1915 b/c Medicaid Waivers Statewide Expansion Update

Joint Legislative Oversight Committee on
Health and Human Services
February 14, 2012

Beth Melcher, Ph.D.
Assistant Secretary for MH/DD/SA Development
Kelly Crosbie, LCSW
Chief, Behavioral Health Section Clinical Policy & Programs
Division of Medical Assistance
DHHS

What is a 1915(b)(c) Medicaid Waiver?

- Combines services for all Medicaid funded MH/DD/SA service recipients into a single capitated funding model
- Eliminates “any willing and qualified provider”, provision, while preserving competition and choice. Waiver site can limit provider network
- Waiver entity assumes risk in managing services within the Medicaid capitation rate
- Combines authorization management of Medicaid/State Funds at the community level

Managed Care Tools

- *Capitation* provides local flexibility and control of resources
- *Payer of claims* ensures that funds are spent in accordance with authorizations
- *Rate setting authority* allows adjustment of rates according to local conditions
- *Closed network* allows for competition and choice while rightsizing the marketplace which ensures the fiscal viability of providers
- *Utilization management* ensures consumers receive the appropriate service in the right amount to meet their needs
- *Care Coordination* directly intervenes to ensure consumers receive the care needed when it is needed in order to prevent higher cost services

Goals of the 1915(b)(c) Medicaid Waiver

- Improved Access to Services
- Improved Quality of Care
- Ensure services are managed and delivered within a quality management framework
- Increased Cost Efficiencies
- Predictable Medicaid Costs
- Empower consumers and families to shape the system through their choices of services and providers
- Empower LMEs to build partnerships with consumers, providers and community stakeholders to create a more responsive system of community care

Benefits of a Publically Managed 1915(b)(c) Medicaid Waiver

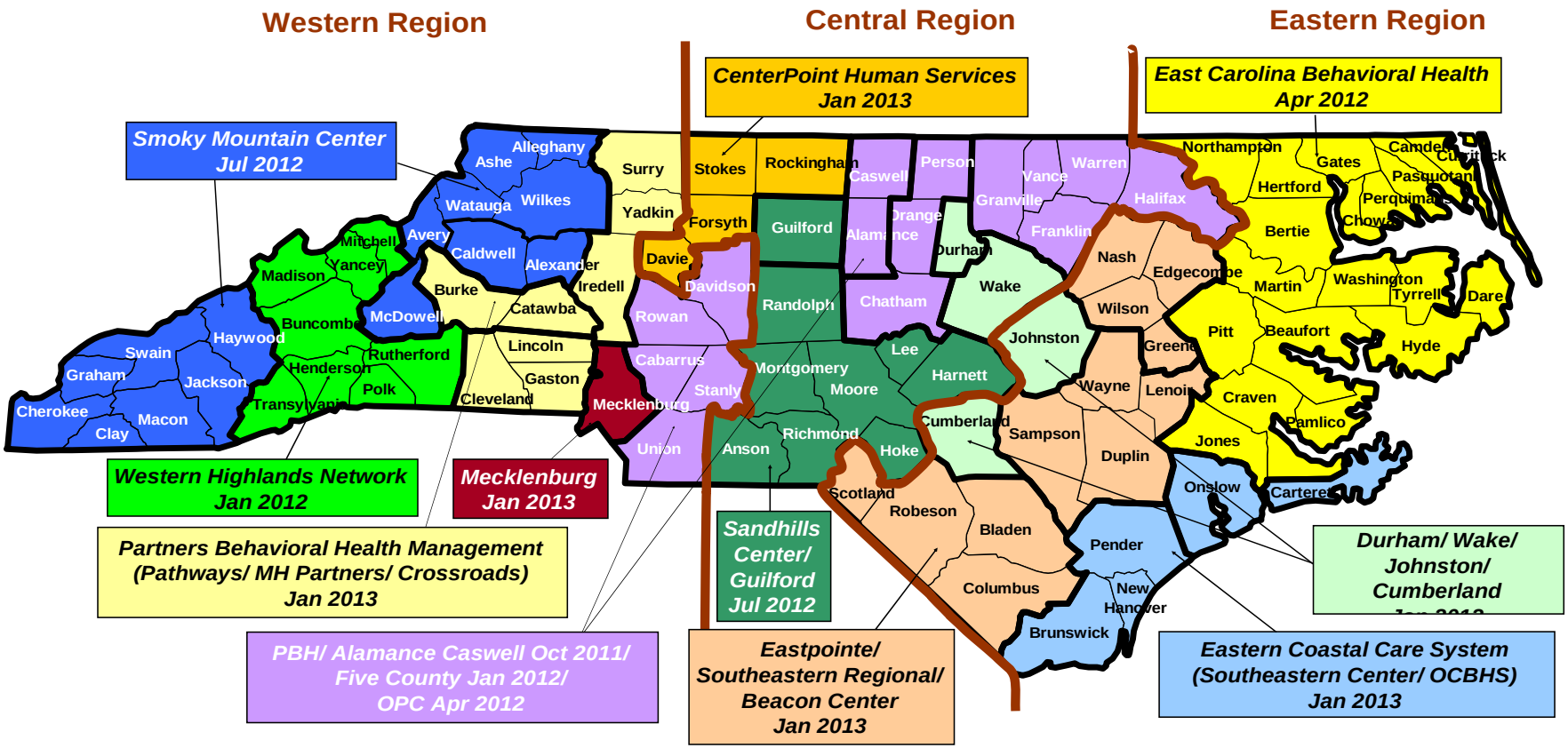
- Predictable Medicaid expenditures for MH/DD/SA services
- Maintains public infrastructure to manage MH/DD/SA services
- High quality standards/consumer outcomes
- Public accountability at state and local level
- Coordination with Primary Care/CCNC
- Savings remain in North Carolina and may be reinvested

