

Medicaid Managed Behavioral Health Care Waiver Amendment

Please send any comments or questions regarding this waiver amendment to DMA.waiver@dhhs.nc.gov no later than November 27, 2012. The waiver documents that are currently in effect are on the DMA website at <http://www.ncdhhs.gov/dma/waiver/index.htm> under the headings, **MH/DD/SA Health Plan (Amendment 1)**.

The primary purpose of this 1915(b) amendment is to implement the State's settlement with the United States Department of Justice.

- This waiver will expand treatment planning authority for individuals identified to be in a new state-defined special population which is the target population in the DOJ settlement, individuals with serious mental illness (SMI) and severe and persistent mental illness (SPMI).
- This waiver will require that all PIHPs contract only with assertive community treatment (ACT) providers under the State Plan who have fidelity to the latest TMACT models of care. The TMACT, an enhanced fidelity tool, was developed and pilot-tested to better assess critical ACT structures and processes. This will ensure that all providers maintain fidelity to the current fidelity model as it is updated.
- This waiver will authorize additional 1915(b)(3) services out of existing waiver savings already granted under this approved 1915(b) waiver authority for the optional state plan services: peer supports and transition year stability resources (TYSR) for the new special population; as well as supported employment/employment specialists for the SMI population only under evidence-based practices where the practices is clinically appropriate. These services will be phased in and available as outlined under the settlement agreement with the United States Department of Justice.

This second purpose of this amendment is to update the phase-in schedule.

- October 1, 2011, PBH will expand their managed care operations into Alamance and Caswell Counties.
- January 1, 2012, PBH will expand their managed care operations into the Five-County LME consisting of Franklin, Granville, Halifax, Vance, and Warren Counties.
- January 1, 2012, Western Highlands will consist of Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, and Yancey Counties.
- April 1, 2012, PBH will expand their managed care operations into the Orange, Person, and Chatham Counties.
- April 1, 2012 East Carolina Behavioral Health (ECBH) will have Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrell, and Washington Counties.

- July 1, 2012 Smoky Mountain will have Alexander, Allegheny, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, Macon, McDowell, Swain, Watauga and Wilkes Counties.
- December 1, 2012 Sandhills will have Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond Counties.
- January 1, 2013 Partners will have Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin counties.
- January 1, 2013 Eastpointe will have Bladen, Columbus, Duplin, Edgecombe, Greene, Nash, Lenoir, Robeson, Sampson, Scotland, Wayne and Wilson counties.
- January 1, 2013 Centerpoint will have Davie, Forsyth, Rockingham and Stokes counties.
- January 1, 2013 Alliance will have Durham, Cumberland, Johnston and Wake counties.
- February 1, 2013 CoastalCare will have Brunswick, Carteret, New Hanover, Onslow and Pender counties.
- February 1, 2013 MeckLink county
- April 1, 2013 Sandhills will expand their managed care operations Guilford county

This third purpose of this waiver is to authorize a waiver of statewideness and comparability to two separate MHDDSAS capitated programs that operate through prepaid inpatient health plans (PIHP) in specified geographic areas of the State.

One program is Cardinal Innovations, run by Piedmont Behavioral Healthcare, a local management entity (LME), operating in 15 counties in the State. The other program is North Carolina Innovations, operated by PIHPs who are LMEs in the rest of the state. LMEs are agencies of local government, also known as area authorities or county programs, and are responsible for managing, coordinating, facilitating and monitoring the provision of mental health, developmental disabilities and substance abuse services in the LME's respective catchment area.

The State intends to make the 1915(b)(3) services included in this waiver available in all geographic areas once the waiver is fully rolled-out except where noted for the North Carolina Cardinal Innovations program which will pilot new services and populations.

Depending upon the results of the pilot the State may or may not expand the pilot services to additional areas. The State anticipates that the waiver and the full package of non-pilot 1915(b)(3) services will be rolled out and operating statewide no later than July 1, 2013.

The requested effective date is December 1, 2012.