Specialized Foster Care Plan (FC Plan) Workgroup

Session #7: Network Adequacy

July 26, 2021, 3:00 pm – 4:30 pm

FC Plan Workgroup

Session #7: Network Adequacy

Before we begin, please:

Note today's Workgroup session will be recorded

Display your name and organization in your Zoom display

Agenda

- Today's Goals & Recap of Feedback on Network Adequacy….3:00 – 3:20 pm
- Stakeholder Brainstorm: Network Adequacy……..3:20 – 3:40 pm
- Deep Dive: Network Adequacy ……3:40 – 4:20 pm
- Wrap-Up & Next Steps……4:20 – 4:30 pm

Where We Are Today: FC Plan Workgroup Session #7

Session #	Dates	Proposed Topic(s)
✓	April 19, 2021 3 - 4:30pm	❑ Introduction to FC Plan Workgroup and Approach ❑ FC Plan Overview ❑ Statewide Design
✓	May 3, 2021 3 - 4:30pm	❑ Eligibility & Enrollment ❑ Benefits/Services
✓	May 17, 2021 3 - 4:30pm	❑ Care Management
✓	June 7, 2021 3 - 4:30pm	❑ Stakeholder Brainstorm on Care Management
✓	June 22, 2021 3 - 4:30pm	❑ Care Management, cont.
✓	July 12, 2021 3 - 4:30pm	❑ Quality and Outcomes
7	July 26, 2021 3 - 4:30pm	❑ Network Adequacy
8	August 9, 2021 3 - 4:30pm	❑ Workgroup Lookback and Next Steps

Today's Goals

- ❑ *Recap feedback on network adequacy*
- ❑ *Brainstorm on shared vision for FC Plan network adequacy design*
- ❑ *Review proposed FC Plan network adequacy design*

Network Adequacy: Stakeholder Feedback

Feedback Received on FC Plan Network Adequacy

Provider Capacity

- **Provider "Cherry Picking":** Providers should not be able to turn away members with acute behavioral health needs that may be difficult to treat (e.g., due to aggression). This causes more instability and frequent placement changes. Recommend requiring specialty provider to demonstrate a "no rejection" policy or frequent discharges.
    - *Design Recommendation Under Consideration: Engage with providers to gather input on what support is needed to reduce acuity/specialty-based rejections. Provide that support and training (e.g., comprehensive consultation services) so providers are prepared to care for members with acute behavioral health needs rather than turning them away.*
- **Incentivizing Quality Services:** Recommend identifying reasons why providers do not deliver needed services, address those reasons, and provide incentives to experienced, quality providers to provide needed services.

Feedback Received on FC Plan Network Adequacy

Provider Capacity (cont.)

- **Residential Services:** Increase timely access for residential treatment services and PRTFs to mitigate months-long waits and placements in inappropriate settings for children/youth.
    - *Design Recommendation Under Consideration: In parallel to creating new residential treatment capacity, work to develop capacity in community-based services in order to free up residential services capacity for children/youth whose needs cannot be met in the community.*
- **Crisis Services:** Evaluate how to build local community capacity to respond to crises/emergencies, such as additional training for therapeutic foster parents and improving quality of therapeutic foster care.
    - *Design Recommendation Under Consideration: Implement solutions likely to be effective.*
- **Out-of-Network Providers:** Concerns about guaranteed access to all pediatric specialists, particularly pediatric subspecialists. Recommend members be allowed to access any pediatric subspecialist enrolled with NC Medicaid Direct, as well as treatment by out-of-state specialists who meet Medicaid standards.
- **Impact on Rural Providers**: Concern that requirements may be onerous on smaller provider practices and practices in rural areas. Payment rates should be adequate to ensure rural provider participation to mitigate service gaps.
    - *Design Recommendation Under Consideration: Build in payment flexibility for rural providers when developing rates.*

