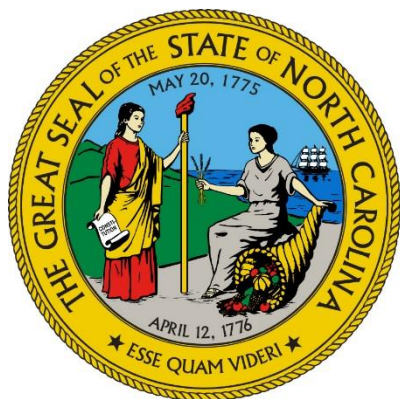


# i2i General Session



## Information is Power

Latest on Behavioral Health Policy & Medicaid Transformation

**N.C. Department of Health and Human Services**

**Kody H. Kinsley,**

Deputy Secretary for Behavioral Health & IDD

**Dave Richard,**

Deputy Secretary for NC Medicaid

December 5, 2019

# What we will cover

- By the Numbers
- Behavioral Health Strategy & Public Policy
- Beyond Beds
- Integration & Value
- Managed Care Suspension
- Tailored Plan Update
- Questions and Answers

# BH & IDD By the Numbers

Pubic System	Received Behavioral Health Services CY 2018
2.2 million people have Medicaid	285,000 Medicaid beneficiaries
1 million people are uninsured	97,000 uninsured

10 million residents, 2.2 million have Medicaid, 1 million uninsured, 6.8 million have private insurance

## Prevalence

- **1 in 20** people are living with a **serious mental illness**
- **1 in 20** people are living with an **opioid use or heroin use disorder**
- **1,379 people** died by **suicide** in 2018. **Five per week were Veterans.**
- **1 in 58** children has **autism spectrum disorder**
- There are **128,000 adults and children** in NC with an **Intellectual Developmental Disability**
  - **Only 12,738** have a slot on the Innovations waiver
- **Nearly 80,000** people sustained a **traumatic brain injury** last year
- Over **11,600** kids in foster care, **up 35%** since July 2012
- **25,000** people were **re-entered society** from prison last year – 44% of jail inmates and 31% of prisoners have a history of mental health treatment
- **9,000** people **experiencing homelessness**; over **800** are veterans

*\*Various documented sources*

# BEYOND THE SAFETY NET

## **PUBLIC POLICY & PARTNERSHIP**

## **Vision for Behavioral Health & IDD in North Carolina:**

*North Carolinians will have **access** to **integrated** behavioral, developmental, and physical health services across their lifespan. We will increase the **quality** and capacity of services and supports in partnership with providers, clients, family members, and communities to promote hope and resilience and achieve **wellness** and **recovery**.*

