_\_ If no, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If standard not met, are written justifications and plans to meet needs in place? yes \_\_\_\_\_, attach copy to this report. If no, briefly explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Effective dates of each exception approval: | Effective date of each written justification and plan approval: |
| Next review dates, if applicable:  | Next review dates, if applicable: |

1. What crisis services gaps were identified by consumers and family members?

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1. What crisis services gaps were identified by other stakeholders?

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1. What specific geographic, cultural or demographic groups experience gaps in the crisis services above that need to be addressed? Describe gaps and how the information was gathered.

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1. Goals, strategies and timelines for addressing crisis services gaps identified in IV.A., IV.B., IV.C. and IV.D. Briefly identify the service gap, goal and target date for reducing or eliminating the gap, and strategies planned or in progress to achieve the goal.

**Medicaid:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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**State-Funded:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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1. **Inpatient Services**
2. Medicaid and state-funded inpatient services access and choice standard: All eligible individuals must have access to at least one inpatient provider agency listed in the chart below within the LME-MCO catchment area.

Complete the tables below:

| **Service** | **Number Facilities in LME-MCO Catchment Area with Medicaid Contract** | **Number Facilities in LME-MCO Catchment Area with Contract for State-Funded Services** |
| --- | --- | --- |
| Inpatient Hospital – Adult 1. Acute care hospitals with adult inpatient psychiatric beds
2. Other hospitals with adult inpatient psychiatric beds
3. Acute care hospitals with adult inpatient substance use beds
4. Other hospitals with adult inpatient substance use beds
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| Inpatient Hospital – Adolescent 1. Acute care hospitals with adolescent inpatient psychiatric beds
2. Other hospitals with adolescent inpatient psychiatric beds
3. Acute care hospitals with adolescent inpatient substance use beds
4. Other hospitals with adolescent inpatient substance use beds
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| Inpatient Hospital – Child1. Acute care hospitals with child inpatient psychiatric beds
2. Other hospitals with child inpatient psychiatric beds
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| Medicaid | State-funded |
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| If standard not met, have exceptions been requested but not yet finalized? yes \_\_\_\_ . If no, briefly explain and give dates each will be requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If standard not met, have written justifications and plans to meet needs been submitted? yes \_\_\_\_ If no, briefly explain and give dates each will be submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If standard not met, are exceptions to the standard in place? yes \_\_\_\_ If no, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If standard not met, are written justifications and plans to meet needs in place? yes \_\_\_\_\_, attach copy to this report. If no, briefly explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Effective dates of each exception approval: | Effective date of each written justification and plan approval: |
| Next review dates of each exception, if applicable:  | Next review dates, if applicable: |

1. What inpatient services gaps were identified by consumers and family members?

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1. What inpatient services gaps were identified by other stakeholders?

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1. What specific geographic, cultural or demographic groups experience gaps in the inpatient services above that need to be addressed? Describe gaps and how the information was gathered.

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1. Goals, strategies and timelines for addressing inpatient services gaps identified in V.A., V.B., V.C. and V.D. Briefly identify the service gap, goal and target date for reducing or eliminating the gap, and strategies planned or in progress to achieve the goal.

**Medicaid:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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**State-Funded:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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1. **Specialized Services**
2. Medicaid and state-funded specialized services access and choice standard: All individuals eligible for the services below must have access to at least one provider agency.

Provide a chart for Medicaid and State-funded specialized services of parent agencies’ names (not service site names) the LME-MCO contracts with, by county served. Specialized services are:

* Partial Hospitalization
* MH Group Homes
* Traumatic Brain Injury Services – residential
* Psychiatric Residential Treatment Facility
* Residential Treatment Levels 1-4
* Child MH Out-of-home respite
* SA Non-Medical Community Residential Treatment
* SA Medically Monitored Community Residential Treatment
* SA Halfway Houses
* I/DD Group Homes and AFLs
* I/DD Out-of-home respite
* I/DD Facility-based respite
* Intermediate Care Facility/IDD
1. What specialized services gaps were identified by consumers, family members and other stakeholders?

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1. What specialized services gaps were identified by consumers, family members and other stakeholders?