Feedback Received on FC Plan Network Adequacy

Ensuring Network Adequacy

- **Appointment/Admission Wait Times:** Recommend network adequacy be measured in the number of days it takes to get a child into an appointment or be admitted, not just the existence of providers.
- **Behavioral Health Providers:** Recommend network adequacy requirements for behavioral health be service specific and have appropriate appointment/admission access requirements. Recommend providing stipend funding for behavioral health providers.
    - *FC Plan design includes service-specific network adequacy standards, including appointment wait time requirements and time/distance standards to access provides.*

Open Vs. Closed Network

- **Quality of Services:** Allowing "any willing provider" could dilute the quality of services and make it unsustainable for providers to maintain high service standards.
- **Sustainability for Current Providers:** New providers in an open network may replicate existing services and negatively impact the economy of scale needed to deliver quality services.
- **Availability of Providers:** If network is closed, there may not be enough providers to meet demand or allow for adequate choice for the full spectrum of services across provider types while maintaining network quality.

<u>For Discussion</u>: Which specific services are stakeholders most concerned about with regard to provider capacity and network adequacy?

Feedback Received on FC Plan Network Adequacy

Recommended Provider Training Topics

- Trauma, trauma-informed care, and specialized assessments to identify trauma-related needs *(currently included in FC Plan design)*
- ACEs *(currently included in FC Plan design)*
- Treatment for children who have been sexually abused and/or have sexual behavior problems
- SUD for children/youth
- Needs of LGBTQ+ children/youth
- Service accommodations for children/youth with co-occurring mental health and I/DD needs
- Conduct disorder and interfacing with Division of Juvenile Justice
- Unique needs of children/youth in DSS custody

Provider Rates

- Clarify details about rates and rate adequacy and overall funding strategy for FC Plan (e.g., capitation, funds to support infrastructure development).

Administrative Burden

- The FC Plan will add another layer of administrative burden for providers (e.g., contract negotiations, reporting requirements) that may stifle provider participation and impact access for the FC Plan population.
- Concern that contracting between plans and out-of-network providers (PRFTS, group homes, etc.) is too administratively burdensome and members miss out on open beds due to time spent on paperwork.

Addressing Stakeholder Feedback Beyond of the FC Plan

A number of children in local DSS custody who have significant behavioral health needs have languished in inappropriate settings, including DSS offices and hospitals. The Department is taking immediate steps—in parallel to FC Plan design—to begin addressing this significant challenge.

- ✓ The Department created three cross-divisional teams made up of subject matter experts and leadership from NC Medicaid, the Division of Mental Health (DMH/DD/SAS), and DSS.
- ✓ These teams work collaboratively with LME/MCOs, county DSS offices, hospitals, and provider agencies to facilitate stakeholder communication/collaboration and reduce barriers to accessing services where the state has levers that can assist.
- ✓ These teams are also developing recommendations for near- and long-term actions that will improve case-specific and system-level performance going forward.
- ✓ The work of these teams includes both specific case reviews, evaluations of systemic trends, and specific services to improve the continuum of care.

Focus of Cross-Divisional Teams

The Department has organized its cross-division response to address the below stakeholder feedback.

- Fragmented response system for children and adults experiencing a behavioral health crisis.
- Extreme shortage of child psychiatrist availability.
- Children inappropriately placed in DSS offices and hospital emergency departments.
- Lack of skillsets among direct care and clinical staff in residential facilities to treat children with the most complex behavioral health needs.
- Lack of care coordination for children with significant high-risk behavioral health needs, which can prevent a child from going into crisis.
- Inadequate resources and supports for foster and biological parents.
- Mobile crisis service for children is not reliably timely or responsive and service is underutilized.
- Two levels of foster care result in unnecessary multiple moves for children.

How Stakeholder Engagement Is Informing FC Plan Design

- ***DHHS is cataloguing all input provided on FC Plan design by stakeholders through written comments, verbal comments, and chat comments.***
- ***DHHS is compiling input and identifying open design decisions and any additional stakeholder engagement that is needed.***
- ***In the fall 2021, DHHS will consider all input to determine necessary changes to the policy and operational design and facilitate a stakeholder engagement session to review updated FC Plan design.***
- ***After incorporating stakeholder input, DHHS will release a revised Concept Paper to share changes made to the FC Plan design.***

Stakeholder Brainstorm: Network Adequacy

Ensuring Network Adequacy in Medicaid Managed Care

DHHS will use a variety of strategies* to ensure members have timely access to needed care, regardless of which plan they are enrolled in.

