



N.C. Department of Health  
and Human Services



# Private and Public Roles, Resources and Responsibilities

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ABUSE AND DEVELOPMENTAL DISABILITY SERVICES

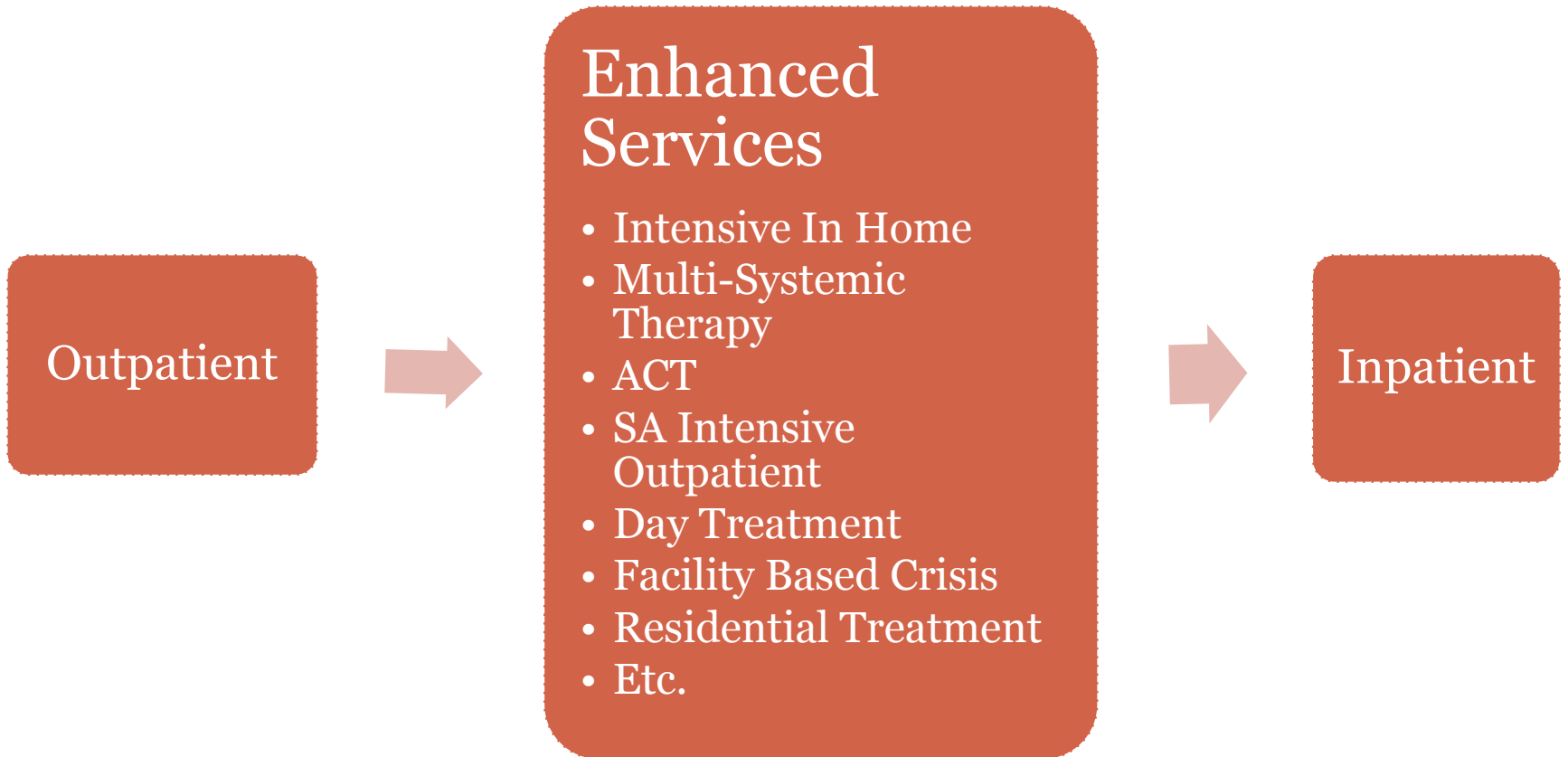
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# Changing Times



- No longer two separate systems of care
  - People move between public and private benefit plans
    - ✦ Health Choice => Medicaid
    - ✦ Medicaid => Uninsured => Medicaid
    - ✦ Employer insurance => Uninsured => Medicaid
- Private benefit plans have limits
  - Basic 30 outpatient visits + 30 inpatient days
  - No coverage, if longer services are needed
  - Gaps in coverage, if different services are needed

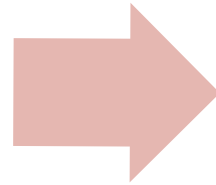
# Public Behavioral Health Continuum



# Private Behavioral Health Continuum



Outpatient



Inpatient

# Public vs. Private Coverage



- **Public funds pay for most behavioral health services**
  - 70% of inpatient behavioral health services
  - Most substance abuse treatment
  - Primary health care and mental health care for persons with chronic behavioral health conditions
  - Primary health care and long-term supports for persons with intellectual/developmental disabilities
- **Public benefit plans are often more robust for persons with chronic behavioral health conditions**
  - Enhanced community services
  - Residential supports and services
  - Supported employment services
  - Supports for independent living

# Goals



- Ensure access to services for individuals whose insurance carriers change
- Maintain seamless continuation of needed services for individuals with complex behavioral health needs during transitions between funders
- Encourage prevention and early intervention rather than waiting until chronic conditions necessitate expensive treatment
- Ensure high quality, medically necessary care across funders
- Incentivize effective care