

Update on 1915 b/c Waiver Expansion

Joint Legislative Oversight Committee on
Health and Human Services
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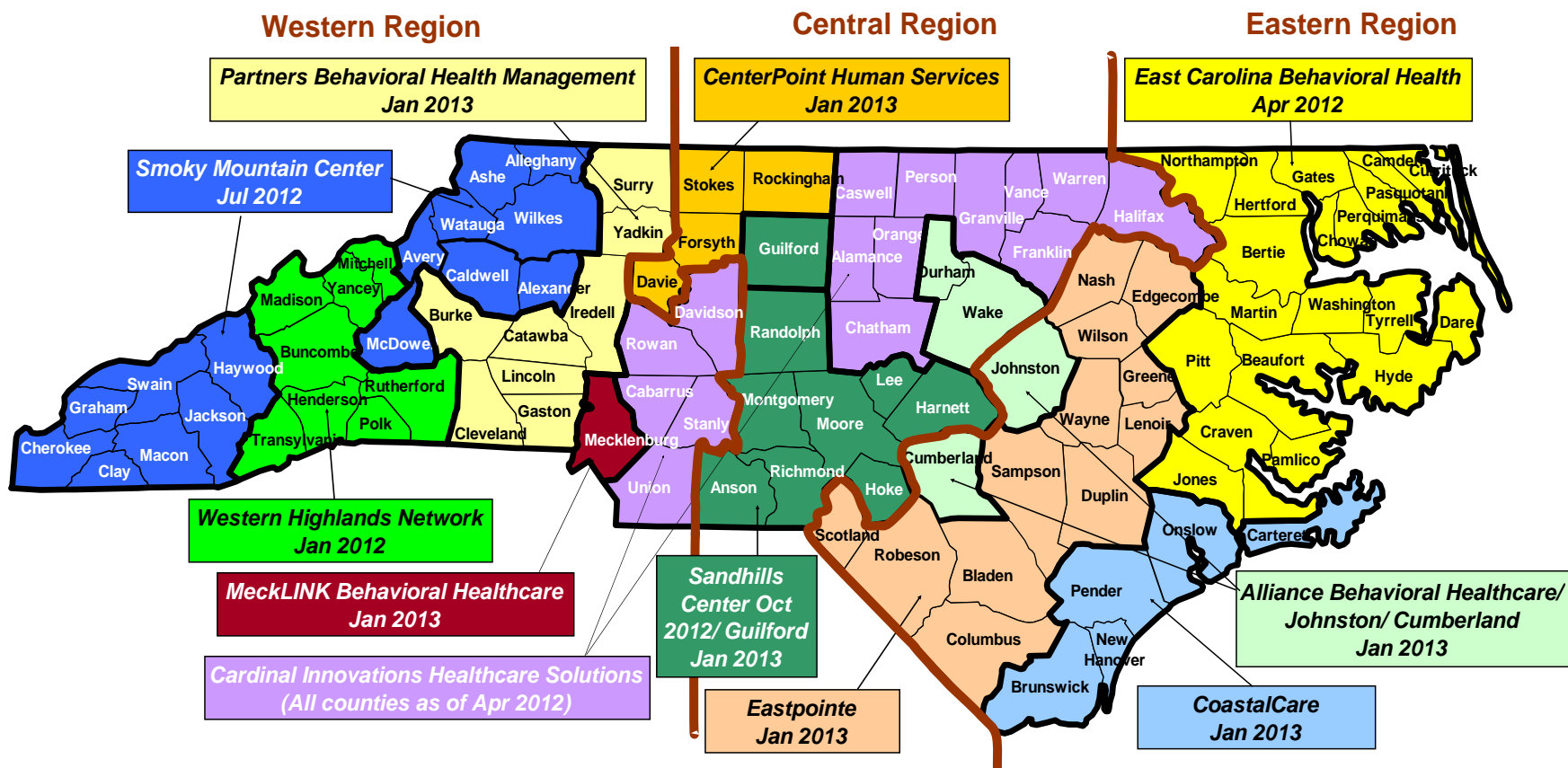
Status of LME-MCO Transitions

