

State CFAC Meeting – Approved

State Consumer & Family Advisory Committee

MEETING MINUTES

Wednesday, February 11, 2015

Location: **Holiday Inn Raleigh Downtown Capital**

Time: **9:00 a.m. – 3:00 p.m.**

Oak City Room

320 Hillsborough Street, Raleigh, NC (919) 832-0501 Phone (919) 833-1631 Fax

Members Present: Marc Jacques, LaVern Oxendine, Nancy Carey, Mark long, Anna Cunningham, Bonnie Foster, Mike Martin, Doug Wright, Kurtis Taylor, Sue Guy, Samuel Hargrove, Ben Coggins, Bev Stone, Ron Rau Jr., and Brandon Tankersley

Members Excused Absent: Marie Britt, Dennis Parnell, Kelli Moore Carson, and Bobbi Wells

Division Staff Present: Stacey Harward, Suzanne Thompson, Eric Fox, Wes Rider, Glenda Stokes, Spencer Clark, Deb Goda, Janet Breeding, Leesa Burrows, and Walt Caison

9:05 a.m. — Meeting began - Marc Jacques, Chair: reviewed housekeeping issues made sure all members turned in their stipend paper work.

Approval of Meeting Agenda.

Motion

1st Bev Stone

2nd Ron Rau / unanimously approved.

Approval of Minutes from the December 2014 SCFAC meeting.

Motion

1st Ron Rau

2nd Sue Guy / unanimously approved.

Approval of Minutes from the State to Local Conference Call for January 2015.

Motion

1st Ben Coggins

2nd LaVern Oxendine / unanimously approved.

Chair, Marc Jacques – Reminded members of the Statewide CFAC meeting being planned for Friday, February 20th in Wilson NC. He encouraged members to consider attending and reminded them to RSVP to the Eastpointe CFAC Liaison, Melissa Reese.

Chair, Marc Jacques – Reviewed a flyer with a list of State and Local CFAC conference call dates. **Attachment 1.**

The Chair reviewed with members two new forms. The first will be used to track State CFAC member's membership in other advocacy organizations and the second to track their attendance/participation in local meetings. The forms were passed out and members were asked to fill them out and send them in prior to SCFAC meetings in the future.

The Chair opened the floor to CFAC member's comments.

Brandon Tankersley – brought up an issue that he would like to discuss in-depth at the next SCFAC, the accountability of LME/MCO, committee agreed that they would like to have this on the agenda for March.

- Anna Cunningham – Number of providers / providers that are denied because they are not providing adequate services.
- Specialty Services – Are they getting the funding that they need or not? Reports that those that provide specialty services are not getting paid enough and are having to close their doors. (Anna Cunningham)
- Bonnie Foster – Brought up that she had knowledge of a provider having to recently “shut their doors due to not being paid by the LME/MCO in a timely manner.”
- Partners is very transparent with how they pay their providers, payment dates average 7 days, Partners welcomes any questions. (Ben Coggins)
- Alliance received a \$10 Million pay back for unpaid claims from the state (Marc Jacques).
- Doug Wright – Clarified that the \$10 million payment received by Alliance was based on the State not having accurate numbers of Medicaid recipients and stated that Alliance was not the only LME/MCO to receive a back payment.

9:20 — David Taylor – Spoke on the OCSS [Our Communities Standing Strong] / SABE [Self Advocates Becoming Empowered] /ADA [Americans with Disabilities Act] – 25th Anniversary. **Attachment 2.**

- David explained that the organization is funded through a three year grant.
- David spoke about a new 501 c3, People First of NC Inc.
- Reviewed some of the organizations recent activities and plans for the future.
- He encouraged people with questions or wanting to participate to contact Ellen Perry by email at peoplefirstnc@gmail.com.

The Americans with Disabilities Act (ADA) will turn 25 on July 26, 2015.

- Legacy Tour to celebrate the 25 years.
- May 3 & 4 Greensboro UNC – program will be focused on Education.
- May 5 & 6 Raleigh – program will be focused on Self Advocacy.
- May 7 & 8 Charlotte – program will focused on Self Employment.

Sue Guy – Offered to assist David in planning for the ADA 25th Birthday and to assist in bringing ADA / Civil rights issues to light.

Mr. Taylor – Asked the group to partner with People First. To let officials know if parking spaces are not adequate or if there are other accessibility issues in their communities. Additional info on the Legacy project can be found at www.adalegacy.com.

Bev Stone – Asked if the local CFACs could be provided with copies of the flyers that Mr. Taylor had passed out. Mr. Taylor pointed out that copies of the information are available online at <http://www.sabeusa>.