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1. What specific geographic, cultural or demographic groups experience gaps in the specialized services above that need to be addressed? Describe gaps and how the information was gathered.

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1. Goals, strategies and timelines for addressing specialized services gaps identified in VI.A., VI.B., VI.C. and VI.D. Briefly identify the service gap, goal and target date for reducing or eliminating the gap, and strategies planned or in progress to achieve the goal.

**Medicaid:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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**State-Funded:**

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| Service Gap | Goal and Target Date | Strategies to achieve goal, noting if planned or in progress |
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1. **State-Funded Services Items**. The following two items apply to services referenced in:
* State-Funded Enhanced Mental Health and Substance Abuse Services 2015 effective 8/1/15
* State-Funded ACT Policy
* State-Funded DMHDDSAS Service Definitions 2003-2014 effective 8/1/14
* Individual Supportive Employment with Long-Term Vocational Supports YP630/YM645

For additional information, see <http://www.ncdhhs.gov/providers/provider-info/mental-health/service-definitions>.

1. For State-funded services, describe any geographic discrepancies in services included in the LME-MCO’s local Benefit Plan. That is, are residents of some counties excluded from coverage under the LME-MCO benefit plan, or have stricter eligibility requirements? Include which services, why this occurred, and whether there is a plan in place to ensure equal access based on need across all geographic areas.

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1. For State-funded services, describe any services that were closed to new admissions or not offered during the year. Include which services, why this occurred, the period of time, and how the LME-MCO ensured priority populations continued to access appropriate levels of care.

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**Section Three**: Geoaccess Maps.  In a report appendix, provide separate maps per funding source only for serviceswhere less than 90% of consumers have the required access and/or choice, according to the following:

1. Location-based services – one map for each location-based service and funding source where less than 90% of consumers have the required access and choice. Show provider locations with a radius of 30 miles for urban counties and 45 miles for rural counties.
2. Community/Mobile Services – one map for each community/mobile service and funding source where less than 90% of consumers have the required choice. Show provider coverage on each map.

**Section Four**: For each Departmental initiative listed below, briefly describe service gaps, goals and target dates, and strategies planned or in progress to achieve goals.

1. Recovery-oriented system of care
2. Crisis Solutions Initiative
3. Advancing technology
4. Employment
5. Housing
6. Children’s services
7. Integration of physical and behavioral health care

# 2016 Community Behavioral Health Service Needs,

Providers and Gaps Analysis

*Requirements for North Carolina LME-MCOs*

Appendix A

Excerpts from Section 5 of Attachment 1: Scope of Work from Contracts Between

LME-MCOs and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services

5.0 Provider Relations and Support

5.1. Assessment of Adequacy of the Provider Community

Under the terms of this Contract, the DHHS delegates the authority to develop and manage a qualified provider community in accordance with community needs including enrollment, disenrollment, and certification of providers including assessment of qualifications and competencies in accordance with applicable state and federal rules, standards and the provider qualifications established by the LME-MCO and deemed necessary for the effective provision of quality services. Any LME-MCO that receives state or federal funding for a Cross Area Service Program (CASP) (as described in Attachment I, 7.3.7), to provide comprehensive regional or statewide services across multiple LME-MCOs, shall collaborate with the DMH/DD/SAS to designate a provider to receive such designated CASP funds to serve the needs of an identified population.

The LME-MCO shall conduct a community need and provider capacity assessment during the first quarter of this contract, using a standardized process and reporting format defined by the Secretary. The assessment shall take into consideration the population in the catchment area, identified gaps in the service array, including gaps for underserved populations, perceived barriers to service access, and the number and variety of age-disability providers for each service. The assessment shall include input from consumers, families, community stakeholders, and CFAC. In evaluating the adequacy of the provider community the LME-MCO shall consider issues such as the cultural and linguistic competency of existing providers and provisions of evidence based practices and treatments and the availability of community services to address housing and employment issues. The assessment shall also measure the availability of providers willing to participate in community emergency response efforts, such as providing services in temporary housing shelters in the event of a natural disaster which triggers an evacuation. The LME-MCO shall report the results of the assessment using a standardized format to the DHHS, CFAC and the Area Board, and provide updates as needed to the Board and CFAC. The LME-MCO shall demonstrate that it is engaged in development efforts to address service gaps identified in the assessment.