- 56 counties now under the b/c waiver
 - PBH
 - Western Highlands Network
 - ECBH
 - Smoky Mountain Center

Status of LME-MCO Transitions

- **Sandhills Center**
 - 60-day readiness review NOW
- **Other LMEs projected to go live on January 1, 2013**
 - 120-day readiness reviews happening NOW
- **Potential Delays**
- **SL 2011-264 (HB 916) allows until July 1, 2013**

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



For proposed LME-MCOs that have not yet merged, the lead LME name is shown first.
Dates shown after Jul 2012 are the planned Waiver start dates.
Reflects plans and accomplishments as of August 8, 2012.

Budget Impact

- **Based on current roll-out schedule**
 - SFY2013 = \$50,853,192 savings (state dollars)
- **Impact of each 30 day delay**
 - \$750,000/month avg. cost per MCO (state dollars)

THEMES From Readiness Reviews

- Strong clinical management at MCOs
- Commitment to collaboration & standardization
- Extra attention to IDD forums to assist with transition from CAP to Innovations waivers
- Local provider engagement—exploration of pilots & alternative funding models
- Using lessons learned from WHN (Western Highlands Network) for improving upon claims processing and financial reporting

Western Highlands Network (WHN) Update

- **Submitted a final Plan of Correction (POC) to DHHS on 9/4/2012**
 - Hired an approved managed care consultant
 - Developed new financial and clinical management reports
 - Updating claims processing systems
- **Weekly calls with DHHS & Mercer**
- **Mercer & DHHS will perform another on-site audit on October 4, 2012**

Updates to LME-MCO Monitoring

- **Readiness Reviews**
 - Using “Lessons Learned” from WHN to inform review process
 - Earlier ‘pre-implementation’ benchmarks for completion of financial & IT functions
- **New monthly financial reporting package**
 - utilized by all MCOs
 - consistent information on a timely basis for financial oversight of MCO operations

Updates to LME-MCO Monitoring cont'd

- **MCOs began submitting encounter data on 8/2/2012**
 - Populate DRIVE/MMIS & Informatics
- **DMA & DMHDDSAS have developed standardized quarterly dashboards for all MCOs**
 - Service utilization
 - Appeals/Grievances
 - ED/INPT use
- **Mercer consumer stakeholder groups (May 2012)**
 - New annual performance measures based on 'what recipients are looking for' under b/c waiver

Innovations Plus ***(Innovations (c) waiver)***

SESSION LAW 2011-264, HB 916

- Design the Innovations Waiver in such a way as to serve the maximum number of individuals with intellectual and developmental disabilities within aggregate funding
- ...the Department shall..... deploy a system for the allocation of resources based on the reliable assessment of intensity of need

Innovations Plus *cont'd*

Innovations Plus: Standardized assessment + Resource allocation model

Innovations Plus system changes will:

- create a fairer system for all,
 - help people use the money they have more effectively,
 - help assure that people get the right amount of supports for their needs
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- Builds on the PBH “Supports Needs Matrix”

Innovations Plus—Phase #1

September 2012

- **All Innovations recipients are taking part in a standardized assessment called the Supports Intensity Scale (SIS)**
 - Reliable & valid instrument
 - Currently being used in 17 other states
 - Quantifiable: yields solid information about support needs
 - Results from the SIS are used for person-centered planning
- **Currently holding SIS forums in community (DDTI & MCOs)**

Innovations Plus—Phase #2

- SIS results from a representative sample (5200+) will be used to develop a resource allocation (funding) model for NC
- Each person will then be given an Individualized Budget Amount that is based on their level of need*
- **GOALS**
 - Individual plan development based on assessment of NEED
 - More predictable Medicaid costs

****Due process/appeal rights will apply***