2018 Community Mental Health, Substance Use and Developmental Disabilities Services
Network Adequacy and Accessibility Analysis Requirements for North Carolina LME/MCOs

Overview

The purpose of this document is to provide requirements to Local Management Entities-Managed Care Organizations (LME/MCOs) for conducting the 2018 Network Adequacy and Accessibility Assessment in accordance with performance contracts with LME/MCOs. Changes in this year's requirements document are based on standards reflected in the final federal Medicaid managed care rule.

Submission Information

The time frame for the Network Adequacy and Accessibility Analysis report is July 1, 2016 through June 30, 2017. The suggested length of the report is no more than 25 total pages plus appendices. The report shall include as Appendix F the LME/MCO's Network Access Plan, which should describe the LME/MCO's response to identified gaps in network adequacy and accessibility as well as strategies to address identified gaps. Requirements for the Network Access Plan are provided in a separate document (Appendix F).

The Network Adequacy and Accessibility Analysis and the Network Access Plan are both due on **Friday, September 21, 2018**, and should be submitted to DMH/DD/SAS and DMA at contactdmhquality@dhhs.nc.gov.

Format

Use this template for the report, completing all tables and providing the information requested in each section. Appendix documents are included to provide additional information on the requirements for completing this process.

- Appendix A – Related excerpts from contracts between LME/MCOs and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- Appendix B – Related excerpts from contracts between LME/MCOs and the Division of Medical Assistance
- Appendix C – Service Codes
- Appendix D – Urban & Rural Counties
- Appendix E – Exception Requests
- Appendix F – Network Access Plan Requirements

Section One: **Network Availability & Accessibility**

General instructions:

- Throughout this document, the term "non-Medicaid-funded services" is used to refer to services paid by sources other than Medicaid, such as federal block grant funds, state-appropriated funds, single-stream dollars, grant funds, local funds and others.
- Use geo mapping software to determine the number of individuals with choice and/or access.
- Count only people who lived in the catchment area during some or all of the reporting period (7/1/2016-6/30/2017).
- When determining if Medicaid enrollees have choice of or access to providers, count only provider agencies with current (as of 1/1/2018) contracts with the LME/MCO who were actively accepting new referrals to provide Medicaid services.
- When determining consumer choice of or access to providers for DMH/DD/SAS, count only provider agencies with current (as of 1/1/2018) contracts with the LME/MCO to provide non-Medicaid-funded services.
- Requirements for a Medicaid or non-Medicaid-funded access/choice standard may be met by a combination of contracted providers. For example, a contract with a provider for Medicaid crisis services in a limited area combined with a contract with a second provider for Medicaid crisis services in the remainder of the catchment area may meet the standard of 100% access to at least one provider throughout the entire catchment area. Medicaid and non-Medicaid-funded contracts *cannot* be combined together to meet access/choice requirements. Only Medicaid/Medicaid or non-Medicaid-funded/non-Medicaid-funded contract combinations are acceptable.
- 30/45 miles/minutes is the abbreviated term used in this document for individuals having choice and/or access within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences.
- Complete the tables below. Do not enter values in shaded boxes.
- Appendix C contains codes for services by type.
- Appendix D contains the list of urban and rural counties for LME/MCOs to use when calculating access/choice data and throughout the report.
- Appendix E contains the exception request format. In the event of gaps in access/choice of services in the network please submit an exception request for each service along with the analysis.
- Appendix F contains requirements for the Network Access Plan.

I) Outpatient Services

Categories	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid consumers	# of enrollees with choice of two providers within 30/45 miles/ minutes	# of Medicaid enrollees	% (# of enrollees with choice/# of enrollees)	# of providers accepting new non-Medicaid funded consumers	# of consumers with choice of two providers within 30/45 miles/minutes	# of consumers	% (# of consumers with choice/# of consumers)
Reside in urban counties								
Reside in rural counties								
Total (standard = 100%)								
Adults (age 18+)								
Children (age 17 and younger)								
Total (standard = 100%)								

II) Location-Based Services

Location-based Services	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded consumers	# and % of consumers with at least one provider within 30/45 miles/minutes of their residences		Total # of consumers
		#	%			#	%	
Psychosocial Rehabilitation								
Child and Adolescent Day Treatment								
SA Comprehensive Outpatient Treatment Program								
SA Intensive Outpatient Program								
Opioid Treatment								
Day Supports								

III) Community/Mobile Services

Community/Mobile Service	Medicaid				Non-Medicaid-Funded		
	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid consumers	# and % of consumers with access to at least one provider agency within the LME-MCO catchment area	Total # of Consumers
		#	%			#	%	
Assertive Community Treatment Team								
Community Support Team								
Intensive In-Home								
Mobile Crisis								
Multi-systemic Therapy								
(b)(3) MH Supported Employment Services								
(b)(3) I/DD Supported Employment Services								
(b)(3) Waiver Community Guide								
(b)(3) Waiver Individual Support (Personal Care)								
(b)(3) Waiver Peer Support								
(b)(3) Waiver Respite								
I/DD Supported Employment Services (non-Medicaid-funded)								
Long-term Vocational Supports (non-Medicaid-funded)								
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)								
I/DD Non-Medicaid-funded Personal Care Services								
I/DD Non-Medicaid-funded Respite Community Services								
I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility								
Developmental Therapies (Non-Medicaid)								