To report issues concerning ADA infractions you may contact:

- NC Division of Health Service Regulation – Complaint Hotline – 1-800 624-3004
- NC DMH/DD/SAS Customer Service 1-855-262-1946

9:30 — Janet Breeding and Deb Goda made a presentation on Home and Community Based Services (HCBS). **Attachment 3.**

- The Committee made several suggestions and comments regarding the HCBS these will appear on <http://www.ncdhhs.gov/hcbs/>.

12:00 — Lunch – State CFAC Committees worked through lunch.

1:10 — Panel representing Mental Health, Substance Use, and IDD/TBI.

Walt Caison, PhD, Section Chief – for Community Mental Health, provided an overview of his section. **Attachment 4.**

Mr. Caison provided an overview of the following programs:

- Child Mental Health Treatment Program.
- Adult Mental Health Treatment Program.
- The Geriatric and Housing Transitions Program.
- The PATH Program.

Anna Cunningham – Asked Dr. Caison about the initiative to bring children back from out of state placement. According to Dr. Caison this was known as *the Bring them Home Initiative* which reduced the numbers of children living in out of state placements by 1/3rd. According to Dr. Caison “We are still working to develop programming that would allow more children to come back to NC”.

Spencer Clark, MSW ACSW, Chief – Addictions and Management Operations, provided an overview of his section.

- Mr. Clark – Provided an overview of the addictions treatment programs managed by DMH I/DD SAS including inpatient, outpatient and prevention programs.
- He also spoke about pending legislation which would take funds currently received by the publicly funded Alcohol and Drug Treatment Centers (ADATCs) and give them to the LME/MCOs to manage. LME MCOs could then choose to contract with the ADATCs or purchase services in their communities. Bill DRS25004-MGa-8B.
- Discussed the Bill DRS25004-MGA-8B, it is the intent of the General Assembly to integrate the ADATCs into the array of publicly funded substance abuse services managed by the LME/MCOs over a three-year period beginning no earlier than July 1, 2016 and ending with full integration by June 30, 2019. **Attachment 5.**

Leesa Burrows Project Management Team Lead, – IDD/TBI and System Performance Section.

Ms. Burrows – Stated that as the Team Lead she provides oversight to the Project Management Team using project status updates. She stated that she would be glad to take any questions she did not know the answers to back to the subject matter experts at the Division and facilitate a response to the State CFAC.

Ms. Burrows – Provided information on the Five year State Action Plan. The MH/SA and Aging Coalition and the Crisis Solutions Initiative.

2:15 — Public Comment

- Mr. Daniel Orr – Addressed the group. Mr. Orr read to the committee the Patients' Rights and Grievances brochure from Recovery Innovations. He passed out a flyer with information detailing his attempts to help a loved one access recovery oriented services. The flyer also detailed Mr. Orr's frustration with the mental health and criminal justice systems. The flyer is not included in minutes since it contained personal information on person that Mr. Orr was discussing. State CFAC has never heard directly from Mr. Orr's loved one and does not have permission (a signed release) to discuss her issues.
- The Chair introduced Ms. Siobhan Daily (sp?). Ms. Daily introduced herself as a senior at NC School of Science and Math. According to Ms. Daily she saw a psychiatrist who had prescribed antidepressants. Because of this she is currently on "mental health probation" at her school and subsequently feels very isolated. She asked the committee for advice. Members of the committee engaged her in dialogue and two of the members offered to talk further with her after the meeting.
- The Chair introduced Bob Carey - Mr. Carey passed out flyers for upcoming Disability Rights of NC listening sessions. He encouraged State CFAC members to attend the sessions.

2:30 — Committee updates

Budget Team – Doug Wright reported on this task team – Bonnie Foster will send out last year's Gaps and needs report in order to prepare to gather information for this year's report. Gaps and needs report is due by April 1st 2015. Ron Rau has reached out to legislator Donny Lamberth.

Data-Com and State to Local Conference Call Task Teams – Anna Cunningham According to Ms. Cunningham the State to Local Conference calls have been proceeding well. She gave a brief update on the new format for the meetings and how having each local CFAC will rotate giving a report on local issues that have been working. She also shared that the Data-Com Team is preparing to work on the State CFAC annual report. The Chair asked each Task Team to send her an update on their progress for the year. Reports could be included in the State CFAC annual report. Mr. Jacques will email a reminder to the Task Teams asking for this information.

