

Cross-System Navigation In a Managed Care Environment



ANNUAL REPORT 2018-2019

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Letter from Director

June 30, 2019

Greetings to Our Partners, Friends, and NC DD Council Supporters,

Just over a year ago, the i2i Center for Integrative Health made the decision to respond to the DD Council's RFP, *Cross-System Navigation in a Managed Care Environment*. We believed that our strong background in policy, understanding of managed care, and ability to bring together key individuals presented a unique opportunity to impact North Carolina's developing system for individuals and families with IDD. As you read through the following pages, I hope you agree with me that the Council's decision to work with i2i was a great one!

With Kelly Friedlander's leadership and guidance, this initiative took form and found its footing, and our Advisory Group has made the most of opportunities to influence planning around Medicaid Transformation, both formally and informally, via meetings and feedback. That group's collective wisdom and brain power cannot be emphasized enough, and I am so impressed each time I join them for an event or meeting.

By all accounts, we've met our Year 1 goals, and I have no doubt as we move into Year 2, the same will be true. Beyond that, though, what I think we're accomplishing and what I may be more proud of is that, through this initiative, i2i is supporting Medicaid Transformation in ways that will have meaningful and sustainable benefits for people with IDD and their families. With the help of our awesome Advisory Group, we will continue to influence the evolving plan, and we will disseminate information regarding system navigation widely.

My thanks to the NC DD Council for its willingness to partner with us in this work. I encourage everyone to join us during our Year 2 activities by coming to an Advisory Group meeting, attending a conference offering, joining webinar, or taking a look at our website (CrossSystemNavigation.org). And if you have suggestions for ways to improve our work, please do let us know. Your knowledge and feedback are our strength!

With Appreciation,

A handwritten signature in black ink that reads "Mary Hooper". The script is fluid and cursive, with the first letters of "Mary" and "Hooper" being capitalized and prominent.

Mary A. Hooper, ACSW
Executive Director

Initiative Progress

Objective: Creation of Cross-System Navigation Advisory Group

The first objective of the initiative was to create an advisory group comprised of individuals and entities who are stakeholders in North Carolina's I/DD systems of services to educate, inform, advise, and guide the recommendations.

The i2i Center wanted to ensure the Advisory Group reflected a variety of stakeholder perspectives, including but not limited to:

- individuals with I/DD
- family members caring for individuals with I/DD;
- a parent of a child with complex health needs in the Community Alternatives for Children (CAP/C) program;
- guardians of individuals with I/DD;
- staff from North Carolina DHHS divisions;
- Local Management Entities/Managed Care Organization (LME/MCO) staff;
- I/DD service providers; 8. medical providers;
- a patient navigator who assists patients in coordinating their medical care;
- an individual with I/DD or family member from a culturally or linguistically diverse background such as a person who speaks Spanish;
- organizations that play a role in the social determinants of health;
- and any other relevant individuals who can serve in an educational or advisory capacity.

Beginning in July 2018, the i2i Center collaborated with NCCDD, DHHS and advocacy and service provider organizations to convene key stakeholders on the Advisory Group. Throughout the year, new members have been added to increase the depth of perspective and experience of the Advisory Group

Membership

Currently, the Cross-System Advisory Group is comprised of:

Crystal Bowe	Family Medicine Physician, Caromont Medical Group, DRNC Board Member
Rhonda Cox	Chief Population Health Officer, Vaya Healthcare
Kelly Crosbie	Senior Program Manager, NC Division of Health Benefits
Cindy Ehlers	Vice President of Clinical Operations, Trillium Health Resources
Deborah Goda	Behavioral Health Unit Manager, Division of Medical Assistance
Jenny Hobbs	Co-Founder, Advocates for Medically Fragile Kids
Jamal Jones	Director of Business Development, Medicaid Division, Aetna

Andrea Misenheimer	Director of Regulatory Affairs, Cardinal Innovations
Patricia Perter	Consultant to members of the NC General Assembly
I. Azell Reeves	Member, Sandhills Center CFAC; Member, NC Commission for MHDDSAS
Virginia Schreiner, MD	Pediatrician, Pediatric Partners
Luanne Welch	CEO, Easter Seals/UCP North Carolina & Virginia
Jean Anderson	Board Member, Cardinal Innovations; NC Governor's Brain Injury Advisory Council; State CFAC Member
Karen Luken	Project Director, Medical Health Home Initiative
Kenneth Kelty	Public Speaker & Author, Person with I/DD
Shagun Gaur	Autism Resource Specialist, Autism Society, Parent of child with I/DD
Katherine Boeck	NCCDD Council Member, Person with I/DD & MH Diagnosis
Beverly Morrow	Cardinal Board of Directors, Cardinal CFAC, Parent
Lisa Poteat	Deputy Director, The Arc of North Carolina
Courtney Cantrell	Behavioral Health Executive Director, WellCare
Kerri Eaker	Education Outreach Coordinator Mission Hospitals, Family Supports Network
Tamara Norris	Director, Family Support Network, UNC Chapel Hill