Time and Distance Standards

- Plan members must be able to see a provider that is within a certain number of minutes and/or miles from them

Wait Time Standards

- Members must be able to make an appointment or be admitted for services within a certain time period

Financial Penalties

- DHHS can impose financial penalties on plans that do not meet network adequacy standards established by DHHS

Telehealth services cannot be used to satisfy time and distance standards, but a plan can request to temporarily use telehealth services when it can't fulfill network adequacy requirements. However, the plan must continue to work to build in-person provider capacity.

**For additional details about DHHS's current Medicaid Managed Care network adequacy strategy, see "North Carolina's Medicaid Managed Care Quality Strategy" paper here.*

Discussion

The Department is committed to developing a shared vision for the FC Plan to strengthen collaboration and improve outcomes for children, youth, and families.

What outcomes are we trying to achieve when we design the FC Plan network adequacy requirements?

Based on what we are trying to achieve, what requirements would you like to see put into place with respect to FC Plan network adequacy?

What role does your organization/agency play in ensuring the success of the FC Plan's network adequacy design?

Deep Dive: Network Adequacy Proposed Design

Network Adequacy Design

The FC Plan will include a network of physical health, behavioral health, I/DD, LTSS, and specialty providers across the State in order to achieve statewide reach.

"Provider" is defined as:
"Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State in which it delivers the services."

Design Feature	Proposed Approach
Open Provider Network	• The Department proposes the FC Plan have an **open network** and contract with "any willing provider" for all provider types that meets required quality standards

The Department continues to consider all input from stakeholders on network adequacy and provider network design.

Network Adequacy Design

The FC Plan will include a network of physical health, behavioral health, I/DD, LTSS, and specialty providers across the State in order to achieve statewide reach.

Design Feature	Proposed Approach

Network Access Plan	• The FC Plan must develop a **Network Access Plan** detailing strategies it will use to ensure sufficient provider capacity for clinically appropriate access and utilization of the below services that serve children and youth with significant needs, including how the FC Plan will monitor utilization and develop clinical practice and provider training guidelines.
	  • **Therapeutic Foster Care**. The FC Plan will also pursue efforts to enhance capacity.
	  • **Coordinated Specialty Care (CSC) programs**. The FC Plan will focus efforts to enhance access for members who have or are at high risk of psychosis.
	  • **PRTFs**. The FC Plan will identify gaps in access due to bed shortages for specific populations (e.g., male/female, dual diagnosis, medical co-morbidity).
	  • **Mobile Crisis Management Services**. The FC Plan will also work to improve response time and requiring pediatric-specific training for mobile crisis response team.
	• The FC Plan must detail how children's health needs will be met using **appropriate child-focused specialty services** (e.g., in-network providers who have special training in pediatrics, child health and trauma-informed care)

Out of Network Services	• If the FC Plan is unable to provide a covered service within its network, it must cover the needed service with an **out of network provider** to ensure timely access, taking into account the urgency of the need for services.

Provider Training & Specialty Providers

The FC Plan must provide education and training to all network providers and develop a Provider Training Plan to ensure network providers receive the appropriate training necessary to understand the needs of the families and caregivers served by the FC Plan.

Design Feature	Proposed Approach

Access to Specialty Providers	• The FC Plan's **Network Access Plan** must detail efforts to contract with providers that provide **evidence-based or best practice treatments** including:
	  • Child Parent Psychotherapy
	  • Parent Child Interaction Therapy (PCIT)
	  • Cognitive Behavioral Therapy
	• The FC Plan must detail an approach to ensuring children have access to specialized providers including **child psychologists and child/adolescent psychiatrists** and report on the proportion of member who have been **assessed by a child/adolescent psychiatrist** in an outpatient setting.