Ben Coggins – Mentioned that the State and Local CFAC Conference Calls have been getting lengthy and that they are trying to address this. Ms. Cunningham asked the committee to think of additional ways to distribute information.

Recovery and Self Determination Task Team

LaVern Oxendine – Reported that Dennis Parnell is working on a position paper detailing how a recovery model of services and supports can help people to recover and also save money.

Marc Jacques – Prior to closing the meeting did inform the Committee that they would be forming a nominating committee in accordance with their by-laws to start the process of nominating candidates for the new State CFAC officers.

3:15 — Meeting adjourned

**State CFAC to Local CFAC
2015 – Conference Calls**



Attachment 1.

Toll Free Number: **1-888-273-3658** — **2490768#** — Access Code

Enter **Access Code (#)** After the number.

(3rd Wednesday of every month)

TIME: 7:00 p.m. – 8:30 p.m.

Conference Call Dates

January 21, 2015

February 18, 2015

March 18, 2015

April 15, 2015

May 20, 2015

June 17, 2015

July 15, 2015

August 19, 2015

September 16, 2015

October 21, 2015

November 18, 2015

December 16, 2015

NOTE: * 6 Mute / un-mute the line {toggle}

*** 9 Roll Call of the participants**

Conference Calls subject to change or cancel at the discretion of the committee.



When self advocacy gets started it is like kudzu you can't stop it!

Enil Bhatnagar *Kendra Summitt* 2001

Adrianna *Alyson* *Theresa* *Genevieve* *Kerri* *Candice* *Ophelia* *Sophia* *Corinne* *Travis*

January 15, 2015



<http://www.sabeusa.org> Region 6 Rep./OCSS Rep. David Taylor Jr. davidtaylorjr30@yahoo.com

Check out the OCSS Project

OCSS – Our Community Standing Strong – This is a 3 year grant from AIDD

AIDD – Administration on IDD

We have done Video Blogs on many things important to persons with IDD.

NC-OCSS has funded the 501c3 of **People First 1 of NC**, we have done ADA Parking Patrol project on Handicap parking – accessible parking, and many other things. NOW we are working on ADA 25th. Birthday and the Legacy Tour to celebrate the 25 years. In NC in May 3 & 4 Greensboro UNC; 5&6 Raleigh, Charlotte 7 &8. More details later ! Contact Me!


The ADA Legacy Project | www.adalegacy.com



Anniversary Celebration!


The Americans with Disabilities Act (ADA) will turn twenty-five on July 26, 2015. And a big anniversary deserves a BIG celebration! That's why we're partnering with individuals and organizations around the country to prepare for 2015.

PEOPLE FIRST  OF NC, INC. Ellen Perry peoplefirstnc@gmail.com





Medicaid's Final Rule for Home and Community Based Setting Requirements


January 21, 2015





What we know and what our plans are so far...








The Centers for Medicare and Medicaid Services (CMS) put out a new rule in 2014. 

The rule says what a community setting must be like for people getting Medicaid waiver services.






Three (c) waivers in North Carolina come under this new CMS rule. 


- North Carolina Innovations (Innovations)
- Community Alternatives Program for Disabled Adults (CAP/DA) the self directed option - CAP Choice
- Community Alternatives Program for Children (CAP/C)


The specific waiver services under this rule are:




- Innovations
 - Residential Supports
 - Day Supports
 - Supported Employment
- CAP/DA and CAP Choice
 - Adult Day Health
- In NC, no services under CAP/C come under this rule.




What does the rule mean?

 People who get Medicaid waiver services and supports must have the same benefits of living in a community as others do.


 **Community Means:**

- where people live;
- where people work; and
- the places people go.


  

 **Communities in North Carolina  must be places where . . .**


- your rights are respected;
- your home is not just in the community; it is part of the community;
- you can lead your life the way you choose, at home and away from home;

 **you are side by side with everyone else at work and making a living wage;**

- you control personal resources;
- you have a choice about services and supports and who provides these;
- you can be with friends and loved ones;





- you feel safe and are healthy;
- you are treated with the dignity and respect that we all deserve; and
- you are a valued member of the community.





So, how do we get there?

The rule tells us.




North Carolina must send a transition plan to CMS  by March 16, 2015 to show how it will meet this rule.






The North Carolina Transition Plan will show the steps our state will take




... to give people the kind of life they want.




For our plan to work, we need help from:



- people who get waiver services and their families;
- people who want waiver services;
- agencies that help with the waivers on behalf of the Division of Medical Assistance (DMA);
- providers; and
- other valued stakeholders.




