



September 30, 2020

Members of the North Carolina General Assembly:

On behalf of North Carolina's Local Management Entity/Managed Care Organizations (LME/MCOs), we thank you for supporting our efforts to provide access to behavioral health and intellectual/ developmental disability (IDD) services for North Carolinians during the COVID-19 pandemic. We wish to update you on the COVID Response investments we have made in our communities. LME/MCOs are responsible for managing Medicaid and other public behavioral health and IDD funds for millions of North Carolinians who are uninsured or covered by Medicaid in all 100 counties. Because of your support, we have been able to promptly respond to the needs of our communities during this crisis and we are continuing to work to sustain our provider networks and ensure access to care in order to meet the extraordinary behavioral health challenges brought about by this unprecedented public health emergency.

The stress, uncertainty, and isolation created by COVID have caused many people to experience new behavioral health issues and exacerbated existing conditions for others. Working closely with our providers, the LME/MCOs have invested more than \$150 million to help our members, families, and communities weather this storm and prepare for challenges in the months and years ahead. We know that people can and do recover from mental illness and substance use disorders provided they can access the proper treatment. Additionally, promoting stability for individuals with IDD and others in their homes and communities of their choice is integral to positive health outcomes and living a full life.

Attached are some examples of the various COVID Response investments each LME/MCO has made so that people have access to the care and support they need during this critical time. This attachment contains just a few examples from each of our organizations. If you would like more details on all of our COVID Response initiatives, we are happy to provide that information at your request.

We are grateful to the General Assembly for providing Coronavirus Relief Fund (CRF) money to the LME/MCOs for these COVID Response initiatives. The majority of these CRF funds were allocated to us by NC DHHS as follows:

- \$12.6 million was allocated to the LME/MCOs on July 28, 2020 to provide temporary funding to assist Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs). As of September 5, 2020, all of this money has been paid to ICF providers.
- \$50 million was allocated to the LME/MCOs on August 19, 2020 to provide behavioral health and crisis services in response to the pandemic for services rendered between the dates of July 1 and December 30, 2020. These funds must be earned in NCTracks by the LME/MCOs through encounters filed from claims by our providers.
- \$38 million will be distributed to the LME/MCOs as additional lump sum single-stream allocations to provide eligible individuals direct services associated with the pandemic. This appropriation was contained in the Coronavirus Relief Act 3.0 (SL 2020-97) which became law on September 4, 2020.

Making sure that the public behavioral health and IDD system can continue to meet community needs is crucial now, and in the months and years ahead as we deal with the immediate and longer-term impacts of COVID-19. From the initial days of the pandemic, we have collaborated with DHHS to sustain our providers and maintain access to services, often through transitions to telehealth. Maintaining this access enables LME/MCOs to coordinate care for our members to avoid unnecessary hospital admissions and visits to the emergency department, thereby relieving pressure on the state's hospitals and healthcare system.

We greatly appreciate your support of our COVID Response efforts and look forward to continuing to work together to effectively serve our members, providers, and communities for the remainder of the pandemic and beyond. Thank you again and please do not hesitate to contact us if you have questions or would like to discuss any issues.

