

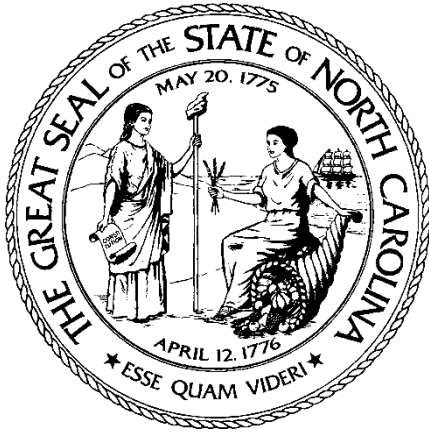
State-funded Services Design Under BH I/DD Tailored Plans

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State-funded Services Design Under BH I/DD Tailored Plans

January 24, 2020

Overview of Materials

- **Background and Guiding Principles**
- **Provision of State-funded Services**
- **Community Integration: In-Reach, Transition and Diversion**
- **Local Health Functions**
- **Accountability**
- **What To Do Next**

Background and Guiding Principles

What are State-funded Services?

- State-funded Services refer to non-Medicaid behavioral health, I/DD and TBI services provided to uninsured individuals and *underinsured* individuals (e.g., a Medicaid beneficiary or an individual with private coverage for a service that is not covered)
- State-funded Services are supported through a limited pool of funding authorized by the General Assembly and a variety of federal grants
- State-funded Services are **not** Medicaid and are not considered entitlements
- Local Management Entities-Managed Care Organizations (LME-MCOs) manage State-funded, as well as Medicaid, behavioral health, I/DD and TBI services today

State-funded Services Under BH I/DD Tailored Plans Paper

On December 30, North Carolina's Department of Health and Human Services (Department) released the North Carolina's Design for State-funded Services Under Behavioral Health and Intellectual/Developmental Disability (BH I/DD) Tailored Plans Policy Paper for public comment



The paper details the Department's vision for State-funded BH, I/DD and traumatic brain injury (TBI) services under BH I/DD Tailored Plan and covers:

- Eligibility, services, and care management for State-funded Services
- Continuation of the Transitions to Community Living Initiative (TCLI) principles
- “Local health functions” – community-wide health prevention and promotion activities – in the context of Medicaid Transformation, and
- BH I/DD Tailored Plan accountability for the above

The paper is available at <https://files.nc.gov/ncdhhs/State-funded-Services-Policy-Paper-20191230.pdf> and the Department is accepting comments until January 29, 2020

Medicaid Managed Care Transition

Both standard plans and BH I/DD Tailored Plans will provide a robust set of physical health, behavioral health, long-term services and supports, and pharmacy benefits to Medicaid and NC Health Choice beneficiaries

Standard Plans

- Will serve the majority of Medicaid beneficiaries, including those with mild to moderate behavioral conditions —including mental health and substance use disorders






BH I/DD Tailored Plans

- Will serve populations with more serious behavioral health conditions, I/DD and TBI
- Will offer additional behavioral health and I/DD services, including
 - ***State-funded behavioral health, I/DD and TBI services***
 - 1915(c) Innovations and TBI services
 - Additional high intensity Medicaid behavioral health services

For now, North Carolina's move to Medicaid Managed Care has been suspended. Individuals will continue access Medicaid and State-funded behavioral health, I/DD and TBI services through the LME-MCOs as they do today

Department's Vision for State-funded Services

The Department used the following guiding principles to inform the design and improve the delivery of State-funded Services under BH I/DD Tailored Plans:

-  Promote consistency in access to State-funded Services among the highest need individuals
-  Focus the service array on best or promising practices
-  Maximize impact of limited State and federal funding
-  Extend the principles of TCLI
-  Ensure appropriate oversight of services

*The Department established TCLI following a settlement agreement with the United States Department of Justice in 2012 to ensure that adults living with serious mental illness can choose where they would like to live and have the supports and services that they need to successfully live in the community

Provision of State-funded Services

Eligibility

BH I/DD Tailored Plans will be required to use standardized eligibility criteria as an initial screening of eligibility for State-funded Services

