



NC Department of Health and Human Services

North Carolina Update on the State of Addiction

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Overview: Priorities

1. Integrate & Buy Health:

- Now: Tailored plan design
- November: Standard Plan regional roll-out

2. Combat the Opioid Crisis

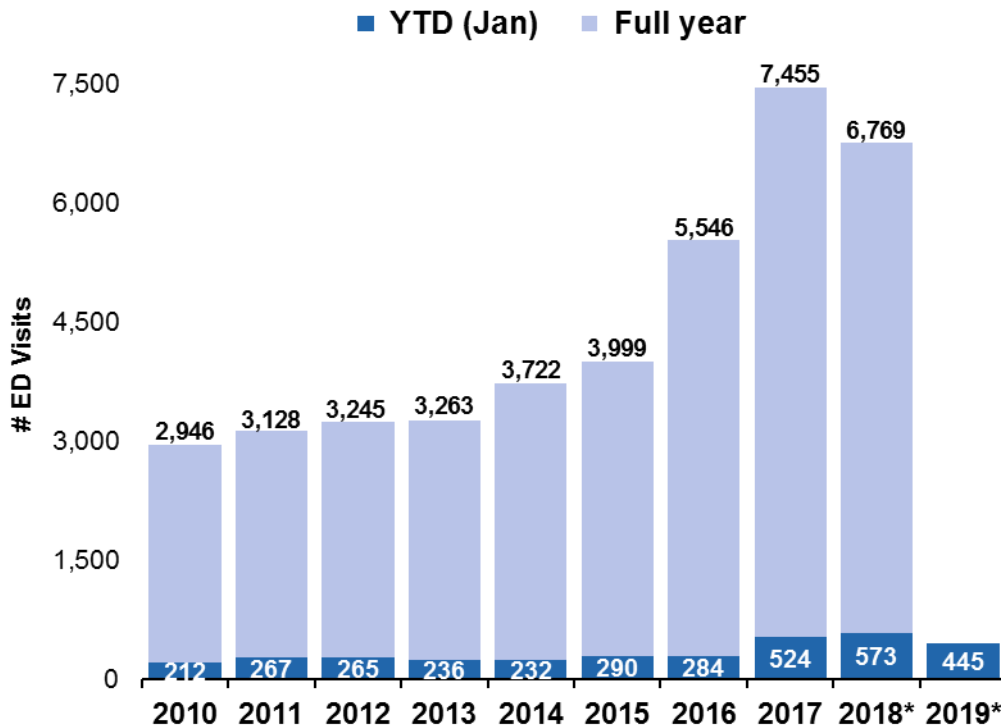
- **Now: SUD Waiver Implementation**
- **Now: Opioid Action Plan**