Sincerely,

Rob Robinson, CEO, Alliance Health

Trey Suttan, CEO, Cardinal Innovations Healthcare

Sarah N. Stroud, CEO, Eastpointe

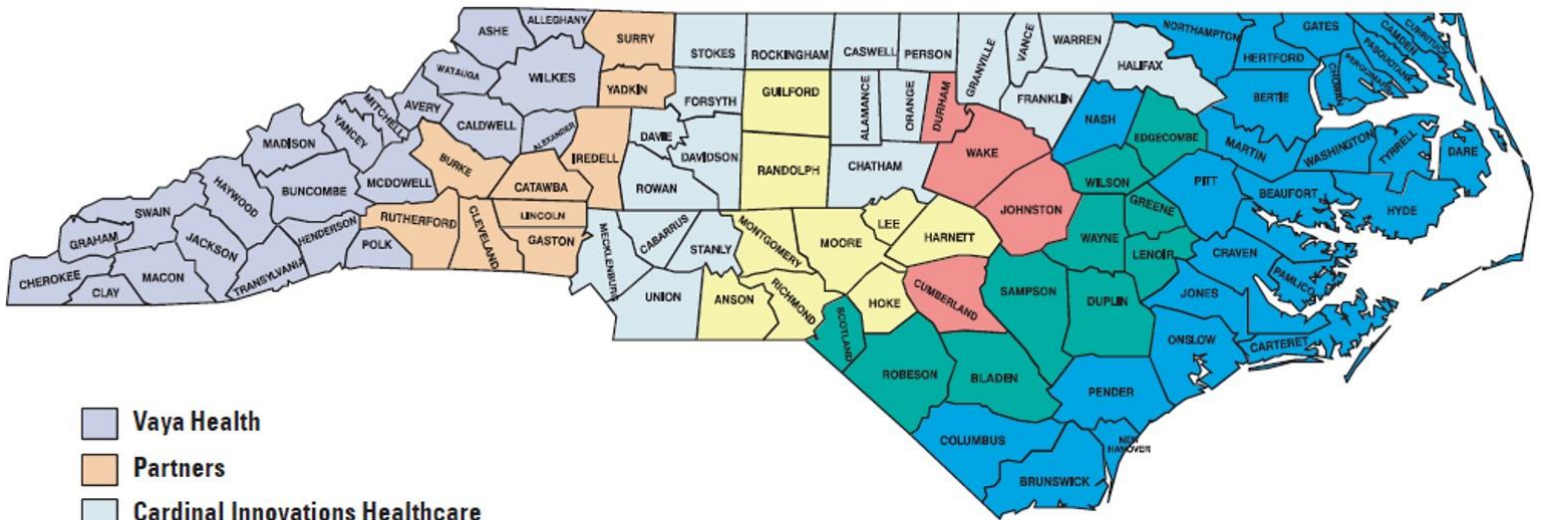
Rhett Melton, CEO, Partners Behavioral Health Management

Victoria Whitt, CEO, Sandhills Center

Leza Wainwright, CEO, Trillium Health Resources

Brian Ingraham, CEO, Vaya Health

Attachment:  
**Examples of LME/MCO  
COVID-19 Response Investments**



- Vaya Health
- Partners
- Cardinal Innovations Healthcare
- Sandhills Center
- Alliance Health
- Eastpointe
- Trillium Health Resources



## Supporting our Members, Providers, and Communities During the COVID-19 Pandemic

Working alongside our strong and committed provider network, Alliance has invested nearly \$20 million to help our members, families, and communities weather this storm and prepare for challenges in the months and years ahead. The following are several examples of COVID Response investments Alliance has made so that people have access to the care and support they need during this unprecedented time:

- **Stabilizing Our Providers**

- The providers that make up our network are the front-line healthcare professionals that ensure our members receive critical treatment and support, and their financial viability is of utmost concern. Through Alliance's Financial Sustainability Program, we distributed over \$7.2 million to more than 100 of our outpatient providers and providers of community-based care to stabilize them, keep their doors open, and enable them to have the resources to quickly jump-start telehealth services so they could serve consumers virtually.
- We also implemented 15% rate increases for operators of intermediate care facilities (ICFs) for people with intellectual/developmental disabilities, and payment hikes ranging from 15-30% for all child residential providers during the COVID-19 emergency.

- **Increasing Access to Telehealth** – Telehealth service delivery quickly became essential during the pandemic. Alliance provided funding to purchase mobile phones and data plans for members that did not otherwise have these resources but needed to continue receiving mental health services and support. Without access to services, members are more likely to experience crisis episodes potentially resulting in unnecessary visits to the emergency department, interaction with law enforcement, or lose stable housing. By having this telehealth access, members were able to maintain continuity of care at a critical time.

