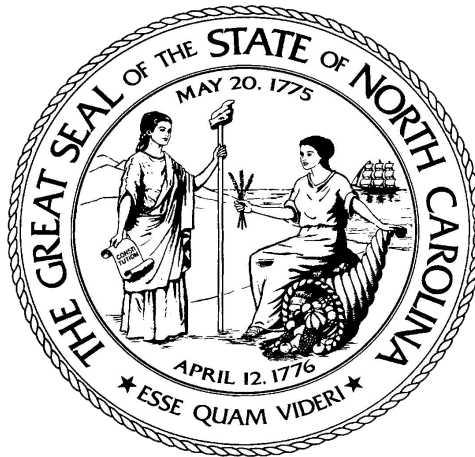


**Status Report to
Joint Legislative Oversight Committee on Health and Human Services
on
Development and Implementation of 1915 (b)(c) Medicaid Waiver DHHS
Strategic Implementation Plan**

Session Law 2011-264, Section 1.(l)



April 1, 2012

North Carolina Department of Health and Human Services

**STATUS REPORT TO THE JOINT LEGISLATIVE OVERSIGHT
COMMITTEE
ON
HEALTH AND HUMAN SERVICES**

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 is for the months February, 2012 to April, 2012 to provide information on major developments and implementation of the 1915 (b)/(c) Medicaid Waiver DHHS Strategic Implementation Plan. A copy of the plan can be found at the following web link address: <http://www.ncdhhs.gov/mhddsas/statpublications/Reports/reports-generalassembly/generalreports/2011/waiver1915b-cplan-final10-19-11.pdf>. In addition to meeting the requirements of the North Carolina General Assembly for reporting the status of specific strategies and responsibilities as defined in the Plan, it will serve as a vehicle for active communication with all stakeholders across the State. This status report is the second 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 initiated by due date and is an ongoing activity:	27
Total # of activities past due date:	0
Total # of activities in process and on schedule:	53
Total # of activities with an extended due date: (See below for explanation)	4
Total # of activities completed by due date:	49

Summary of Progress

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

- Waiver Training Plan for the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) staff has been developed and is being implemented monthly at staff meetings.
- Each Local Management Entity – Managed Care Organization (LME-MCO) has been assigned a Division of Medical Assistance (DMA) and DMH/DD/SAS contract manager.
- The DHHS Waiver Advisory Committee (DWAC) has convened three times. The committee members include LME-MCO representatives, consumers, service recipients, and providers. A chair and co-chair was selected. Presentations include: Discussion of quality measures and consumer outcomes in the DMA/LME-MCO contract, performance improvement projects, dashboards for ongoing reporting, etc. Additional information regarding the DWAC committee can be found at the following web link address: <http://www.ncdhhs.gov/mhddsas/providers/1915bcwaiver/dwac/index.htm>. The DWAC committee will continue to have monthly public meetings.

- A review was conducted of costs trends in the State Medicaid program (Innovations Waiver) in order to design strategies and deploy a system for allocation of resources. Scope of Work with Human Services Research Institute (HSRI), a consultant, is being finalized. Anticipated inaugural meeting is set for April, 2012.
- DMH/DD/SAS hired a Senior Researcher who will be responsible for working with LME-MCOs to define and conduct benefit analysis of the system during implementation and set a schedule for periodic review.
- A Continuous Quality Improvement Committee (CQI) has been re-established to review all contract performance measures. Western Highlands to participate in starting CQI process in April, 2012.
- DMH/DD/SAS and DMA have collaborated with LMEs and various stakeholders to develop a standardized MCO/Hospital Contract for Medicaid billing.

