



## Partnering for Success:

### **The 1915 (b)/(c) Medicaid Waiver Initial DHHS Strategic Implementation Plan**

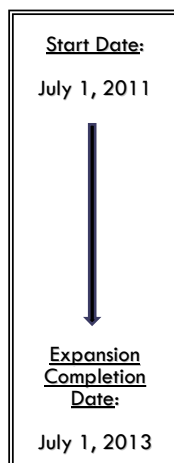
July 1, 2011 – June 30, 2013

Session Law 2011-264, Section 1.(k)  
**“Responsible Change to Achieve Easy Access, Better  
Quality and Personal Outcomes”**

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Joint Legislative Oversight Committee on Health and Human Services  
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## Introduction:



- S.L. 2011 – 264, House Bill 916: “By October 1, 2011, the Department, in coordination with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the Division of Medical Assistance, LMEs, PBH, and with stakeholder input, shall submit to the appropriate Oversight Committee of the General Assembly a strategic plan delineating specific strategies and agency responsibilities for the achievement of the objectives and deadlines set forth in this Act” to achieve statewide expansion of the 1915 (b)/(c) Medicaid Waiver.

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## Introduction – Continued:

- ❑ The report is considered an initial plan that will evolve and be modified over time, experience, and with LME and stakeholder involvement.
- ❑ The Department through DMH/DD/SAS and DMA will monitor, evaluate and report the progress quarterly per legislative requirements.

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## Introduction – Continued:

### GOALS:

1. Improve access to MH/DD/SAS Services.
2. Improve quality of MH/DD/SAS Services.
3. Improve outcomes for people receiving MH/DD/SAS Services.
4. Improve access to primary care for people with mental illness, developmental disabilities and substance abuse.
5. Improve cost benefit of services.
6. Effectively manage all public resources assigned to the MCOs.

### The Strategic Implementation Plan:

- ❑ Is organized around a framework encompassing the vision for the Waiver initiative and goals.
- ❑ Is based on an assessment of strengths and the challenges that lie ahead.
- ❑ Will provide a vehicle for active communication with all stakeholders across the State and for coordinating detailed implementation tasks among the Department, DMA, DMH/DD/SAS, LMEs, providers and consumers, and family members.

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## Stakeholder Involvement and Plan Development

All stakeholders should have a clear and common perception of the priorities and confidence that they are sound. Stakeholders were an integral part of the development of the strategic plan.

The process of developing the plan involved several phases, including:

- ❑ **DMH/DD/SAS and DMA developed an initial draft.**
- ❑ **The initial plan was posted on the web and distributed via a Communications Bulletin inviting all stakeholders to provide their ideas, suggestions, questions, and feedback.**

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## Stakeholder Involvement and Plan Development, Continued:

- ❑ The DMH/DD/SAS External Advisory Team including representatives from multiple stakeholder groups provided review and feedback.
- ❑ Representatives from the Council of Community Programs, representing the LME-MCOs (Managed Care Organizations), provided review and feedback.

**Based on the information received, the plan significantly evolved to include stakeholder feedback and recommendations.**

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## Strategic Objectives and Action Steps

- ❑ The strategic plan is organized into six objectives. The objectives define the work that the Department, in partnership with the LME-(MCOs) and stakeholders, is committed to undertake between July 1, 2011 – June 30, 2013.
- ❑ Two or more action steps are identified as important for accomplishing each objective.
- ❑ Each action step has two or more activities to clarify the deliverables that must be accomplished and by when.

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## Strategic Objectives and Action Steps, Continued:

Objective 1: Oversee MH/DD/SA  
service system change

- ✓ **Action Step 1** – Publish strategic plan and status reports as required by SL 2011 (HB 916).
- ✓ **Action Step 2** – Structure DHS internally to provide statewide oversight of a locally managed system of MH, DD, and SA services through 1915 (b)/(c) Medicaid Waiver.
- ✓ **Action Step 3** – Finalize selection of LMEs which will become Medicaid managed care vendors under the 1915 (b)/(c) Waiver and assign uncommitted counties to existing LMEs.

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## Strategic Objectives and Action Steps, Continued:

Objective 1: Oversee MH/DD/SA service system change

- ✓ **Action Step 4** - Oversee implementation process of LME-MCOs Medicaid managed care duties and on-going state-funded duties.
- ✓ **Action Step 5** – Monitor the performance of the LME-MCOs in order to achieve specified consumer outcomes, system performance and cost benefits.

