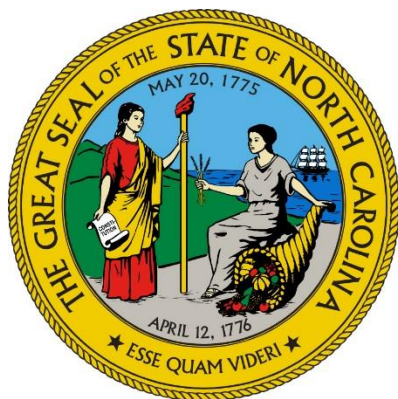


i2i General Session



Information is Power

Latest on Behavioral Health Policy & Medicaid Transformation

N.C. Department of Health and Human Services

Kody H. Kinsley,

Deputy Secretary for Behavioral Health & IDD

Dave Richard,

Deputy Secretary for NC Medicaid

December 5, 2019

What we will cover

- By the Numbers
- Behavioral Health Strategy & Public Policy
- Beyond Beds
- Integration & Value
- Managed Care Suspension
- Tailored Plan Update
- Questions and Answers

BH & IDD By the Numbers

Pubic System	Received Behavioral Health Services CY 2018
2.2 million people have Medicaid	285,000 Medicaid beneficiaries
1 million people are uninsured	97,000 uninsured

10 million residents, 2.2 million have Medicaid, 1 million uninsured, 6.8 million have private insurance

Prevalence

- **1 in 20** people are living with a **serious mental illness**
- **1 in 20** people are living with an **opioid use or heroin use disorder**
- **1,379 people** died by **suicide** in 2018. **Five per week were Veterans.**
- **1 in 58** children has **autism spectrum disorder**
- There are **128,000 adults and children** in NC with an **Intellectual Developmental Disability**
 - **Only 12,738** have a slot on the Innovations waiver
- **Nearly 80,000** people sustained a **traumatic brain injury** last year
- Over **11,600** kids in foster care, **up 35%** since July 2012
- **25,000** people were **re-entered society** from prison last year – 44% of jail inmates and 31% of prisoners have a history of mental health treatment
- **9,000** people **experiencing homelessness**; over **800** are veterans

**Various documented sources*

BEYOND THE SAFETY NET

PUBLIC POLICY & PARTNERSHIP

Vision for Behavioral Health & IDD in North Carolina:

*North Carolinians will have **access** to **integrated** behavioral, developmental, and physical health services across their lifespan. We will increase the **quality** and capacity of services and supports in partnership with providers, clients, family members, and communities to promote hope and resilience and achieve **wellness** and **recovery**.*

(February 2018 Behavioral Health and IDD Strategic Plan)

