2019

Community Mental Health, Substance Use and Developmental Disability Services Network Adequacy and Accessibility Analysis

VAYAHEALTH

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Introduction

Vaya Health (Vaya), a local management entity (LME)/managed care organization (MCO), is a public manager of care for individuals facing challenges with mental health (MH), substance use (SU)** and/or intellectual/development disabilities (IDD). Our goal is to successfully evolve in the healthcare system by embracing innovation, adapting to a changing environment and maximizing resources for the long-term benefit of the people and communities we serve. Our core values are person-centeredness, integration, commitment and integrity. We believe in interacting with compassion, cultural sensitivity, honesty and empathy; in caring for the whole person within the home and community of an individual's choice; in partnering with members, families, providers and others to foster genuine, trusting, respectful relationships essential to creating the synergy and connections that make lives better; and in ensuring quality care and accountable financial stewardship through ethical, responsive, transparent and consistent leadership and business operations.

We have a long commitment to understanding the unique mental health, substance use and/or IDD (MH/SU/IDD) needs of members and families served, as well as integrated care needs. We are committed to understanding, developing and ensuring access to services and supports throughout our 23-county catchment area, which comprises Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford (until June 30, 2019), Swain, Transylvania, Watauga, Wilkes and Yancey counties (the catchment area). Our catchment area is primarily rural, with only one major urban center, Asheville (Buncombe County) – which is also home to our administrative headquarters.

We operate a closed network of service providers (closed provider network) to meet member and community needs using available resources. Providers participating in the closed provider network (network providers) provide MH/SU/IDD services to members whose Medicaid eligibility is based in our catchment area and who meet category of aid criteria. Network Providers also provide state-funded services, within available funding, to individuals who are uninsured or under-insured and who meet eligibility criteria.

At Vaya, we operate three types of health benefit plans:

- The 1915(b) MH/DD/SA Health Plan for Medicaid beneficiaries residing in our Catchment Area who need MH/SU/IDD services;
- The 1915(c) Innovations Waiver (Innovations Waiver), a home and community-based services waiver for people with an IDD or closely related condition, regardless of age, who meet institutional level of care criteria. The number of Innovations Waiver participants is limited availability of slots funded by the N.C. Medicaid program and authorized by the Centers for Medicare and Medicaid Services (CMS); and
- A State-Funded (i.e. non-Medicaid funded) Benefit Plan for the uninsured and under-insured members needing MH/SU/IDD services who meet financial and other eligibility criteria. This plan includes federal block grant funding, state MH/SU/IDD funding and funding from counties in our catchment area. These services are limited by availability of funds.

We are committed to ensuring members have access to and choice of high-quality service providers within available resources. The Medicaid capitated per-member per-month (PMPM) rate is negotiated annually between Vaya and the N.C. Department of Health and Human Services (DHHS), Division of Health Benefits (NC Medicaid), based upon historical spending, trends and managed care assumptions. However, state and county funds we receive have no set formula for allocation and are not guaranteed, funding for services can decrease during the fiscal year after budgets have been developed. We continually work with network providers to maximize service delivery associated with state and local funds to ensure that all Vaya members – both Medicaid and non-Medicaid funded – are served. Due to reduced non-Medicaid funding, we are working to support increasing numbers of state-funded members by expanding utilization of comprehensive care centers and whole-person, integrated care approaches throughout the closed provider network.

This 2019 LME/MCO Community Mental Health, Substance Use and Developmental Disabilities Services Network Adequacy and Accessibility Analysis (herein referred to as "Gaps Analysis") which looks at data from July 1, 2017, through June 30, 2018, is one part of a continuous and informed evaluation necessary to achieve our vision of communities where people get the help they need to live the life they choose. This Gaps Analysis was developed to comply with Joint Communication Bulletin #J314, issued by NC Medicaid and Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) on January 2, 2019.

*** Please note, The Diagnostic and Statistical Manual of Mental Health Disorders 5 (DSM5) changed Substance Abuse Disorder (SA) to Substance Use Disorder (SUD). NC Medicaid and DMHDDSAS has not changed service definition language to reflect the change in diagnostic category. For the purposes of this report, we will use "SA" in all references to service definitions.*

SECTION ONE: Network Availability and Accessibility

Access and Choice: Outpatient Services

	Medicaid				Non-Medicaid Funded			
Categories	**# of providers accepting new Medicaid consumers**	**# of enrollees with choice of two providers within 30/45 miles/ minutes**	**# of Medicaid enrollees**	**% (# of enrollees with choice/# of enrollees)**	**# of providers accepting new non-Medicaid funded consumers**	**# of consumers with choice of two providers within 30/45 miles/minutes**	**# of consumers**	**% (# of consumers with choice/# of consumers)**
Reside in urban counties	In Catchment: 135 Out of Catchment: 193	106,732	107,926	98.89%	In Catchment: 31 Out of Catchment: 16	2,869	2,890	99.27%
Reside in rural counties	In Catchment: 91 Out of Catchment: 51	105,902	106,356	99.57%	In Catchment: 16 Out of Catchment: 4	2,756	2,761	99.82%
Total (standard = 100%)	In Catchment: 226 Out of Catchment: 244 Total(including any overlap): 470	212,634	214,282	99.23%	In Catchment: 47 Out of Catchment: 20 Total (including any overlap): 67	5,625	5,651	99.54%
Adults (age 18+)	293	Rural: 59,238 Urban: 58,192 Total: 117,430	118,380	99.20%	39	Rural: 2,689 Urban: 2,834 Total: 5,523	5,547	99.57%
Children (age 17 and younger)	350	Rural: 46,664 Urban: 48,540 Total: 95,204	95,902	99.27%	40	Rural: 67 Urban: 35 Total: 102	104	98.08%
Total (standard = 100%)	402	212,634	214,282	99.23%	47	5,625	5,651	99.54%

Access and Choice: Location Based Services

	Medicaid				Non-Medicaid Funded			
Location-based Services	# of providers accepting new Medicaid members	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded members	# and % of members with at least one provider within 30/45 miles/minutes of their residences		Total # of members
		#	%			#	%	
Psychosocial Rehabilitation	27	32,930 Rural 45,124 Urban 78,054 Total	**65.96%**	118,333	9	1,222 Rural 1,320 Urban 2,541 Total	**87.35%**	2,910
Child and Adolescent Day Treatment	25	32,986 Rural 41,681 Urban 74,667 Total	**77.82%**	95,949	0	0 Rural 0 Urban 0 Total	**0%**	85
SA Comprehensive Outpatient Treatment Program	12	16,349 Rural 49,849 Urban 66,198 Total	**30.89%**	214,284	4	592 Rural 926 Urban 1,518 Total	**58.77%**	2,583
SA Intensive Outpatient Program	27	80,939 Rural 90,013 Urban 170,952 Total	**79.78%**	214,284	10	1,052 Rural 1,448 Urban 2,500 Total	**96.79%**	2,583
Opioid Treatment	11	28,237 Rural 40,607 Urban 68,844 Total	**58.18%**	118,333	10	812 Rural 1,445 Urban 2,257 Total	**87.45%**	2,581
Day Supports					0	0 Rural 0 Urban 0 Total	**0%**	66

Access and Choice: Community and Mobile Services

	Medicaid					Non-Medicaid-Funded		
Community/Mobile Service	# of providers accepting new Medicaid members	# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid members	# and % of members with access to at least one provider agency within the LME-MCO catchment area		Total # of Members
		#	%			#	%	
Assertive Community Treatment Team	11	117,386	**100%**	117,386	6	2,902	**100%**	2,902
Community Support Team	10	117,386	**100%**	117,386	4	5,484	**100%**	5,484
Intensive In-Home	13	96,912	**100%**	96,912	0	0	**0%**	94
Mobile Crisis	3	214,300	**100%**	214,300	3	5,652	**100%**	5,652
Multi-systemic Therapy	1	0	**0%**	96,912	0	0	**0%**	94
(b)(3) MH Supported Employment Services	4	214,300	**100%**	214,300				
(b)(3) I/DD Supported Employment Services	55	214,300	**100%**	214,300				
(b)(3) Waiver Community Guide	5	214,300	**100%**	214,300				
(b)(3) Waiver Individual Support (Personal Care)	15	214,300	**100%**	214,300				
(b)(3) Waiver Peer Support	19	214,300	**100%**	214,300				
(b)(3) Waiver Respite	51	214,300	**100%**	214,300				
I/DD Supported Employment Services (non-Medicaid-funded)					26	66	**100%**	66
Long-term Vocational Supports (non-Medicaid-funded)					26	46	**100%**	46
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)					3	5,484	**100%**	5,484
I/DD Non-Medicaid-funded Personal Care Services					51	66	**100%**	66
I/DD Non-Medicaid-funded Respite Community Services					36	66	**100%**	66
I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility					36	66	**100%**	66
Developmental Therapies (Non-Medicaid)					41	66	**100%**	66