*(February 2018 Behavioral Health and IDD Strategic Plan)*

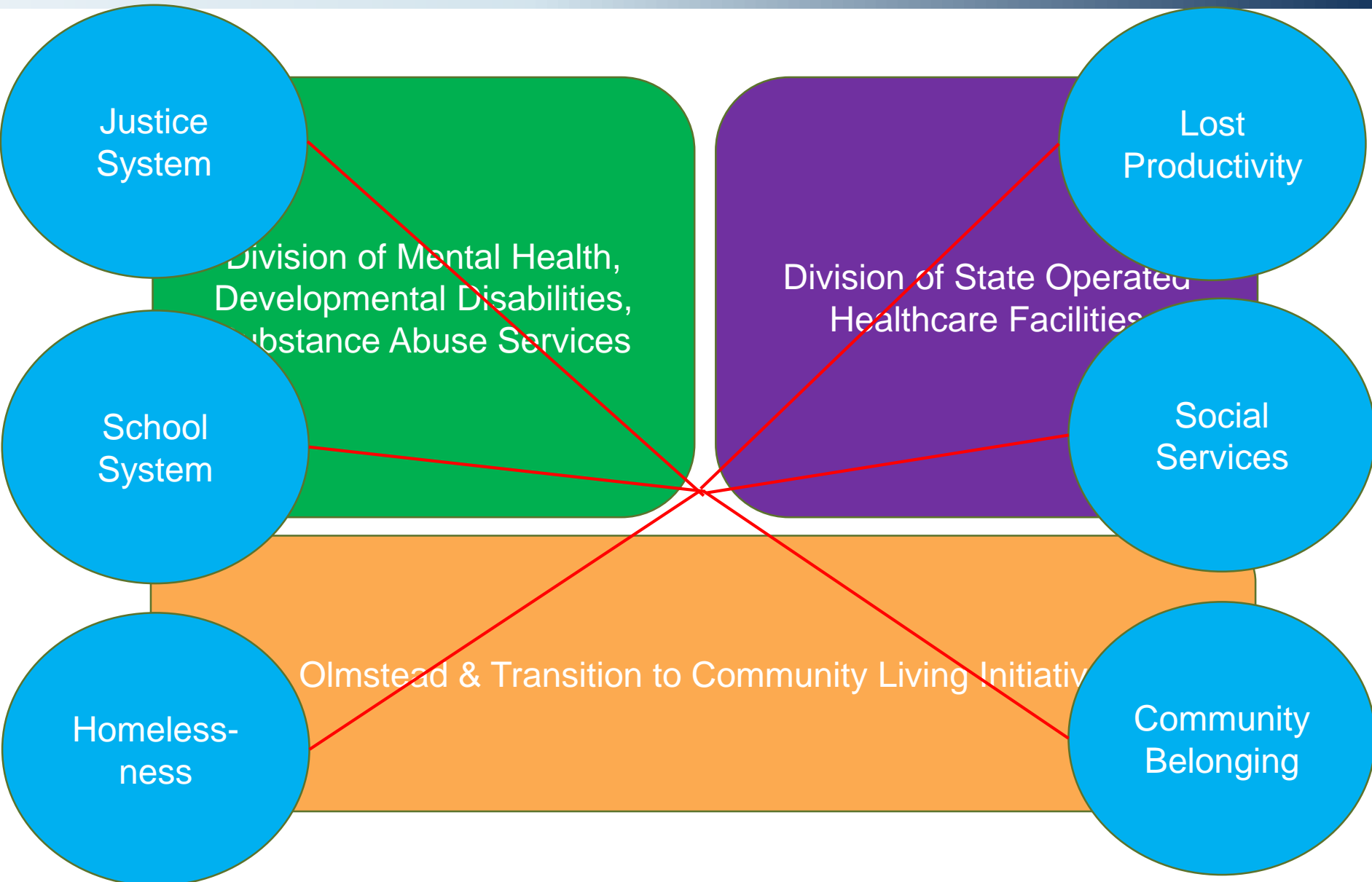
## **Mission:**

*Through the lens of behavioral health, we aim to lead with our ideas to identify gaps, invest in promising interventions, and efficiently scale a system that promotes health and wellness for all North Carolinians across all payers, providers, and points of care.*

Division of Mental Health,  
Developmental Disabilities,  
Substance Abuse Services

Division of State Operated  
Healthcare Facilities

Olmstead & Transition to Community Living Initiative



Consumers & Family Members

Employers

Private Insurers

Governments



# Strategic Goals

## Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

1. **Access:** Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.
2. **Integration:** Integrate behavioral healthcare into primary and physical care.
3. **System performance:** Improve oversight and regulatory regime to optimize system performance while maintaining safeguards.
4. **Operational excellence:** Strive for operational excellence and continuous improvement in our internal operations and regulatory functions.
5. **Boundless behavioral health:** Advance policies and narratives that reinforce the Division as knowledgeable thought leaders and service-oriented partners.