3. Health Opportunities:

- Now: Healthy Opportunities RFP

Opioid Overdose Emergency Department Visits: 2010-2019 YTD

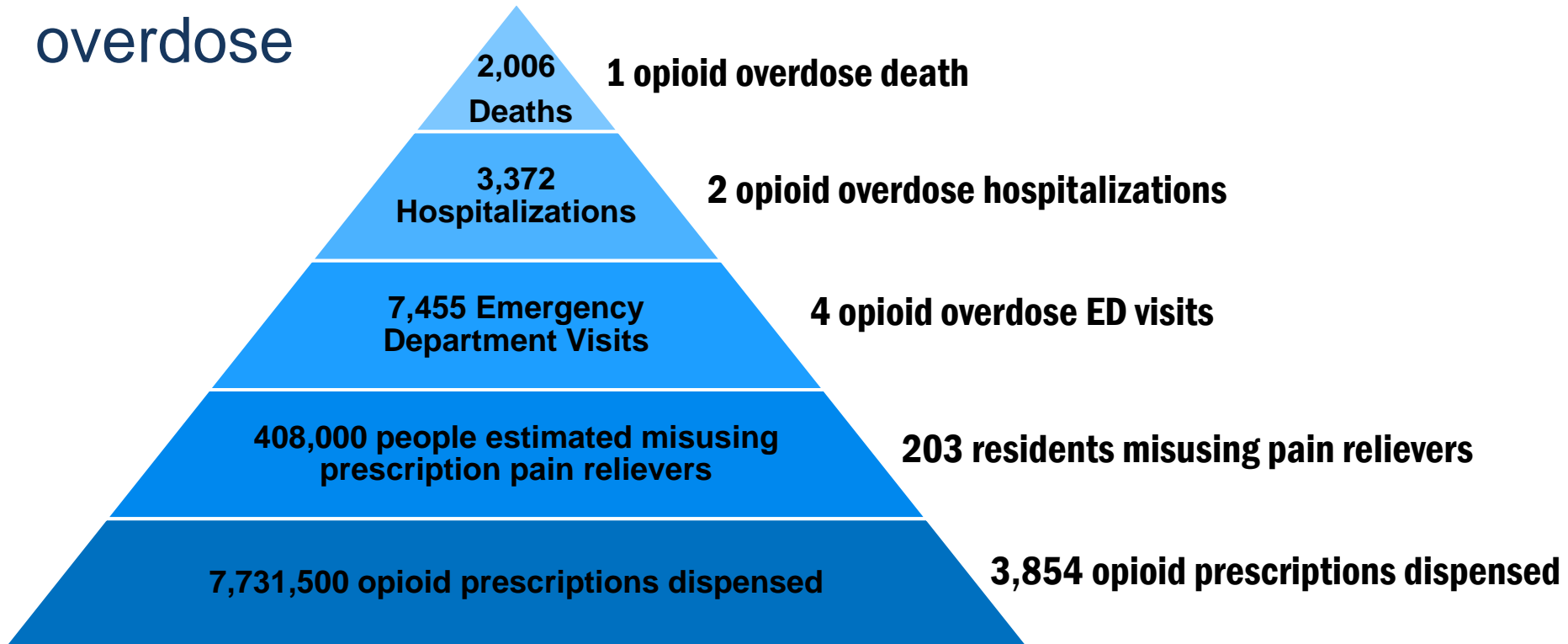
Opioid Overdose ED Visits by Year: 2010-2019*



Insurance Coverage: 2019 YTD	
Private insurance	14%
Medicaid or Medicare	29%
Uninsured/Self-pay	46%
Other/Unknown	11%

