NC Department of Health and Human Services
Medicaid Transformation &
Justice-Involved Mental
Health Priorities

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Agenda

- Big Picture
- Medicaid Transformation
  - Eligibility
  - Managed Care
  - Healthy Opportunities
- SUD Waiver & Services
- Justice-Involved Mental Health Work & Priorities
- Re-activating Medicaid post-discharge from State Psychiatric Hospitals
- Medicaid Expansion
Big Picture

**Prevalence**

- 1 in 20 people are living with a **serious mental illness**
- 1 in 20 people are living with an **opioid use or heroin** use disorder
- Over 1400 people died by **suicide** in CY2017. **Five per week were Veterans.**
- 1 in 58 children has **autism spectrum disorder**
- There are **128,000 adults and children** in NC with an **Intellectual Developmental Disability**
  - Only 12,738 have a slot on the Innovations waiver
- Nearly 80,000 people sustained a **traumatic brain injury** last year
- Over 16,000 kids in **foster care**
- 25,000 people were **re-entered society** from prison last year – 44% of jail inmates and 31% of prisoners have a history of mental health treatment
- 9,000 people **experiencing homelessness**; over 800 are **veterans**

*Various documented sources*

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### Big Picture

<table>
<thead>
<tr>
<th>Pubic System</th>
<th>Received Behavioral Health Services CY 2018</th>
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<tbody>
<tr>
<td>2.2 million people have Medicaid</td>
<td>285,000 Medicaid beneficiaries</td>
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<tr>
<td>1 million people are uninsured</td>
<td>97,000 uninsured</td>
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10 million residents, 2.2 million have Medicaid, 1 million uninsured, 6.8 million have private insurance
Top DHHS Priorities

1. Transform our healthcare system to buy health and integrate physical and behavioral care.
2. Combat the Opioid Epidemic
3. Drive health opportunities from the start Implement the Early Childhood Action Plan
Medicaid Transformation: Integrating Whole-person care

In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the DHHS to transition Medicaid and NC Health Choice from fee-for-service to managed care.
NC Medicaid Managed Care Products

• Session Law 2018-48 further directed DHHS to create 2 types of managed care products:
  − **Standard Plans** for most NC Medicaid/Health Choice beneficiaries (duals not included)
    • Operated by Prepaid Health Plans (PHPs)
      5 contract awards were announced in February 2019:
      • 4 statewide Commercial Plans (WellCare, BCBSNC, AmeriHealth Caritas, UnitedHealthcare).
      • 1 regional Provider-led Plan (Carolina Complete Health)
        − Estimated 1.6 million people covered (of 2.1M beneficiaries).
  − **Tailored Plans** for select NC Medicaid/Health Choice (duals included) high-need populations with I/DD, TBI, SMI/SED, and/or severe SUD. Offers more robust BH/IDD service array.
  − Only current LME-MCOs eligible to apply through a RFA, 5-7 regions; replaces current LME-MCO system.
    − Estimated 25,000-35,000 dual-eligible and 80,000 - 100,000 Medicaid-only
Medicaid Transformation Timeline

**PHASE 1: Regions 2 & 4**

- **7/15/2019 – 9/13/2019** Open Enrollment
- **11/01/2019** Managed Care Day 1

**2019**

- **10/1/2019** Enrollment Packets Begin
- **10/14/2019 - 12/13/2019** Open Enrollment

**2020**

- **02/01/2020** Managed Care Day 1

**PHASE 2: Regions 1, 3, 5 & 6**

- Local DSS will continue to determine Medicaid Eligibility and help direct beneficiaries to proper Support System.
- Enrollment Broker Provides Beneficiary Support – Choice Counseling
- Health Plans Provide Beneficiary Support
- Auto-Assignment

- NEMT Services for Managed Care Members will begin 11/1/2019
- NEMT vendors will begin accepting appointments on 10/1/2019 for appointments scheduled on or after 11/1/2019
NC Medicaid Managed Care Regions and Rollout Dates

**Region 2**
- Nov. 2019

**Region 4**
- Nov. 2019

**Region 6**
- Feb. 2020

**Region 1**
- Feb. 2020

**Region 3**
- Feb. 2020

**Region 5**
- Feb. 2020

Rollout Phase 1: Nov. 2019 – Regions 2 and 4
Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6
Tailored Plan Update - Regions

- Tailored Plan regions are expected to mirror the current LME/MCO regions
Standard Plans and BH I/DD Tailored Plans

Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide a robust set of physical health, behavioral health, long-term services and supports, and pharmacy benefits.

