

**STATUS REPORT TO THE JOINT LEGISLATIVE OVERSIGHT
COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES**

SESSION LAW 2011-264, (House Bill 916)

Executive Summary

This status report is submitted to the Joint Legislative Oversight Committee on Health and Human Services (LOC), pursuant to the Requirements of Session Law 2011-264, Section 1.(l). This report provides information on major developments and implementation of the 1915 (b)/(c) Medicaid Waiver DHHS Strategic Implementation Plan since October 2011. A copy of the plan is available at: <http://www.ncdhhs.gov/mhddsas/statspublications/Reports/reports-generalassembly/generalreports/2011/waiver1915b-cplan-final10-19-11.pdf>. In addition to meeting the requirements of the Session Law for reporting the status of specific strategies and responsibilities as defined in the Plan, the report will serve as a vehicle for active communication with all stakeholders across the State. This status report is the first in a series of reports, with each report building upon previous reports. The following are highlights from each of the objectives and activities herein.

Overview

Total # of Strategic Implementation Plan activities:	133
Total # of activities past due date: (See below for explanation)	4
Total # of activities in process and on schedule:	70
Total # of activities with an extended due date (On-going task):	16
Total # of activities completed by due date:	43

Summary of Progress

OBJECTIVE 1: OVERSEE MH/DD/SA SERVICE SYSTEM CHANGE

- Published first status report as required by SL 2011 (HB 916).
- Identified and assigned staff for the DMA and DMH/DD/SAS Intra-departmental Monitoring Teams (IMTs).
- Assigned new functions to DMH/DD/SAS teams and/or existing matrix work groups and/or established new matrix work groups.
- Developed training plan for DHHS staff and LME vendors to develop knowledge and skills to gain competency regarding waiver functions.
- Finalized and announced selection of LMEs which will become Medicaid managed care vendors under the 1915 b/c Waiver.
- DMA anticipates CMS approval of amendments adding selected LMEs as Medicaid vendors under the 1915 (b)/(c) Medicaid Waiver by early January 2012. (ie. CMS will approve 1915b/c waiver expansion for PBH, WHN, ECBH, SMC, and Sandhills Center).

- Continued to facilitate LME mergers as part of the implementation process.
- Reviewed implementation progress through Intra-departmental Monitoring Teams (IMTs) and make recommendations to each LME-MCO for changes in operations or monitoring.
- Established a DMA and DMH/DD/SAS Waiver Management Team (DWAC - DHHS Waiver Advisory Committee) with LME-MCO, consumer, and stakeholder involvement to provide input and consultation over the following:
 - o Implementation / Operational phases of the 1915 b/c Medicaid waivers.
 - o Ongoing LME-MCO operations (Medicaid managed care, Innovations, and LME operations).

First meeting to convene in January 2012.

- DMA has reported progress and outcomes of the RFA and procurement process and projected roll-out schedule to CMS.
- Identified and conducted initial analysis of consumer outcomes and system performance measures during implementation and set schedules for periodic analysis including trends and pre- and post-comparisons. (ie. Community Systems Progress Report: LME Performance by Quarter, National Core Indicators for IDD, NC-TOPPS, and Mental Health and Substance Abuse Consumer Perceptions of Care)
- Worked with LME-MCOs to define and begin conducting cost benefit analysis of the system during implementation and set schedule for periodic review.

OBJECTIVE 2: PARTNER WITH LME-MCOS TO ENSURE SUCCESSFUL IMPLEMENTATION.

- Western Highland LME completed implementation and officially started as an LME-MCO on January 3rd, 2012.
- Established protocols to assure consistency of operations across Intra-departmental Monitoring Teams (IMTs) and established means for communication among IMTs and requirements for reporting to the DHHS Waiver Advisory Committee (DWAC).
- Initiated an IMT to monitor the PBH expansion implementation plan.
- Ensured monthly reporting to IMT from Consumer and Family Advisory Committee (CFAC) and a local provider representative to give perspective on local implementation process and issues.
- Established a process for quarterly review of outcomes, system performance measures and cost benefit analysis and created strategies to address deficiencies.
- Through the IMTs, conducted monthly review and discussion of progress of each LME – MCO according to their implementation plan.

OBJECTIVE 3: ENSURE ACCESS AND QUALITY OF THE SERVICE SYSTEM FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITIES, OR SUBSTANCE ABUSE.

- Established multiple venues for receiving feedback and input from consumers and stakeholders on an ongoing basis.
 - o DMH/DD/SAS Advocacy and Customer Service Section established an email address for feedback
 - o State CFAC and Local CFAC conduct bi-monthly phone calls