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

- To ensure protocols, consistent operations, and identify recommendations across Intra-departmental Monitoring Teams (IMTs), Think Tank, a leadership group of MCOs that convene to discuss cross-cutting issues, and Aggregate IMT meetings were established.
- DMA and DMH/DD/SAS continue to conduct monthly calls with LMEs to review and discuss progress of their implementation plan to become a MCO.
- A proposal to DMH/DD/SAS Executive Leadership Team has been submitted by DMH/DD/SAS Quality Management for structure and processes to ensure regular DMH/DD/SAS review of LME-MCO data and recommendations for improvements.
- East Carolina Behavioral Health (ECBH) contract and 60 day Readiness Review completed. Start date as LME-MCO on April 1st, 2012.
- Smoky Mountain Center and Sandhills 120 day Readiness Review completed.
- DMH/DD/SAS and DMA continue to work with LME/MCOs to address the issues of paid claims, enrollment, identify solutions and develop tracking tools for Medicaid and State paid claims. DMA will continue to conduct weekly monitoring of implementation of successes and areas of concern.

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

- DMH/DD/SAS continues to develop strategies for outreach to encourage eligible individuals with mental health disorders to enroll in Medicaid. The implementation of SOAR to assist people in obtaining Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) and Medicaid is being monitored.
- A process was established for receiving feedback and input from stakeholders for the inclusion of outcome-focused measures in the SFY-13 contract.
- Local and State Consumer and Family Advisory Committees (CFAC) continue to receive updates of state and local policy changes.

- The DMH/DD/SAS Best Practice Team continues to collaborate with other Divisions, Coalitions, Advisory Councils, and Stakeholders for recommendations of necessary changes within the system and to identify and support training needs in Evidenced Based Practices.
- The System of Care (SOC) and Waiver Implementation Workgroup continues to meet to discuss System of Care in the Waiver environment. A survey was submitted to local SOC Coordinators to identify strengths and needs.
- The 4-year Screening, Brief Intervention and Referral to Treatment (SBIRT) Grant with Primary care practices (PCPs), LMEs, and the Critical Access Behavioral Health Agencies (CABHAs) is in process. Primary Care Practices are being selected and Substance Abuse Professionals, Care Coordinators and Care Ambassadors are being hired. Expected outcomes of the grant are on track.
- Outreach and enrollment efforts are underway to encourage deaf/hard of hearing individuals with substance abuse disorders to enroll in Medicaid.
- Collaboration initiated with the NC Professional Association Council (PAC) to encourage usage of the Tele-psychiatry Professional Services with deaf and hard of hearing consumers in rural areas.
- DMH/DD/SAS in collaboration with numerous stakeholders developed and implemented an Emergency Department Length of Stay Action Plan.
- DMH/DD/SAS and DMA continue to work with LME-MCOs to monitor and evaluate use of and reduction in Emergency Department (ED) visits. DMH/DD/SAS produced a quarterly report on ED use by LME-MCOs. The report was reviewed by the DMH/DD/SAS Quality Management Steering Committee and sent to LME-MCOs. Developmental performance measures are in process for SFY 2013 contracts.
- The Innovation Sub-committee continues to meet to provide guidance and oversight of the Innovations Waiver. Meetings have been held exploring the 1915i option for alternative intellectual and developmental disabilities (IDD) services, transition plans, Community Guide, etc.
- An Innovations Manual has been developed and initial training with all IMTs has been completed.
- Additional training has been conducted for individuals who are currently involved in self direction under the CAP MR/DD Waiver.
- DMA contract with Mercer is being amended to collect, validate, and prepare (c) Waiver annual quality report for the Centers for Medicare and Medicaid Services (CMS). Scope of Work has been developed and is being routed for final approval.

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

- DWAC has established a process for stakeholder feedback and input by allowing a 30 minute public comment period as part of the agenda. Also, there are stakeholder and consumer/family member representatives from each disability area that serve on the DWAC board.
- DMH/DD/SAS and DMA continue to monitor to ensure that LME-MCOs are holding public meetings/forums, local CFAC meetings, etc., where they are providing information and educating recipients/family members/public regarding Waiver activities.