- **Expanding Inpatient and Residential Treatment Capacity**

- Alliance invested over \$1 million to expand access to inpatient and residential treatment beds.
- We also increased access to transitional residential treatment beds for individuals dealing with SUDs, and funded a 24-hour residential facility to provide social support and other non-medical services to people experiencing physical withdrawal from alcohol and other drugs.

- **Supporting Individuals Experiencing Homelessness** – Alliance worked closely with our county partners to ensure shelter for people in desperate need, particularly during the initial months of the pandemic.

- We funded hotel accommodations and critical wrap-around supports for a number of very high-risk members and established telehealth support for 225 members sheltering at a Durham County hotel.
- We dedicated a team of peers, supported by a psychiatrist, to provide on-demand virtual peer support and daily peer support check-in to all individuals in a Wake County isolation shelter for members presumed to be COVID positive, and deployed two telehealth clinics at another Wake County shelter to provide onsite assessment, treatment, and support.



There are many response efforts that Cardinal Innovations implemented during the COVID-19 pandemic. A snapshot of key activity to bolster the provider network includes issuing stability payments to outpatient, psych-rehab, ICF and community services providers coupled with rate increases to community and residential ICF providers and state facilities. These targeted efforts, March through June 2020, yielded a combined \$20,059,546 infused into the system.

<b>Provider Snapshot</b>	<b>Spend*</b>
Financial Stability Payments	\$ 6,392,846
Enhanced Rates	\$ 13,666,700
<b>Total</b>	<b>\$ 20,059,546</b>

We believe that caring for our members and the communities in which they live is paramount to our mission. We had the privilege to award over 125 COVID-19 relief grants across Cardinal Innovation's 20 county catchment. Awards were granted to a variety of entities serving communities by addressing food insecurity, housing/utility assistance, pharmacy and PPE, non-profit staffing, and other COVID related needs.

Over 80 clinical staff volunteers from across Cardinal Innovations made outreach to members ages 65 and older who have medical complications, such as heart disease or diabetes. This effort focused on our African-American members, a population disproportionately impacted by COVID-19. Successful calls have allowed us to connect members to resources such as: food, transportation, and physical and behavioral health supports.

Recognizing the need to offer services and supports in a non-traditional format, Cardinal Innovations created two new services to be utilized when other enhanced services were not able to be continued during the Pandemic. These services are flexible, ensuring treatment could be individualized to the member's unique needs. This effort covered both Medicaid and State funded members.

A great flexibility quickly implemented by the Department was to allow telehealth/telephonic outreach and support to our members. Cardinal Innovation's deployed over 450 phones to members to increase access to telehealth services and connection to their service providers. Initial data shows that these members had less crisis experience post-phone deployment and were able to engage in a higher frequency of contacts for certain services, than members who did not receive phones in the initial distribution.

Cardinal Innovations partnered with 2-1-1 to provide call center support as they experienced increases in volume, resulting from inquiries during the Pandemic. We focused on support for their hotel pilot program managing nearly 1500 calls with the ability to transfers to our Access line if callers needed behavioral health crisis support. Additional partnerships include one with Mecklenburg Medic (EMS) to take their behavioral health crisis calls for individuals not in imminent danger or requiring immediate Medic response.



## COVID-19 Operational Highlights

- Through June 2020, **invested a total of \$6.5 million to stabilize the behavioral healthcare system in our catchment area.** These investments have supported our providers' financial wellbeing, ensured uninterrupted member access to services, and supported the rapid rollout of telehealth.
- Provided a **20 percent rate increase—our most aggressive—for enhanced services** to ensure uninterrupted service delivery to our most vulnerable members. We provided a **15 percent rate increase for residential services** to assist providers with securing personal protective equipment (PPE) and paying overtime to protect against the potentially more rapid spread of COVID-19 among members in a congregate setting.
- **Offered up to \$2 million in stability payments for walk-in and crisis service providers,** helping them more quickly transition to virtual and telehealth service delivery.
- **Offered up to \$950,000 in stability payments for Adult Developmental Vocational Program service providers** to help them maintain staff during the state of emergency.
- **Investing in PPE for our Transition to Community Living Initiative (TCLI) Team** to help ensure all face to face services – including moving into new housing – continue uninterrupted. This approach helped us **achieve a perfect score for discharge planning with state psychiatric hospitals and meet our housing target for FY20.**
- **Offering a bundled rate for Opioid Treatment Programs** to help ensure they could continue to provide comprehensive care. We also helped distribute additional Narcan kits to first responders in all of our 10 counties.
- **In partnership with Pulse Data and CCNC, began using three predictive data reports to identify members at high risk for contracting COVID-19.** Eastpointe is coordinating outreach to these members through its Member Call Center and Care Coordination Department and connecting them with testing sites or primary care physicians.