We will ask for that help by:



- Talking together about the plan at listening sessions.
- Putting the plan and other information on our website: <http://www.ncdhhs.gov/hcbs>
- Getting your feedback and ideas through email, phone, mail and in person.





 **Where to find us** 

The NC Department of Health and Human Services
website is: <http://www.ncdhhs.gov/hcbs>


The "My Future, My Plan" email address is:
HCBSTransPlan@dhhs.nc.gov 

 **We want to hear from you...** 

- Tell us what matters most to you in this process.
- Share with us what you see as the concerns with this rule/process.
- Tell us how we can be sure as many people know about this as possible.
- Share what you like about the plan/process.


 **We are still listening...** 

- Tell us what needs to change.
- Tell us what needs to stay the same.
- Will there be any negative outcome for you or others?
- Is there anything that will help you better understand the changes?


 **Sharing and Listening Sessions**

We will have six sessions:

- Lincolnton 2/2/15
- Raleigh 2/3/15
- Greenville 2/9/15
- Winston-Salem 2/10/15
- Wilmington 2/11/15
- Asheville 2/12/15




** If a meeting is cancelled due to bad weather, we cannot schedule it again, but we will plan for a phone call.

 **Next Steps for the State**


The State will look at their agreements/contracts with their responsible agencies to see if:


- these agreements help make the plan work, and
- if not, the State will make changes.


 **More Steps for the State**

The State will look at their rules and regulations to see if:


- they help make the plan work, and
- if not, the State will make changes.

 **Another Step for the State**


The Division of Medical Assistance (DMA) will make changes to the waiver policies and will submit waiver changes to CMS. 

 **Next Steps with Providers**


- The State will test a provider self assessment tool.
- Providers will look at their services and what the new rule says.
- The tool may be changed to make it better based on the test.
- All providers will be given the tool and trained on how to use it.


 **More Steps with Providers**


- If a provider is not meeting the rule, they will tell the responsible agency how they are going to meet it and by what date.
- The responsible agency will review these plans and decide if the providers' plan will meet what the rule says.
- No matter what, services will continue for people if that is what they choose.



What if . . .
a provider chooses not to meet the rule?



- The people they support will be given a choice of another provider.
- Most importantly, services will continue.


Next Steps


- The State  must make sure that the rule is met.




- CMS  must approve the State's Transition Plan.



• We, the State of North Carolina,  see a new future for improved community access and quality of life for people receiving waiver services.


- We will work with people who use home and community based services, their families, allies and others to become the change.
- Together, we will make this vision real.




 **To learn more, see:**

- <http://Medicaid.gov>
- <http://www.ncdhhs.gov/hchs/>
- <http://www.ncdhhs.gov/dma/line/innovations.html>
- <http://www.ncdhhs.gov/mhddsas/providers/IDD/index.htm>
- <http://www.ncdhhs.gov/dma/services/capda.htm>
- <http://www.ncdhhs.gov/dma/medicaid/capchildren.html>



 **After Tonight...**

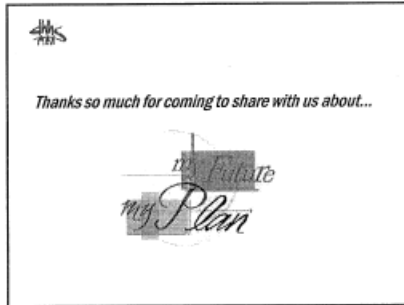
- We want you to keep giving us any feedback you have.
- We will change the "draft" based on what we learned from the Sessions.
- We will make sure that the new plan is available for everyone to see so they can share their thoughts.
- We will send "our" plan to CMS for their review and approval.
- At the same time, we will begin working with all of our partners to make the plan "real".

 **Before We Leave...**

- Remember to visit our website:
<http://www.ncdhhs.gov/hchs/>
- And, continue sharing your feedback in the following ways:
 - > By email comments to: NCDS@ncdhhs.gov
 - > By mail: NCDS Transition Plan, 2015 Mail Service Center, Raleigh, NC 27699-3913
 - > By web: www.ncdhhs.gov/transitionplan
 - > By fax: 919-688-0875 (please include ATTN: 1035 Transition Plan in the subject line)
 - > By calling: 1-866-271-4894 - North Carolina Community Resource Connection Customer Line

There is "no wrong door" for submitting feedback/input.

3/4/2015





Before We Leave....

