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Public Policy Changes Impacting System of Care for Children, Youth and Families



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Public Policy Issues

Medicaid Transformation

Creates two plans of service for individuals with behavioral health needs

Child Welfare and Social Services Restructure

Plans regional county offices, provides Social Services recommendations, and funds mental health care in foster care

School Mental Health Initiatives

Provides recommendations for consistency and accountability to county social services

Raising the Age of Juvenile Court Jurisdiction

Raises upper age limit for a juvenile in North Carolina to 17 years old



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North Carolina Medicaid Transformation

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General Concept of Medicaid Transformation

- NC DHHS will implement a 1115 Medicaid Waiver for all Medicaid pharmacy, physical, and behavioral healthcare and I-DD services under managed care.
- Medicaid beneficiaries with “mild-to-moderate” behavioral health issues will be shifted from LME/MCOs to the Standard Benefit Plans (SP), beginning November 1, 2019.
- LME/MCOs will remain administrators of BH/I-DD Medicaid- and State-funded services and apply to be a BH/IDD Tailored Plan.
 - There are seven LME/MCOs
 - Current legislation authorizes 5 – 7 Tailored Plan contracts
 - Tailored plan integration begins in July 2021

Timeline

- June 2019** Welcome packets sent to enrollees
- July 2019** PHP Call Centers Open
- July 2019** Phase 1 Open Enrollment Begins
- October 2019** Phase 2 Open Enrollment Begins
- November 1, 2019** Phase One of Standard Plan Begins in 2 of 6 regions
- February 1, 2019** Phase Two of Standard Plan Begins in remaining 4 regions
- February 1, 2020** DHHS releases RFA for Tailored Plan applications
- July 2021** BH/I-DD Tailored Plans Begin

Who Gets Which Plan?

Standard Benefit Plan Qualifiers

The majority of Medicaid and NC Health Choice enrollees including those with mild-to-moderate behavioral health needs will be enrolled in the Standard Benefit Plans.

- This is an estimated 1.6 million of the 2.1 million Medicaid beneficiaries.

Standard Plan Prepaid Health Plans:

- AmeriHealth Caritas (statewide)
- Blue Cross and Blue Shield of North Carolina (statewide)
- United Healthcare (statewide)
- WellCare Health Plans (statewide)
- Carolina Complete Health (for Regions 3 and 5 only)

BH/I-DD Tailored Plan Qualifiers

- Individuals of any age on the I-DD waiting list
- Individuals of any age currently receiving state-funded I-DD services or have received state-funded services within the last year
- Individuals with significant behavioral health disorders
- Individuals with an intellectual or developmental disability
- Individuals with traumatic brain injuries
- Individuals enrolled in Transition to Community Living Initiative
- Individuals with a Medicaid qualifying substance use disorder

***There will be no cap for the BH/I-DD Tailored Plan.**

***Approximately 120,000 people meet criteria in North Carolina for the BH/I-DD Tailored Plan.**

Benefit Packages

BH and I-DD Services ONLY included in the BH/I-DD Tailored Plan

- Residential treatment facility services
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systematic therapy services
- Psychiatric residential treatment facilities
- Assertive community treatment
- Community support team
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Intermediate care facilities for individuals with intellectual disabilities
- 1915(b)(3) waiver services
- Innovations waiver services for waiver enrollees
- TBI waiver services for waiver enrollees
- State-funded behavioral health, I/DD, and TBI services for the uninsured and underinsured

Services covered under BOTH the Standard Plans and the BH/I-DD Tailored Plans

- Inpatient behavioral health services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Partial Hospitalization
- Mobile crisis management
- Substance abuse intensive outpatient program
- Facility-based crisis services for children and adolescents
- Professional treatment services in facility-based crisis program
- Psychosocial rehabilitation
- Outpatient opioid treatment
- Ambulatory detoxification
- Non-hospital medical detoxification
- Medically supervised or alcohol drug abuse treatment center detoxification crisis stabilization
- Substance abuse comprehensive outpatient treatment program
- Research-based intensive behavioral health treatment
- Diagnostic assessment
- Early Periodic Screening Diagnostic Treatment
- Pharmacy Services

Care Management

The Standard Plan

An Advanced Medical Home for beneficiaries is responsible for care management. These will build on the primary care case management model seen through Community Care of North Carolina networks.