- o Opportunity for public comment at the SCFAC meetings
- o Local CFACs are represented on the IMTs
- o DHHS staff attend quarterly state CFAC meetings
- o DWAC with stakeholder, consumer and family member involvement to convene in January 2012 and including a public comment period
- o LMEs are required to report on consumer engagement at each IMT
- o Per the DMA contract, LMEs are required to administer an annual provider and consumer survey
- Provided statewide “Motivational Interviewing” training and technical assistance to LMEs and providers for EBP implementation and development in order to identify, promote, monitor, and assist in the implementation of best practices and strategies that identify, engage and retain individuals in services and achieve positive life outcomes.
- Established requirement for LMEs to report on network development at each IMT meeting as a way to monitor LME-MCO’s development of capacity for serving all eligible individuals either through Medicaid or through services funded by State and federal dollars and provided technical assistance on an ongoing basis.
- Developed LME-MCO contract performance measures/indicators for increased access to crisis or emergency services for individuals with MH, SA or IDD or co-occurring primary care needs. (Indicators match CCNC performance measures.)
- Developed and implemented an Emergency Department Length of Stay Action Plan to assist in prevention of inappropriate use of Emergency Department through pro-active crisis services.
- IMTs have reviewed each LME-MCO's gap analysis and plans to fill service gaps in the Medicaid and state-funded I/DD service array.
- I/DD staff attend each IMT meeting to monitor the LME-MCO’s identification, promotion, and barriers to community services and supports for individuals with I/DD to ensure self-determination. Site visits have been restructured for I/DD representatives to spend more time reviewing progress on Innovation waiver, and the Innovation Subcommittee convenes a meeting monthly to discuss promotion and barriers to services and supports.
- Completed annual update of all Innovations (c) waiver performance measures for this fiscal year.
- Developed state procedures for ongoing review and correlated reporting to verify Innovation's waitlist for this fiscal year. (Conducted Annually.)
- Collected and monitored performance measures as identified in the waiver review by the IMT and report to CMS, legislature, and the public. DMA has contracted with Mercer to collect and consolidate all c waiver measures.
- Reviewed LME-MCO data to determine whether individuals with I/DD and co-occurring diagnosis had access to and received appropriate comprehensive, person-centered services in their community per reports by LME-MCOs. (ie. Captured as part of current C waiver performance measures. Reviewed quarterly by IMTs).
- Utilized the readiness reviews to monitor the adequacy of the IDD infra-structure of the MCO. Each LME reports on consumer engagement and the development of the Customer Service department at each IMT.

OBJECTIVE 4: STRENGTHEN THE PARTNERSHIP WITH STAKEHOLDERS IN ADVISING THE STATE ON IMPLEMENTATION OF THE PLAN.

- Established a process for DMH/DD/SAS and DMA to receive stakeholder feedback and input on elements of an effective consumer affairs office for each LME-MCO and to identify and answer questions and concerns about system changes. On-going meetings include: State CFAC, EAT, DWAC, DMH/DD/SAS Consumer Affairs Office, IMTs, and Aggregate IMTs).
- Established quarterly meetings for DMH/DD/SAS and DMA staff to review and address the questions, common concerns, comprehension, comments and satisfaction of all stakeholders and report to the DWAC.
- Actively engaged in creating a dashboard on the DMH/DD/SA and DMA website to report LME-MCO performance measures, including annual consumer and provider surveys, service trends, performance improvement, and other outcome measures. NC-TOPPS dashboard on DMHDDSAS website can query outcomes by age-disability group, LME or provider agency. LME Performance Measure Matrix is on DMHDDSAS website. MH/SA Consumer Perceptions of Care trends by LME is on website. Received software to develop interactive dashboards for future refinements. DMA has submitted specifications to each LME-MCO for quarterly reporting; has developed Research and Analytics (R&A) report measures for DMA website.

OBJECTIVE 5: INCREASE KNOWLEDGE AND SKILLS THROUGHOUT THE SYSTEM.

- Prepared materials on the waiver for the general public and for LME-MCOs to use locally. DMH/DD/SAS & DMA have enhanced their websites and established Waiver web pages. DMA has submitted specifications to each LME on quarterly reporting and has developed R& A report measures for DMA website.
- Each IMT meeting reviews LME-MCO Waiver educational and collaborative activities to ensure activities occur and stakeholder feedback is received.
- Enhanced DMH/DD/SAS and DMA websites enable stakeholders, LME-MCOs, providers and consumers easy access to a full range of information regarding state and national health resources and initiatives.
- DMH/DD/SAS Best Practice Team and DMA have been meeting with stakeholders, federations, associations, advocacy groups, and collaboratives, to educate and have discussion regarding the Medicaid Waivers.

OBJECTIVE 6: PARTNER WITH LME-MCO'S AND CCNC TO PROMOTE AND IMPLEMENT A SYSTEM OF INTEGRATED CARE BETWEEN MH/DD/SA SERVICE PROVIDERS AND PRIMARY CARE PROVIDERS.

- All Community Care of North Carolina (CCNC's) and LMEs-MCO's performance contracts include requirements for collaboration, the support of integrated care practices and fidelity to the four quadrant integration of care model.
- Provided training to LME-MCOs, CCNC and providers, consumers, and other stakeholders regarding the Four Quadrant Integration of Care Model.
- IMTs have monitored the LME-MCO's provision of educational opportunities and materials to inform and empower consumers/family members regarding integrated care. are currently developing survey for LME/MCO to assess current materials and outreach strategies.
- Established a system for monitoring indicators and published this system for LME-MCOs and other stakeholders. Performance indicators updated in the DMA contract and a reporting schedule has been developed.
- Clarified access to Provider Portal/Informatics Center. (ie. August 2011 Medicaid Bulletin, Implementation Update # 90 on CCNC.)

TOTAL # OF ACTIVITIES PAST DUE DATE:

Objective 1, Action Step 5, Activity 6: Review outcomes, system performance measures and cost benefit analysis and develop strategies to address deficiencies on a quarterly basis. Status: DMA and DMH/DD/SAS staff met to review current performance measures in both contracts; however, still in process of developing strategies to measure performance and include consumer and other stakeholder involvement in the process.

Objective 3, Action Step 1, Activity 3 & Objective 3, Action Step 2, Activity 4: Establish a process for receiving feedback and input from MI and SA stakeholders on an ongoing basis. Status: Several processes have been established for receiving feedback and input; however, the DHHS Waiver Advisory Committee (DWAC) will not convene until the middle of January.

Objective 3, Action Step 4, Activity 2: Contract with AAIDD for training and evaluation of a state wide Supports Intensity Scale (SIS). Status: Contract awaiting final execution at OPCS.