Objective: Convene the Cross-System Navigation Advisory Workgroup consistently

The Cross-System Navigation Advisory Workgroup held quarterly meetings during the first year of the initiative.

September 26th Meeting in Raleigh

On September 26th the Cross-System Advisory Group held its first meeting in Raleigh, NC from 10 am – 3 pm. The meeting began with introductions and a brief background about the i2i Center from Mary Hooper, Executive Director of the i2i Center. Next Erika Hagensen, Policy Consultant for the NCCDD, provided a State of the State presentation, providing an overview of recent happenings regarding Medicaid Transformation. Next Kelly Friedlander provided an

“Speakers were excellent. Well prepared. Content was relevant. Facilitation was great. Group membership and discussion were excellent.” – Advisory Group Member Feedback

overview of the initiative, including the goals, scope of work, and answering questions. After lunch, Barbara Brent, Director of State Policy at National Association of State Directors of Developmental Disabilities Services (NASDDDS) gave a presentation “The National Landscape: Navigating with Voice & Choice Across Systems”. During her presentation, she reviewed national trends regarding Managed Long-Term Services & Supports (MLTSS), challenges states have faced, challenges of serving people with I/DD in what has (until recently) been a medical based model, and CMS rules and regulations that are affecting states as they transition to managed care. After Ms. Brent’s discussion, the group engaged in a dialogue to outline priorities and strategies for the Advisory Group moving forward. This discussion will inform the groups effort for the next meeting.

December 4th Meeting in Pinehurst

Second Cross-System Advisory Group meeting: On December 4th, the Cross-System Advisory Group held its second meeting in Pinehurst, NC from 1:00 – 4:00 pm. The meeting began with a welcome and introductions of new members.

Kathy Nichols and Dr. Keith McCoy provided a stakeholder update on the Tailored Plan design. They provided an overview of the Tailored Plan, including eligible population, enrollment, plan benefits, the appeals process, timeline, and opportunities for stakeholders to engage in the design process. The group engaged in conversation with Ms. Nichols and Dr. McCoy about the care management structure, emphasizing the need for a team-based, person-centered approach instead of a focus on having a single assigned case manager.

Next, the group worked through two exercises: Matt Potter facilitated a SWOT analysis session, soliciting the groups thoughts about the strengths, weaknesses, opportunities, and threats that this transition to the 1115 waiver presents. Then Kelly Friedlander led the group through a journey mapping exercise with the assistance of Caryn Sterling, a graphic recorder. The group was presented with a vignette where an adult with I/DD entered into the service system abruptly, then they outlined the ideal way the person would be assessed and assisted. Through this exercise, a list of best practices was developed by the Advisory Group, such as “ensuring mandatory assessment have funding to pay for them” and “necessity of future planning services/information available”.

March 27th Meeting in Greensboro

On March 27th, the Cross-System Advisory Group held its third meeting in Greenville, NC from 10:00 am – 2:00 pm. The meeting began with a welcome and introductions of new members and guests.

Since our previous meeting in December 2018, DHHS had released a huge volume of information regarding Medicaid Information. Information pertinent to the Cross-System Navigation Advisory Group included:

- **Jan. 24, 2019:** Integration of Behavioral and Physical Health Care in Tailored Plans Webinar

- **February 4th:** DHHS named the five managed care groups who will receive a combined \$6 billion in annual Medicaid contracts, ushering in a massive overhaul of how the state cares for some of its most vulnerable residents.
- **Feb. 4, 2019:** MCAC BH I/DD Tailored Plan Design Subcommittee Meeting
- **Feb. 15, 2019:** NCCDD approves Year Two funding for the Cross-System in a Managed Care Environment Initiative
- **March 6, 2019:** MCAC BH I/DD Tailored Plan Design Subcommittee (included Tailored Plan Eligibility Presentation, Tailored Plan Design Presentation, Care Management Presentation)
- **March 18, 2019:** DHHS released a final policy guidance paper on specifics of Tailored Plan eligibility criteria, enrollment processes, and transitions between Standard Plans and Tailored Plans.
- **March 26, 2019:** Tailored Plan Eligibility & Enrollment Webinar

Project Director Kelly Friedlander gave a high-level overview of the information that had been released from the State to the group. She reviewed the Tailored Plan design and launch timeline, population groups for both the Standard and Tailored Plan, Care Management information, and BH, TBI and I/DD services covered by each plan.

