CENTER *for* INTEGRATIVE HEALTH

insight to innovation

Convene.
Strategize.
Activate.

Nuts & Bolts of Behavioral Health & I-DD for Legislators

GLOSSARY OF TERMS

Advanced Medical Home

A model of care management that includes:

- Patient Engagement
- Comprehensive Care
- Enhanced access to the Care Delivery Team
- Coordinated Care
- Team-Based Approach
- Disease Registry
- Streamlined Electronic Medical Record Workflow
- Reduced Patient Idle Time/Improved Access with Virtual Contact
- Improved Quality with Decreased Costs

Five Steps to Build the Advanced Medical Home, Megan Clark, Managing Director, Advisory Board, January 5, 2014, available at: https://www.advisory.com/research/health-care-advisory-board/studies/2013/5-steps-to-build-the-advanced-medical-home/executive-summary

Behavioral Health

Includes both mental illness and substance abuse disorders. It does NOT include Intellectual/ Developmental-Disabilities.

Block Grant

Federal funding for services and supports that is not tied to Medicaid. Block grant funds are distributed to states and are a fixed amount unlike Medicaid that is based on the entitlement of an individual. Some block grants require matching dollars and others require States to maintain prior levels of expenditures of State funding, known as maintenance of effort.

Capitation

A uniform per capita payment or fee

https://www.merriam-webster.com/dictionary/capita

Care Management

Care management programs apply systems, science, incentives, and information to improve medical practice and assist consumers and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively. The goal of care management is to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services.

Adapted from: R. Mechanic. *Will Care Management Improve the Value of U.S. Health Care? Background Paper for the 11th Annual Princeton Conference*, available at: http://healthforum.brandeis.edu/research/pdfs/CareManagementPrincetonConference.pdf

GLOSSARY OF TERMS *Continued*

CENTER *for* INTEGRATIVE HEALTH
insight to innovation

CHIP

The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government. The statutory parameters are found in Title XXI of the Social Security Act.

Commercial Plan

Any person, entity, or organization, profit or nonprofit, that undertakes to provide or arrange for the delivery of health care services to enrollees on a prepaid basis except for enrollee responsibility for copayments and deductibles and holds a PHP license issued by the Department of Insurance.

S.L. 2015-245: https://www.ncleg.net/Sessions/2015/Bills/House/PDF/H372v8.pdf

NC DHHS

North Carolina Department of Health and Human Services

Entitlement

Entitlement programs are rights granted to citizens and certain non-citizens by federal law. Examples include Medicaid, Medicare and Social Security.

Fee-for-Service

A method in which doctors and other health care providers are paid for each service performed.

Health Choice

North Carolina's Children's Health Insurance Program (CHIP) is called Health Choice.

Home and Community Based Waivers (HCBS)

Medicaid waivers under Section 1915(c) of the Social Security Act that permit State's to offer an array of services in community settings in lieu of an institutional level of care.

Innovations Waiver

A HCBS Medicaid Waiver for people with intellectual or other developmental disabilities who would otherwise be entitled to services in an Intermediate Care Facility for individuals with I-DD.

Integrated Care

The systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple health care needs.

SAMHSA-HRSA Center for Integrated Health Solutions, available at: https://www.integration.samhsa.gov/about-us/what-is-integrated-care

Intellectual-Developmental Disabilities (I-DD)

"Developmental Disabilities" is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood.

Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome.

Intellectual disability encompasses the "cognitive" part of this definition, that is, a disability that is broadly related to thought processes. Because intellectual and other developmental disabilities often co-occur, intellectual disability professionals often work with people who have both types of disabilities.

American Association on Intellectual and Developmental Disabilities, available at: https://aaidd.org/intellectual-disability/definition/faqs-on-intellectual-disability#.WqLyhpPwbUI

GLOSSARY OF TERMS *Continued*

CENTER *for* INTEGRATIVE HEALTH
insight to innovation

LME/MCO

Local Management Entity/Managed Care Organization means a local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the Social Security Act. They are public entities with statutory authority under North Carolina General Statue, Chapter 122C.

North Carolina General Statute, Chapter 122C: https://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=122c

Managed Care

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

Centers for Medicare and Medicaid, available at: https://www.medicaid.gov/medicaid/managed-care/index.html

MCO

Managed Care Organization combines the functions of health insurance, delivery of care, and administration. They are general for-profit or non-profit private entities.

Medicaid

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is means-tested and funded jointly by states and the federal government. The statutory parameters are found in Title XIX of the Social Security Act.