Access and Choice: Crisis Services

	Medicaid				Non-Medicaid Funded			
Crisis Service	# of providers accepting new Medicaid members	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid members	# and % of members with access within the LME-MCO catchment area to at least one provider agency		Total # of Members
		#	%			#	%	
Facility-Based Crisis - adults	6	117,386	**100%**	117,386	4	5,538	**100%**	5,538
Facility-Based Respite	1	214,300	**100%**	214,300	0	0	**0%**	5,652
Detoxification (non-hospital)	3	214,300	**100%**	214,300	2	2,584	**100%**	2,584
FOR INFORMATION PURPOSES ONLY: Facility-Based Crisis - children	1	96,912	**100%**	96,912	0	0	**0%**	114

Access and Choice: Inpatient Services

	Medicaid				Non-Medicaid-Funded			
Service	# of providers accepting new Medicaid members	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid members	# and % of members with access within the LME-MCO catchment area to at least one provider agency		Total # of Members
		#	%			#	%	
Inpatient Hospital – Adult	6	117,386	**100%**	117,386	5	5,484	**100%**	5,484
Inpatient Hospital – Adolescent/Child	1	96,912	**100%**	96,912	0	0	**0%**	94

Access and Choice: Specialized Services

Service	Number Parent Agencies with Current Medicaid Contract	Number Parent Agencies with Current Contract for Non-Medicaid Funded Services
Partial Hospitalization	12	0
Mental Health Group Homes		48
Psychiatric Residential Treatment Facility	28	0
Residential Treatment Level 1	16	
Residential Treatment Level 2: Therapeutic Foster Care	40	2
Residential Treatment Level 2: other than Therapeutic Foster Care	19	1
Residential Treatment Level 3	32	
Residential Treatment Level 4	0	
Child MH Out-of-home Respite		0
SA Non-Medical Community Residential Treatment	0	0
SA Medically Monitored Community Residential Treatment	1	0
SA Halfway Houses		0
I/DD Out-of-home Respite (non-Medicaid-funded)		39
I/DD Facility-based Respite (non-Medicaid-funded)		36
I/DD Supported Living (non-Medicaid-funded)		10
(b)(3) I/DD Out-of-home Respite	57	
(b)(3) I/DD Facility-based Respite	3	
(b)(3) I/DD Residential Supports	84	
Intermediate Care Facility/IDD	163	

Access and Choice: C-Waiver Services

C-Waiver Services - Choice of two providers					
			# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		
Services	**Adult**	**Child**	#	%	**Total # of C-Waiver Enrollees**
Community Living and Supports	✓	✓	1,713	**100%**	1,713
Community Navigator	✓	✓	1,713	**100%**	1,713
Community Navigator Training for Employer of Record	✓	✓	1,713	**100%**	1,713
Community Networking	✓	✓	1,713	**100%**	1,713
Crisis Behavioral Consultation	✓	✓	1,713	**100%**	1,713
In Home Intensive	✓	✓	1,713	**100%**	1,713
In Home Skill Building	✓	✓	1,713	**100%**	1,713
Personal Care	✓	✓	1,713	**100%**	1,713
Crisis Consultation	✓	✓	1,713	**100%**	1,713
Crisis Intervention & Stabilization Supports	✓	✓	1,713	**100%**	1,713
Residential Supports 1	✓	✓	1,713	**100%**	1,713
Residential Supports 2	✓	✓	1,713	**100%**	1,713
Residential Supports 3	✓	✓	1,713	**100%**	1,713
Residential Supports 4	✓	✓	1,713	**100%**	1,713
Respite Care – Community	✓	✓	1,713	**100%**	1,713
Respite Care Nursing – LPN & RN	✓	✓	1,713	**100%**	1,713
Supported Employment	16 & older		1,639	**100%**	1,639
Supported Employment – Long Term Follow-up	16 & older		1,639	**100%**	1,639
Supported Living	18 & older		1,572	**100%**	1,572
C-Waiver Services – Access to at least one provider					
Day Supports	✓	✓	1,713	**100%**	1,713
Out of Home Crisis	✓	✓	1,713	**100%**	1,713
Respite Care - Community Facility	✓	✓	1,713	**100%**	1,713
Financial Supports *	✓	✓	0	**0%**	1,713
Specialized Consultative Services (at least one provider of one of multiple services)	✓	✓	1,713	**100%**	1,713

***** As of January 1, 2019 Vaya was contracted with two providers for this service. Both providers are outside of the Vaya catchment area.

Additional Opioid Services: Buprenorphine Prescribers

Prescriber's name	Group affiliation (organization or facility name)	Street	City	Zip	County	Counties served by service location
Bobby Kearney	Addiction Recovery Medical Services (ARMS)	536 Signal Hill Dr. Ext.	Statesville	28625-4391	Iredell	Iredell
Bobby Kearney	ARMS - Bobby P. Kearney, MD	31 E. Main Ave.	Taylorsville	28681-2540	Alexander	Alexander
Amy Snow	ATS of NC, LLC - North Wilkesboro	200 Northview Plaza	North Wilkesboro	28659-3173	Wilkes	Wilkes
Nathan Mullins	BHG - Asheville Treatment Center	18 Wedgefield Dr.	Asheville	28806-2226	Buncombe	Buncombe
Nathan Mullins	BHG XXXVII – Clyde Treatment Center	414 Hospital Dr.	Clyde	28721-8026	Haywood	Haywood
Vicente Hill	Crossroads Treatment Center of Asheville	6 Roberts Rd.	Asheville	28803-6631	Buncombe	Buncombe
Multiple	McLeod Center - Gastonia	549 Cox Rd.	Gastonia	28054-0628	Gaston	Gaston
Geeta McGahey	McLeod Center - Hickory	1170 Fairgrove Church Rd.	Hickory	28601-9695	Catawba	Catawba
Multiple	McLeod Center - Lenoir	222 Morganton Blvd SW	Lenoir	28645-5219	Caldwell	Caldwell
Ogochukwu Okpala	McLeod Center - Marion	117 W. Medical Court	Marion	28752-5590	McDowell	McDowell
Multiple	McLeod Center - Monroe	2208 W. Roosevelt Blvd.	Monroe	28110-2762	Union	Union
Multiple	McLeod Center - Statesville	636 Signal Hill Dr. Ext.	Statesville	28625-4774	Iredell	Iredell
Multiple	McLeod Center - Boone	160-A Den Mac Dr.	Boone	28607-6543	Wilkes	Wilkes
John Rice	October Road, Inc.	119 Tunnel Rd. Ste. D	Asheville	28805-1800	Buncombe	Buncombe
Brady Schroer	October Road, Inc.	119 Tunnel Rd. Ste. D	Asheville	28805-1800	Buncombe	Buncombe
John Hibbits	PTS - Hendersonville - Beverly Hanks Ctr.	400 Beverly Hanks Ctr.	Hendersonville	28792-2303	Henderson	Henderson
Michael Lancaster	Southlight Healthcare - Raleigh - Garner Road	2101 Garner Rd. Ste. 113	Raleigh	27610-4687	Wake	Wake
Amy Nix	Stepping Stone of Boone	643-L Greenway Rd.	Boone	28607-4840	Wilkes	Wilkes

Member Access to Care

Vaya's primary assurance of meeting provider capacity and service access for new members is through our comprehensive care center model. Service fragmentation associated with multiple changes in providers, sites and service delivery has caused uncertainty in some communities about where to go for what service. This can cause some people to delay treatment or avoid it altogether. Or, care may be delivered in the wrong setting, such as an emergency department. It is essential to create a "big front door" to treatment using "walk in" and "open access" strategies, and to ensure continuity of care at a single agency. Having the service continuum "under one roof" improves ease of access to clinically appropriate care and member outcomes. Vaya's model is designed to avoid isolated delivery of enhanced services outside of a full continuum of care. Comprehensive care in one setting has multiple advantages. It has the potential to benefit members and providers both practically, clinically and financially. However, simply opening the door to available services is not enough. Establishing the best combinations of quality care, from both member and provider perspectives, is an essential responsibility of the managed healthcare system. In SFY 2018, the comprehensive care walk-in centers, located in each catchment county, were able to see approximately 75% of all member presentations on the same day (as evidenced by the same day completion of a comprehensive clinical assessment).