IV) Crisis Services

	Medicaid			Non-Medicaid Funded		
Crisis Service	**# of providers accepting new Medicaid consumers**	**# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Medicaid Enrollees**	**# of providers accepting new Non-Medicaid consumers**	**# and % of consumers with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Consumers**
		#	**%**			**#**	**%**	
Facility-Based Crisis - adults								
Facility-Based Respite								
Detoxification (non-hospital)								
FOR INFORMATION PURPOSES ONLY: Facility-Based Crisis - children								

V) Inpatient Services

	Medicaid			Non-Medicaid-Funded		
Service	**# of providers accepting new Medicaid consumers**	**# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Medicaid Enrollees**	**# of providers accepting new Non-Medicaid consumers**	**# and % of consumers with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Consumers**
		#	**%**			**#**	**%**	
Inpatient Hospital – Adult								
Inpatient Hospital – Adolescent/Child								

VI) Specialized Services

Give the number of parent agencies, not service sites, with LME/MCO contracts.

Service	Number Parent Agencies with Current Medicaid Contract	Number Parent Agencies with Current Contract for Non-Medicaid Funded Services
Partial Hospitalization		
MH Group Homes		
Psychiatric Residential Treatment Facility		
Residential Treatment Level 1		
Residential Treatment Level 2: Therapeutic Foster Care		
Residential Treatment Level 2: other than Therapeutic Foster Care		
Residential Treatment Level 3		
Residential Treatment Level 4		
Child MH Out-of-home respite		
SA Non-Medical Community Residential Treatment		
SA Medically Monitored Community Residential Treatment		
SA Halfway Houses		
I/DD Out-of-home respite (non-Medicaid-funded)		
I/DD Facility-based respite (non-Medicaid-funded)		
I/DD Supported Living (non-Medicaid-funded)		
(b)(3) I/DD Out-of-home respite		
(b)(3) I/DD Facility-based respite		
(b)(3) I/DD Residential supports		
Intermediate Care Facility/IDD		

VII) C-Waiver Services

Services	Adult	Child	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		Total # of C-Waiver Enrollees
			#	%	
C-Waiver Services-Choice of two providers					
Community Living and Supports	✓	✓			
Community Navigator	✓	✓			
Community Navigator Training for Employer of Record	✓	✓			
Community Networking	✓	✓			
Crisis Behavioral Consultation	✓	✓			
In Home Intensive	✓	✓			
In Home Skill Building	✓	✓			
Personal Care	✓	✓			
Crisis Consultation	✓	✓			
Crisis Intervention & Stabilization Supports	✓	✓			
Residential Supports 1	✓	✓			
Residential Supports 2	✓	✓			
Residential Supports 3	✓	✓			
Residential Supports 4	✓	✓			
Respite Care - Community	✓	✓			
Respite Care Nursing – LPN & RN	✓	✓			
Supported Employment	16 & older				
Supported Employment – Long Term Follow-up	16 & older				
Supported Living	18 & older				
C-Waiver Services – Access to at least one provider					
Day Supports	✓	✓			
Out of Home Crisis	✓	✓			
Respite Care - Community Facility	✓	✓			
Financial Supports	✓	✓			
Specialized Consultative Services (at least one provider of one of multiple services)	✓	✓			

Geo Maps

In a report appendix, provide separate geo maps for each Medicaid-funded service listed in these requirements, except for outpatient services. On geo maps, show only provider agencies with current (as of 1/1/2018) LME/MCO contracts to provide Medicaid services.

I) Location-based services – one geo map for each Medicaid location-based service.   Show provider locations with a radius of 30 miles for providers located in urban counties and 45 miles for providers located in rural counties.

II) Community/Mobile Services – one geo map for each Medicaid community/mobile service. Show provider coverage on each map. For example, if a provider serves only enrollees who live in a particular county, shade in the county that is covered.

III) Crisis Services – one geo map for each Medicaid crisis service that shows provider locations within the LME/MCO's catchment area.

IV) Inpatient Services – one geo map for each Medicaid inpatient service that shows provider locations within the LME/MCO's catchment area.

V) Specialized Services – one geo map for each Medicaid specialized service that shows provider locations within North Carolina.

VI) C-Waiver services – one geo map for each C-Waiver residential and day supports service.

Access to Care

I) Current DMA and DMH/DD/SAS contracts include requirements related to consumer access to care for emergent, urgent and routine services. Describe how your LME/MCO assures adequate provider capacity and service access for new members engaging in services.

Section Two: Accommodation

Cultural Competence – LME/MCOs must ensure the availability and delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

I) Describe the population make-up of the LME/MCO's catchment area, including the size and geographic locations/distribution of specific cultural and special populations.