Adapted from Centers for Medicare and Medicaid definition, available at: https://www.medicaid.gov/medicaid/index.html

Medicaid Transformation through State Law 2015-245 (HB 372)

https://www.ncleg.net/Sessions/2015/Bills/House/PDF/H372v8.pdf

entitled Medicaid Transformation and Reorganization. Other NC laws related to Medicaid Transformation are:

S.L. 2016-121

https://www.ncleg.net/enactedlegislation/sessionlaws/html/2015-2016/sl2016-121.html

S.L. 2017-57

https://www.ncleg.net/enactedlegislation/sessionlaws/html/2017-2018/sl2017-57.html

NC TRACKS

the multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS).

Provider-Led Entity

An entity that meets all of the following criteria: 1. A majority of the entity's ownership is held by an individual or entity that has as its primary business purpose the ownership or operation of one or more Medicaid and NC Health Choice providers. 2. A majority of the entity's governing body is composed of physicians, physician assistants, nurse practitioners, or psychologists. 3. Holds a PHP license issued by the Department of Insurance.

S.L. 2015-245: https://www.ncleg.net/Sessions/2015/Bills/House/PDF/H372v8.pdf

Standard Plan

NC DHHS has developed a model of Medicaid managed care for North Carolina that breaks Medicaid recipients into populations. The Standard Plan will be offered to Medicaid recipients with predominant physical health care needs and some mild-to-moderate mental health and substance use treatment needs. The separation of mild-to-moderate and acute BH/I-DD needs by plan is contingent upon legislative action.

GLOSSARY OF TERMS *Continued*

CENTER *for* INTEGRATIVE HEALTH
insight to innovation

State Funding

The North Carolina General Assembly budgeted over $300 million this fiscal year for community-based mental health/developmental disability/substance abuse services for individuals who do not qualify for Medicaid and are uninsured or underinsured. There is an estimated population of 1.4 million North Carolinians who fit this category. State-funded services are listed in a separate handout. Unlike Medicaid, there is no entitlement to State-funded services.

Tailored BH/I-DD Plan

NC DHHS has developed a model of Medicaid managed care for North Carolina that breaks Medicaid recipients into populations. The Tailored Plan, which must be legislatively approved, will be offered to Medicaid recipients and State-funded consumers with high intensity treatment and support needs for mental illness, intellectual/developmental disabilities and substance abuse disorders.

Waiver

States can implement a managed care delivery system using three basic types of federal authorities:

- Patient Engagement
- State plan authority [Section 1932(a)]
- Waiver authority [Section 1915 (a) and (b)]
- Waiver authority [Section 1115]

Regardless of the authority, states must comply with the federal regulations that govern managed care delivery systems. These regulations include requirements for a managed care plan to have a quality program and provide appeal and grievance rights, reasonable access to providers, and the right to change managed care plans, among others.

All three types of authorities give states the flexibility to not comply with the following requirements of Medicaid law outlined in Section 1902:

- Statewideness: Lets states implement a managed care delivery system in specific areas of the state (generally counties/parishes) rather than the whole state.
- Comparability of Services: Lets states provide different benefits to people enrolled in a managed care delivery system.
- Freedom of Choice: Lets states require people to receive their Medicaid services from a managed care plan.

North Carolina Medicaid Waivers Include:

1915(b): North Carolina has had a 1915(b) Medicaid Waiver in place for all Medicaid mental health and substance abuse services. The 1915(b) waiver is currently administered locally by LME/MCOs. The 1915(b) includes a closed network of providers.

1915(c): North Carolina has also had a 1915(c) Medicaid Waiver for home and community-based services. This is also known as the Innovations Waiver. It also includes a closed network of providers. [Note, NC has other 1915(c) Waivers that are not currently under managed care, including the Community Alternatives Program for Disabled Adults (CAP-DA) and the Community Alternatives Program for Children (CAP-C)].

1915(b)(3): North Carolina has a 1915(b)(3) waiver which is a Non-Medicaid Services Waiver that uses cost savings to provide additional services to beneficiaries.

1115: North Carolina currently has a pending application for an 1115 Medicaid Waiver. The 1115 waiver has an open network of any willing providers.

Adapted from Centers for Medicare and Medicaid definition, available at: https://www.medicaid.gov/medicaid/index.html

Whole Person Care

Whole-Person Care" is the coordination of health, behavioral health, and social services in a patient-centered manner with the goals of improved health outcomes and more efficient and effective use of resources.

John Snow, Inc. National Approaches to Whole-Person Care in the Safety Net. Prepared for the Blue Shield of California Foundation. San Francisco, CA: John Snow, Inc; March 2014.