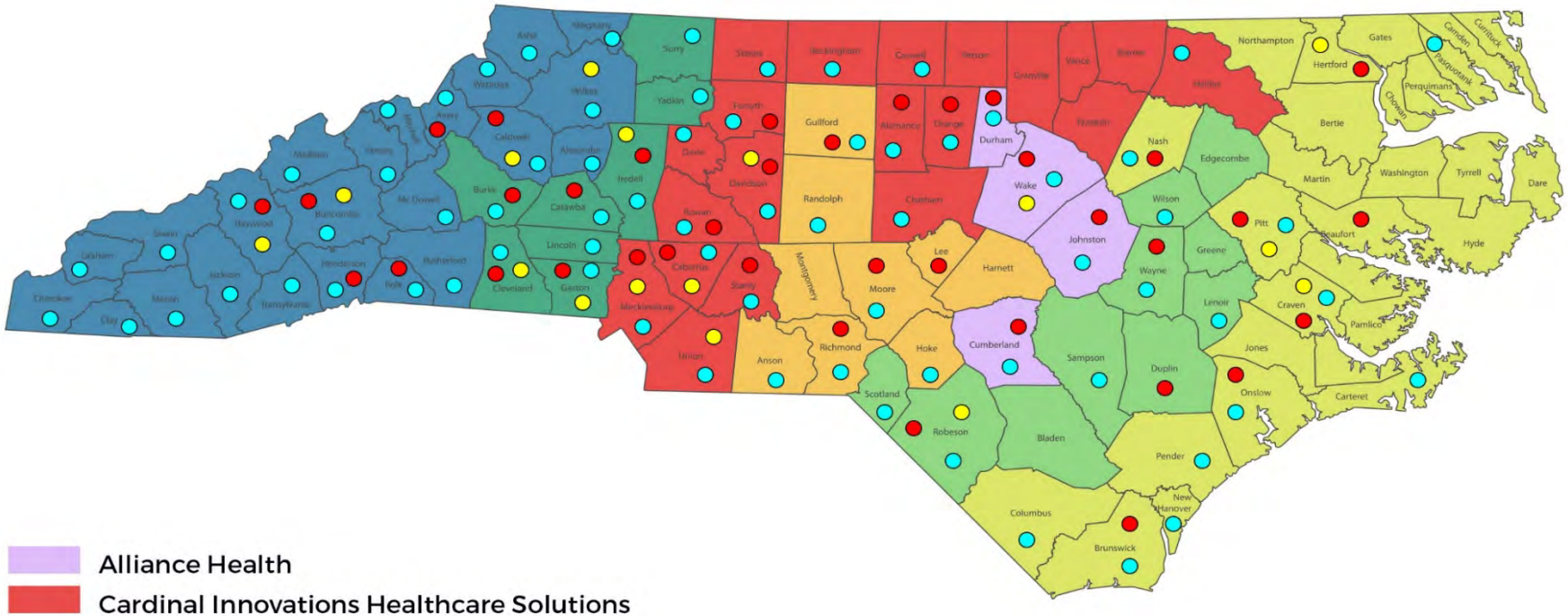
In addition to our comprehensive care strategy, in SFY 2017-2018, we increased our efforts to add network providers in areas outside of our catchment area that fall within the 30 minute/30 mile (urban) or 45 minute/45 mile (rural) requirements to better serve members in our catchment border counties. In cases where, due to specialized service needs and/or funding restrictions, a service is not available within our network, we will enter into an out of network agreement with providers who can meet the service need.

The Percent of Medicaid Recipients and Uninsured Persons in North Carolina Who Received Medicaid and State/Block Grant Funded Mental Health, Intellectual /Developmental Disabilities, and Substance Use Services in State Fiscal Year 2018 (July 1, 2017-June 30, 2018) report, prepared by NCDHHS DMH/DD/SAS Quality Management Section on February 28, 2019 shows Vaya with the highest overall penetration for Medicaid services of all NC MCOs (16.3%). Our State/Block Grant funded services show a 12.7% overall penetration rate, the second highest of all NC MCOs.

*More information regarding access and choice standards is available in **Appendix II** of this document.*

OUTPATIENT CENTERS, FACILITY-BASED CRISIS CENTERS AND HOSPITAL PSYCHIATRIC INPATIENT UNITS IN THE VAYA HEALTH NETWORK

All of North Carolina



SECTION TWO: Accommodation

Catchment Area Population and Geography

Based on 2018 United States Census Bureau population estimate data, Vaya Health's (Vaya) Catchment Area has a population of 1,100,169, covers 9,392 square miles and is 146 miles wide/220 miles long. The average population density is 114.1 persons per square mile. This region is home to 10.7% of state residents and represents 19.3% of the state's total area. Since the 2010 census, our catchment area has seen a population increase of 36,768 people (based on 2018 population estimates) with seven counties showing a slight decrease in population.

The Catchment Area incorporates the sections of the Great Smoky Mountains National Park and Pisgah National Forest. The terrain is a mixture of Appalachian Mountains, rural communities, farmland and sparsely populated areas. The Catchment Area is home to only one large urban center and several community colleges and universities. The region also includes the Cherokee Indian Reservation and Qualla Boundary lands, home to the Eastern Band of the Cherokee Indians, a sovereign nation.

The region's steep mountain geography creates natural barriers to intermountain transportation and access to resources and services. Other than U.S. interstates, roads are most likely two-way, and, in residential areas, one-way roads are common. Winding roads are used to navigate the steep mountains, significantly extending travel times and distances. For example, traveling 270 miles from Murphy (Cherokee County) to Sparta (Alleghany County) takes more than four hours. Many of our members live in remote mountain areas or adjacent to state or national parks, with few commercial developments, extending travel times and limiting access to basic resources such as groceries, general services and healthcare.

The DMH/DD/SAS and DMA Joint Communication Bulletin #J104, dated November 6, 2014, redefined urban and rural classifications to match U.S. Office of Management and Budget metropolitan statistical areas. These classifications significantly changed the driving access and choice standards for Medicaid and state-funded services in our catchment area. For example, Alexander, Caldwell, Haywood, Henderson and Madison are considered metropolitan (urban) counties, in addition to Buncombe. These five counties may include one or more small urban population clusters but are primarily rural, with natural geographic boundaries that impede easy access to medical and behavioral healthcare, including primary and/or specialty care.

*More information regarding county classification is available in **Appendix II** of this report.*

Catchment Area Population

(US Census Bureau; 2018 population estimates)

	April 1, 2010 - Census	Population Estimate (as of July 1, 2018)	Change in Population (April 1, 2010 to July 1. 2018)	Percent of Catchment	Percent of North Carolina
Alexander	37,198	37,353	155	3.40%	0.36%
Alleghany	11,155	11,161	6	1.01%	0.11%
Ashe	27,281	27,109	-172	2.46%	0.26%
Avery	17,797	17,505	-292	1.59%	0.17%
Buncombe	238,318	259,103	20,785	23.55%	2.52%
Caldwell	83,029	82,029	-1,000	7.46%	0.80%
Cherokee	27,444	28,383	939	2.58%	0.28%
Clay	10,587	11,139	552	1.01%	0.11%
Graham	8,861	8,484	-377	0.77%	0.08%
Haywood	59,036	61,971	2,935	5.63%	0.60%
Henderson	106,740	116,748	10,008	10.61%	1.14%
Jackson	40,271	43,327	3,056	3.94%	0.42%
McDowell	44,996	45,507	511	4.14%	0.44%
Macon	33,922	35,285	1,363	3.21%	0.34%
Madison	20,764	21,763	999	1.98%	0.21%
Mitchell	15,579	15,000	-579	1.36%	0.15%
Polk	20,510	20,611	101	1.87%	0.20%
Rutherford	67,810	66,826	-984	6.07%	0.65%
Swain	13,981	14,245	264	1.29%	0.14%
Transylvania	33,090	34,215	1,125	3.11%	0.33%
Watauga	51,079	55,945	4,866	5.09%	0.54%
Wilkes	69,340	68,557	-783	6.23%	0.67%
Yancey	17,818	17,903	85	1.63%	0.17%
Total Catchment	**1,056,606**	**1,100,169**	**36,768**		**10.71%**
North Carolina	9,535,483	10,273,419	737,936		

Catchment Area Size

(US Census Bureau; 2010 Census data)

	Square Miles	Square Miles as Percent of Catchment	Square Miles as Percent of North Carolina	Persons per Square Mile
Alexander	259.99	2.77%	0.53%	143.41
Alleghany	235.06	2.50%	0.48%	46.93
Ashe	426.14	4.54%	0.88%	63.26
Avery	247.09	2.63%	0.51%	70.97
Buncombe	656.67	6.99%	1.35%	392.29
Caldwell	471.57	5.02%	0.97%	173.85
Cherokee	455.43	4.85%	0.94%	61.67
Clay	214.75	2.29%	0.44%	51.57
Graham	292.08	3.11%	0.60%	29.24
Haywood	553.69	5.90%	1.14%	110.32
Henderson	373.07	3.97%	0.77%	310.15
Jackson	490.76	5.23%	1.01%	87.56
McDowell	440.61	4.69%	0.91%	102.49
Macon	515.56	5.49%	1.06%	67.37
Madison	449.57	4.79%	0.92%	48.37
Mitchell	221.43	2.36%	0.46%	68.07
Polk	237.79	2.53%	0.49%	86.45
Rutherford	564.15	6.01%	1.16%	117.97
Swain	528.00	5.62%	1.09%	27.07
Transylvania	378.53	4.03%	0.78%	89.70
Watauga	312.56	3.33%	0.64%	176.35
Wilkes	754.28	8.03%	1.55%	90.92
Yancey	312.60	3.33%	0.64%	56.76
Total Vaya Catchment	**9,391.38**		**19.32%**	**116.42**
North Carolina	48,617.91			211.31