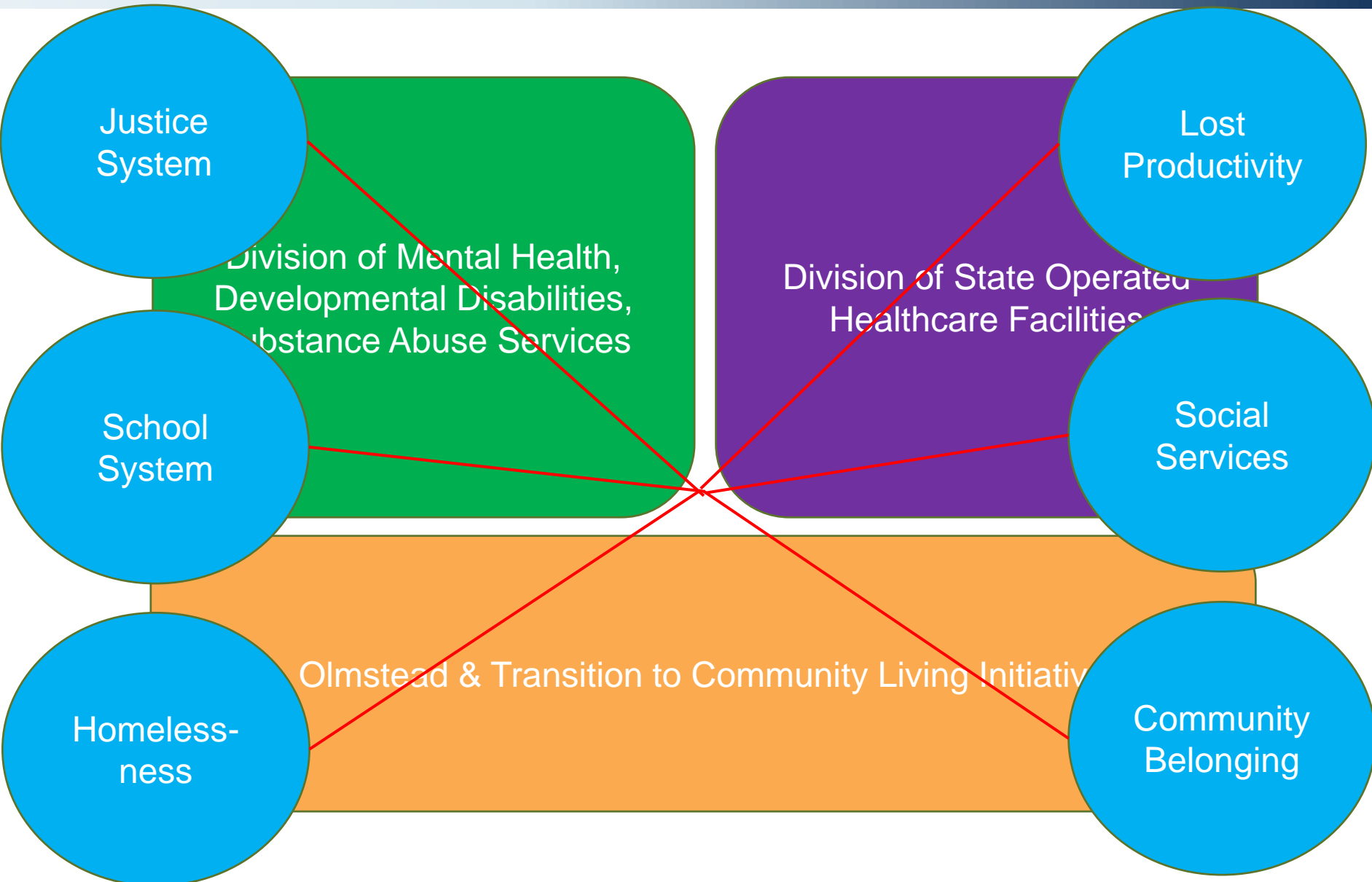
Mission:

Through the lens of behavioral health, we aim to lead with our ideas to identify gaps, invest in promising interventions, and efficiently scale a system that promotes health and wellness for all North Carolinians across all payers, providers, and points of care.

Division of Mental Health,
Developmental Disabilities,
Substance Abuse Services

Division of State Operated
Healthcare Facilities

Olmstead & Transition to Community Living Initiative



Consumers & Family Members

Employers

Private Insurers

Governments

Strategic Goals

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

1. **Access:** Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.
2. **Integration:** Integrate behavioral healthcare into primary and physical care.
3. **System performance:** Improve oversight and regulatory regime to optimize system performance while maintaining safeguards.
4. **Operational excellence:** Strive for operational excellence and continuous improvement in our internal operations and regulatory functions.
5. **Boundless behavioral health:** Advance policies and narratives that reinforce the Division as knowledgeable thought leaders and service-oriented partners.