### Standard Plans
- Will serve the majority of the non-dual eligible Medicaid population

### BH I/DD Tailored Plans
- Targeted toward populations with:
  - significant behavioral health conditions—including serious mental illness, serious emotional disturbance, and severe substance use disorders
  - intellectual and developmental disabilities (I/DD), and
  - traumatic brain injury (TBI)
- Will offer a more robust set of behavioral health and I/DD benefits than Standard Plans and will be the only plans to offer current 1915(b)(3), 1915(c) Innovations and TBI waiver, and State-funded services
Care Management

• A team-based, person-centered approach to effectively managing patients’ medical, social and behavioral conditions, including (but not limited to):
  − Management of rare diseases, high-cost procedures (e.g., transplant, specialty drugs)
  − Management of enrollee needs during transitions of care (e.g., from hospital to home)
  − Coordination of services (e.g., appointment/wellness reminders and social services coordination/referrals)
  − Chronic care management (e.g., management of multiple chronic conditions)

• Standard Plans
  − Targeted to populations with special healthcare needs
  − Addresses physical and behavioral health as well as social determinants
  − Primarily provided through Tier 3 or 4 Advanced Medical Homes (AMHs)

• Tailored Plans
  − Meets federal Health Home standards
  − Available to all enrollees. Case management cannot be duplicated for some receiving a comprehensive service or evidenced-based practice
  − Addresses physical and behavioral health, as well as social determinants
  − Provided through designated BH/IDD AMHs, Care Management Agencies, or the TPs directly
Healthy Opportunities in Medicaid Transformation

North Carolina is committed to improving health outcomes and lowering healthcare costs by delivering “whole person” care and addressing non-medical factors of health.

Embedding Healthy Opportunities in the Managed Care Program:

- All PHPs will have a role in addressing non-medical factors that drive health outcomes and costs, including:
  - Screening for non-medical needs
  - Connecting beneficiaries to community resources using North Carolina’s new platform for closed loop referrals, NCCARE360
  - Providing additional support for high-need cases, such as assisting members who are homeless in securing housing

Healthy Opportunities Pilots:

- PHPs in two to four geographic areas of the state will work with their communities to implement the “Healthy Opportunities Pilots,” as approved through North Carolina’s 1115 waiver.*
- Pilots will test evidence-based interventions designed to reduce costs and improve health by more intensely addressing housing instability, transportation insecurity, food insecurity, interpersonal violence, and toxic stress for eligible Medicaid beneficiaries.
Substance Use Disorder Waiver

- SUD Waiver allows DHHS to update definitions and bring the state in line with best practices
- We weren’t able to pay for services in Institutions for Mental Disease (IMD) facilities – but now we will be able to do so and leverage federal funds
- Implementation of these services will take place between April 2020 and October 2020
- Selection of the services, including the three new services being added:
  - Early intervention services
  - Outpatient services
  - Intensive outpatient services (substance abuse intensive outpatient program)
  - Partial hospitalization services (substance abuse comprehensive outpatient treatment)
  - Clinically managed low-intensity residential treatment services
  - NEW: Clinically managed population-specific high-intensity residential programs
  - NEW (for men): Clinically managed high-intensity residential services (substance abuse non-medical community residential treatment)
  - NEW: Ambulatory withdrawal management with extended on-site monitoring
Justice-Involved Work – Diversion

• **Promoting and providing training for Crisis Intervention Teams (CIT).** CIT aims to train police to intervene effectively to de-escalate people in crisis, and take them to treatment rather than to jail.

• **Improving the Basic Law Enforcement Training** that all officers receive about mental illness.

• **Working with our jails and courts to establish / promote jail diversion programs.** These programs aim to identify people in jail with mental health needs, and work to divert them to treatment in the community.
  - Includes mental health and drug court programs.