Following the action of the General Assembly to create the Coronavirus Relief Fund (CRF), Partners has rapidly responded to the needs of our communities during this crisis. Working closely with our providers, members and community stakeholders, Partners has invested \$11.5M in critical community support and stability programs. The following are a few examples of the COVID-19 stability programs that Partners has instituted to sustain our provider network and ensure the vital access to care needed during this unparalleled crisis.

### **PROVIDER SUPPORT - PARTNERS SERVICE STABILITY PROGRAM**

**Partners Provider Stability Program** was established to provide quick, targeted, financial help to ensure continuity of services for members and stability for provider operations through a variety of means and methodologies. Partners has provided \$6.8M of stability funding to our providers during the COVID-19 crisis.

Through the Partners Service Stability Program, we have worked closely with our providers to overcome challenges and develop innovative measures to meet the needs of our members.

Partners' provider funding needs are categorized into five categories:

- Member-specific funding needs for basic life necessities and essentials.
- Provider rate enhancements to cover additional costs experienced by direct caregivers beyond what is supported by DHHS provided funding.
- Stability payments to providers who have seen a catastrophic decline in volume and are not viable through rate enhancements.
- One-time funding needs for provider organizations for expenses such as personal protective equipment and information technology enhancements to expedite delivery of telehealth services, etc.
- Critical operational costs to maintain functionality as an essential community organization.

### **MEMBER SUPPORT – LEVERAGING TECHNOLOGY TO ENGAGE OUR MEMBERS**

#### **Partners Mobile Connect**

program was established in response to the COVID-19 crisis to provide 500 cell phones and monthly service costs to high risk members; enabling them to stay connected to their providers during the pandemic. The COVID-19 pandemic offered us the unexpected opportunity to implement an omni channel approach to member engagement. Cell phones were distributed to 17 of our enhanced providers for members in need, allowing them to sustain service delivery via telehealth during the first month of the pandemic. Providers were able to upload telehealth apps and crisis contact information and members could access the Pyx Health app to mitigate loneliness and find resources to address social determinant of health needs.

#### **Pyx Health App**

To give members the tools to become and remain healthy and engaged during the COVID-19 crisis, Partners provided the Pyx Health Application for all members. At the heart of Pyx Health is Pyxir, a friendly chatbot personality that promotes healthy interaction within the app by building trusted companionship with members 24/7. Pyxir checks with members each day and encourages self-



management to help with pain, loneliness, sleep, anxiety and healthy habits. It also identifies the member's social determinants of health needs, offers companionship and helps members navigate Partners' resources and community resources.

### **Virtual Support and Training for Members**

To support our members during the COVID-19 crisis, Partners offered Zoom virtual question and answer sessions for member and families to help translate waiver service changes into layman terms. To proactively support our members and providers at risk during this crisis, we held 42 individual virtual platform trainings for members and families across disability types in stress management, self-care, and recovery supports: A 12-session course on SAMHSA's Whole Health Action Management (WHAM) open to anyone with wellness needs; "Feel, Heal, and Deal" covering a wide variety of stress management tools and wellness strategies; SMART-Self-Management and Recovery Training, a four point program to help individuals gain independence from addictive or maladaptive behaviors; and Wellness 101 to support members in recovery to build lasting lifestyle wellness routines.