Next, a panel discussion between a variety of system advocates occurred. Panel participants included:

- Kerri Eaker, Education Outreach Coordinator, Mission Hospitals, Family Supports Network
- Kim Tizzard, Director of Family Support, Autism Society of NC
- Danielle Wolf, RN, BSN, CPN, Nurse Clinician, Duke Children's Primary Care

Participants were asked a variety of questions to glean their various system perspectives of Medicaid Transformation and also to learn what system navigation mechanisms/best practices are currently working in their organizations and should be considered for incorporation into the Tailored Plan.

Following the Panel Discussion, the Advisory Group broke into two groups and worked collectively to develop recommendations and questions regarding care management and transitions of care to provide to the MCAC BH I/DD Tailored Plan Design Subcommittee. The feedback collected is attached to this quarterly report as a separate file.

June 19th Meeting in Asheville

On June 19th, the Cross-System Advisory Group held its third meeting in Asheville, NC from 10:00 am – 2:30 pm. The meeting began with a welcome and introductions of new members and guests. Since the agenda was full of topics that necessitated feedback from consumers and families, guest participants were solicited from the community. The following consumers and family members from the western region of NC joined the Cross-System Advisory for this

meeting: Mikaila Mills, Eva Reynolds, Melissa Zenz, Ray Hemachandra, Samantha Parrow, Kathy Reiter, and Mary Lloyd.

Trish Farnham, Senior Policy Analyst of Quality and Population Health for North Carolina Medicaid presented first. She reviewed the draft *“How does North Carolina’s Move to Medicaid Managed Care Affect Me? A Guide for People with Disabilities and Older Adults Who Use NC Medicaid”* with the group. This guide was made to help people with disabilities and older adults who use Medicaid understand how the NC Medicaid Managed Care enrollment process scheduled to start in late June 2019 will impact them. The Cross-System Advisory Group is the only entity outside DHHS who had the opportunity to review and provide feedback on the guide, due to tight publication deadlines.

After Ms. Farnham reviewed the guide, the Advisory Group broke into four groups and worked collectively to develop recommendations and questions. The feedback collected was consolidated and provided to Ms. Farnham within two days, to ensure edits could be made to the guide and still meet publication deadlines. The feedback provided to DHHS is attached to this quarterly report as *“Medicaid Manual Feedback to DHHS - 6.21.19.pdf”*.

In the afternoon, Maritza L. Nowakowski, the Program Director, Health South of MAXIMUS presented to the Advisory Group. Ms. Nowakowski presented on the processes the Enrollment Broker would utilize to:

- Mail notices and enrolment packets to beneficiaries
- Provide choice counseling and enrollment
- Conduct outreach

Ms. Nowakowski reviewed the timing for enrollment broker services and the materials that were being sent out (including notices and enrollment forms). She also discussed the new NC Medicaid Managed Care website, which provides an integrated experience for beneficiaries to manage their enrollment needs. The website is a resource to direct beneficiaries to for questions about enrollment. The website includes the following tools and information:

- Health plan comparison charts and lists of benefits
- Provider network search capability
- Program information, brochures and enrollment forms (as downloadable PDFs)
- Questions and answers
- List of events in their county
- Web chat capability

Ms. Nowakowski presentation was interactive, with Cross-System Advisory Group members and guest asking questions during her presentation that she answered or noted to follow-up on. After the presentation, the Advisory Group broke into four groups and worked collectively to list unanswered questions and develop recommendations for MAXIMUS moving forward.

