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IMPROVING BEHAVIORAL HEALTHCARE IN NORTH CAROLINA

HHS LOC MENTAL HEALTH SUBCOMMITTEE

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Partners Behavioral Health Management Is

- A Nationally Accredited Managed Behavioral Health Organization (LME/MCO) operating pursuant to the Medicaid 1915 B/C Waiver.
- One of ten LME/MCOs in North Carolina.
- Serving the citizens in the 8 counties of Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry and Yadkin.

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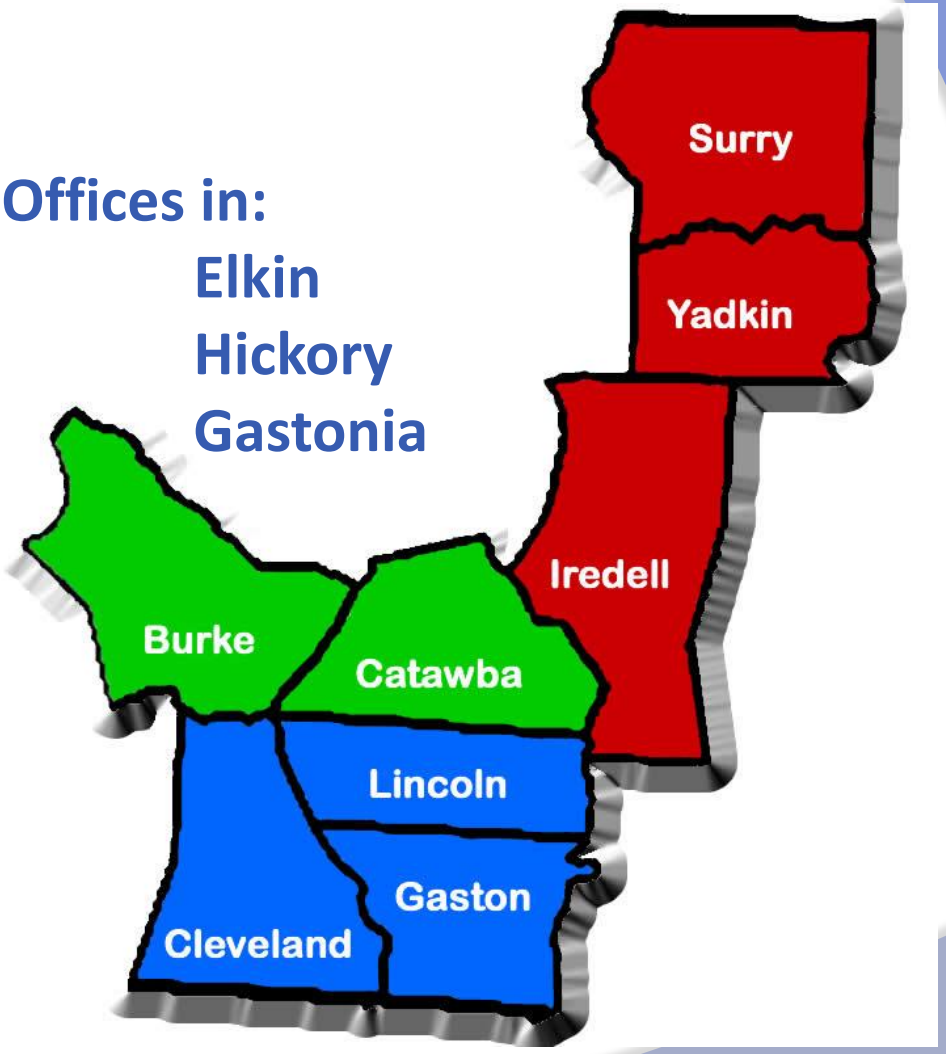
About Partners Behavioral Health Management

ACCESS to Care
1-888-235-HOPE (4673)
24/7/365 Customer Service Call Center

Offices in:
Elkin
Hickory
Gastonia



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A Brief History of North Carolina's Community Mental Health System

- Established in 1963 from the Community Mental Health Act under the Kennedy Administration-Federal funds appropriated.
- 41 Community Mental Health Programs were formed to provide community-based mental health services in all 100 counties-State and local funds appropriated.
- Community based care established to provide services close to home to avoid State Hospital services.
- First "Mental Health Reform" legislation enacted in 2001 – transferred authority to Local Management Entities (LMEs) and privatization of MH/DD/SA services to nonprofit and for profit provider groups.

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Recent History of North Carolina's Community Mental Health System

- LMEs managed state and local funds and organized a network of providers to delivery the care over a multi-year implementation of the revised state policy that followed the 2001 legislation.
- In 2005, North Carolina followed Federal initiatives and launched a pilot project similar to many states to Manage Medicaid behavioral health services (Medicaid 1915 B/C Waiver). Positive results followed.
- Three Session Laws were later enacted (S.L. 2008-107; S.L. 2010-31; and S.L. 2011-264) expanding the 1915 B/C Waiver statewide.