Session Law 2011-264

- Expands 1915 (b)(c) Medicaid Waivers statewide for individuals with MH/DD/SA service needs by 7/1/13
- Changes Minimum LME Size
  -- 300,000 by July 2012
  -- 500,000 by July 2013
- Encourages LME Consolidation to attain financial and management efficiencies and statewide consistency.
- Mandates RFA Selection Process for Waiver Participation
- Requires LMEs not approved to manage 1915b/c Waiver by January 1, 2013 to Merge/Align with a Waiver Approved LME-

Note: DHHS May Assign Waiver Management Function

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



Unless otherwise indicated, the LME name is the county name(s).
The lead LME name for the proposed LME-MCO is shown first.
Dates shown are the planned Waiver start dates.
Reflects plans as of February 9, 2012.

LME-MCO CONFIGURATION / POPULATIONS

LME	POPULATION	Merger Date	Start Date as LME-MCO	Pop. With Merger
WESTERN REGION				
PBH	**744,672**			**1,390,537**
ALAMANCE/CASWELL	**173,681**	**October 1, 2011**	**October 1, 2011**	
FIVE COUNTY	**235,707**	**January 1, 2012**	**January 1, 2012**	
OPC	**236,477**	**April 1, 2012**	**April 1, 2012**	
PATHWAYS	**385,583**		**January 1, 2013**	**906,746**
MENTAL HEALTH PARTNERS	**249,041**	**July 1, 2012**		
CROSSROADS	**272,122**	**July 1, 2012**		
EASTERN REGION				
EASTPOINTE	**294,003**		**January 1, 2013**	**802,055**
BEACON CTR	**250,497**	**July 1, 2012**		
SER	**257,555**	**July 1, 2012**		
SOUTHEASTERN CENTER	**361,084**	**July 1, 2012**	**January 1, 2013**	**608,215**
OCBH	**247,131**	**July 1, 2012**		

LME-MCO CONFIGURATION / POPULATIONS CONT'D

CENTRAL REGION				
SANDHILLS CENTER	**555,688**		**July 1, 2012**	**1,039,175**
GUILFORD CO.	**483,487**	**January 1, 2013**		
DURHAM CENTER	**271,696**		**January 1, 2013**	**1,670,677**
CUMBERLAND CO.	**324,289**	**January 1, 2013**		
JOHNSTON CO.	**173,699**	**January 1, 2013**		
WAKE CO.	**900,993**	**July 1, 2012**		

1915 b/c Waiver Expansion Update

- LME-MCO Implementation Oversight
- Ensuring Access & Quality of Services
- LME-MCO & CCNC Partnerships
- LME Mergers