- Remember to visit our website:
<http://www.ncdhhs.gov/hcbs/>
- And, continue sharing your feedback in the following ways:
 - By written comments to:
NC DHHS
ATTN: HCBS Transition Plan
3015 Mail Service Center
Raleigh, NC 27699-3015
 - By email: HCBSTransPlan@dhhs.nc.gov.
 - By FAX: 919-508-0975 (please include ATTN: HCBS Transition Plan in the subject line)
 - By Calling: 1-866-271-4894 – North Carolina Community Resource Connection Customer Line

There is “no wrong door” for submitting feedback/input.

NC DMH/DD/SAS



Community Mental Health Work Update

**Walt Caison, PhD
Chief, Community Mental Health**

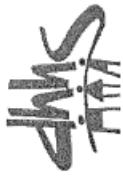
February 11, 2015

Attachment 4.



NC Child Treatment Program (CTP)

- Trains licensed clinicians in evidence-based **trauma treatments** for children with Medicaid insurance.
- Uses year-long Learning Collaborative model to provide training, coaching, and consultation to trainees.
- Developing NC Performance and Outcome Platform, a web-based tool to track outcomes and support clinicians' work.
- Funded by the General Assembly in SFY 2013-2015
 - \$1.8 million per year



Education in Psychiatric Residential Treatment Facilities (PRTFs)

- In SFY 2014-2015 the General Assembly appropriated funds for education for youth in PRTFs.
- Intent is for PRTFs to provide appropriate regular and special education to youth receiving treatment in PRTFs.
- Includes improving transitions to and from PRTFs and community schools
- Collaborative project between DMH/DD/SAS, the Department of Public Instruction, PRTFs, and local school systems



First Episode Psychosis Project

- 2014 Federal requirement for 5% of mental health block grant funds be spent on initiatives to support young people experiencing a 1st episode of psychosis.
- 2 pilot sites (CoastalCare and Alliance Behavioral Health) to use an evidenced based model (Coordinated Specialty Care) for early identification and treatment of psychosis.
- Coordinated Specialty Care includes assertive case management, individual and group therapies, supported employment and education services, family education and support, and pharmacotherapy.



System of Care Planning and Implementation Grants

- In the Fall 2014, NC was awarded a federal System of Care Service Grant to build on the work of a year-long planning grant.
- Focus on strengthening System of Care within a managed care environment
 - Increase access to Family Peer Support and Youth Peer Support
 - Increase care coordination using a family-focused planning process
 - Increase timely access to quality community-based services
 - Improve the functioning of Community Collaboratives who coordinate services across agencies



Individualized Placement Supports – Supported Employment (IPS-SE)

- **IPS-SE** is an evidence-based approach to supported employment for people who have a severe mental illness and co-occurring disorders
- Studies have found it to be three times more effective than traditional employment approaches in people with mental illness find work
- How DMH is involved:
 - IPS-SE is part of the TCLL, where expectations around implementation and penetration are identified
 - DMH has been providing training and technical assistance to providers and MCOs around start up, implementation and practice to fidelity
 - DMH coordinates and is largely responsible for the completion of fidelity monitoring



Assertive Community Treatment (ACT)

- ACT has been part of the NC service array since 2002
- ACT is a service identified in the TCLI, where expectations around implementation and penetration are identified
- ALL ACT providers must have a Tool for Measurement of ACT (TMACT) completed on them per the TCLI and per policy
- How is DMH involved:
 - DMH staff actively collaborates with the NC ACT TA Center around the completion and scoring of TMACTs. Four DMH staff are directly involved in completing TMACTs
 - DMH maintains documentation of all final TMACT reports and scores to track progress towards our TCLI milestones
 - To date, all but three teams in the state had a TMACT completed on team in the past 18 months (total of 82 teams completed)



Geriatric Adult Specialty Teams (GAST)

- Kate B. Reynolds Foundation recently awarded a grant to the Mental Health Substance Use and Aging Coalition.
- DMH will receive \$5000 of the grant to sponsor 4 Regional Trainings for LME/MCOs and their Providers.
- Focus on the Trainings:
 - Mental Health and Substance Use with the Aging Population.
 - Suicide and Crisis Prevention
 - Depression



Project for Assistance in Transition from Homelessness Program (PATH)

- Currently, have 5 sites (Asheville, Statesville, Fayetteville, Chapel Hill, Wilmington)
- FY 2015 will have an increase in funding from SAMSHA for North Carolina beginning in March.
- Additional Funding will allow for expansion of program to two underserved areas.
 - Charlotte (#1 Point In Time # of homeless) – Cardinal
 - Greensboro (#3 Point In Time # of homeless) – Sandhills



Child and Adult Mental Health Team Plans

- In the coming year, both the Child and Adult Mental Health Teams hope to look at the service arrays in place, identify current services needing revision, and identify current areas where services are lacking.
- Our long term goal is to support the development of service arrays that focus on the use of Evidence Based Practices to provide services to individuals at all levels of need, from Prevention to Acute Crisis Services.