Criteria	For Behavioral Health Services	For I/DD and TBI Services
Income Limit	<ul style="list-style-type: none"> ▪ ≤300% of the federal poverty level (annual income of \$37,470 for an individual in 2020) 	<ul style="list-style-type: none"> ▪ No specific income limits
Insurance Status/Other Financial Resources	<ul style="list-style-type: none"> ▪ Uninsured OR ▪ Insured with third-party insurance (including Medicaid): <ul style="list-style-type: none"> ▪ Does not cover the State-funded service and there is no clinically appropriate alternative available under third-party/Medicaid coverage, or ▪ Covers the State-funded SUD service, but associated cost sharing is unaffordable ▪ <i>As a best practice:</i> Applied for Medicaid coverage 	<ul style="list-style-type: none"> ▪ Uninsured, OR ▪ Third-party coverage, including Medicaid, does not cover required service appropriate alternative AND ▪ Applied for Medicaid coverage

The Department will work with stakeholders on the implementation of eligibility criteria to ensure that they are as streamlined and simplified as possible for consumers and providers

State-funded Services Array

BH I/DD Tailored Plans will be required to offer a standard set of State-funded Services targeted to each disability group

- The Department will work with stakeholders to determine which of the services listed below will be required across all BH I/DD Tailored Plans and which will be optional
- The Department will review and update its service definitions for current services and develop service definitions for new services
- Current recipients will be able to maintain access to their current or equivalent services if they meet medical necessity

State-Funded Services Offered by BH I/DD Tailored Plans		
<i>New services are italicized</i>		
All-Disability	Adult Mental Health	Child Mental Health
<ul style="list-style-type: none"> ▪ Behavioral health urgent care ▪ Diagnostic assessment ▪ Facility based crisis for adults ▪ Facility based crisis for children and adults ▪ Inpatient behavioral health services including three way contract beds ▪ Mobile crisis management ▪ Outpatient service 	<ul style="list-style-type: none"> ▪ Assertive community treatment ▪ Assertive engagement ▪ Community support team ▪ Partial hospitalization ▪ Psychosocial rehabilitation ▪ Mental health recovery services* ▪ Individual placement and support (IPS) ▪ Transition management service ▪ <i>Case management</i> ▪ <i>Peer supports</i> 	<ul style="list-style-type: none"> ▪ Intensive in-home services ▪ High fidelity wraparound ▪ Mental health day treatment ▪ Multi-systemic therapy ▪ Respite

*These services will incorporate current service definitions

State-funded Services Array (Cont'd)