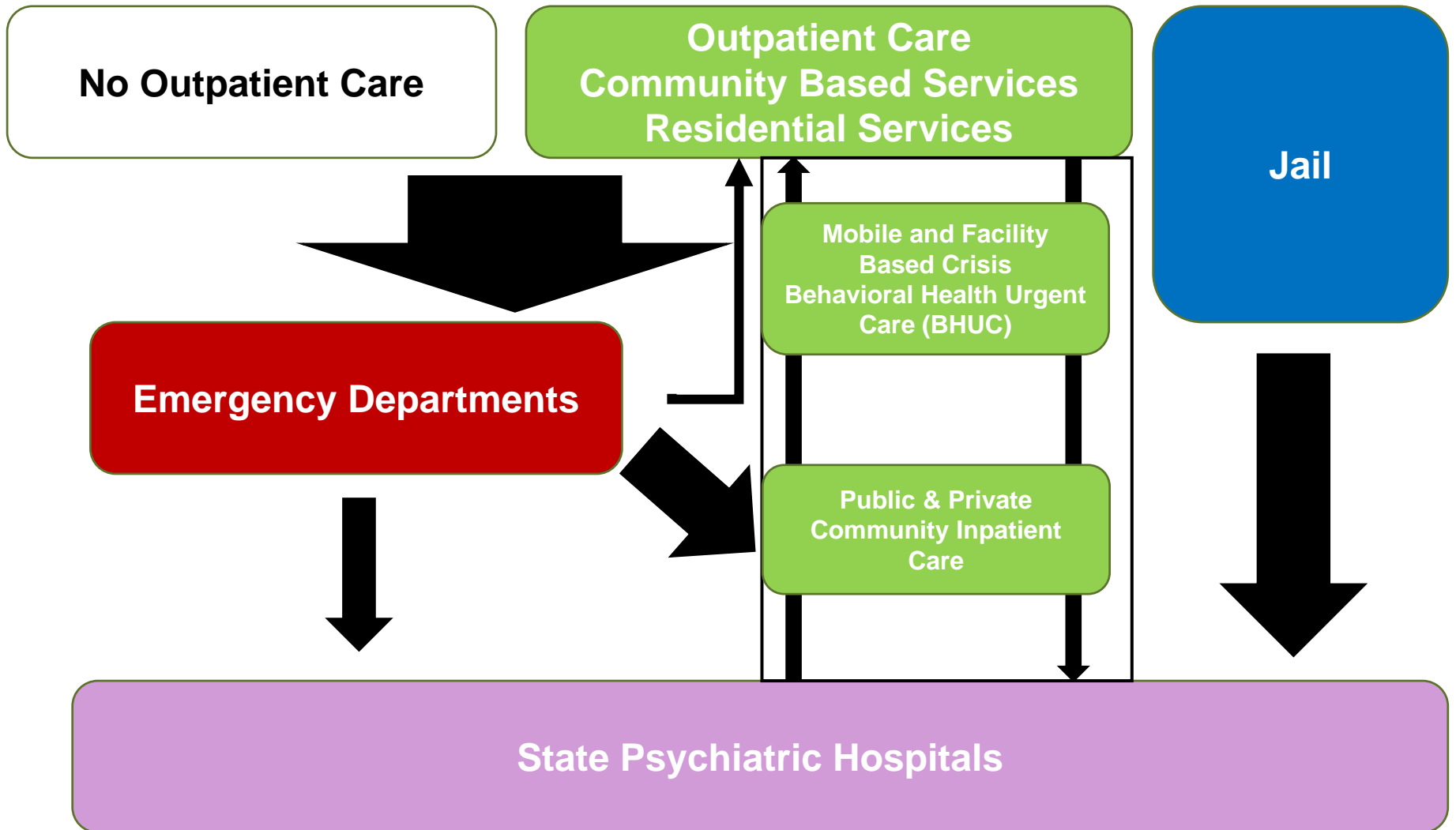
Division of State Operated Healthcare Facilities