Catchment Area Racial and Ethnic Groups *(US Census Bureau; 2017 population estimates)*	**Race**						**Ethnicity**	
	Race Alone - White	**Race Alone - Black or African American**	**Race Alone - American Indian and Alaska Native**	**Race Alone - Asian**	**Race Alone - Native Hawaiian and Other Pacific Islander**	**Two or More Races**	**Hispanic or Latino**	**White Alone, not Hispanic or Latino**
Alexander	90.8%	6.0%	0.5%	1.1%	0.0%	1.6%	4.8%	86.6%
Alleghany	95.2%	1.9%	0.6%	0.8%	0.0%	1.5%	9.6%	86.8%
Ashe	97.0%	1.0%	0.4%	0.6%	0.0%	1.1%	5.3%	92.1%
Avery	93.2%	4.6%	0.7%	0.5%	0.1%	1.0%	5.4%	88.4%
Buncombe	89.5%	6.4%	0.5%	1.4%	0.2%	2.1%	6.6%	83.6%
Caldwell	92.0%	4.9%	0.6%	0.7%	0.1%	1.7%	5.5%	87.5%
Cherokee	93.7%	1.6%	1.5%	0.7%	0.1%	2.4%	3.2%	91.2%
Clay	96.4%	1.2%	0.5%	0.3%	0.0%	1.6%	3.6%	93.2%
Graham	89.0%	0.5%	7.7%	0.5%	0.1%	2.2%	3.5%	86.6%
Haywood	96.2%	1.3%	0.6%	0.5%	0.0%	1.3%	3.9%	92.7%
Henderson	92.6%	3.4%	0.7%	1.2%	0.2%	1.8%	10.3%	83.3%
Jackson	85.2%	2.3%	9.2%	1.0%	0.0%	2.1%	5.8%	81.0%
McDowell	92.8%	3.9%	0.8%	1.0%	0.1%	1.4%	6.4%	87.6%
Macon	95.4%	1.6%	0.8%	1.0%	0.1%	1.2%	7.3%	89.0%
Madison	96.0%	1.6%	0.5%	0.5%	0.1%	1.3%	2.7%	93.7%
Mitchell	96.3%	0.7%	0.9%	0.7%	0.2%	1.2%	5.6%	92.0%
Polk	92.9%	4.4%	0.6%	0.6%	0.0%	1.5%	6.1%	87.7%
Rutherford	87.1%	9.8%	0.4%	0.7%	0.1%	2.0%	4.4%	83.3%
Swain	63.9%	1.1%	29.7%	0.6%	0.0%	4.6%	5.1%	61.8%
Transylvania	93.3%	3.7%	0.4%	0.7%	0.1%	1.8%	3.4%	90.2%
Watauga	94.9%	1.9%	0.4%	1.2%	0.0%	1.6%	3.6%	91.9%
Wilkes	92.9%	4.6%	0.4%	0.6%	0.1%	1.5%	6.5%	87.3%
Yancey	96.6%	1.0%	0.8%	0.3%	0.3%	1.0%	5.2%	92.5%
Total Vaya Catchment	**91.9%**	**3.0%**	**2.6%**	**0.8%**	**0.1%**	**1.7%**	**5.4%**	**87.4%**
North Carolina	70.8%	22.2%	1.6%	3.1%	0.1%	2.2%	9.5%	63.1%

Special Populations

People with Traumatic Brain Injuries

Unlike our approach to the identification and intervention for persons with Intellectual and developmental disabilities, North Carolina LME/MCO's currently have no consistent funding or state-wide implementation of a method to identify members with a and diagnosis of traumatic brain injury (TBI).

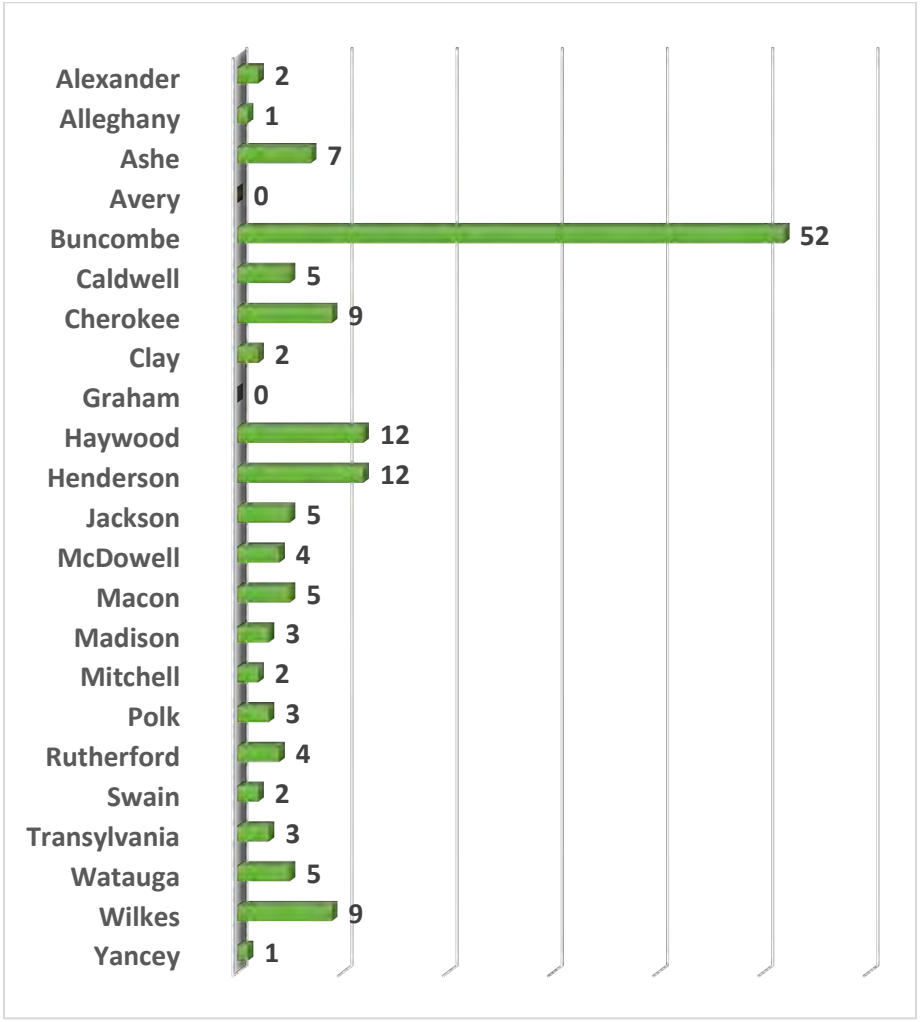
Many services currently available for members with TBI are not service specific but may be linked to other co-morbid conditions. Many members who carry a diagnosis of TBI have this based on self- report during a clinical assessment, not based on DSM 5 criteria related to loss of consciousness, and changes in cognitive functioning supported by recent psychological testing. For those reasons, we do not have exact data on the need, availability and provision of services for TBI or on specific gaps in services for individuals with TBI.

In SFY 2017-2018 Vaya received $175,000 in state funding to serve individuals with diagnosed TBI. Those funds supported members with individual habilitation, developmental therapy, day program, and respite services. Eighteen members were served rehabilitative day services at Hinds Feet Farm, which serves members from Buncombe and surrounding counties. In addition, the TBI allocation is available for costs to participate in community inclusion programs, and the purchase of assistive technologies, vehicle adaptations, and home modifications that are not covered under Vaya's standard Medicaid or non-Medicaid benefit plans.

To expedite access to TBI funding, Vaya's Member Services Department refers members with TBI directly to their local comprehensive care center (CCC) to assess the member for potentially unmet needs. If a need exists, the CCC can then make referrals for the member.