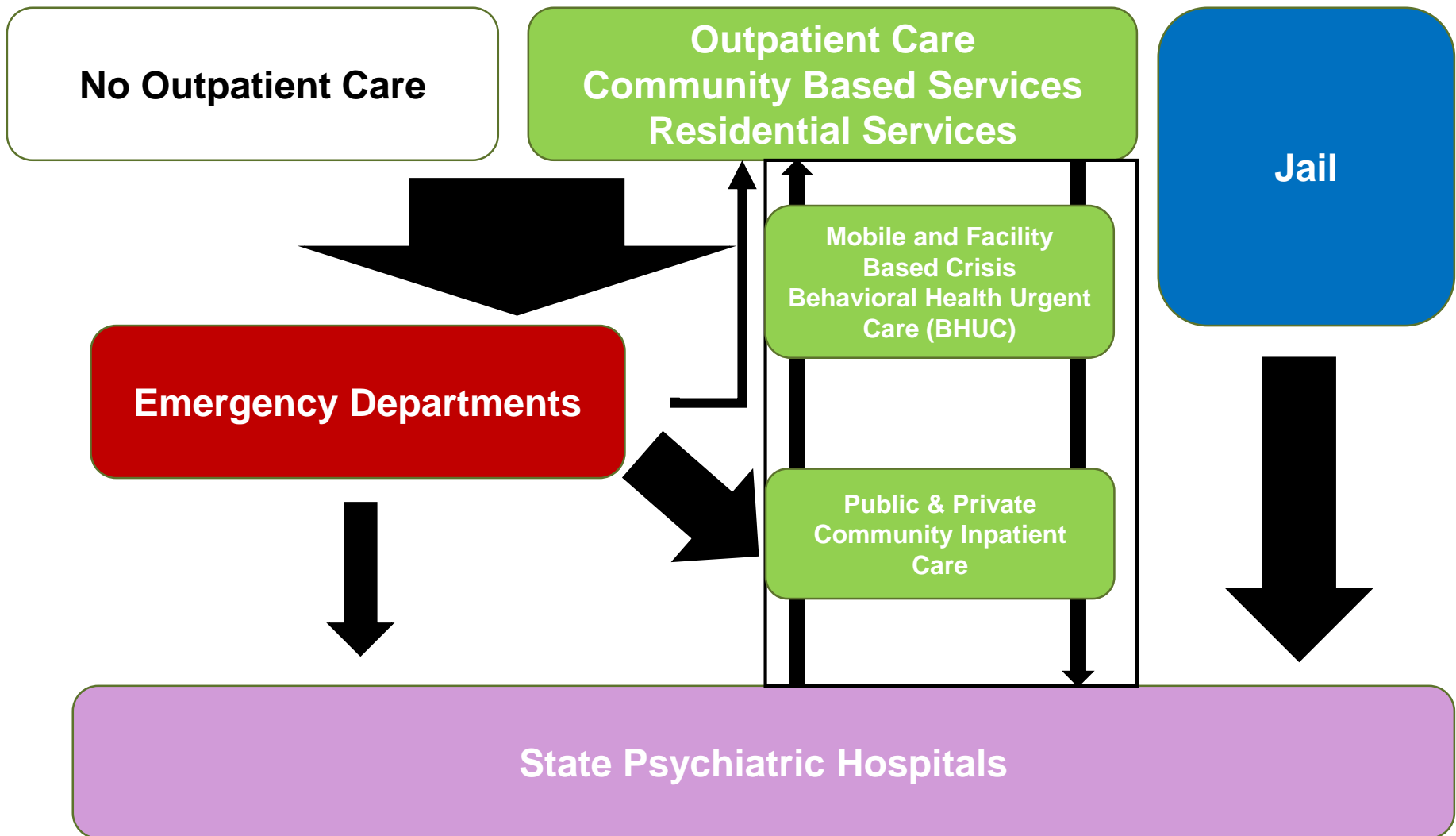
## Division of State Operated Healthcare Facilities

1. **Maximize access** to the right clinical service for the right individual at the right time
2. Ensure the **equal protection and safety** of all people we serve
3. Optimize operational, programmatic, and clinical **equivalency across the system**
4. Become a **preferred employer** by providing an inclusive, safe, and engaging work environment that supports growth opportunities
5. Enhance strategic internal and external **partnerships** to meet individual and systemic needs
6. Ensure system-wide **financial efficiency** and accountability that advances equitable resource allocation