LME-MCO Implementation Oversight

- Implementation Phase
  - Training & technical assistance
  - Monthly Intradepartmental Monitoring Team meetings (IMT)
  - 60 and 120-day Mercer reviews prior to ‘go live’ date
  - Departmental Waiver Advisory Committee (DWAC) oversight

- First Year of Implementation
  - Weekly status reports
  - Monthly IMTs
  - Quarterly on-sight IMT visits
  - Quarterly & annual financial reporting
  - Annual performance reporting
  - Annual external review
  - Annual Consumer survey
  - Annual Provider survey

LME-MCO Implementation Phase

- 11 LME-MCO Intradepartmental Monitoring Teams (IMTs)—DMA & DMHDDSAS staff
- Monthly IMT status meetings
  - Network Enrollment
  - Recipient Outreach
  - IT/Claims Processing
  - Quality Improvement Program
  - CCNC Interaction
  - Merger Activities
  - Reports from Provider Rep and Consumer Rep

LME-MCO Implementation

- Mercer (w/IMT) leads Readiness Reviews at 60 & 120 days before ‘go live’
  - All MCO functions are reviewed
- WHN passed both & began Medicaid operations on 1/3/2012
  - Weekly status reports, monthly IMT meetings
- ECBH (April 1, 2012)
  - Passed 120-day review, 60-day review on 2/9/2012

LME-MCO Implementation Cont'd

- Smoky Mountain Center (July 1, 2012)
  - 120-day review on 3/6/2012
- Sandhills Center (July 1, 2012)
  - 120-day review on 3/8/2012

LME-MCO Implementation Cont'd

Training & Technical Assistance

- January 2012 training for all LME-MCOs
  - DMA contract
  - Federal managed care regulations (42 CFR 438)
  - (c) Waiver regulations
  - Managed Care Due Process rules
  - Managed Care Program Integrity/Fraud & Abuse monitoring

LME-MCO Implementation Cont'd

Technical Assistance

- Daily contact with DMA contract managers
- LME-MCO "Think Tank" group
  - Operational issues
  - IT collaboration
  - Standardization
  - Questions on the DMA contract

LME-MCO Implementation Cont'd

- Departmental Waiver Advisory Committee (DWAC)
  - Membership chosen by stakeholder groups
  - CFAC, consumers, providers, professional societies, county commissioners, LME-MCOs
  - Will receive monthly implementation & performance reports
  - Will give recommendations on the implementation process

Ensuring Access & Quality of Services

- IMT has clinical (MH/SA/IDD) staff
- Each LME-MCO gives monthly report on provider network development
- Gap analysis by each LME-MCO
  - Plan for filling any service gaps
  - Plan for cultural competency
  - Identify barriers to treatment
  - Ensure access & availability standards are met

Ensuring Access & Quality of Services Cont'd

- CMS requirements for access
  - Geographic accessibility
  - Distance/travel time
  - Enrollee orientation
  - Physical accessibility
  - Information on supports to treatment
    - Transportation
    - Interpreter services
    - Community resource list

Ensuring Access & Quality of Services Cont'd

- CMS requirements for availability of services
  - Full array of Medicaid MH/SA/DD services
  - Emergency, urgent, routine care appts
  - Office wait times
  - After hours emergency coverage
  - Return phone calls

Ensuring Access & Quality of Services Cont'd

- Quality Monitoring of Provider Network
  - Original "open enrollment" for active providers in good standing
  - "Closed network" based on quality monitoring & needs of recipients
- Vary reimbursement methods (increased rates, sub-capitation, shared risk)
  - Based on provider outcomes
  - To incentivize use of effective treatment practices
- Provider Council
- Active CFAC

LME-MCO & CCNC Partnerships

- Enrolling recipients in CCNC networks
- Joint Care Management
  - “Special Healthcare Populations”
  - 4 Quadrant Model
    - LME-MCO or CCNC lead is based on level of physical & behavioral health needs
    - Link to physical health care assessment & treatment

LME-MCO & CCNC Partnerships Cont'd

- Minimum of monthly meetings between the LME-MCO and CCNC network is required
- Data sharing into CCNC "Informatics Center"
- Joint development of integrated care practices
- LME-MCO Medical Directors to collaborate with CCNC Network Psychiatrists on initiatives
- DMA has comparable performance measures in the LME-MCO and CCNC contracts

Questions?