The BH/I-DD Tailored Plans

Every Tailored Plan beneficiary will be provided a care manager* through an Advanced Medical Home or other certified agency to accomplish:

- A single care manager for every enrollee
- Holistic, person-centered planning
- An emphasis on local care management
- Coordinated multidisciplinary care teams
- Access to clinical consultation
- Assistance with unmet resource needs
- Inclusion of care management in the data strategy

***Care management is not the same as the care coordination that has been provided by LME/MCOs**



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Child Welfare and Social Services Restructure (see separate Powerpoint) Alycia Blackwell-Pittman Senior Human Services Policy Advisor NC Dept. of Health and Human Services



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School Mental Health Initiative

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Project AWARE (Advancing Wellness and Resiliency in Education)

- Grants provided through the SAMHSA
 - Increase mental health awareness/prevention with Multi-Tiered System of Support
 - Train educators to identify and respond to mental health issues
 - Connect at-need children, youth, and families with appropriate services

What are the expected outcomes of this project?

- Lowered drop out rates
- Less attempted suicide rates
- Reduced substance abuse within schools
- Less school disciplinary actions

NC ACTIVATE

How will these changes be tracked and evaluated?

- Facilitated assessment of the Multi-Tiered System of Supports (MTSS) in schools
- SHAPE
 - validated self-assessment developed by the National Center for School Mental Health for implemented mental health activities within the MTSS

Counties Selected to Participate

- Cleveland County
- Rockingham County
- Beaufort County

Services Covered in Program

Plans

- Individual Education Programs (IEP)
- 504 plans
- Individual Healthcare Plans (IHP)
- Behavior Intervention Plans (BIP)

Services

- Physical Therapy
- Occupational Therapy
- Speech-Language Therapy
- Audiology
- Nursing
- Psychological and Counseling Services

Covered Mental Health Providers

- Psychological associate or practicing North Carolina certified psychologist
- North Carolina Licensed Professional Counselor
- North Carolina licensed school psychologist
- Licensed clinical social workers
- Registered nurses
- Occupational therapists



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Raising the Age of Juvenile Court Jurisdiction

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Juvenile Justice Reinvestment Act

Fully effective on December 1, 2019, youth who are alleged to have committed misdemeanor-level delinquent acts and lower level felonies (H and I) at ages 16 and 17 will be processed through the juvenile justice system.

Who is a Juvenile?

Under the JJRA, a youth under 18 years old is only considered an adult if he/she:

- is married;
- has previously been convicted in either district or superior court for a felony or a misdemeanor, including a violation of the motor vehicle laws under State law (prior to the new offense date) -7B-1604 (b) as revised by S257/S.L. 2017-57; or
- Or has been emancipated.

A juvenile can still be prosecuted as an adult if:

- a juvenile aged 13-15 commits an offense that would be a felony if committed by an adult, and a transfer hearing orders transfer to superior court;
- a juvenile aged 13 -15 commits a Class A felony and the court finds probable cause;
- a juvenile aged 16-17 commits a Class A-G felony; or
- a transfer hearing orders transfer to superior court for a juvenile 16-17 who commits an H or I felony.

The court may excuse a juvenile under the age of 16 from compulsory school attendance law if a suitable alternative plan can be arranged through community resources for:

- an education related to the needs or abilities of the juvenile, including vocational education or special education;
- a suitable plan for supervision/placement; or
- another situation the court finds in the best interest of the juvenile.



Cases not processed before the juvenile turns 18 can be processed as a juvenile crime:

- if the crime was committed at age 16, until their 19th birthday;
- if the crime was committed at age 17, until their 20th birthday;
- unless the court either transfers the case to superior court or dismisses the petition.

The maximum term cannot be more than the maximum adult sentence for the same crime:

- unless it is to extend treatment or care for the individual.
- In such cases, the juvenile's parents, guardians or custodians may request review by the court.

Raise the Age Impact

- Reduces the impact of permanent records on teenagers (eligibility for college admission, scholarships, housing, employment, military enrollment, etc.)
- Increases access to behavioral health services for juveniles
- Allows the court to mandate that parents be involved in treatment, thereby strengthening families
- Decreases the likelihood of further criminal activity (making NC safer)
- Provides appropriate and timely resources
- Has a positive economic impact on the state