# BEYOND BEDS

## PREVENTION & COMMUNITY BASED RECOVERY

# Current Mental Health Care Model



# Inpatient Resources

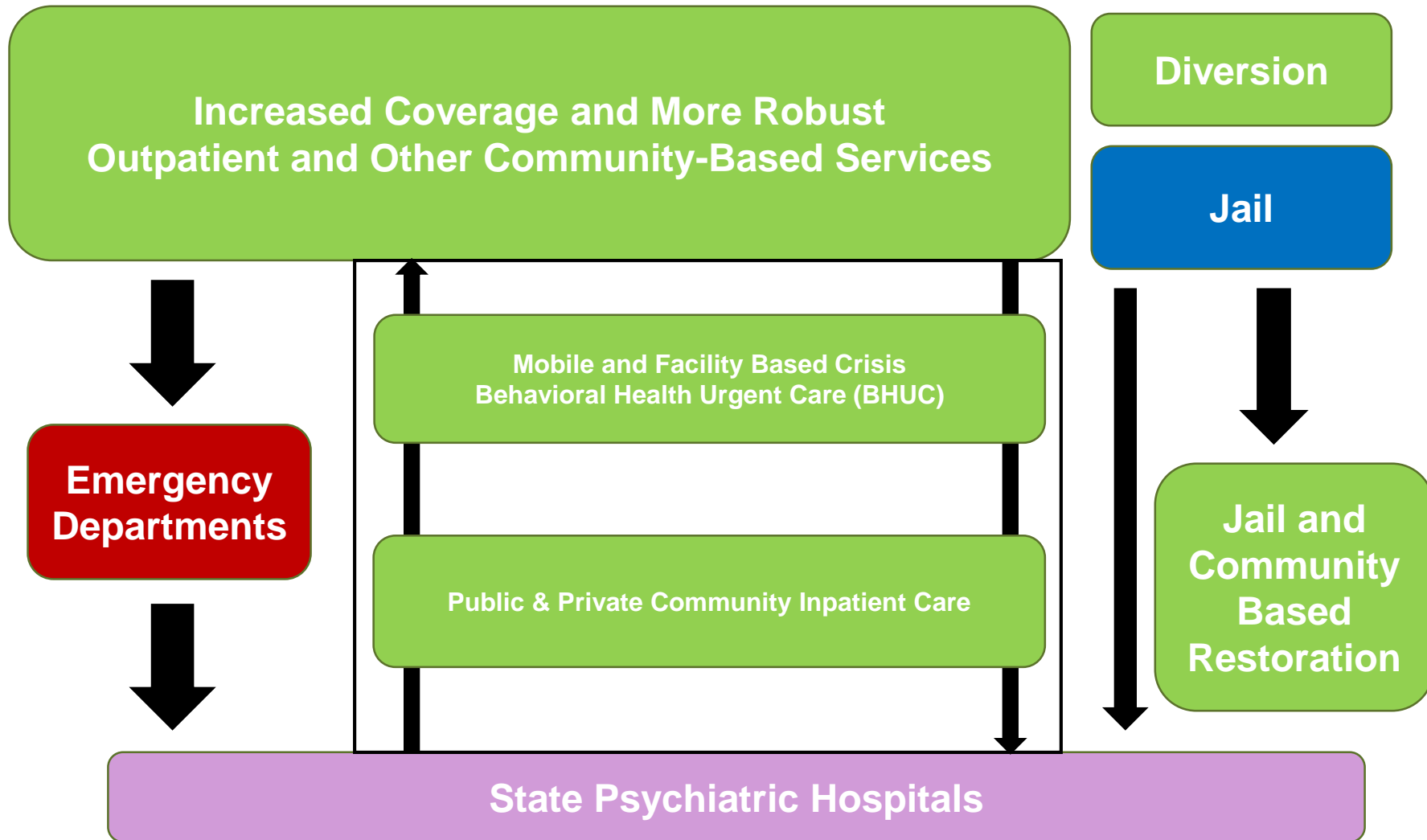
<b>Public Inpatient Psychiatric Bed Statistics</b>				
	<b>State Psychiatric Hospital</b>		<b>3-way Beds</b>	<b>Total</b>
	<b>Incapable To Proceed</b>	<b>Civil</b>		
<b>Annual Bed Days</b>	86,556	222,599	54,111	363,266
<b>Beds</b>	870		166	1,036
<b>Average Length of Stay</b>	279 days	102 days	7.2 days	
<b>Patients Served</b>	562	1,910	7,179	9,651
<b>Cost per day</b>	\$1,332		\$750	

