

## **LME/MCO Public Input for the House Select Committee on COVID-19**

**\*\*\*Submitted to the Select Committee's online comment portal at 10:15am on April 10, 2020.**

On behalf of North Carolina's Local Management Entity/Managed Care Organizations (LME/MCOs), we thank you for convening the House Select Committee on COVID-19 and appreciate the opportunity to provide input. Identified by the Governor as a COVID-19 Essential Business, LME/MCOs are responsible for managing Medicaid and other public behavioral health and intellectual/developmental disability (IDD) funds for millions of North Carolinians in all 100 counties. Because of your foresight, North Carolina's network of public LME/MCOs are uniquely positioned to quickly respond to community needs in this crisis. We are working 24/7 to support providers, ensure access to care, and meet the extraordinary behavioral health challenges faced by our communities as a result of this unprecedented State of Emergency.

Fear and anxiety about COVID-19 can be overwhelming and cause strong emotions in children and adults. Everyone reacts differently to stressful situations, and this rapidly unfolding emergency has disrupted most aspects of modern life. This stress, uncertainty, and isolation can lead people to experience new behavioral health conditions or exacerbate existing conditions. To assist those who are suffering, it is critical that North Carolina's public behavioral health and IDD system be sustained and bolstered during the COVID-19 emergency.

LME/MCOs have long been responsible for supporting people with the most complex needs, who often have multiple diagnoses and may also be challenged by lack of transportation, unstable housing, and economic insecurity. We are working with the NC Department of Health and Human Services (DHHS) to implement emergency flexibilities to best serve our members and support our providers. Now more than ever our state needs to fully utilize this behavioral health infrastructure to reach those in need. Our responsibilities always include coordinating member care to avoid unnecessary hospital admissions and visits to the emergency department (ED). This frees up hospital resources, beds, and personnel for those impacted by COVID-19. In order to continue performing our responsibilities and meet community needs in the short- and long-term, we offer the following four suggestions:

- **Stop the cuts to State Single-Stream Funding to meet the demand for behavioral health services and tremendous burdens for providers that will extend throughout this crisis and beyond**
- **Increase Innovations Waiver slots to meet the needs of over 12,000 North Carolina citizens on the waiting list for IDD services**
- **Pursue the new crisis response resources and regulatory flexibilities made available by recent federal legislation**
- **Grant LME/MCO clinicians access to the NC Controlled Substances Reporting System (CSRS) for real-time prescription data**

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 this public health emergency. Considering this urgency, funding for the following appropriations are now more important than ever:

- **Single-Stream Funding** – This is the state funding to provide access to behavioral health services for North Carolinians who are uninsured/underinsured and do not qualify for Medicaid. This resource enables LME/MCOs to cover things that Medicaid does not, such as housing, vocational programs, jail diversion activities, and transportation. Single-stream funding has been cut for more than five

consecutive years, diverting more than half a billion dollars from the state's public behavioral health system. With a large influx of North Carolinians suddenly facing unemployment or furlough due to the crisis, this funding stream is critical to serving the behavioral health needs of many individuals and families during a very challenging time. We know that people can and do recover from mental illness and substance use disorders (SUDs) provided they have access to the right treatment. However, when people cannot get the behavioral healthcare they need, their conditions often manifest into severe crises resulting in avoidable ED visits, police involvement, and homelessness – scenarios that are traumatic and expensive for our families and that will exact more of an economic toll as our state struggles to recover from the impacts of the pandemic.

- **Innovations Waiver Program** – Slots in this program enable individuals with disabilities, who would otherwise face institutionalization, to receive support services in their homes and communities. Currently, the waiting list across the state for this program is more than 12,000 people. The total number of slots is determined and funded in the state budget. Keeping individuals stable in the home and community of their choice is integral to positive health outcomes, especially during this emergency when we all should be at home to the fullest possible extent to reduce the spread of COVID-19. We are grateful that DHHS pursued, and the federal government approved, options to assist people who are already on the Innovations Waiver through an Appendix K Waiver that allows additional hours of service, alternatives for service delivery, and other flexibilities during the pandemic. Please note that, depending on how long the impact of the pandemic lasts, LME/MCO capitation rates may need to be adjusted to recognize the cost of those flexibilities.

In addition to increased funding for behavioral health, we ask that you also consider making the following changes:

- **Pursue the new crisis response resources and regulatory flexibilities made available by recent federal legislation.** The COVID-19 stimulus package and other response measures recently passed by the U.S. Congress and signed into law by the President include unprecedented new funding for healthcare providers and policy changes designed to support healthcare organizations and expand access to care throughout the crisis. We encourage the General Assembly and the Governor to actively pursue these newly available resources for the benefit of North Carolinians and we stand ready to assist in obtaining them.
- **Grant LME/MCO clinicians access to the NC Controlled Substances Reporting System (CSRS) for real-time prescription data.** Access to real-time pharmacy data is crucial for quality healthcare, especially in emergency situations. Current state law does not allow for managed care medical directors to access real-time pharmacy data through the CSRS for population health purposes. In many states, such as Virginia, the controlled substance database can be accessed by health plan medical directors. Even outside of natural disasters and pandemics, health plan medical directors utilize these databases to identify members who may need urgent care coordination, particularly with patients experiencing SUDs. During the COVID-19 pandemic, the need for health plan medical directors and clinicians to access real-time pharmacy data is even more critical. The LME/MCOs currently do not have a mechanism to receive real time pharmacy data and, therefore, do not have a way to reliably triage which of our members being treated for Opioid Use Disorder are in danger of running out of medications. We need to ensure that our members can access lifesaving medications at any time, particularly during a pandemic.

Thank you again for the opportunity to provide this input. We are grateful for your consideration of these important issues and look forward to working together to effectively respond to this unprecedented healthcare emergency. Please do not hesitate to contact us if you have questions or would like to discuss any issues.

Sincerely,

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