1. **Maximize access** to the right clinical service for the right individual at the right time
2. Ensure the **equal protection and safety** of all people we serve
3. Optimize operational, programmatic, and clinical **equivalency across the system**
4. Become a **preferred employer** by providing an inclusive, safe, and engaging work environment that supports growth opportunities
5. Enhance strategic internal and external **partnerships** to meet individual and systemic needs
6. Ensure system-wide **financial efficiency** and accountability that advances equitable resource allocation

BEYOND BEDS

PREVENTION & COMMUNITY BASED RECOVERY

Current Mental Health Care Model



Inpatient Resources

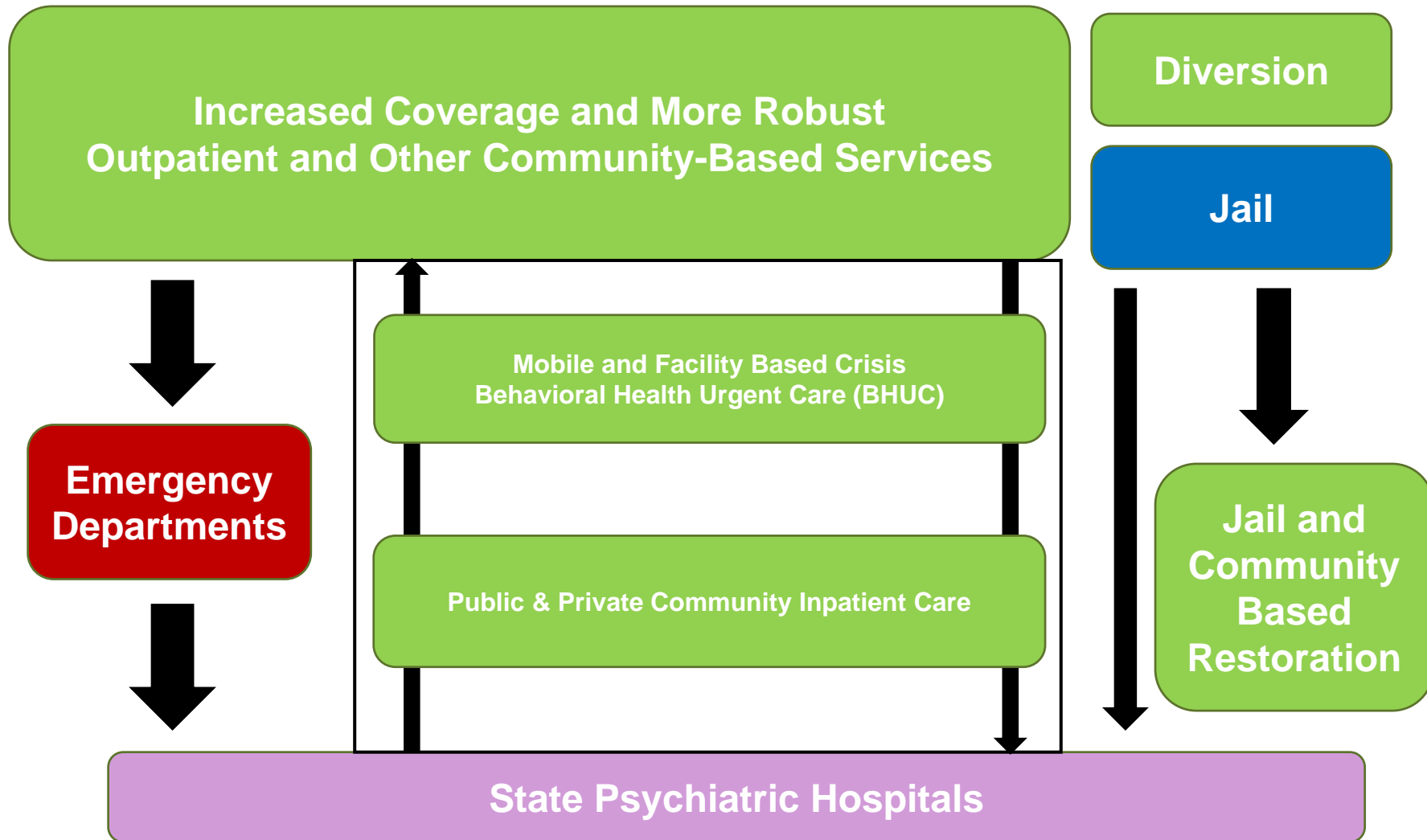
<u>Public Inpatient Psychiatric Bed Statistics</u>				
	State Psychiatric Hospital		3-way Beds	Total
	Incapable To Proceed	Civil		
Annual Bed Days	86,556	222,599	54,111	363,266
Beds	870		166	1,036
Average Length of Stay	279 days	102 days	7.2 days	
Patients Served	562	1,910	7,179	9,651
Cost per day	\$1,332		\$750	