<b>Private Inpatient Psychiatric Bed Statistics</b>	
<b>Facilities with Licensed Beds</b>	43
<b>Number of Licensed Beds</b>	1659
<b>Number of Operating Beds</b>	1371
<b>Available Bed Days</b>	500,415
<b>Days of Care (Bed Days Used)</b>	405,532

# Key Problem Indicators

- 24% of the publicly-funded psychiatric inpatient beds are being used for capacity restoration at a cost of \$115.3 million annually.
- Only 15% of the public behavioral health system's availability is in our community
- Length of Stay for ITP patients is 270% higher than civil SPH patients
- Only 82% of private licensed psychiatric beds are in operation and only 81% of those beds in use are actually being used
- 47% of the state's inpatient bed days are in the public system, while only 30% of North Carolinians are in the public system

# Future Mental Health Care Model



# How do we move beyond beds?

1. Robust and Evidence-Driven Community Based Services
2. Structured Step Down Programs
3. Justice Strategy: Pre-Arrest Diversion, Behavioral Health Courts, Jail Based Treatment, Reentry to Recovery; Community Based and Jail Based Capacity Restoration
4. Strengthening Crisis Service Array
5. Healthy Opportunities
6. Early Childhood: Safe and Nurtured
7. Aligning Incentives – Highest and Best Use

**BEYOND SILOS**

**INTEGRATION  
&  
VALUE**



# Medicaid Managed Care Update

# Medicaid Managed Care Suspension

- Open Enrollment ended
- What has stopped
  - Choice Counseling
  - Outreach Specialists in DSS offices
  - Enrollment Events
  - App Downloads
- Enrollment Broker Call Center open with slightly extended hours through December 13, 2019; on 12-16-19 begin normal business hours

# Why information about managed care is still relevant

- Managed Care will happen
  - Not “if” but “when”
  - Vision for integration remains unchanged
  - Will use suspension period to explore other opportunities for integration
- Some managed care activities will continue
- Beneficiary Education – 1+ million people received managed care notice
- Provider Contracting is important priority at this time
- Period of suspension offers opportunities

# DHHS' Priorities during suspension

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- **Beneficiaries:** Ensure beneficiaries have a clear message on what to do know and what to do when managed care restarts
- **Providers:** Continue provider engagement and training and encourage provider contracting with the PHPs
- **PHP Readiness:** Require PHPs to engage in testing and readiness assessments to a place of logical pause or conclusion
- **Procurement:** Move forward with managed care related procurements (Ombudsman, EQRO, and Healthy Opportunities Pilots)

# Suspension Impact on Tailored Plan Development

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- **Tailored Plan Request For Applications (RFA) Release Will Occur As Scheduled**
  - **Care Management Certification Timeline**
  - **Impact on Members**
    - **Notices to Exempt Individuals – begin 12/6/19**
    - **Raise Your Hand Requests In Process – DHHS follow up with 500+ people**
    - **Tailored Plan Eligible Individuals Who Selected a Standard Plan – more than 2,000 selected S.P.**
  - **Crisis System Support**
  - **Behavioral Health Contracting (Standard Plans)**
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# Additional Information to Come

• **Managed Care Update**  **12/19/19**

• **Care Management Manual Release** –  **Coming Soon**

• **Care Management Webinar** **12/18/19**

• **Fact Sheet on Request to Stay in LME-MCO**

• **Planning for Foster Care Design**

# Questions/Discussion