Data Source: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT), 2010-2019; *2018-2019 data are provisional and subject to change; Data as of January 31, 2019. Analysis by Injury Epidemiology and Surveillance Unit

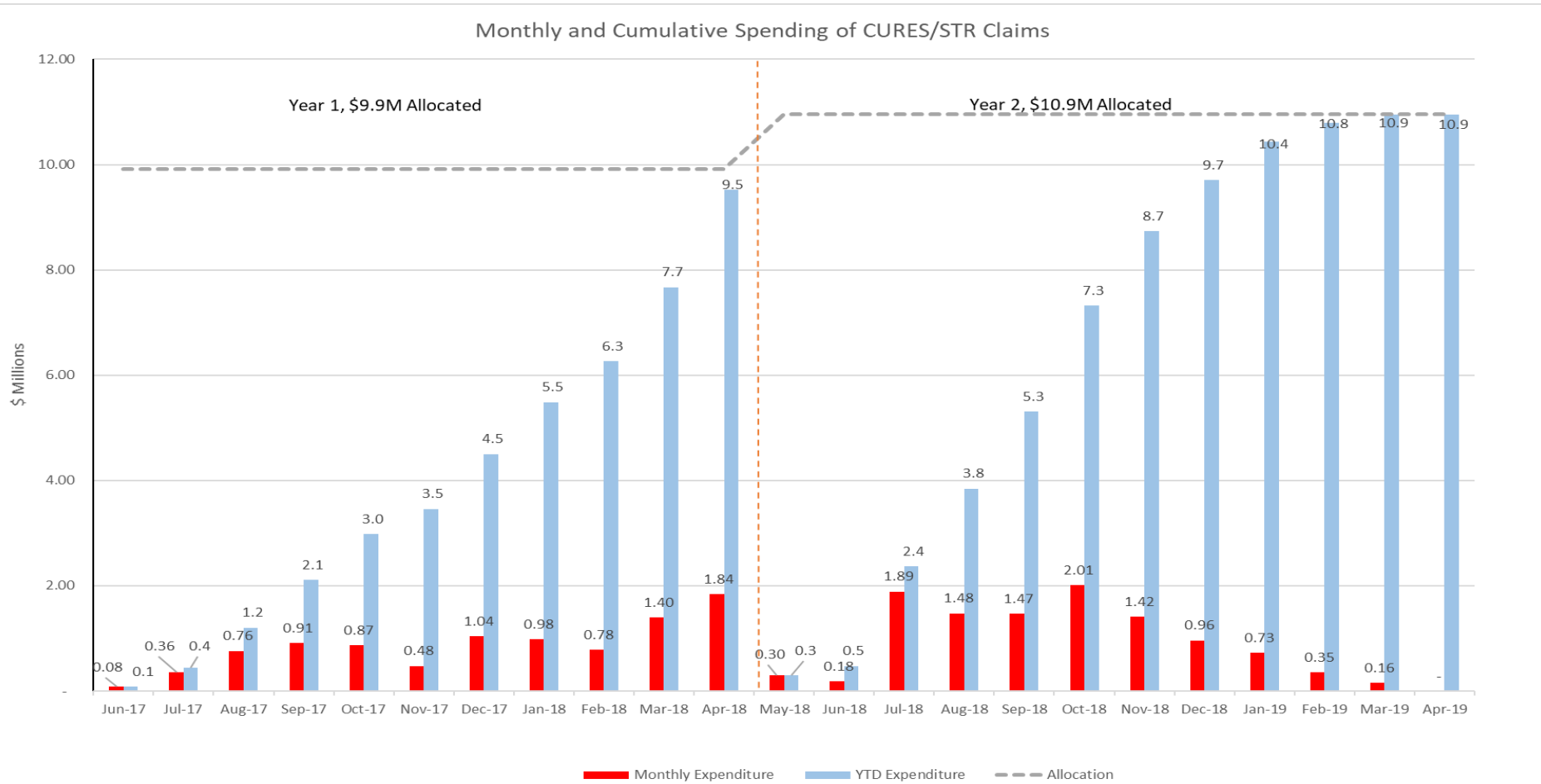
For every opioid overdose death, there were nearly 2 hospitalizations and 4 ED visits due to opioid overdose