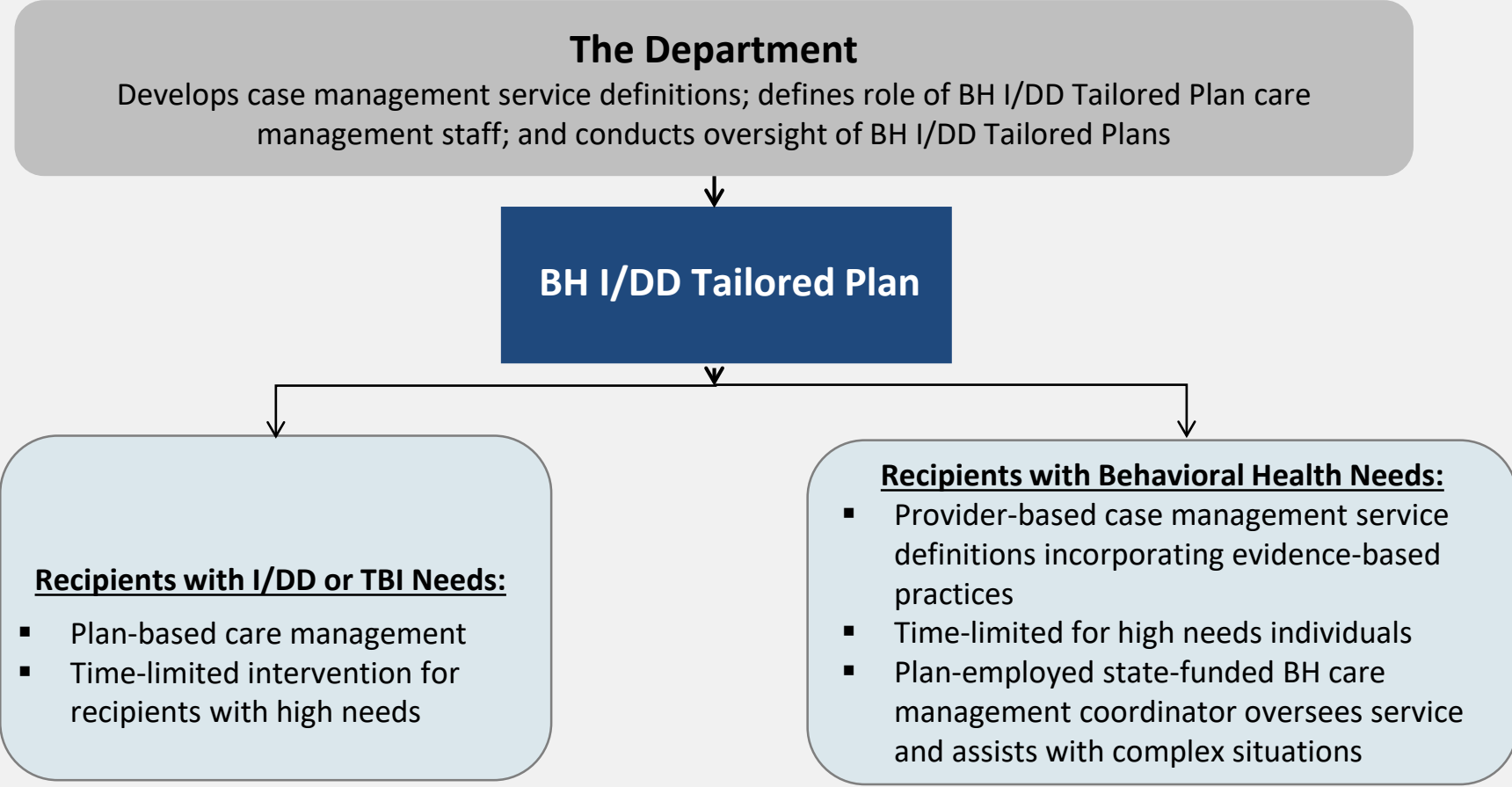
BH I/DD Tailored Plans will be required to offer a standard set of State-funded Services targeted to each disability group

State-Funded Services Offered by BH I/DD Tailored Plans	
<i>New services are italicized</i>	
I/DD and TBI	SUD (American Society of Addiction Medicine (ASAM) levels are in parenthesis)
<ul style="list-style-type: none"> ▪ Meaningful day and prevocational services* ▪ TBI long-term residential rehabilitation services ▪ Residential services* ▪ Respite ▪ Supported employment 	<ul style="list-style-type: none"> ▪ Ambulatory detoxification services (1.0 & 2.0-withdrawal management (WM)) ▪ Assertive engagement ▪ Alcohol or drug abuse treatment center (ADATC) detoxification ▪ Outpatient opioid treatment (OTP) ▪ Non-hospital medical detoxification (3.7-WM) ▪ Substance use residential supports* ▪ Social setting detoxification (3.2-WM) ▪ Substance abuse halfway house (3.1) ▪ Substance abuse comprehensive outpatient treatment (2.5) ▪ Substance abuse intensive outpatient program (2.1) ▪ Substance abuse medically monitored community residential treatment (3.7) ▪ Substance abuse non-medical community residential treatment (3.5) ▪ <i>Case management</i> ▪ <i>Peer supports</i> ▪ <i>Supported employment</i> ▪ Clinically managed population specific high intensity residential services (3.3)

*These services will incorporate current service definitions

Care Management






BH I/DD Tailored Plans will be required to provide care management to certain high-needs populations obtaining State-funded Services



I/DD and TBI Care Management

BH I/DD Tailored Plan employed care managers will provide short-term care management to select uninsured, high needs adult recipients with I/DD and TBI diagnoses

I/DD and TBI Care Manager Responsibilities Include:

-  Conducting care management comprehensive assessments and developing individual support plans (ISPs)
-  Coordinating State-funded Services
-  Connecting recipients to programs and resources that can assist in securing pre-vocational and vocational opportunities
-  Providing in-person assistance for securing Medicaid coverage
-  Providing referral, information, and assistance in obtaining/maintaining available medical services (e.g., Federally Qualified Health Centers and Rural Health Centers), community-based resources and social support services

BH Provider-Based Case Management

The Department is also developing new case management service definitions for uninsured adult and child recipients with significant behavioral health needs