Objective: Disseminate Information & Cross-System Navigation Advisory Groups Findings

Website

i2i has developed a website specifically for this initiative: CrossSystemNavigation.org. The website currently provides information about the initiative and has been updated throughout the year to include the initiative's progress, resources, and Advisory Group member information. To ensure the website is accessible to people with disabilities, i2i developed a webpage that incorporates website accessibility best practices. These best practices include:

- Text alternatives for non-text content
- Color is not used as the only way of conveying information or identifying materials
Default foreground and background color combinations to provide sufficient contrast
- Resizable t (to 200%) using a standard browser, without losing information

Collect Feedback for DHHS regarding Transitions of Care

In March 2019, the i2i Center secured a seat on the MCAC BH I/DD Tailored Plan Design Subcommittee. The MCAC BH I/DD Tailored Plan Design Subcommittee's purpose is to review and provider feedback on Tailored Plan Design Elements, including:

- Care Management
- Health Homes
- Eligibility & Enrollment
- Network Adequacy, Credentialing
- State Plan services exclusively in Tailored Plans
- Other services managed by Tailored Plans incl. State-funded, TBI waiver, Innovations waiver, 1915(b)(3)
- Roll out schedule

The Subcommittee asked for volunteers to assist in collecting feedback from stakeholders regarding each element and the Ann Rodriguez, Assistant Director of the i2i Center, volunteered to utilize the Cross-System Navigation in a Managed Care Initiative to collect information from stakeholders regarding "Transitions of Care".

448 people participated in the Transitions of Care Survey; 40% of those were consumers, family members, or advocates.

A survey was developed asking a variety of questions regarding systems of care. The survey is attached as "Transition of Care Survey" pdf. The survey was distributed to various mailing lists and organizations, reaching approximately 6,500 people.

448 people participated, with 40% self-identifying as consumers, family members, or advocates. Their responses generated 48 pages of questions, recommendations, and feedback for DHHS. The feedback was shared with the entire MCAC BH I/DD Tailored Plan Design Subcommittee during the June 13th meeting and is attached to this quarterly report as "Care Management Feedback to DHHS - 6.28.19.pdf".

Medicaid Transformation 101 Webinar

During this quarter, the initiative held “Medicaid Transformation 101” webinars. This webinar was developed based on the request we have heard for a more consumer and family-friendly explanations of the system change that is currently occurring in the state. The webinar provided some basic information about Medicaid Transformation and how it will affect behavioral health services provided in North Carolina. This webinar was geared toward consumer and family members but was open to anyone interested in the topic. Information covered on the webinar included:

*“The webinar was incredible valuable in providing a primer on Medicaid Transformation and implementation for both those new to the topic, as well as those who are already familiar with it.”
– Webinar Participant*

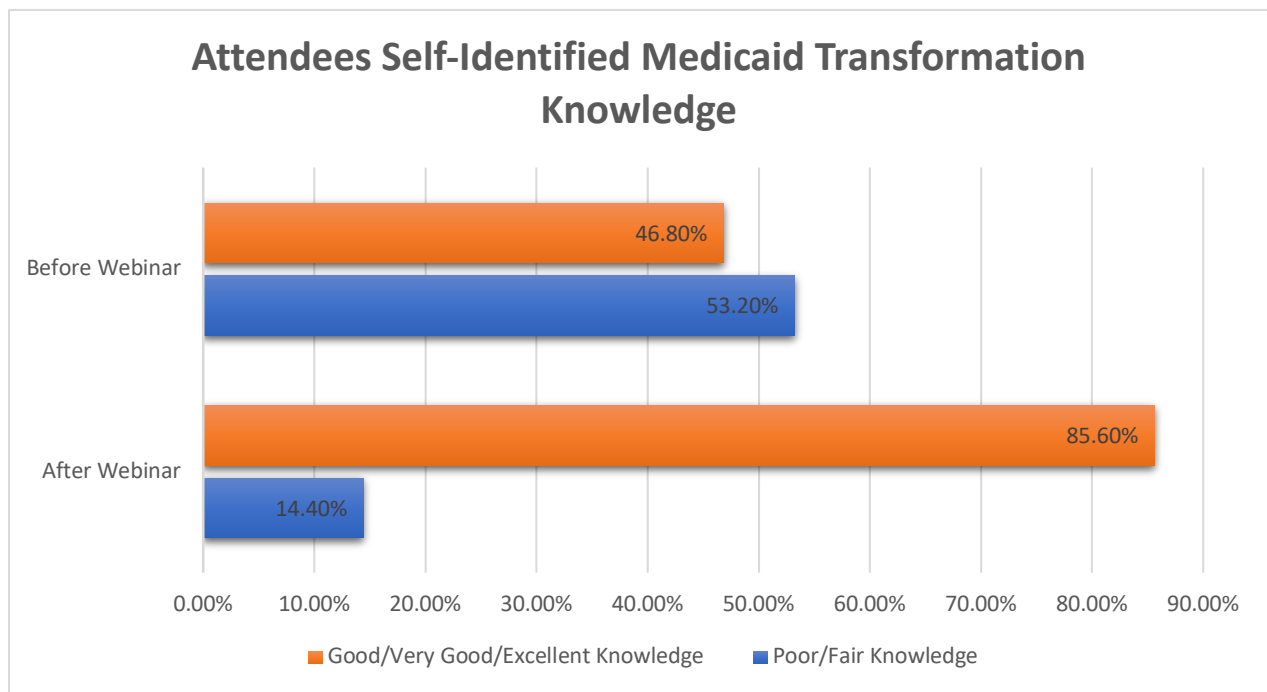
- Why DHHS is transitioning the system to managed care
- Who will be eligible to participate in the Standard Plan & Tailored Plan
- What services will be available under the Standard Plan & Tailored Plan
- When the Standard Plan & Tailored Plan will go into effect
- Where to get more information on Medicaid Transformation