Geographic, cultural or special populations include, but are not limited to:
- ethnic groups
- people with traumatic brain injuries
- people with physical disabilities
- people with visual impairments
- people who are deaf or hard of hearing
- veterans, military members and their families
- pregnant women with substance use disorders
- people who are LGBTQ
- people who are in jails or prisons
- youth in the juvenile justice system
- people who are homeless or have unstable housing
- people who have transportation barriers
- people with food insecurity

II) Describe obstacles and barriers to serving specific geographic, cultural or special populations, as well as gaps they experience in mental health, developmental disabilities and substance use disorder services access, quality, or outcomes.

Section Three: Acceptability

To ensure the LME/MCO's assessment reflects consumer and stakeholder experience, seek direct input from consumers and from a variety of existing service system partners. Discuss service gaps with local leaders, staff and consumers of disability-specific agencies to learn about service gaps for people with co-occurring physical, sensory (visual, hearing) and other disabilities. Engage the LME/MCO's Consumer and Family Advisory Council (CFAC) per § 122C-170, partners such as juvenile justice, DSS, education and disability advocacy groups in dialogue about service gaps and corresponding strategies and solutions. Use the information gathered to address the following items. If surveys were used please include a copy of the survey and a description of the distribution methodology as appendix documents.

I) Describe methods used to get input from consumers and family members regarding service needs, gaps and strategies. Include efforts to achieve geographic and disability-specific representation.

II) For each disability group (mental health, developmental disabilities and substance use disorder) what service gaps were identified by consumers and family members?

III) Describe methods used to get input from stakeholders other than consumers and family members regarding service needs, gaps and strategies.

IV) For each disability group (mental health, developmental disabilities and substance use disorder) what service gaps were identified by other stakeholders?

Section Three: Special Populations

I) **Transitions to Community Living Initiative (TCLI)**

A. Community-Based Supportive Housing Slots: Describe service gaps and needs, obstacles and barriers, and recent activities and projects in the LME/MCO to:

1. Identify and engage eligible individuals in the TCLI priority population,
2. Provide access and transition individuals to community-based supported housing,
3. Transition individuals within 90 days of assignment to a transition team, and
4. Support individuals' housing tenure and ability to maintain supportive community-based housing.

B. IPS-Supported Employment

1. Describe the network adequacy of IPS-Supported Employment services, including number, locations and capacity of fidelity teams; the LME-MCO's total service capacity requirements (including but not limited to the TCLI population); and service gaps and needs.
2. Describe obstacles and barriers as well as recent activities and projects to engage and refer individuals in the TCLI priority population, including individuals with SMI living in community-based supportive housing and individuals living in or at risk of entry to adult care homes.

C. Community-Based Mental Health Services

1. Describe the array and intensity of community-based mental health services provided to individuals living in supportive housing, as well as their sufficiency, as indicated by individuals' ability to obtain and maintain stable housing and by other personal outcomes indicative of greater integration in the community. *Personal outcomes addressed in response should include the following:*

   a. supportive housing tenure and maintenance of chosen living arrangement;
   b. hospital, adult care home, or inpatient psychiatric facility admissions;
   c. use of crisis beds and community hospital admissions;
   d. emergency room visits;
   e. incidents of harm;
   f. time spent in congregate day programming;
   g. employment;
   h. school attendance/ enrollment; and
   i. engagement in community life.

2. Describe gaps and needs in the community-based mental health services provided to individuals in community-based supportive housing. *Note that this item refers to gaps and needs related to the provision and outcomes of services, and not solely to the access and choice standards addressed in Section One.*

3. Describe obstacles and barriers as well as recent activities and projects to address gaps in the array, intensity, and sufficiency of community-based mental health services provided to individuals in supportive housing.

D. Crisis Services

1. Describe the network adequacy of the LME/MCO crisis service system, including the geographic availability, array and intensity of services; the sufficiency to offer timely and accessible services and supports to individuals experiencing a behavioral health crisis; and service gaps and needs. *Note that this item refers to gaps and needs related to the provision and outcomes of services, and not solely to the access and choice standards addressed in Section One.*

2. Describe the extent to which crisis services are provided in the least restrictive setting and consistent with an already developed individual community-based crisis plan or in a manner that develops such a plan as a result of the crisis situation, and in a manner that prevents unnecessary hospitalization, incarceration or institutionalization.

3. Describe obstacles and barriers as well as recent activities and projects to address gaps related to crisis service availability, delivery, sufficiency, and outcomes.

II) **Children With Complex Needs**

"Children with Complex Needs" are defined as Medicaid eligible children ages 5 to 21 with a developmental disability (including Intellectual Disability and Autism Spectrum Disorder) and a mental health disorder, who are at risk of not being able to enter or remain in a community setting due to behaviors that present a substantial risk of harm to the child or to others.

A. Describe service gaps and needs as well as obstacles and barriers to identifying and linking children with complex needs to appropriate levels of services including Case Management and all services provided by NC START.

B. Describe recent activities, projects, and initiatives in the LME/MCO to identify children with complex needs, link them with services including Case Management, ABA therapy and NC START services, and address related service gaps and needs, obstacles, and barriers.

Section Four: Network Access Plan

I) Network Access Plan requirements are included in Appendix F