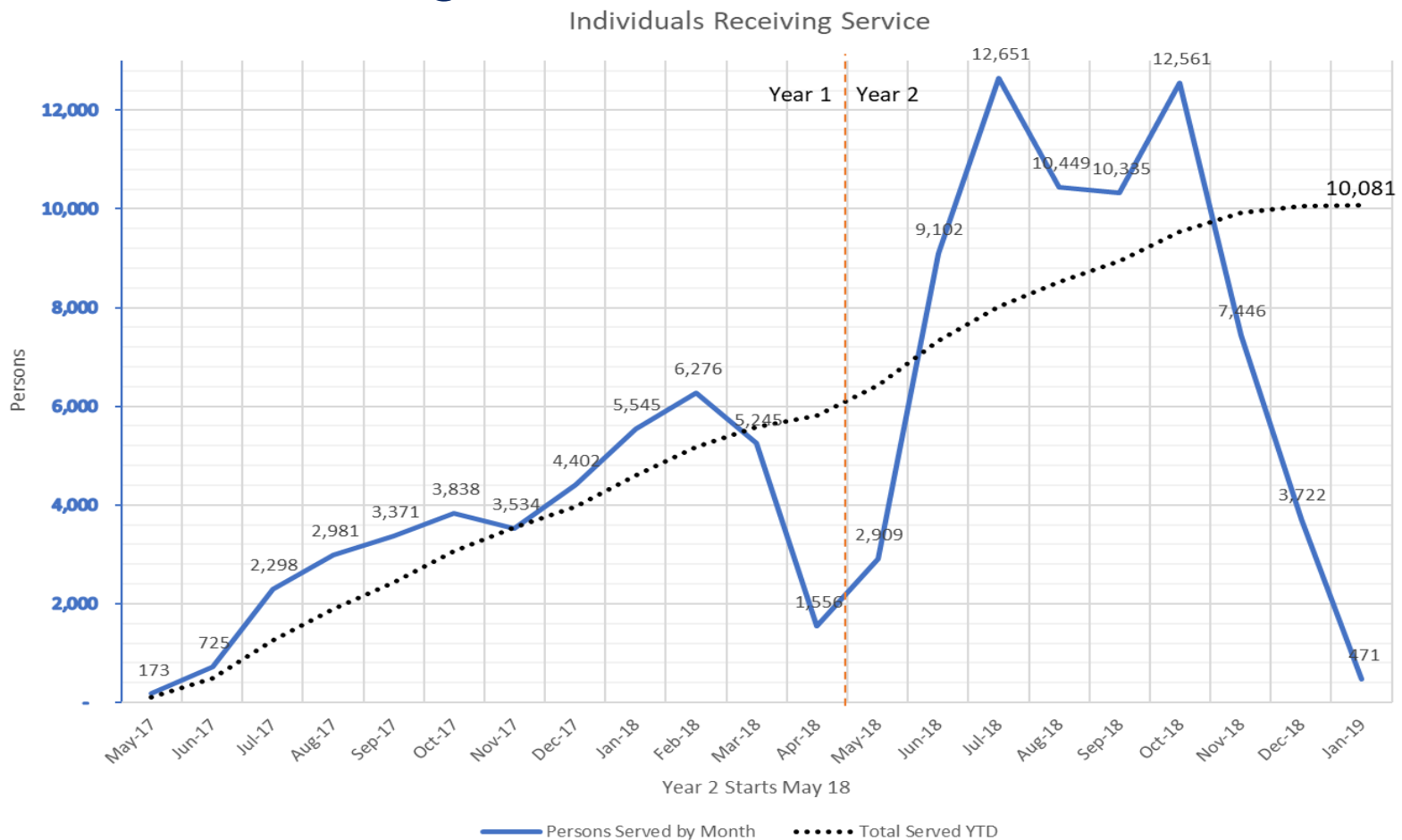
N.C. Overdose Pyramid

Technical Notes: Deaths, hospitalizations, and ED data limited to N.C. residents; Includes all intents, not limited to unintentional
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2017/ Hospitalizations- North Carolina Healthcare Association, 2017/ED-NC DETECT, 2017/ Misuse-NSDUH, 2015-2016 applied to 2017 population data/Prescriptions-CSRS, 2017
Analysis by Injury Epidemiology and Surveillance Unit

Expand Treatment Federal CURES/STR grant:



About 10,000 individuals have received treatment from this funding:



Between May 1, 2017 and April 30, 2018, 33,234 individuals with an opioid use disorder received publicly-funded (Medicaid, state, federal) treatment services. Of these, 10,081 individuals received services through Cures/STR funds. 2,279 of these individuals received services in Year 1 and Year 2 of the Cures/STR grant.

SUD Waiver: Tentative Timeline

Action	Implementation Timeline
Current Services	
Revise Medicaid clinical coverage policies to reflect 2013 ASAM criteria and expand coverage to adolescents, as indicated	September 2018 – September 2020
Develop a licensure rule waiver process to incorporate ASAM criteria	September 2018 – September 2020
Revise licensure rules to align with ASAM criteria	September 2018 – September 2022
Implement MMIS modifications	September 2018 – September 2020
Submit SPAs, as necessary	September 2018 – September 2020
Revise LME-MCO contracts	September 2018 – September 2020
New Services	
<i>Standard and BH I/DD Tailored Plan Services</i>	
Develop Medicaid clinical coverage policies	September 2018 – November 2019
Develop a licensure rule waiver process	September 2018 – November 2019
Create licensure rules	September 2018 – September 2022
Implement MMIS modifications	September 2018 – November 2019
Submit SPAs	September 2018 – November 2019
Revise LME-MCO contracts	September 2018 – November 2019
<i>BH I/DD Tailored Plan Services Only</i>	
Develop Medicaid clinical coverage policies	September 2019 – July 2021
Create licensure rules	September 2020 – July 2021
Implement MMIS modifications	September 2019 – July 2021
Submit SPAs	September 2019 – September 2020

Medicaid Expansion

500,000

New projected enrollees due to expansion, including a disproportionate number of rural North Carolinians

\$4 billion

Annual federal dollars NC leaves on the table

43,000+

Jobs created in the first five years of expansion

90%

Share of costs paid by the federal government – no new state appropriation needed to fund the state share

Now is the time to:

- **Improve overall health of NC (ranked 37th)**
- **Advance rural economic vitality, health**
- **Build sustainable infrastructure to combat the opioid epidemic**
- **Put downward pressure on everyone's premiums**