ADATC Funds Reallocation to LME/MCOs

Unanimously Approved by:

**JOINT LEGISLATIVE PROGRAM EVALUATION OVERSIGHT
COMMITTEE**

February 9, 2015

**GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2015 S/H D SENATE
DRS25004-MGa-8B* (11/19) Short Title: PED Recs/Publicly Funded Substance Abuse Svcs.
(Public) Sponsors: Senator Hartsell (Primary Sponsor)/Representative Horn. Referred to:**

DRS25004-MGa-8B

A BILL TO BE ENTITLED 1
AN ACT INTEGRATING STATE-OPERATED ALCOHOL AND DRUG ABUSE 2
TREATMENT CENTERS (ADATCS) INTO THE ARRAY OF PUBLICLY FUNDED 3
SUBSTANCE ABUSE SERVICES MANAGED BY LOCAL MANAGEMENT 4
ENTITIES/MANAGED CARE ORGANIZATIONS, REALLOCATING DIRECT STATE 5
APPROPRIATIONS FOR ADATCS TO THE DIVISION OF MENTAL HEALTH, 6
DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES FOR 7
MANAGEMENT BY THE LME/MCOS, AND STRENGTHENING THE 8 PERFORMANCE
MANAGEMENT SYSTEM FOR PUBLICLY FUNDED SUBSTANCE 9 ABUSE SERVICES, AS
RECOMMENDED BY THE JOINT LEGISLATIVE PROGRAM 10 EVALUATION OVERSIGHT
COMMITTEE. 11

The General Assembly of North Carolina enacts: 12

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PART I. DEFINITIONS 14

SECTION 1. As used in this act, the following definitions apply unless the context 15 requires
otherwise: 16

(1) ADATCs. – All of the Alcohol and Drug Treatment Centers under the 17 jurisdiction of the
DHHS Secretary, as identified in G.S. 122C-181. 18

(2) DHHS. – The North Carolina Department of Health and Human Services. 19

(3) DMH/DD/SAS. – The Division of Mental Health, Developmental 20 Disabilities, and Substance
Abuse Services of the North Carolina 21 Department of Health and Human Services. 22

(4) DSOHF. – The Division of State-Operated Healthcare Facilities of the North 23 Carolina
Department of Health and Human Services. 24

(5) LME/MCO or Local Management Entity/Managed Care Organization. – As 25 defined in G.S.
122C-3; a local management entity that is under contract 26 with DHHS to operate the combined
Medicaid Waiver program authorized 27 under Section 1915(b) and Section 1915(c) of the Social
Security Act. 28

(6) Transition period. – The three-year period beginning July 1, 2016, and 29 ending June 30, 2019,
during which ADATCs are to be fully integrated into 30 the array of publicly funded substance abuse
services managed by the 31 LME/MCOs. 32

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**PART II. DHHS TRANSITION BUSINESS PLAN FOR INTEGRATING ADATCS 34 INTO
THE ARRAY OF PUBLICLY FUNDED SUBSTANCE ABUSE SERVICES 35 MANAGED
BY LME/MCOS. 36 General Assembly of North Carolina Session 2015**

SECTION 2.(a) It is the intent of the General Assembly to integrate the ADATCs into the array of publicly funded substance abuse services managed by the LME/MCOs over a three-year period, beginning no earlier than July 1, 2016, and ending with full integration by June 30, 2019.

SECTION 2.(b) By April 1, 2016, DHHS shall prepare and submit to the Joint Legislative Oversight Committee on Health and Human Services a three-year transition business plan for integrating all ADATCs into the array of publicly funded substance abuse services managed by the LME/MCOs. The plan shall include at least all of the following components:

- (1) The projected demand by LME/MCOs for substance abuse services provided by the ADATCs during
 - (i) each fiscal year of the transition period and
 - (ii) the first three fiscal years subsequent to full integration of the ADATCs into the array of publicly funded substance abuse services managed by the LME/MCOs.
- (2) The projected availability of services at all ADATCs during
 - (i) each fiscal year of the transition period and
 - (ii) the first three fiscal years subsequent to full integration of the ADATCs into the array of publicly funded substance abuse services managed by the LME/MCOs.
- (3) Procedures for making operational adjustments at each of the ADATCs during the transition period based upon the demand for services and the availability of funding to provide these services. Operational adjustments may include one or any combination of the following:
 - a. Staffing adjustments.
 - b. Changes in the use of contract staff.
 - c. Facility closures.
- (4) A methodology for establishing and updating the rates to be paid by LME/MCOs for substance abuse services provided by ADATCs to individuals receiving these services under the management of the LME/MCOs.
- (5) A uniform process for LME/MCOs to give prior authorization for ADATCs to admit and treat individuals whose care is managed and paid for by the LME/MCOs. The prior authorization process developed pursuant to this subsection shall be developed by DHHS, in consultation with the LME/MCOs.

As part of this process, an ADATC shall provide screening and triage services and notify the appropriate LME/MCO when an individual reliant upon State funds for substance abuse services seeks direct admission to the ADATC. The LME/MCO for the catchment area in which the individual resides shall determine if the individual should be admitted to the ADATC based upon clinical information provided by the ADATC. If the LME/MCO approves admission, the LME/MCO shall be financially responsible for all inpatient substance abuse services rendered by the ADATC to the individual. If the LME/MCO denies admission, the LME/MCO shall be responsible for paying the cost of assessment services performed by the ADATC and for making arrangements for the individual to receive alternative substance abuse services.

PART III. TERMINATION AND REALLOCATION OF DIRECT STATE APPROPRIATIONS FOR ADATCS

SECTION 3.(a) It is the intent of the General Assembly to gradually terminate all direct State appropriations for ADATCs by the beginning of the 2019-2020 fiscal year and instead reallocate this funding to DMH/DD/SAS for community services in order to allow the
General Assembly of North Carolina Session 2015

DRS25004-MGa-8B* (11/19) Page 3

LME/MCOs to assume responsibility for managing the full array of publicly funded substance abuse services, including those delivered through the ADATCs. To this end and notwithstanding any other provision of law, all direct State appropriations for ADATCs are terminated effective July 1, 2019, and reallocated to DMH/DD/SAS for allocation to the LME/MCOs.

The LME/MCOs shall use these reallocated funds to manage and pay for the utilization of substance abuse treatment and services for individuals within their respective catchment areas.

SECTION 3.(b) In order to allow the LME/MCOs to plan in advance how to effectively and efficiently manage these reallocated ADATC funds, DMH/DD/SAS shall do all of the following:

(1) Calculate and notify each LME/MCO by August 1, 2015, of its estimated share of these fund allocations for each fiscal year of the transition period. The estimated share of fund allocations for each LME/MCO shall be:

a. Based on the total amount of direct State appropriations allocated to the ADATCs for the 2015-2016 fiscal year.

b. Proportional to the total population of the LME/MCO catchment area, except that the estimated share of allocations for the LME/MCO known as Cardinal Innovations Healthcare Solutions (Cardinal) shall be reduced by an amount sufficient to reflect the ADATC state institution fund allocation received by Cardinal for the original counties under the Piedmont Demonstration Project.

(2) As a condition of receiving its share of reallocated ADATC funds, require each LME/MCO to submit by February 1, 2016, a written transition plan describing how the LME/MCO plans to use these reallocated ADATC funds to

- (i) build capacity for community-based substance abuse services,
- (ii) reduce gaps in substance abuse services,
- (iii) purchase substance abuse services from the ADATCs, or
- (iv) any combination of these.

DMH/DD/SAS shall review the written transition plans to ensure each LME/MCO proposes using these reallocated ADATC funds to purchase substance abuse services.

PART IV. LME/MCO PAYMENT AND UTILIZATION MANAGEMENT FOR ADATC SERVICES

SECTION 4. In order to allow the LME/MCOs to effectively and efficiently manage utilization of, and payment for, ADATC services for individuals within their respective catchment areas, each LME/MCO shall do all of the following:

(1) By February 1, 2016, submit to DMH/DD/SAS a written transition plan describing how it plans to use reallocated ADATC funds to

- (i) build capacity for community-based substance abuse services,
- (ii) reduce gaps in substance abuse services,
- (iii) purchase substance abuse services from the ADATCs, or
- (iv) any combination of these.

(2) By February 1 of each year, submit to DSOHF its projected demand for ADATC services for the upcoming fiscal year.