## Strategic Objectives and Action Steps, Continued:

Objective 2: Partner with LME-MCOs to Ensure Successful Implementation

- ✓ **Action Step 1** – Establish the protocols and expectations for Intra-departmental Monitoring Teams (IMT).
- ✓ **Action Step 2** – Monitor the progress of each LME's implementation and readiness to become a LME-MCO.

## Strategic Objectives and Action Steps, Continued:

Objective 3: Ensure access and quality of the service system for individuals with mental illness, developmental disabilities or substance abuse.

- ✓ **Action Step 1** – Ensure access and quality of the service system for consumers of mental health services and their families.
- ✓ **Action Step 2** – Ensure access and quality of service system for consumers of substance abuse services and their families.
- ✓ **Action Step 3** – Monitor MCOs to determine appropriate and timely access to community crisis services.

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## Strategic Objectives and Action Steps, Continued:

Objective 3: Ensure access and quality of the service system for individuals with mental illness, developmental disabilities or substance abuse.

- ✓ **Action Step 4** – Monitor to assure increased access to habilitation services under the Innovation Waiver.
- ✓ **Action Step 5** – DMH/DD/SAS and DMA to oversee process of transitioning from the CAP-MR/DD Tiered Waiver to the Innovations Waiver.
- ✓ **Action Step 6** – DMH/DD/SAS and DMA to oversee outcomes, trends, and analysis of the Innovations Waiver.
- ✓ **Action Step 7** – Manage the 1915 (c) Innovations Waiver to achieve specified service outcomes, consumer outcomes, system performance, and cost benefits.

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## Strategic Objectives and Action Steps, Continued:

Objective 4: Strengthen the partnership with stakeholders in advising the State on implementation of the plan.

- ✓ **Action Step 1** – Establish the roles and responsibilities for other stakeholders in the system.
- ✓ **Action Step 2** – Seek input regarding the understanding and satisfaction of consumers and families, advocates and providers with the implementation of LMEs becoming LME-MCOs.
- ✓ **Action Step 3** – Establish and maintain systems for consistent communication.

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## Strategic Objectives and Action Steps, Continued:

Objective 5: Increase knowledge and skills throughout the system.

- ✓ **Action Step 1** – Establish and maintain systems for consistent communication.
- ✓ **Action Step 2** – Ensure on-going learning and application of skills and knowledge.

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## Strategic Objectives and Action Steps, Continued:

Objective 6: Work with MCO's and CCNC to promote and implement a system of integrated care between mental health, intellectual/developmental disability and substance abuse service providers and primary care providers.

- ✓ **Action Step 1** – Provide outreach, support and services to individuals and families identified as being at risk of compromised health and safety to eliminate or reduce those risks.

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## Strategic Objectives and Action Steps, Continued:

Objective 6: Work with MCO's and CCNC to promote and implement a system of integrated care between mental health, intellectual/developmental disability and substance abuse service providers and primary care providers.

- ✓ **Action Step 2** – Develop strategies and materials to educate/inform LME/MCOs, providers, consumers and family members, and other stakeholders of the four quadrant integration of care model in North Carolina.

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## Strategic Objectives and Action Steps, Continued:

Objective 6: Work with MCO's and CCNC to promote and implement a system of integrated care between mental health, intellectual/developmental disability and substance abuse service providers and primary care providers.

- ✓ **Action Step 3** – Implement MCO and CCNC networks performance measures related to integrated care and collaboration, and receive quarterly reports at the IMT.
- ✓ **Action Step 4** – Enhance existing provider information system – CCNC's Provider Portal.

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## Evaluation Process

**An important component of the Strategic Plan is the development and implementation of evaluation processes.**

**Priorities for the evaluation process include:**

- Determining that there is appropriate access to services both for those Medicaid-eligible, and for those who are indigent;
- Evaluating the quality of services that are provided to those who are served;
- Auditing the utilization of fiscal resources for compliance and contractual requirements; and
- Requiring corrective action when improvements in meeting performance expectations are needed.

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## Evaluation Process, Continued:

**Additional mechanisms to evaluate the Waiver implementation process and ensure the quality of the service system, include, but are not limited to:**

- ✓ External Quality Review (EQR)
- ✓ Intra-departmental Monitoring Teams (IMTs)
- ✓ Annual On-site Reviews
- ✓ Performance Measures
- ✓ Executive Management Team (EMT)
- ✓ Quality of Care Committee
- ✓ Global Continuous Quality Improvement
- ✓ DMH/DD/SAS Quality Improvement Steering Committee

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## Next Steps

**The initial strategic plan will continue to evolve and be modified over time, experience, and continued stakeholder involvement until the implementation process is completed.**



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