In addition, the LME-MCO shall assess community need and provider capacity for children’s services within the LME-MCO catchment area. The LME-MCO shall contract with a sufficient number of state-funded and non-Medicaid federally-funded service providers to ensure that children receive services in settings which are more likely to maintain or develop positive family and community connections.

If the gap analysis identifies an absence of provider(s) for any MH/DD/SA service, the LME-MCO’s shall submit a plan to DHHS for developing a local provider community that offers choice for each service in their LME-MCO catchment areas in the next state fiscal year.

5.2. Choice of Providers and Treatment

The LME-MCO shall ensure that, except for services with very limited usage or services for which there is not sufficient demand or funding to support more than one provider, consumers have a choice of service providers consistent with CMS waiver requirements and DMHDDSAS. However, the LME-MCO is vested with the responsibility, under this contract, to decide the number of providers and which providers shall become members of the LME-MCO’s provider network after the initial closure of the provider network.

For State-funded services, consumers shall have a choice of at least two providers for every service, except for those services with very limited usage and where alternative providers cannot be recruited.

The LME-MCO shall endeavor to ensure consumers have a choice of evidence based practices and treatments. The LME-MCO shall give consumers information on available providers to support selection of a provider.

# 2016 Community Behavioral Health Service Needs,

Providers and Gaps Analysis

*Requirements for North Carolina LME-MCOs*

Appendix B

**Division of Medical Assistance Contract**

Contract Excerpts regarding Provider Choice

**6.6 Choice of Health Professional**

To the extent reasonably possible, PIHP shall offer freedom of choice to Enrollees in selecting a Provider from within PIHP’s qualified Provider Network. PIHP shall ensure a choice of at least two Providers for each service, except specialties specifically identified in Attachment N or otherwise approved as an exception by DMA in writing. Requests for exceptions may be based on such factors as medical necessity and demand. For example, exceptions may be granted if the demand for services, particularly facility based services, specialized services or in rural areas, does not fiscally or operationally support two Providers.

An Enrollee who has received prior authorization from PIHP for referral to a Network Provider or for inpatient care shall be allowed to choose from among all the available Network Providers and hospitals within PIHP, to the extent reasonably possible.

PIHP shall coordinate its services with the services its Enrollees receive from other MCOs, Prepaid Inpatient Health Plans (PIHPs) and Prepaid Ambulatory Health Plans (PAHPs) in order to avoid unnecessary duplication. In accordance with 42 C.F.R. § 438.208, PIHP shall share with other MCOs, PIHPs, and PAHPs serving the Enrollee the results of its identification and assessment of any Enrollee with special health care needs (see Section 6.13) so that those activities need not be duplicated.

**Attachment S**

**Access and Availability Standards**

**Accessibility**

1. Geographic Location: Network Providers for all Covered Services must be as geographically accessible to Medicaid Enrollees as to non-Medicaid Enrollees.
2. Distance/Travel Time: Medicaid Enrollees should have access to Network Providers within thirty (30) miles distance or thirty minutes’ drive time, 45 miles or 45 minutes in rural areas. Longer distances as approved by DMA are allowed for facility based or specialty Providers.

**Excerpt from North Carolina 1915(b)/(c) Medicaid Waiver**

“Enrollees will have free choice of providers within the PIHP serving their respective geographic area and may change providers as often as desired. If an individual joins the PIHP and is already established with a provider who is not a member of the network, the PIHP will make every effort to arrange for the consumer to continue with the same provider if the consumer so desires. In this case, the provider would be required to meet the

same qualifications as other providers in the network. In addition, if an enrollee needs a specialized service that is not available through the network, the PIHP will arrange for the service to be provided outside the network if a qualified provider is available. Finally, except in certain situations, enrollees will be given the choice between at least two providers. Exceptions would involve institutional services or highly- specialized services which are usually available through only one facility or agency in the geographic area.”

# 2016 Community Behavioral Health Service Needs,

Providers and Gaps Analysis

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Appendix C

Appendix C, Designation of urban and rural counties, is provided as an Excel spreadsheet named

Appendix C\_UrbanRuralCounties.xlsx.