## **COMMUNITY EDUCATION AND OUTREACH**

### **In This Together Campaign**

In response to the COVID-19 crisis, Partners created the *In This Together* multimedia campaign to inform and educate our community about critical, quickly evolving information about COVID-19 in real time. Through direct mail, internal digital channels, one-to-one outreach and social media, Partners broadcast the message that our team is available to members, families, employees, stakeholders and providers with support and information 24/7 during this crisis. Leveraging our extensive infographics library, Partners created daily digital posts about COVID issues; including symptoms, managing mental health during crisis, protecting yourself and your family, identifying high risk groups, what to do when you are feeling sick.





## **Assuring Continued Behavioral Health Services During COVID-19**

Sandhills Center appreciates the work of our Provider Network in continuing critical behavioral health services to our communities during the difficult times associated with the spread of COVID-19. To assist our Provider Network in continuing those services, Sandhills Center is taking a number of proactive steps to offer programmatic and financial changes to help strengthen and solidify our network of services. Those include:

- Extending flexible funding to State and locally funded providers with significant reimbursement-based contracts. This funding will cover staff time and other program expenses needed to ensure the availability of previously contracted behavioral health services during the pandemic
- Medicaid reimbursement rate temporary increases, including 15% increases to residential services and identified community services, with a 5% increase for all other Medicaid services
- A reminder of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children under age 21 and how that benefit can be used to address providing community behavioral health services while implementing the social distancing and other mitigation efforts recommended
- Guidance for providers on the use of telehealth and virtual health services, including modifiers and billing instruction
- Reimbursement process to allow Opioid Treatment providers to continue services to our members and take the precautionary measures outlined by The Centers for Disease Control and Prevention (CDC)
- Reducing administrative work for our providers during this time by temporarily suspending all external audits, reviews and oversight monitoring, except for reviews involving member health and safety, that would require travel to provider sites

During the uncertainty surrounding the COVID-19 virus spread, Sandhills Center is taking additional steps to assure that our stakeholders have timely and accurate information available to them. Information is continually disseminated to members, providers and other stakeholders, and a new webpage has been published that features steps Sandhills Center is taking to address the situation along with valuable information and links to reputable resources -- [www.sandhillscenter.org/covid-19-resources](http://www.sandhillscenter.org/covid-19-resources).

We are particularly mindful of families who have lost loved ones, individuals who are experiencing decompensation in their behavioral health due to fear and anxiety, and those who are suffering from economic repercussions. As the impacts of the virus become more fully known, we believe that it is as important as ever to continue to support members who are receiving services and the providers offering those services. Sandhills Center takes very seriously the essential role we play in helping our communities through this global event.



## **Actions During COVID-19 to Support Members, Providers, and Communities**

- Trillium hosted multiple virtual provider and member forums from April-July of 2020. These forums allowed providers and members the opportunity to ask questions and describe barriers in accessing services. More than 160 providers, who together serve members in all 26 counties in the Trillium catchment area, participated in these meetings which helped Trillium to ensure that our actions addressed the most pressing needs.
- On March 26, 2020, just 13 days following the national disaster declaration for COVID-19, Trillium had developed, received approval from DHHS and implemented a broad telehealth alternative service that allowed almost all services except those that require staff to be hands on in assisting members with activities of daily living (bathing, feeding, etc.) to be offered through two way video or telephonic means.
- Increased service rates for residential providers from 15%-30% to cover the cost of overtime, additional cleaning and disinfecting regimens, and Personal Protective Equipment (PPE). These rate increases impacted **187 providers** and ensured that more than **1,600 members** could remain safely in their homes. Through October 2020, Trillium will spend more than **\$18.4 million** on these rate increases.
- Increased rates from 5%-30% for other provider types to provide financial stability as service delivery models adjusted to the pandemic. These rate increases, which were in place from March-July, 2020 impacted **268 providers** serving more than **5,000 members** and cost **\$3 million**.
- Developed and received approval from DHHS to implement eight (8) other alternative service definitions so that members could continue to receive services and providers could continue to deliver services when traditional service delivery models could not be offered. This included services that use technology, rather than provider staff, to assist members in their homes when staff cannot be present.
- Implemented a change in the reimbursement methodology for Medically Assisted Treatment (MAT) for opioid dependence to allow members to receive their dosing in a frequency that best meets their needs without causing a financial hardship for the providers. This change benefited **7 providers** serving nearly **1700 members**.
- Used the flexibilities afforded by CMS for Innovations Waiver recipients to allow 183 additional relatives of adult members and 42 family members of minor members to provide paid services when non-relative staff cannot be in the members' homes.
- To reduce administration burden as providers have adjusted to new service delivery modalities, Trillium removed prior authorization requirements for all services except psychiatric inpatient and children's Psychiatric Residential Treatment Facility.
- Implemented the DHHS FEMA-funded program, Hotels4Health, to provide hotel rooms for medically high-risk individuals and families displaced by COVID-19. The people served are not required to have a behavioral health or I/DD issue. At the highest point in the program, Trillium purchased **100 hotel rooms**