Vaya Members with Traumatic Brain Injury

(Based on SFY 2017-2018 claims - diagnosis and county of residence)



Members receiving serves in SFY 2017-2018:

148

People with Physical Disabilities

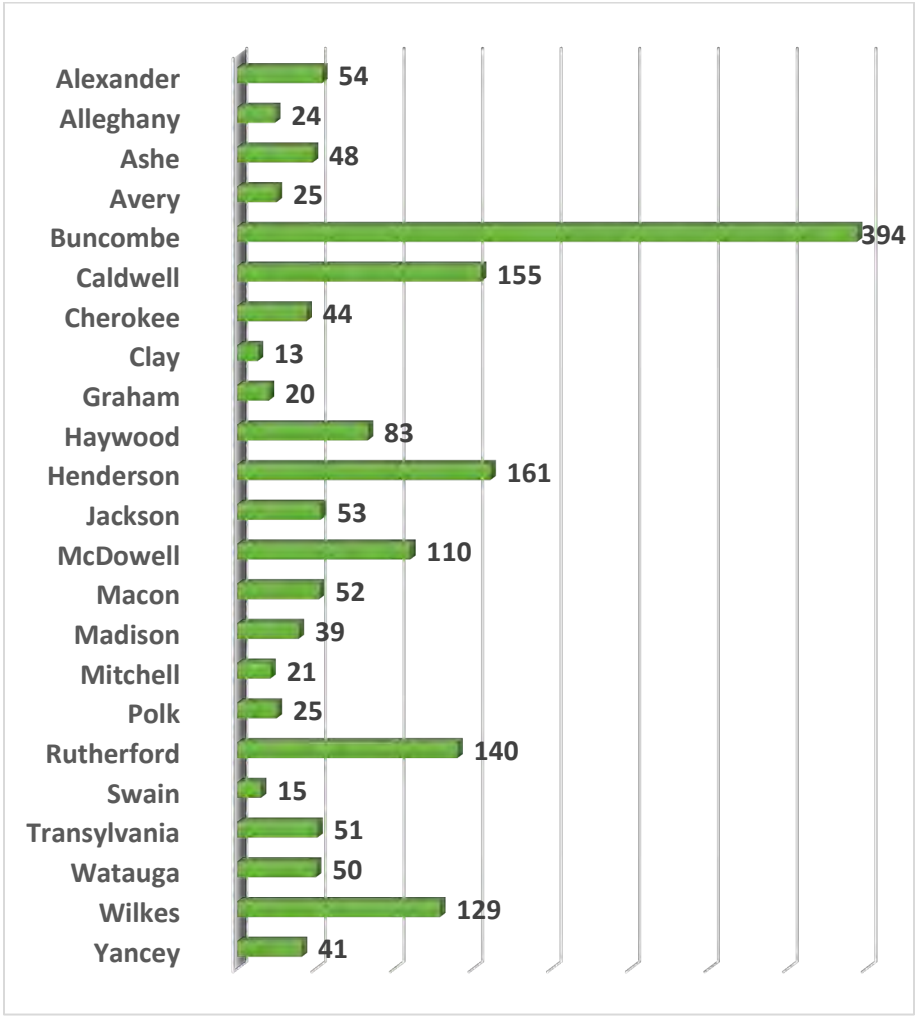
The systemic use of the term "disabilities" is broad, therefore making it difficult to categorize and label specific diagnoses as "physical disabilities" as a distinction from other disabilities. For this reason, we have limited information on the prevalence of this population. However, our best estimation of currently enrolled Vaya members with a physical disability is based on Vaya, North Carolina physical and pharmacy claims data from July 1, 2017-June 30, 2018.

Vaya's Complex Care Management program Vaya Total Care, includes the administration of a Health Risk Assessment which asks a variety of questions related to a member's functional limitations, including use of special equipment or need of assistance. This screening helps care coordinators ensure that members who have physical disabilities are getting their needs met and are linked to appropriate services and supports.

For example, during the past fiscal year, a Vaya member received assistance with getting a wheelchair ramp and shower stall designed for people with disabilities installed in his home. He was approved for assistive technology and chair pressure pads. In another instance, a member received a home modification of a walk-in shower with a non-slip coating. This member has had several surgeries on his feet and ankles, making it increasingly difficult for him to bath in a standard tub. These modifications and assistive technology have helped our members and their caregivers to lead safer and healthier lives.

Catchment Area Medicaid Members with Physical Disabilities

(Based on SFY 2017-2018 Vaya claims, NC physical and pharmacy claims)



Catchment Area Medicaid Members with Physical Disabilities

1747

People with Visual Impairments and/or Hearing Impairments

Based on Vaya, North Carolina physical and pharmacy claims, 1174 people with Visual Impairments and 3446 people who are Deaf or Hard of Hearing currently live in our catchment area.

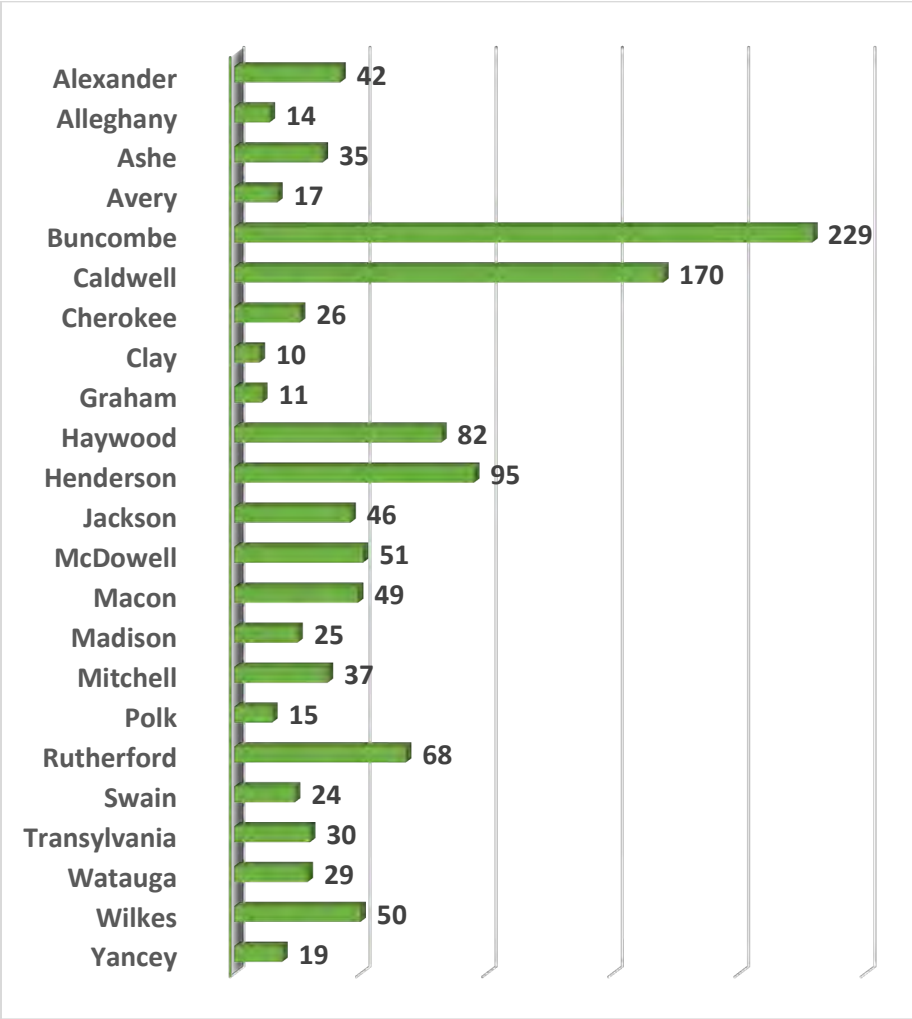
Vaya funds the RHA Health Services' Behavioral Health Deaf and Hard of Hearing (DHH) program. This program provides outpatient therapy services from licensed clinicians utilizing American Sign Language (ASL). An outreach coordinator also provides case management and advocacy. In addition, Vaya supports an innovative partnership between Liberty Corner Enterprises and the Helen Keller National Center for Deaf and Blind Youth and Adults (HKNC). The HKNC's Clearview House in Asheville is designed to pursue high service delivery standards while accommodating the unique needs of the members of this population. Vaya currently funds Medicaid and non-Medicaid services for six adults who have co-occurring diagnoses of IDD, visual impairments and/or deaf or hard of hearing. It continues to serve as a demonstration model, inspiring similar programs throughout the country.

Our Care Management Health Risk Assessment (HRA), poses questions related to functional limitations including vision and hearing. The HRA includes questions such as; "Do you have any concerns with your eyesight?" (Ratings: Yes and No); "Do you have any deafness or difficulty with hearing?" (Ratings: Yes and No); "Do you use any special equipment or assistive device because of a disability or health problem?" (Ratings include communication device and hearing aid). This screening helps Care Coordinators ensure members with hearing and visual impairments are linked with appropriate services.

- Liberty Corner's Clearview Home struggles to recruit and maintain Direct Support Professionals proficient in tactile sign-language skills
- The DHH program challenges include recruiting professionals skilled in both sign language and behavioral health as well as extensive travel time for the DHH program therapist.