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In Summary - Dramatic Changes Since 2001

- Not my mother's mental health center any longer.
- Few common locations for centralized services in counties.
- Many new providers emerged.
- Behavioral Healthcare moves into mainstream healthcare (Supply-Demand-Commerce-Profit Drivers).
- LME/MCOs are not mental health centers any longer.

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National Demands for Behavioral Health Reform Provided the Rationale for Change

- Escalating Costs
- Calls for Accountability
- Waste and Abuse
- Health Affects on Larger Population
- Questions about Effectiveness-Quality
- Informed Consumers

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The Triple Aim of Behavioral Healthcare Reform

The simultaneous pursuit of three aims:

- Improving the experience of care,
- Improving the health of populations, and
- Reducing per capita costs of health care.

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Better Care Must Be the End Goal

- For Consumers
- For Providers
- For Managed Care Organizations
- For Taxpayers (County, State and Federal)
- Accrediting Organizations
  - The solution is a system redesign and better management of the care.

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National Trends

Thirty States Have Implemented Some Form of Managed Care to Improve Behavioral Healthcare between 2011 and 2013. North Carolina expands the Medicaid Waiver to all 100 Counties for Behavioral Healthcare.

Medicaid Managed Health Plans

- There are only three states without some Medicaid managed care --New Hampshire, Alaska and Wyoming.
- Behavioral Health Carve Out Model with Health Homes are being tested in several states (MO, RI, AZ, IA, OH, KS).
- Many states are moving ‘disabled’ populations (including populations with SMI) from fee-for-service financing model to a managed care financing model.

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National Trends for Behavioral Healthcare

- Emphasis on the **Value** of behavioral healthcare- achieving a high-value behavioral healthcare system is the overarching goal.
- Achieving the best outcomes for the lowest cost.
- Care must be accountable – payments for services designed to increase this accountability.
- Care must be coordinated with other health care services to achieve better outcomes.
- Focus on high-needs complex patients where impactability can be greater to improve care and reduce costs

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National Trends for Behavioral Healthcare

- Moving away from paying for volume (fee-for-service) and towards paying for outcomes. (e.g. North Carolina MCOs are paid in Medicaid funds in a per member/per month model-capitated) and accept full risk of care.
- Delivery of behavioral healthcare moving to a collaborative and integrated approach with physical healthcare.

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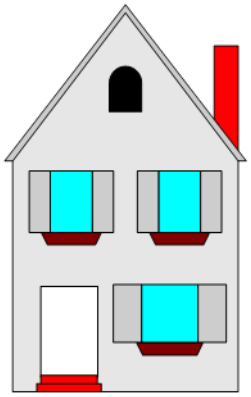
Global Managed Care Policies and Strategies to Improve Behavioral Healthcare



Person Centered Medical Homes

- Access
  - ✓ Services earlier on
  - ✓ No show management
  - ✓ Same day access
  - ✓ Reduced time from first call to treatment
- Outcomes
  - ✓ Same day access
  - ✓ Engagement strategies
  - ✓ New models of care (integration, coordinated care, ACOs, Specialty care, health homes)
- Costs
  - ✓ Value based purchasing (pay for performance, episodes of care)
  - ✓ Rates
  - ✓ Collaborative documentation
  - ✓ Maximizing capacity

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Why Medicaid?

- Medicaid is the largest payer for behavioral health services (includes substance abuse/dependence).
- **11%** of Medicaid eligibles receive behavioral healthcare.
- Behavioral healthcare accounts for **30%** of Medicaid expenditures.

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Purpose of Medicaid Managed Care Waivers

- Certain types of Medicaid Managed Care waivers are designed to manage the *growth* of Medicaid funding while, at the same time, maintaining high quality behavioral healthcare benefit plans.
- The objective is not to limit services for individuals, but to manage a system so that a person is guided to the *appropriate* level of care.
- A Medicaid Waiver is a mechanism giving the authority and resources to Manage a System of Care (all resources).

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North Carolina Includes Comprehensive Behavioral Health Care for Adults and Children

- Mental Health-Mental Illness
- Intellectual and Developmental Disabilities
- Substance Use and Addiction Disorders
- Medicaid and Behavioral Health are Interdependent

Did You Know?

Medicaid is the largest funder of mental health services nationwide. In North Carolina, about 72% of mental health, intellectual/developmental disability, and substance abuse services are funded with Medicaid dollars.