• **Leading the state’s Stepping Up Initiative** with the goal of helping counties reduce the numbers of people with behavioral health disorder in jail.
  - Attempting to stop the situation where many people end up in a *cycle of repeated incarcerations* on minor charges, effectively serving a life sentence in jail 30 days at a time.
  - **National effort** with NC partners, NCACC, Division of MH/DD/SAS, NC Psychiatric Association
  - Emphasizes that county and local agencies and entities need to pull together to collaborate to come up with *local solutions to local problems*
  - Providing **Sequential Intercept Mapping (SIM)** that brings communities together to map their local MH & CJ systems, and helps those communities develop actionable plans
Justice-Involved Work – Diversion

- **Sequential Intercept Mapping** (SIM) brings together county leaders, consumers, providers, law enforcement executives and others
  - They examine each stage of the criminal justice system, as people with MI flow through it. This examination can reveal gaps to be filled and opportunities to combine resources to address issues.
  - The end result is an actionable plan that is developed locally, with consideration of local resources, for how the county will address this issue.
  - Counties can undergo a SIM workshop free of charge by DMHDDSAS.
  - Sequential Intercept Mapping is a first step in implementation of the Stepping Up Initiative.

![Sequential Intercept Mapping Diagram]
Justice-Involved Work – Reentry

• Treatment Accountability for Safer Communities (TASC)
  − TASC Network provides care management services to people with substance abuse or mental illness who are involved in the justice system.
  − Our TASC workers assist probation and parole to monitor and provide help to those individuals on probation with substance use and / or mental health disorders.
  − Goal is to permanently interrupt the cycle of addiction and crime.

• Mental Health Probation
  − Assisting DPS in its development of their mental health probation pilot program.

• Steps toward implementing SRCC Mental Health, Substance Misuse, and Medical Workgroup Recommendations
  − Medicaid Data Sharing
  − Medication-Assisted Treatment (MAT) in reentry facilities
  − Reinstating or expanding health insurance coverage to formerly incarcerated individuals
Justice-Involved Work – Treatment

• Medication Assisted Treatment Pilots in Prison
  - DHHS and DPS creating a new medication-assisted treatment (MAT) program to reduce the overdose-related deaths of people with an opioid disorder who are re-entering their communities upon leaving prison
  - Funded by the State Opioid Response grant recently awarded to DHHS by the Substance Abuse and Mental Health Services Administration.
  - Total amount $531,562
  - Pilot Locations
    • NC Correctional Institution for Women in Raleigh
    • Wake Correctional Center in Raleigh
    • Orange Correctional Center in Hillsborough.

• Comparted to other North Carolinians formerly incarcerated people are:
  - 40 times more likely to die from an opioid overdose
  - 74 times more likely to die from a heroin overdose
  - Risk for overdose is most likely in the first two weeks following their release

MAT is the **GOLD** standard in care.  This is about **saving** lives.
Justice-Involved Work – Treatment

• **Medication Assisted Treatment Pilots in Jails**
  - In conjunction with DPS, local Sheriff’s departments and LME/MCOs
  - Treatment started within days of release & individual connected to a local provider or community health center
  - Pilot Locations:
    - Buncombe
    - Durham
    - Haywood
    - New Hanover
  - Total amount $1,320,000

• **Law Enforcement Assisted Diversion (LEAD) program**
  - Pre-booking drug diversion pilot program developed with the community to address low-level drug and crimes associated with sex work
  - Allows law enforcement to re-direct low-level offenders in drug activity to community-based programs in stead of jail and prosecution
  - Administered through the NC Harm Reduction Coalition and in partnership with the LME/MCO
  - 6 total counties involved, the latest is Watauga County
    - Watauga County cost: $124,425
Re-activating Medicaid post-discharge from State Psychiatric Hospitals

• Problem
  – People age 21 to 65 who have been in an State Psychiatric Hospital (SPH) have their Medicaid suspended per the Institute for Mental Disease (IMD) exclusion.
  – County DSS agencies required people discharged from a SPH with suspended Medicaid to walk in to the DSS office with discharge paperwork to reactivate the suspended Medicaid.
  – This practice delayed initiation of post discharge medication and treatment.
  – People are very vulnerable after discharge and may be overwhelmed by processes with more requirements than necessary