Catchment Area Medicaid Members with Visual Impairments

(Based on SFY 2017-2018 Vaya claims, NC physical and pharmacy claims)

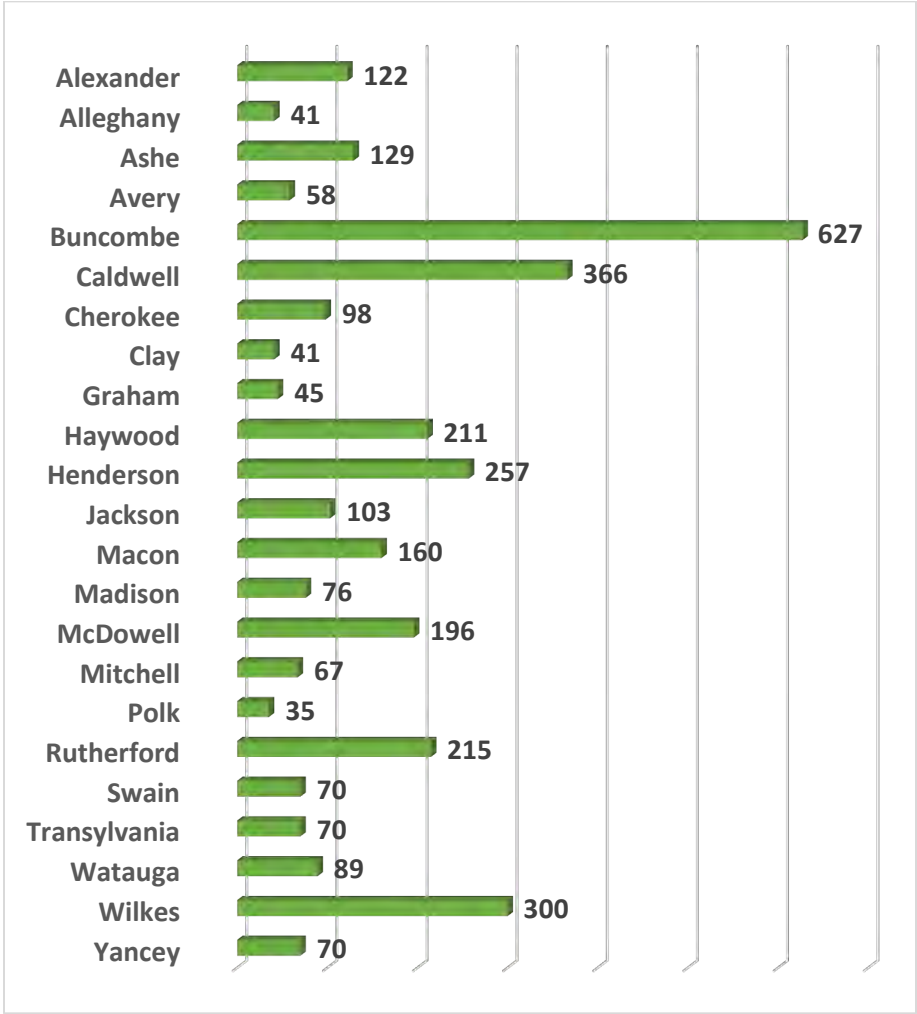


Catchment Area Medicaid Members with Visual Impairments

1046

Catchment Area Medicaid Members Who are Deaf or Hard of Hearing

(Based on SFY 2017-2018 Vaya claims, NC physical and pharmacy claims)



Catchment Area Medicaid Members Who are Deaf or Hard of Hearing

2917

Veterans, Military Members, and Their Families

According to a 2018 report from the U.S. Department of Veterans Affairs, 696,119 veterans live in North Carolina. Approximately 90,000 of these veterans reside in Vaya's catchment area. Not all veterans utilize or have access to medical or behavioral healthcare through the Veterans Health Administration (VHA). Reasons for underutilization include: ineligibility due to income; lack of proximate access to a VA Medical Center or other healthcare facility (only one VA Medical Center and three VA outpatient clinics operate in our catchment area); the choice not to receive care through the VHA system; and ineligibility due to type of military discharge. This includes discharges possibly resulting from erroneous, less than honorable discharges precipitated by negative behavior resulting from posttraumatic stress disorder (PTSD) or TBI acquired from military duty.

We continue to move forward to build capacity to serve our military service members, veterans and their families through various projects in partnership with our communities, the N.C. Department of Health and Human Services and NCServes. Since the inception of the NCServes network the State of North Carolina has grown Veterans services by 70%. Vaya has a designated veteran's point of contact within our Care Management Department who liaises monthly with other LME/MCO veteran's points of contact and the N.C. Division of Mental Health, Developmental Disabilities and Substance Use Services' (DMH/DD/SAS) Veterans and Military Affairs program liaison and Vaya point of contact also participate in the Governor's Working Group for Veterans to learn and share best practices in reaching and engaging veterans, service members and their families.

Veterans Access to Care

Vaya recognizes the importance of identifying members of military services and their families and designing specific processes to support them. We have a Veterans Crisis Line information on Vaya MindKare kiosks, placed in many of the counties we serve, to facilitate access to veteran-specific crisis information and our 24/7 Access to Care line. This information is also on the www.vayamindful.org screening website that is connected to the MindKare kiosks. Vaya has also partnered with the DMH/DD/SAS to support continued development of NCServes four networks across our state, increased coordinated care and linkages among providers, services and supports for veterans and their families and better coordination of care by bringing multiple veteran support agencies and services into one overarching network.

We are a provider in the NCServes Western network, allowing our care coordinators, housing specialists and Transitions to Community Living Initiative team to receive referrals from NCServes and link veterans and family members identified through our Health Risk Assessment (HRA) to a large variety of vital social determinant needs – beyond behavioral health needs – to support and strengthen recovery and whole-person care. Many Vaya network providers have also enrolled with NCServes, allowing additional direct links to mental health, substance use and developmental disabilities services and supports beyond the VHA system. Additionally, our peer trainers serve veterans in recovery from mental health or substance use issues to become certified peer support specialists. Using their experience in the military and with military culture, these individuals reach more veterans and their families and engage them in services and supports.

Vaya participates in local veterans-related events to share information about how to access care within the publicly managed care system, network with other veteran-serving agencies and services, foster relationships, build connections and share resources. These events include the VA Medical Center Health Fair, monthly NCServes Community of Practice meetings, NC STRIVE, the state Mil-Vet Conference for Women and the monthly Governor's Working Group for Veterans and Families.

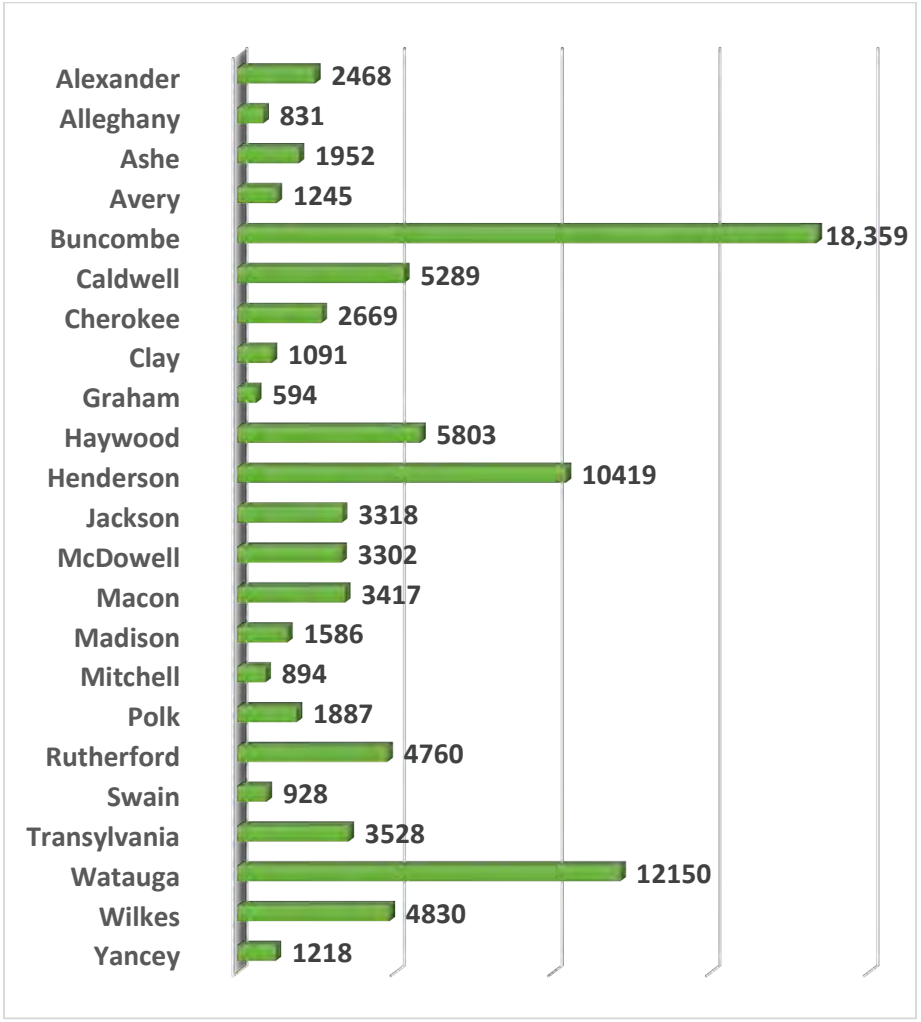
Veterans Treatment Court

Buncombe County, the largest in our catchment area, is home to 18,359 veterans and operates a highly active Veterans Treatment Court. The court