("The Future of Mental Health Services in North Carolina"--NC Center for Public Policy Research, April 17, 2010)

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Medicaid Waivers/Prepaid Inpatient Health Plans Provide Reform Opportunities

- Nationwide demonstration of Medicaid Waivers has resulted in the following
  - Increased access to services,
  - Improved quality,
  - Lower costs, and
  - Provision of support to other community-based services not traditionally available.

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Goals of the Medicaid Waiver

- Improved access to services, quality of care and cost benefit
- To manage cost and control the rate of Medicaid growth
- To have management of State/Medicaid Services occur at a local community level
  - Increasing control, empowering consumers and families, increasing accountability, and participating in system management
- Support the purchase and delivery of best practice services
- Predictable Medical Costs

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Behavioral Healthcare Organization In North Carolina

- Public Organizations now “manage” the delivery of services for individuals with mental illness, intellectual and developmental disabilities and substance use disorders.
- These public organizations are governed by local boards with membership qualifications established by Statute.
- A network of providers (non-profit and private organizations) deliver the care to our citizens through contracts. Partners BHM assures quality and integrity of care for the public.

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National Trends

Building Robust Behavioral Health Crisis Services across North Carolina

Behavioral Health Crisis Services

- Many areas in NC have robust crisis services. Involuntary hospitalization can be avoided in more than a quarter of cases if alternative services or resources had been available-UVA School of Law, Psychiatry and Public Policy.
- North Carolina and Virginia have both launched a crisis initiative-North Carolina began this initiative in 2004 and renewed it in 2013.

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What Does a Strong Crisis Continuum Include?

- Begins with crisis planning for consumers.
- Prevention is a primary focus.
- Increasing access to care – without delays-is critical to intervene early on.
- Creating a network of crisis services close to home.

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Behavioral Health Crisis Services

- Key services help prevent, mitigate and manage behavioral health crisis needs.
  - **Mobile Crisis Teams** – About 40 teams across NC
  - **Facility-based Crisis facilities** – residential alternatives to hospitalization – 22 facilities in NC.
  - **Walk-In Urgent Care Centers** – outpatient providers – no appointment necessary.
  - **Same Day Access** to care centers for more routine needs.
  - **Crisis Respite beds for children**.
  - **Crisis Intervention Team** (CIT) trained Officers

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July – December 2013 Walk-In Urgent Care Data

Intensity of Need	Number of Events	Primary Service Provided		Number of Events
Emergent	240	Crisis service		581
Urgent	80	Discharge follow-up (med check and bridge to community service)		1,409
Routine	8,914	Medication check only		392
		Other		6,851
Total	9,233	Total		9,233
Primary Referral Source	Number of Events	Primary Disposition of Case[2]		Number of Events
Self	8,440	Connection to natural support (e.g. AA)		0
LME (STR, Crisis Line, Emerg. Resp. Unit)	6	Connection to MH/DD/SAS provider		8,866
Mobile Crisis Team	152	Connection to primary care provider		0
First responder / clinical home provider	0	Facility Based Crisis		0
Other outpatient or residential provider	0	Detox facility		0
Hospital emergency department	431	Community hospital psychiatric service		0
Community hospital psychiatric service	0	State psychiatric hospital		0
State psychiatric hospital	0	State ADATC		0
State ADATC	0	Other		367
Law enforcement	0	Total		9,233
Justice system	49			
Primary care provider	0			
Other / Unknown	155			
Total	9,233			

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Partners BHM Local Functions

- 24/7 **Access to Care** for rapid engagement
- Financial at-risk management of a capitated Medicaid Health Plan –controlling Medicaid growth.
- Provider development and management – assuring gaps in needed care are addressed
- Utilization management – assuring the right care is administered at the right time.

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Partners BHM Local Functions

- Payment of claims reported by providers
- Care Coordination of high risk/complex patients
- Administer a benefit plan that contains the best practices for the best outcomes.
- Compliance and monitoring to reduce waste and fraud.

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Waiver Management Tools Used by Partners BHM

- Initial and Continued Stay Authorizations
- Provider Network Development, Enrollment, Credentialing and Monitoring
- Care Coordination for certain recipients
- Provider
- Quality Improvement Activities
- Payment of Medicaid Claims
- Partnership with CCNC Networks to care coordinate and improve outcomes
- Fraud, Waste and Abuse
- Managing for Outcomes

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Medicaid Managed Care – MCO Responsibilities

- Controlling the selection of the professionals and provider organizations in a particular delivery system
- Setting service payment rates and methodologies
- Setting clinical best practice policies
- Establishing the framework for the measurement of clinical quality and performance

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Medicaid Savings Become Expanded Community Services

- A unique feature of North Carolina's public Managed Care system is the ability to use savings to add new services.
- All North Carolina MCOs are rolling over Medicaid savings into new services that had been previously unavailable.
- These new services will be provided by network providers and boost the services available to citizens.

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