Provider Training	• The FC Plan's **Provider Training Plan** must include training topics specific to the needs of the FC Plan population including:
	  • Principles of **trauma-informed care** for children with **ACEs** and involved in the child welfare system
	  • Use of **dyadic therapy** as a Medicaid covered service(e.g., Child Parent Psychotherapy)
	  • Principles of the state's **System of Care** framework

Network Adequacy Standards

Network adequacy standards are generally consistent for physical health providers (e.g., primary care, hospitals, pharmacies) across the SPs, BH I/DD TPs and FC Plan. For a sub-set of specific behavioral health services, network adequacy standards are specific to the FC Plan.

Design Feature	Proposed Approach
Select Wait Time Standards	**Behavioral Health Services.** • Mobile Crisis Management Services: *within 2 hours* • Facility-Based Crisis Management Services: *immediately (24 hrs/day, 365 days/year)* • Emergency Services for Mental Health and SUDs: *immediately (24 hrs/day, 365 days/year)* • Urgent Care for Physical and Mental Health and SUD Services: *within 24 hours* • Routine Services for SUDs: *within 48 hours* • Routine Mental Health Services: *within 14 calendar days* **Primary Care.** • Preventative Care/Routine Check-Up: *within 30 calendar days*
Select Time & Distance Standards	**Behavioral Health Services.** A sub-set of providers below have **specific FC Plan standards** to account for the Plan being statewide (as opposed to SPs and BH I/DD TPs which are regional): • Crisis services • Inpatient BH services • Community/Mobile Services • Residential Treatment Services

Discussion on FC Plan Network Adequacy

For Discussion

- What additional considerations should the Department take into account for requirements on FC Plan network adequacy?
- What does this design area look like through the lens of the people who will be using the program?
- Are there potential unintended consequences with the proposed design for the Department to consider?

Wrap-Up & Next Steps

Looking Ahead

The Department values input and feedback from stakeholders and welcomes stakeholder to join the upcoming FC Plan Workgroup sessions and/or submit additional comments and questions to the Department.

Upcoming FC Plan Workgroup Sessions

- **Session #8: August 9, 2021 (3-4:30pm)**
- ***Workgroup Lookback and Next Steps***

Additional Comments & Question

- Comments, questions, and feedback are all welcome at Medicaid.NCEngagement@dhhs.nc.gov

The Department will also continue to provide regular updates at:
https://medicaid.ncdhhs.gov/transformation/specialized-foster-care-plan

Appendix

FC Plan Workgroup Participants

Name	Organization	Stakeholder
Teka Dempson	Child Welfare Advisory Council	Advocacy Group
Tiffany Munday	Guardian ad Litem	Advocacy Group
Kaylan Szafranski	NC Child	Advocacy Group
Fredrick Douglas	NC Families United	Advocacy Group
Nicole Dozier	NC Justice Center	Advocacy Group
Ms. Shanita	SaySo	Advocacy Group
Tara Larson	EBCI Public Health and Human Services	EBCI
Christy Street	NC Pediatric Society/Fostering Health	Provider
Dr. Molly Berkoff	UNC Child Medical Evaluation Program	Provider
Karen McLeod	Benchmarks	Provider
Peter Kuhns	Department of Juvenile Justice (DJJ)	State/Local Agency
Lisa Cauley	Division of Social Services (DSS)	State/Local Agency
John Eller (Mecklenburg County DSS) **Brenda Jackson** (Cumberland County DSS) **Lizzi Shimer** (Buncombe County DSS)	NC Association of County Directors of Social Services	Local Agency

FC Plan Workgroup Participants

Name	Organization	Stakeholder
Sean Kenny (Trillium) **Rhonda Cox** (Vaya) **Lynn Grey** (Partners Health)	Representatives from*: • Alliance Health • Cardinal • Eastpointe • Partners Health • Sandhills • Trillium • Vaya Health	LME/MCOs
Julie Ghurtskaia (CCH) **Sarah Goscha (UHC)** **Matt Oettinger (WellCare)**	Representatives from*: • AmeriHealth • Healthy Blue • Carolina Complete Health • UnitedHealthcare • WellCare	Standard Plans
Kimberly Deberry	CCNC	Other Stakeholder(s)

**Representatives may rotate per session*