is designed for veterans facing charges due to behavior related to a mental health and/or substance use disorder. It presents an alternative to jail or prison and fosters opportunities for rehabilitation and recovery. Vaya network provider, NC Brookhaven, coordinates the program. Beginning in 2017, Vaya dedicated a care coordinator to this partnership and remains a vital partner in weekly staffing teams and court hearings by providing knowledge of and linkage to the publicly funded behavioral health system for participating veterans or family members not able to utilize VA services to support their recovery.

Veterans Living in the Vaya Catchment Area

(2018-2019 VA.gov data)



Veterans living in the Vaya Catchment Area:

92,538

Pregnant Women with Substance Use Disorders

The Women and Perinatal Substance Use subcommittee of the Western North Carolina Substance Use Alliance met over the course of multiple months in 2018 to identify priorities and create a regional action plan specific to this vulnerable population. A need to create a culture of acceptance for perinatal women with substance use through standardized education models for consistency and whole person care was identified. The need for consistent clinical engagement of perinatal women with substance use was recognized as a significant determinant in the recovery process. Additionally, the subcommittee identified the importance of integrating health care with substance use disorder services. Thus, the subcommittee identified regional priorities specific to this population. 1) Perinatal /substance use training and education, 2) Increasing engagement across the continuum of care for perinatal substance use.

For each of these priorities, a summary of why it was important, desired results, system supports available, and system barriers have been considered. Community partners to achieve the desired results have been identified and performance measures established. Continuous effort is required to address these priorities as the region works to mirror the Children and Recovering Mothers (CHARM) collaborative in Vermont.

Perinatal/substance use training and education efforts should include gender specific, trauma informed care, basics of addiction medicine, screening, brief intervention, and referral to treatment (SBIRT), motivation interviewing, medication assisted treatment (MAT) options, attention to ASAM levels of care, pain and addiction co-existing (pain co-morbidity) treatment, and family planning. Training that is multi-agency and transdisciplinary would be provided for caregivers to support people working with these complex family scenarios. The desired results of these efforts will be a culture of acceptance for perinatal women with substance use disorder which will result in women experiencing less stigma and fewer barriers to services. This will result in women engaging in medical, behavioral health and substance use care earlier in their pregnancies.

Engagement is essential in the recovery process. The system is complex and perinatal women with substance use often need a steward to assist with navigation. There must be integration across specialty and clear channels of communication. Those working with this population, regardless of discipline, must be non-judgmental, respectful, and use a motivational enhancing approach. Successful engagement strategies will increase the likelihood that women seek services in earlier in pregnancy which has the potential to reduce trauma on the family unit.

Vaya, in collaboration with the Mountain Area Health Education Center (MAHEC) and the Duke Endowment, trained and supervises a peer team in three rural underserved areas to assist high risk pregnant women in engaging care with local health departments, primary care and behavioral health as needed. This team is part of Vaya's Care Management Department and focused on supporting women who are pregnant and at risk of substance use or substance dependent. Since the program's inception, three Peer Support Specialists (PSS) have served 89 women in Madison, Mitchell, and Yancey counties who have a substance use disorder and at risk of unintended pregnancy or pregnant. The PSS helped these women link to services to promote recovery and health and wellbeing and improve outcomes for their children and families. Additionally, Vaya has embedded a Certified Peer Support Specialist in MAHEC's Project CARA to assist with engagement and warm hand-off to Vaya Care Coordinator and linkage to services in their local counties.

People who are Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ)

Unfortunately, the United States Census does not capture data regarding sexual orientation. Now, the CDC is no longer asking questions about sexual orientation and gender on the Behavior Risk Factor System (BRFSS). These exclusions limit researchers' ability to fully understand the LGBT population's needs and hinder the development of public policies and programs that seek to improve the LGBT population's health and well-being. However, there have been other studies regarding demographics and census data regarding the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community, such as the Movement Advancement Project (MAP) Project. In the most recent report, from 2017, it was reported that 274,682 individuals in North Carolina identify as LGBT. Of these, 26% are raising children. Those identifying as LGBT represent 3.5% of the state's population.

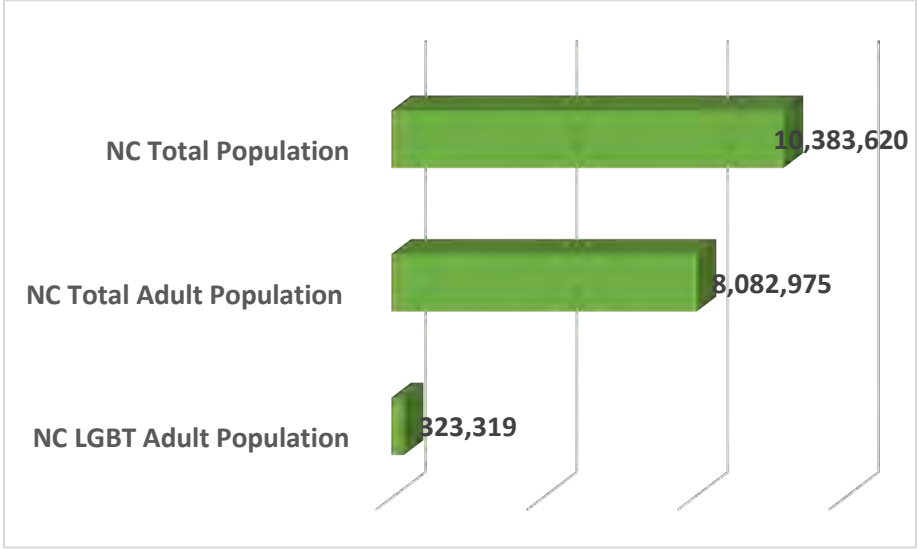
The 2018 LGBTQ Youth Report from the Human Rights Campaign shows that 78% of LGBTQ youth who are not "out" to their families hear negative comments about LGBTQ people from their families, and 67% of those who are out still hear negative comments about LGBTQ people from their families. 85% of LGBTQ youth rate their stress as a 5 of higher on a scale of 1-10, and 95% report trouble sleeping. Studies have shown that LGBTQ individuals report much higher rates of depression, anxiety, substance use disorders and low self-esteem. This is not surprising given the statistics above. In addition to this, 48% of LGBTQ youth out to their parents, say their families make them "feel bad" for being LGBTQ. 50% of transgender girls have been physically threatened, and 73% of LGBTQ youth have experienced verbal threats due to their actual or perceived sexual orientation. These statistics show that trauma is very present in the lives of these individuals at home, at school, and in the community.

There are no visibly or clinically recognizable differences between a person who identifies as LGBTQ+ and one who does not. The only way we know that members face these unique challenges is through self-identification. This is a significant issue in the rural communities of Western North Carolina where members often do not feel safe to disclose their sexual orientation.

Vaya has several in-network outpatient therapists, especially in Buncombe County, who identify themselves as LGBTQ+ therapists. This may or may not indicate lived experience but means that they specialize in helping with aspects of being LGBTQ. Vaya is also working within our catchment to educate providers, school systems, law enforcement and county officials about trauma informed care.