(3) By April 1 of each year, enter into a contract with DSOHF for the ADATC services it intends to utilize during the next fiscal year. The contract shall include at least all of the following terms:

a. The projected amount of substance abuse services to be provided by the ADATCs to individuals within the LME/MCO catchment area.

b. The negotiated rate to be paid by the LME/MCO for substance abuse services provided by the ADATCs to individuals receiving these services under the management of the LME/MCOs. The negotiated

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rate shall be sufficient to cover one hundred percent (100%) of the actual cost to the ADATCs for providing these services, except that during the transition period the negotiated rate shall be calculated as follows:

1. For fiscal year 2016-2017, LME/MCOs shall pay twenty-five percent (25%) of the facility's per bed day cost for ADATC services provided to individuals under the management of the LME/MCOs.

2. For fiscal year 2017-2018, LME/MCOs shall pay fifty percent (50%) of the per bed day cost for ADATC services provided to individuals under the management of the LME/MCOs.

3. For the 2018-2019 fiscal year, LME/MCOs shall pay seventy-five percent (75%) of the per bed day cost for ADATC services provided to individuals under the management of the LME/MCOs.

c. Any conditions imposed upon the ADATCs for receiving payment from the LME/MCOs for services provided to individuals whose care is managed and paid for by the LME/MCOs, including prior authorization.

(4) Implement and enforce the prior authorization process established by DHHS, in consultation with the LME/MCOs, pursuant to Section 2(b)(5) of this act.

PART V. ADJUSTMENT OF ADATC OPERATIONS

SECTION 5.

It is the intent of the General Assembly that at the end of the transition period, each of the ADATCs be wholly receipt-supported.

To this end, during the transition period, each of the ADATCs shall annually evaluate and adjust their operations based upon the projected demand for services and the availability of funding to meet the demand for services from direct State appropriations and estimated receipts from Medicare, Medicaid, insurance, self-pay, and the LME/MCOs.

These operational adjustments shall be in compliance with the procedures established by DHHS pursuant to Section 2(b)(3) of this act.

PART VI. OVERSIGHT AND REPORTING

SECTION 6.

(a) During the transition period, DMH/DD/SAS shall monitor each of the following with respect to integration of the ADATCs into the array of publicly funded substance abuse services managed by the LME/MCOs:

(1) Expenditures by LME/MCOs and by ADATCs to ensure that North Carolina continues to meet the maintenance of effort requirements of the federal Substance Abuse Prevention and Treatment Block Grant.

(2) Efforts by each of the LME/MCOs to increase capacity for substance abuse treatment to ensure the development of community-based services to meet the needs of individuals formerly served by the ADATCs.

(3) Utilization by LME/MCOs of substance abuse services provided by the ADATCs.

SECTION 6.

(b) Beginning October 1, 2016, and annually thereafter until October 1, 2020, DHHS shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Program Evaluation Oversight Committee on each of the following:

(1) The status of fully integrating the ADATCs into the array of publicly funded substance abuse services managed by the LME/MCOs.

(2) A breakdown of how direct State appropriations reallocated from the ADATCs to the LME/MCOs have been used to purchase substance abuse services.

PART VII. PLAN FOR STRENGTHENING PERFORMANCE MANAGEMENT FOR THE STATE'S PUBLICLY FUNDED SUBSTANCE ABUSE SERVICES
SECTION 7.

By January 15, 2016, DMH/DD/SAS, in consultation with the LME/MCOs, shall develop and submit to the Joint Legislative Oversight Committee on Health and Human Services a plan to strengthen performance management for the State's publicly funded substance abuse services. The Department is encouraged to consult with other Divisions under its jurisdiction, the North Carolina Court System, and other State agencies, including the Departments of Public Safety, Revenue, and Commerce, in order to develop a plan that integrates other data into a performance management system that measures outcomes.

The plan shall identify at least all of the following:

(1) Specific long-term outcome measures to be tracked by DMH/DD/SAS.

(2) Challenges with the current information technology system used for Medicaid claim adjudication that may limit the State's ability to implement meaningful performance management, and proposed remedies for either eliminating this limitation in the system or collecting needed data from the LME/MCOs.

(3) Time lines for all steps necessary for DMH/DD/SAS to begin tracking long-term outcome measures.

(4) Data elements, such as patient placement criteria data, that would allow DMH/DD/SAS to improve the process for analyzing service gaps in substance abuse services.

(5) Protocols for using long-term outcomes to (i) assess the effectiveness of treatment modalities and practices, (ii) measure the performance of providers and LME/MCOs in the delivery of substance abuse services, and (iii) hold LME/MCOs accountable for effective and efficient treatment.

PART VIII. EFFECTIVE DATE

SECTION 8. This act is effective when it becomes law.