

**Dr. Beth Melcher, Assistant Secretary for MH/DD/SAS Development  
Department Health and Human Services**

**Presentation before Legislative Oversight Committee  
for Health and Human Services  
November 8, 2011**

**Update on the Initial Strategic  
Implementation Plan for the 1915(b)(c) Waiver**

- On October 31<sup>st</sup> completed the process of reviewing applications from LMEs to become MCOs. The process included a desk review and an on-site review. Review included DHHS staff, trained family and consumers, and Mercer Consulting Group, an independent consultant with expertise in managed care. The result of this process was the selection of 11 LME-MCOs.
- The primary process for monitoring implementation of the waiver is through the Intra-departmental Monitoring Teams (IMTs). These teams are comprised of LME-MCO staff and Department staff and also include local CFAC and provider network representation. IMTs meet monthly to review progress on implementation plans, including PBH expansion. IMTs have been initiated for all of the LME-MCOs.
- DMH/DD/SAS is in the process of receiving feedback from stakeholder groups on the establishment of the oversight group that will review progress of implementation and operation of the 1915(b)(c) waivers. This group will include a wide range of stakeholder groups and offer the opportunity for regular public comment.
- In the coming months the Committees will look at initial system outcome measures, communication strategies, and the 1915(i) option will be initiated and will include stakeholder involvement.

**Follow-up to Questions from October Meeting**

*What business activities can the LME-MCOs contract out?*

- Information systems
- Customer Services/Call Center
- Claims Processing
- Provider enrollment, credentialing and monitoring
- Professional services (consulting)
- Treatment Plan Development
- Referral/linkage to Services

*What is being done to assure collaboration and coordination between CCNC and the LME-MCOs?*

Clear protocols for care coordination and collaboration have been established. These protocols, called the “Four Quadrant Integration of Care Model” have been distributed and training has been provided. A tool kit for providers also has been developed. The requirement for collaboration between LME-MCOs and CCNC and the use of the protocols has been included in the contract for both CCNC and the LME-MCOs.