- DMH/DD/SAS and DMA staff on the Continuous Quality Improvement Committee (CQI) continue to meet quarterly to address questions, common concerns, comprehension, comments and satisfaction of all stakeholders and report to DWAC.
- Additional time was requested to allow for additional input and ongoing stakeholder education and collaboration around elements of effective care coordination.
- CQI continues to review each LME-MCO grievance and complaint per the DMA contract.
- DMH/DD/SAS and DMA have created dashboards on their websites to report LME-MCO performance measures, service trends, financial information, performance improvement and other outcome measures. Additional information can be found at the following web link addresses:
 - <http://www.ncdhhs.gov/dma/pub/index.htm>.
 - <http://www.ncdhhs.gov/mhddsas/statspublications/Reports/DivisionInitiativeReports/communitysystems/2012/q2/sfy12commsysprogressrptq2matrix.pdf>
 - <http://www.ncdhhs.gov/mhddsas/providers/CDW/consumerperceptionrpts/index.htm>
- DMH/DD/SAS and DMA are collaborating with a DWAC sub-committee to determine how to pull together a composite dashboard report for LME-MCOs for the future. It is the intent to use Excelsius software to present the information in an interactive fashion. This program has dashboard dials and will allow the public to drill down to details about an LME or disability group or particular service, etc.

OBJECTIVE 5: INCREASE KNOWLEDGE AND SKILLS THROUGHOUT THE SYSTEM.

- DMH/DD/SAS and DMA continue to engage stakeholders in establishing and maintaining systems of ongoing, effective communication, and continued learning through documents/tools on the Division's websites, community forums, DWAC meetings, and through coordination among state and local agencies and organizations.
- DMH/DD/SAS and DMA continue to monitor respective contract requirements and require the LME-MCO to report recipient educational activities. (i.e. The LMEs are to report during IMT meetings their efforts with public meetings/forums, local CFAC meetings, etc., where they are providing information and educating recipients/family members/public regarding Waiver activities and how it may affect services.
- The DMH/DD/SAS Consumer Empowerment Team continues to assist in the development of merged CFACs and other governance systems, provide answers, support and direct individuals to appropriate resources through attendance at monthly CFAC meetings, email, and phone contact as needed.
- To develop the model of a learning community and establish statewide networks to support ongoing learning, DMH/DD/SAS and DMA participate in IDD Stakeholder meetings with advocates, consumer/family members, and providers.

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

- DMH/DD/SAS have included integrated care performance measures in the SFY12 DMH Contracts with LMEs and LME-MCOs to ensure coordination between LME-MCO and CCNC providers.
- DMH/DD/SAS and DMA are currently working with CCNC to develop reporting mechanisms for both DMA and DMH measures.
- The DMH/DD/SAS and DMA Clinical Policy Workgroup is developing medical necessity criteria for the 8C Clinical Coverage Policy for outpatient services for Medicaid.
- The DMH/DD/SAS and DMA Clinical Policy Workgroup has presented the proposed child residential continuum to DMA and DMH/DD/SAS Management.
- DMH/DD/SAS and DMA continue to assess the LME-MCO use of evidence based practices in integrated care, and have worked with the LME-MCO to strengthen and/or modify practices to ensure fidelity.

Total # of activities with an extended due date:

Objective 2, Action Step 1, Activity 5: *Define procedures for monitoring cross-area service programs (CASPs) and use of block grant funding by LMEs.*: This activity is considered to be ongoing. DMH/DD/SAS is working on protocols for strengthening the management and utilization of CASPs through a Division-wide task group. Additionally, DMH/DD/SAS is establishing protocols for achieving accurate identification of providers with whom the LMEs contract and will communicate with the LMEs about necessary changes to ensure consistent communication and monitoring by LMEs of provider requirements and restrictions related to the federal block grants.

Objective 3, Action Step 4, Activity 2: *Contract with American Association of Intellectual and Developmental Disabilities (AAIDD) for training and evaluation of a state wide Supports Intensity Scale (SIS):* Contract is receiving final signatures, should be completed by end of April, 2012.

Objective 3, Action Step 5, Activity 2: *Secure CMS approval of amended CAP-I/DD waiver:* DMA has received an extension to June 28, 2012.

Objective 3, Action Step 7, Activity 4: *Establish statewide protocols to ensure access to services and ensure that the statewide waitlist identifies individuals in need of service and the service they are requesting:* DMA and DMH representatives have met to review IDD wait list categories. It was determined that there needed to be several policy discussions prior to completing the category list. Options have been reviewed for on line submission of waitlist material. Additional meetings are scheduled to discuss actual data to be collected and the collection procedure.