• Solution
  – DHHS divisions including Medicaid, Information Technology, NC FAST and the SPHs and their Central office created an electronic interface to alert in NC FAST when a person who has Medicaid leaves the hospital allowing the relevant case workers in the receiving county and if different the original county to unsuspend that person’s Medicaid upon this automated alert at discharge.
Medicaid Expansion

500,000
New projected enrollees due to expansion, including a disproportionate number of rural North Carolinians

$4 billion
Annual federal dollars NC leaves on the table

43,000+
Jobs created in the first five years of expansion

90%
Share of costs paid by the federal government – no new state appropriation needed to fund the state share

Now is the time to:
• Improve overall health of NC (ranked 37th)
• Advance rural economic vitality, health
• Build sustainable infrastructure to combat the opioid epidemic
• Put downward pressure on everyone’s premiums
Questions?
Appendices
Contacts for Beneficiaries

**ABOUT ELIGIBILITY**
Continue to come to local DSS
Find contact information at ncdhhs.gov/localdss

**ABOUT NC MEDICAID DIRECT BENEFITS AND CLAIMS**
Call the Medicaid Contact Center toll free:
1-888-245-0179

**ABOUT CHOOSING A PLAN OR PCP AND ENROLLING**
Go to ncmedicaidplans.gov (chat available)
Use the NC Medicaid Managed Care mobile app
Call 1-833-870-5500 (the call is free)
TTY: 1-833-870-5588

**ABOUT NC MEDICAID DIRECT BENEFITS**
Call their Health Plan
Overview of Tailored Plan Eligibility

- Qualifying IDD diagnosis
- Innovations and TBI Waiver enrollees and those on waitlists for those waivers
- Qualifying mental health or substance use disorder diagnosis and use of an enhanced behavioral health service (e.g. assertive community treatment, community support)
- Two or more inpatient psychiatric stays or one or more involuntary psychiatric admissions within 18 months
- Transition to Community Living Initiative (TCLI) enrollees
- Children with complex needs settlement population
- Utilization of Behavioral Health, IDD or TBI services funded with state, local, federal or other non-Medicaid funds
- Qualifying mental health diagnosis and use of Electroconvulsive Therapy within 18 months
- Qualifying mental health diagnosis and use of clozapine or long-acting injectable antipsychotics within 18 months
- Admission to State Psychiatric Hospitals or Alcohol and Drug Abuse Treatment Centers
- Two or more visits to the Emergency Department for a psychiatric problem
- Two or more episodes using behavioral health crisis services (e.g. mobile crisis, facility based crisis)
- Beneficiaries under the age of 18 with schizophrenia or schizophrenia spectrum diagnoses
Current Behavioral Health & Non Behavioral Health

LME / MCO
NC Innovations
I/DD
Substance Use
Mental Heath
State Funded

Doctors
Hospital
Physical Therapy
Current Behavioral Health & Non Behavioral Health

LME / MCO
NC Innovations
I/DD
Substance Use
Mental Heath
State Funded

Doctors
Hospital
Physical Therapy
Future and Tailored Plans

**Tailored Plan**
- NC Innovations
- Respite
- Supported Employment
- ICF-IID
- Enhanced Services
- State Funded Services

- Care Management
- Doctors
- Hospital
- Physical Therapy
Care Management

- A team-based, person-centered approach to effectively managing patients’ medical, social and behavioral conditions, including:
  - Management of rare diseases, high-cost procedures (e.g., transplant, specialty drugs)
  - Management of enrollee needs during transitions of care (e.g., from hospital to home)
  - High-risk care management (e.g., high utilizers/high-cost beneficiaries)
  - Chronic care management (e.g., management of multiple chronic conditions)
  - Management of high-risk social environments (e.g., adverse childhood events, domestic violence)
  - Identification of enrollees in need of care management (e.g., screening, risk stratification, priority populations)
  - Development of comprehensive assessments/care plans (across targeted populations)
  - Development and deployment of prevention and population health programs
  - Coordination of services (e.g., appointment/wellness reminders and social services coordination/referrals)