*“I simply think that it is wonderful that the webinars are starting right now so that people can begin to understand by the November roll out.”
– Webinar Participant*

The webinar will be advertised among stakeholder groups and sent out to the approximately 6,000 individuals on the i2i mailing list. It was also recorded and posted on the Cross-System Navigation website to increase reach. The initial date the webinar was offered met capacity (500 registrants) within 24 hours. Because of the demand, i2i decided to offer two additional sessions, with one session being an evening session that might be easier for family members to attend. Approximately 1,100

individuals registered for the webinar.

The webinar was well received by the audience, with 91% of participants indicating they were “satisfied” or “very satisfied” after attending the webinar. In addition, the webinar achieved its goal of helping to educate attendees, with 98.5% of attendees reporting increased understanding of Medicaid Transformation.



Feedback on the Medicaid Manual

Trish Farnham, Senior Policy Analyst of Quality and Population Health for North Carolina Medicaid presented first. She reviewed the draft *“How does North Carolina’s Move to Medicaid Managed Care Affect Me? A Guide for People with Disabilities and Older Adults Who Use NC Medicaid”* with the group. This guide was made to help people with disabilities and older adults who use Medicaid understand how the NC Medicaid Managed Care enrollment process scheduled to start in late June 2019 will impact them. The Cross-System Advisory Group is the only entity outside DHHS who had the opportunity to review and provide feedback on the guide, due to tight publication deadlines.

The 23-page guide consists of multiple components, including:

- basic information about Medicaid
- a flow chart for different populations
- description of special circumstances
- frequently asked questions
- Appendices including Medicaid Managed Care Region maps, sample letters, DSS contact information, and LME-MCO maps

After Ms. Farnham reviewed the guide, the Advisory Group broke into four groups and worked collectively to develop recommendations and questions. The feedback collected was consolidated and provided to Ms. Farnham within two days, to ensure edits could be made to the guide and still meet publication deadlines. The feedback provided to DHHS is attached to this quarterly report as “Medicaid Manual Feedback to DHHS - 6.21.19.pdf”.

Feedback on Care Management Policy Paper

NC DHHS released its Care Management Policy Paper on May 29, 2019, asking for input from the general public. The Cross System Advisory Group dedicated time during its March 2019 meeting to discussing Care Management, and submitted feedback that included:

- What questions and concerns the group have about the design or implementation of the Care Management model proposed
- Recommendations for changes to the care management model proposed for the BH/IDD TP
- What topic areas will need to be covered to educate the system to move in this direction (beneficiaries, providers, LMEMCOs, stakeholders in other systems)

The feedback provided to DHHS is attached to this quarterly report as a separate file.

Performance Measure Data

Performance Measure	Year 1 Target	Year 1 Total
QA09 - People attained membership on public and private bodies and other leadership coalitions	15	23
QA10 - Number of entities participating in partnerships or coalitions as a result of Council efforts	20	22
CR01 - Public policymakers educated about issues related to Council Initiatives	15	33
QA04 - People facilitated quality assurance	10	12
QA05 - People trained in quality assurance	15	26
QA06 - People active in systems advocacy about quality assurance		
Individuals	3	3
Family	3	12
Other	12	12
CR02 - Number of distinct products distributed to policymakers about issues related to Council Initiatives.	4	5
HE03 - Health care programs/policies created/improved	1	4
QA04 - People facilitated quality assurance	6	6
CR03 - (NF) Members of the general public estimated to have been reached by Council public education, awareness and media initiatives.	5000	6,100
QA05 - People trained in quality assurance	250	1,250
QA02 - Dollars leveraged for quality assurance	45,000	37,112.72*

**Note: Total billed for the year was \$114,864.35 instead of \$125,000; goal of 25% in kind was met*