**housing 214 people.** As of August 25, 2020, we continue to manage **68 hotel rooms** for families totaling **143 people.**

- In March, Trillium began accepting referrals for families and individuals experiencing food insecurity during the pandemic. To date we have assisted **85 families** who live in 16 of our counties in receiving food.

Note: Trillium Health Resources covers 26 eastern NC counties. At 17,000 square miles, we represent 31% of the State's geographic territory.



## COVID-19 Response Efforts

- To safeguard access to mental health, substance use disorder and intellectual/developmental disabilities (IDD) services for individuals throughout western North Carolina, help stabilize the provider workforce and help providers transition to telehealth service delivery, **Vaya distributed over \$8 million in direct funding** to providers across our network, regardless of size, including direct hardship, rate increases, and staff retainer payments.
- To help bridge communication barriers and ensure timely and accurate information for our network providers, Vaya established weekly virtual Q&A events that include representation from both Benchmarks and NC Providers Council.
- To assist providers experiencing rising costs related to supplies, disinfecting and staff overtime, **Vaya implemented a 10% targeted rate increase** for all child and adult mental health and IDD Medicaid residential providers, from therapeutic foster care to community intermediate care facilities.
- In collaboration with community partner organizations, Vaya compiled and distributed more than 20,000 wellness packages with mental health information and resources to families with children receiving food and nutrition services through local school systems.
- **Vaya purchased 500 smartphones** and corresponding data plans to ensure individuals with mental health, substance use disorder or IDD needs can continue to participate in critical treatment by phone or video and maintain social supports during the pandemic.
- We worked collaboratively with county leadership to provide **24/7 phone-based clinical support** and coordinated supports and services at emergency shelters for COVID-impacted residents in our catchment.
- In partnership with the Mountain Area Health Education Center and the Western Carolina Medical Society, **Vaya launched the WNC COVID-19 Regional Report**, a weekly update that provides the regional medical community with timely information on regional trends, needs, resources and training opportunities.
- To help educate our communities on mental health risks resulting from the pandemic, we offer free online trainings focused on suicide prevention and wellness recovery action planning.
- In response to the increase in opioid overdose emergency department visits during the pandemic, **Vaya purchased 8,200 Narcan overdose reversal kits** for first responders throughout our catchment.
- We secured \$500,000 in external funding to ensure individuals receiving Medication Assisted Treatment through the State Opioid Response Grant would continue to receive care during a gap in grant funding.

- **Vaya dedicated more than \$250,000 to help residential providers** purchase electronic equipment so children could maintain contact with their families and continue their academic work. Funding also went toward converting previously unused seclusion rooms to calming zones for children who need quiet areas to process experiences and triggers.
- In response to reports of anxiety and depression tripling during the pandemic, **Vaya deployed an awareness campaign** to highlight our Access to Care line, which is available 24/7 to anyone in crisis. Through radio advertising, digital targeting, social media schedules and media outreach, we saturated our catchment area with messaging and information to assist individuals during the pandemic and beyond.