Service definitions to specify:

- Individuals eligible for the service
- Providers qualified to offer the service
- Staffing and training requirements
- Utilization management requirements
- Fidelity monitoring requirements
- Billing requirements

BH I/DD Tailored Plans will employ State-funded behavioral health care management coordinator to oversee the new case management services



Provider Networks

BH I/DD Tailored Plans will be required to develop and deepen provider capacity for priority, evidence –based or best practice services

Requirements Include:



Meeting time, distance and appointment wait time standards for covered services



Submitting a network access plan that details approach for meeting standards



Developing an approach for delivering culturally competent care to target groups, including:

- Blind or visually impaired individuals
- Deaf or hard of hearing individuals
- Veterans and their families
- Pregnant women with SUD

Complaints and Appeals

BH I/DD Tailored Plans will be required to establish a complaints and appeals system to support recipients of State-funded Services

The appeals process will include:

- Plan-level appeals process for utilization review decisions to deny, reduce, suspend or terminate State-funded Services
- Access to Non-Medicaid State Appeals Hearing Process

To support recipients, BH I/DD Tailored Plans will:

- Use strategies to resolve complaints and appeals at the lowest level that meets recipients' needs
- Provide recipients with reasonable assistance throughout the complaint and appeals process, such as providing interpreter services



**Community Integration:
In-Reach, Transition and Diversion**

In-Reach, Transition and Diversion

BH I/DD Tailored Plans will connect individuals who are residing in or at risk of entry into an institutional setting or adult care home (ACH) to community based services and supports to promote community integration

Individuals with I/DD, TBI, SMI, or SED Residing in Institutional Settings or ACHs*

In-Reach

*In-Reach staff will work with the individual to explore options for transitioning to the community and will evaluate whether an uninsured individual is likely Medicaid eligible***



Transition

*Transition staff will work with individuals **who** choose to transition to the community on an effective and timely transition, including identifying and providing linkages to services and supports*

Individuals at Risk of Entry

- **Diversion:** Diversion staff will work to support individuals at risk of requiring care in an institutional setting or adult care home to remain in the community, including by screening them for eligibility and providing linkages to community based services

*BH I/DD Tailored Plans will conduct in-reach and transition activities for individuals in ACHs who have SMI
**ACH residents with SMI who will not likely be eligible for Medicaid after discharge will not receive transition services.

Local Health Functions

Local Health Functions

BH I/DD Tailored Plans will be required to work with Standard Plans and other stakeholders to support the delivery of “local health functions,” which focus on health prevention and promotion for the Medicaid and State-funded populations

Crisis/Involuntary Commitment:

- Continue to implement and update the community crisis plans
- Work to increase access to behavioral health crisis options

Disaster Emergency Response:

- Develop region specific response plans
- Comply with specific network adequacy and prescription requirements to reduce barriers to care
- Provide behavioral health services to members residing in shelters

Collaboratives: Support local collaboratives tailored to address unique populations including crisis and children’s System of Care collaboratives

Natural and Community Supports: Connect recipients to housing, supported employment, free and low-cost prescriptions (*State-funded populations only*), and other social services that promote community inclusion principles and are funded through other sources

Accountability

Accountability

The Department will oversee the BH I/DD Tailored Plan's management of State-funded Services to ensure the health, safety and welfare of recipients and stewardship of state and federal funds

Areas that BH I/DD Tailored Plans will be required to report on include:



Quality measures complementary to Medicaid as well as distinct to State-funded Services



Eligibility data on State-funded Services recipients to ensure stewardship of funds and connection to available coverage



Service utilization and spending data to ensure appropriate allocation of funds and provide progress towards federal and state programmatic goals

What To Do Next

Reminder: Opportunities to Engage

DHHS values input and feedback from stakeholders and will make sure stakeholders have the opportunity to connect through a number of venues and activities.

Ways to Participate

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Regular updates to website:
<https://www.ncdhhs.gov/assistance/medicaid-transformation>



DHHS Will Engage

- Consumers, Families, Caregivers, and Consumer Representatives
- Providers
- Health Plans and LME/MCOs
- Counties
- General Public

Comments? Questions? Let's hear from you!

Comments, questions, and feedback are all very welcome at Medicaid.Transformation@dhhs.nc.gov