

Implementation of the USDOJ Agreement

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Beth Melcher, Ph.D.
Deputy Secretary
Department of Health and Human Services

Major Components of the Settlement

- In-reach
- Discharge/Transition Planning
- Housing
- Community Services
- Pre-Admission Screening and Diversion
- Quality Assurance

Approach to Implementation

- Discussions with USDOJ on what each component should involve
- Build on existing infrastructure and experience
- Emphasis on and value of individual choice
- Maximize Medicaid participation
- Agreement signed 8/23/12
- Compiling initial plan for stakeholder feedback

In-reach

- Provide education efforts to individuals residing in Adult Care Homes (ACH) and state psychiatric facilities. Initially target individuals in facilities determined to be IMDs. In-reach is ongoing and occurs at least quarterly.
- The State may temporarily suspend in-reach efforts during any time period when the interest list for Housing Slots exceeds twice the number of Housing Slots required to be filled in the current and subsequent fiscal year. For current year that cap is 500 individuals.
- LME-MCOs responsible for conducting/ coordinating in-reach.
- Participation of certified peer specialists is expected.
- DHHS will provide training. Build on experience and approach of Money Follows the Person initiative.

Transition/Discharge Planning

- Individuals who express interest in transitioning to alternative community settings will be assigned to an LME-MCO Transition Team.
- Transition/discharge planning completed within 90 days of assignment to transition team.
- Transition team includes:
 - Individual requesting transition
 - Community service providers
 - Clinicians
 - Peer specialists
 - Other supporters
- Planning is person-centered and strengths based
- Identify housing needs, array of support services, household assistance
- DHHS provides training, based on Money Follows the Person experience, for Transition Coordinators not later than November 23, 2012

Housing

- Partner with NC Housing Finance Agency to build on experience of the Targeted/Key program
- Create Tenant Based Rental Assistance (TBRA) program
- Landlord Outreach activities
- Offer Transition Year Stability Resources (TYSR)
- 100-300 housing slots by July 2013

Community Based Services

- Assertive Community Treatment Team (ACTT)
 - By July 2013 all ACT teams will meet fidelity standards for this evidence based practice
 - Modify existing service definition to support fidelity standards and submit to CMS for approval
 - Provide training and assure fidelity monitoring
 - At least 33 teams operating serving 3,225 individuals building capacity to 50 teams serving 5,000 individuals by 2019

Community Based Services

- Supported Employment
 - Offered to fidelity to an evidence-based model
 - Develop and submit service definition for CMS approval
 - Provide training and assure fidelity monitoring
- Offer services to 100 individuals by July 2013
 - Build capacity to serve 2,500 individuals by July 2019

Pre-admission Screening and Diversion

- Individuals being considered for admission to ACH will have the Medicaid Uniform Screening Tool (MUST) completed
- If there is evidence of Severe Mental Illness further clinical review will be made, including face-to-face assessment
- If the individual is determined eligible for mental health services they will be linked to services and supports

Quality Assurance

- Data collection for on-going monitoring and evaluation
- Monitor length of stay, readmissions, community tenure
- Data system to inform discharge planning
- Monitor and evaluate personal outcomes, e.g. repeat admission to emergency care, number of individuals employed
- Publish annual report

Budget

- Available funding for SFY 12-13 = \$10.3 million
- Funding support involves multiple DHHS Divisions, the LME-MCOs and outside partners (e.g. NCHFA)
- Maximize Medicaid participation and build on strengths/structure of current system
- Basic budget categories reflect components of the agreement, i.e. In-reach, Transition Planning, Diversion, Housing, Services, Quality Assurance
- Increased capitation payments to MCOs for In-Reach/Transition Coordination and the use of B-3 services such as Supported Employment