<u>Private Inpatient Psychiatric Bed Statistics</u>	
Facilities with Licensed Beds	43
Number of Licensed Beds	1659
Number of Operating Beds	1371
Available Bed Days	500,415
Days of Care (Bed Days Used)	405,532

Key Problem Indicators

- 24% of the publicly-funded psychiatric inpatient beds are being used for capacity restoration at a cost of \$115.3 million annually.
- Only 15% of the public behavioral health system's availability is in our community
- Length of Stay for ITP patients is 270% higher than civil SPH patients
- Only 82% of private licensed psychiatric beds are in operation and only 81% of those beds in use are actually being used
- 47% of the state's inpatient bed days are in the public system, while only 30% of North Carolinians are in the public system

Future Mental Health Care Model



How do we move beyond beds?

1. Robust and Evidence-Driven Community Based Services
2. Structured Step Down Programs
3. Justice Strategy: Pre-Arrest Diversion, Behavioral Health Courts, Jail Based Treatment, Reentry to Recovery; Community Based and Jail Based Capacity Restoration
4. Strengthening Crisis Service Array
5. Healthy Opportunities
6. Early Childhood: Safe and Nurtured
7. Aligning Incentives – Highest and Best Use

BEYOND SILOS

**INTEGRATION
&
VALUE**

Medicaid Managed Care Update

Medicaid Managed Care

- Open Enrollment ended
- What has stopped
 - Choice Counseling
 - Outreach Specialists in DSS offices
 - Enrollment Events
 - App Downloads
- Enrollment Broker Call Center open through mid-late December 2019

Why information about managed care is still relevant

- Managed Care will happen
 - Not “if” but “when”
 - Vision for integration remains unchanged
 - Will use suspension period to explore other opportunities for integration
- Some managed care activities will continue
- Beneficiary Education – 1+ million people received managed care notice
- Provider Contracting is important
- Period of suspension offers opportunities

DHHS' Priorities during suspension

- **Beneficiaries:** Ensure beneficiaries have a clear message on what to do know and what to do when managed care restarts
- **Providers:** Continue provider engagement and training and encourage provider contracting with the PHPs
- **PHP Readiness:** Require PHPs to engage in testing and readiness assessments to a place of logical pause or conclusion
- **Procurement:** Move forward with managed care related procurements (Ombudsman, EQRO, and Healthy Opportunities Pilots)

Suspension Impact on Tailored Plan Development

- **Tailored Plan Request For Applications (RFA) Release Will Occur As Scheduled**
 - **Care Management Certification Timeline**
 - **Impact on Members**
 - **Notices to Exempt Individuals**
 - **Raise Your Hand Requests In Process**
 - **Tailored Plan Eligible Individuals Who Selected a Standard Plan**
 - **Crisis System Support**
 - **Behavioral Health Contracting (Standard Plans)**
-

Additional Information to Come

- **Managed Care Update Webcast 12/9/19**
- **Care Management Manual Release -**
- **Care Management Webinar 12/18/19**
- **Fact Sheet on Request to Stay in LME-MCO**
- **Planning for Foster Care Design**



Coming
Soon

Questions/Discussion