Adult LGBT Individuals as Percentage of North Carolina Population

(lgbtmap.org data)



LGBT Adult Population of NC:

323,319 (4%)

People Who are in Jails or Prison

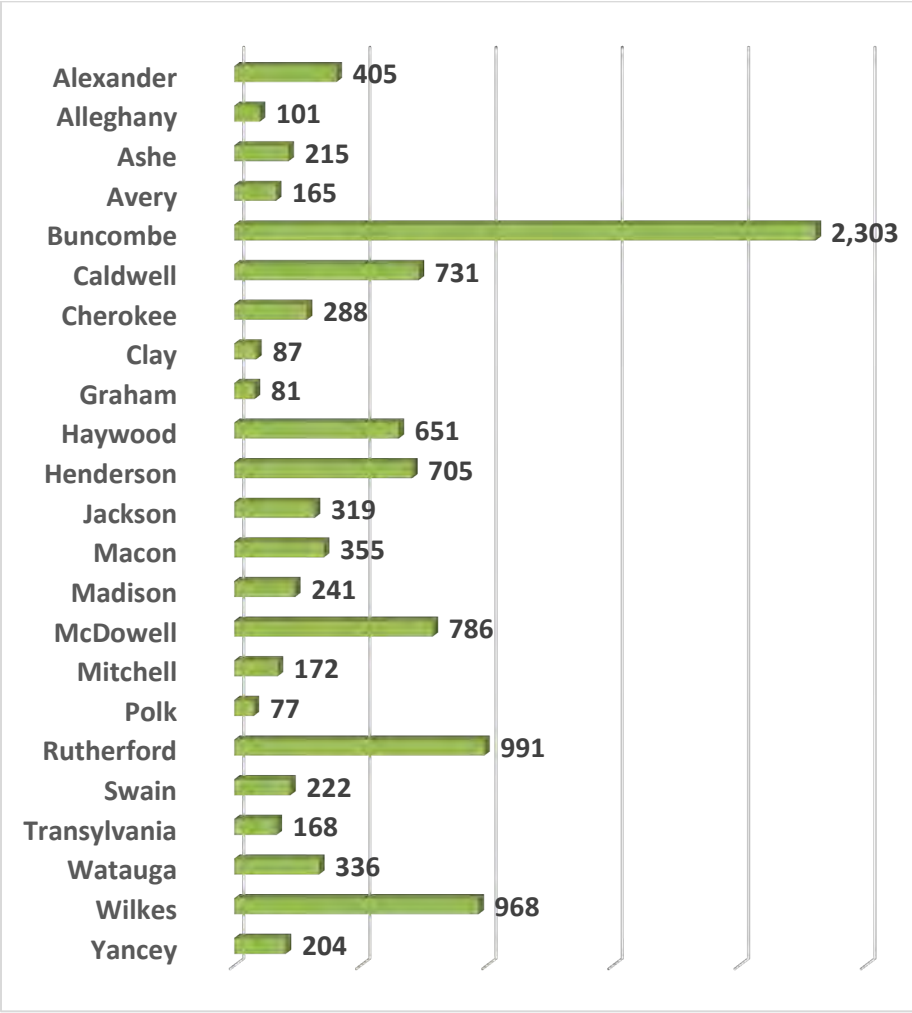
Members in jail or prison often have difficult accessing much needed behavioral health services while incarcerated which limits their ability to maintain success and to remain productive members of their communities. Our continued focus on this population has led us to support the following initiatives:

- **Buncombe County**: Vaya is an active member of the Buncombe County's Justice Resource Advisory Council which advocates for the needs of members in jail and prisons and is responsible for organizing multiple efforts aimed at targeting this population. Also, one of Vaya's largest network providers, RHA Health Services, coordinates the following programs in Buncombe County: Crisis Intervention Team training, The Juvenile Misdemeanor Diversion Program, The Adult Misdemeanor Diversion Program, The Jail Diversion and Re-Entry Program, The SOAR Family Drug Treatment Court, The Sobriety Court, The Adult Drug Treatment Court, The Re-entry Council & Prison Re-entry Program, Justice Resource Center Case Management, The Jail Coordination Committee, and The Familiar Faces Task Force.
- **Haywood County**: Vaya continues to contract with the NC Harm Reduction Coalition, Appalachian Community Services, and Meridian, to operate a law enforcement assisted diversion (LEAD) program in partnership with the Waynesville Police Department and the Haywood County Sheriff's Department that diverts individuals arrested for minor drug charges to treatment by connecting them to opioid treatment.
- **Henderson County**: Vaya continues to contract with Family Preservation Services of North Carolina to provide assessments and psychiatric consultation in the Henderson County Detention Center.
- **Rutherford County**: Vaya continues to contract with Blue Ridge Community Health to complete mental health and substance use assessments in the county jail to help identify individuals in need of services and link them to treatment.

While funding these types of services with limited state funds is a challenge, Vaya plans to continue supporting initiatives targeting this population and developing additional jail diversion programs in our region.

Individuals Involved in the North Carolina Corrections System

(NC Department of Public Safety data as of December 31, 2018)



Individuals Involved in the NC Corrections System

10,571

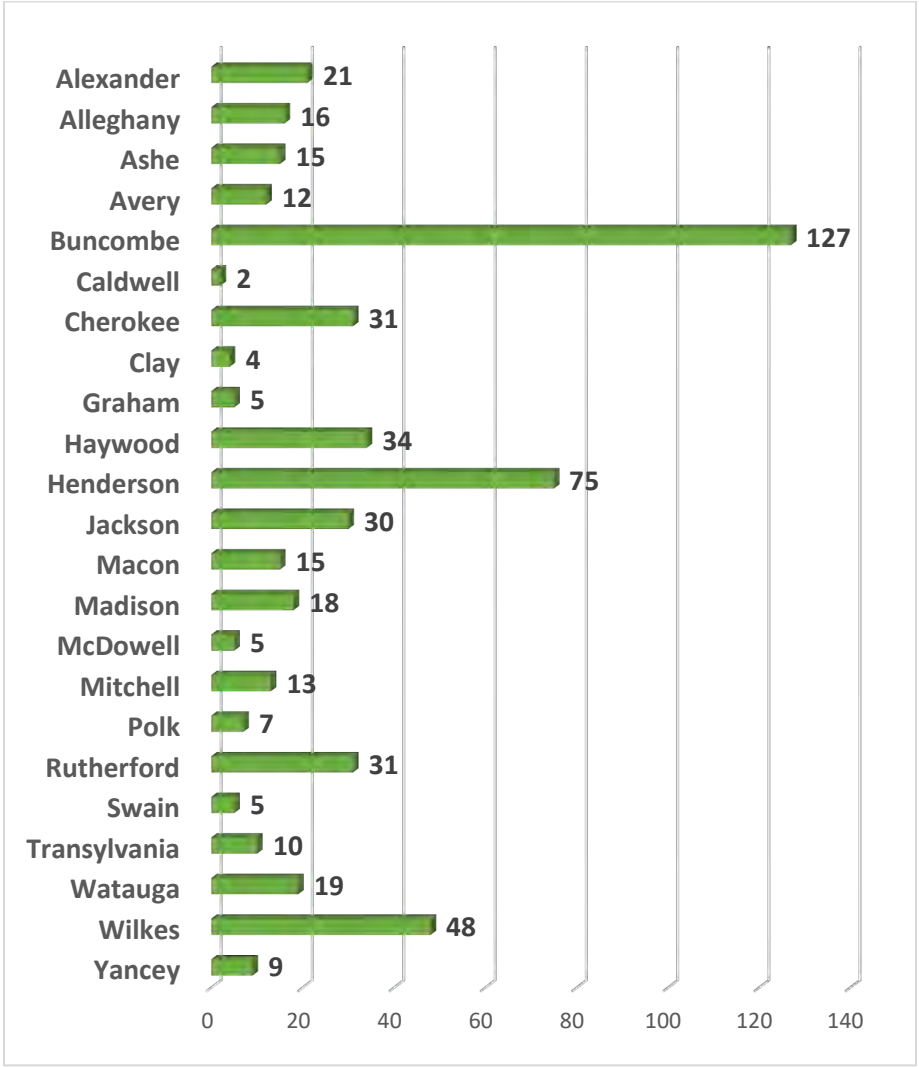
Youth in the Juvenile Justice System

Adolescents and families involved with the Department of Juvenile Justice (DJJ) often struggle with mental health, substance use and/or environmental stressors while trying to navigate the complicated world of juvenile justice system and mental health treatment. Thus, we have worked closely with our seven DJJ districts and our provider network to develop a single point assessment model as well as a comprehensive service array. We meet with both groups quarterly to identify issues and to problem-solve solutions. During SFY 2017-18, our seven DJJ districts made 284 referrals to our primary assessment agency. These youths resided in every county in our catchment area and had access to our robust DJJ treatment continuum, which includes Multi-Systemic Therapy, Intercept, Intensive In-home, Adolescent Community Reinforcement Approach, Treatment Alternative for Sexualized Kids, Transitional Youth Services and other evidence-based treatments. Our Juvenile Justice Substance Abuse and Mental Health Partnership also completed the following projects during this time:

- Began development of a method for gathering data critical to evaluating outcomes of members involved with Juvenile Justice
- Developed protocol for discussing members involved with Juvenile Justice on a regular basis with DJJ and treating providers
- Provided training to providers around common medical issues among adolescents to assist in the integration of medical and behavioral health care.

Single Point Assessment Referrals

(SFY 2017-2018 Department of Juvenile Justice data)



Single Point Assessment Referrals in SFY 2017-2018:

284

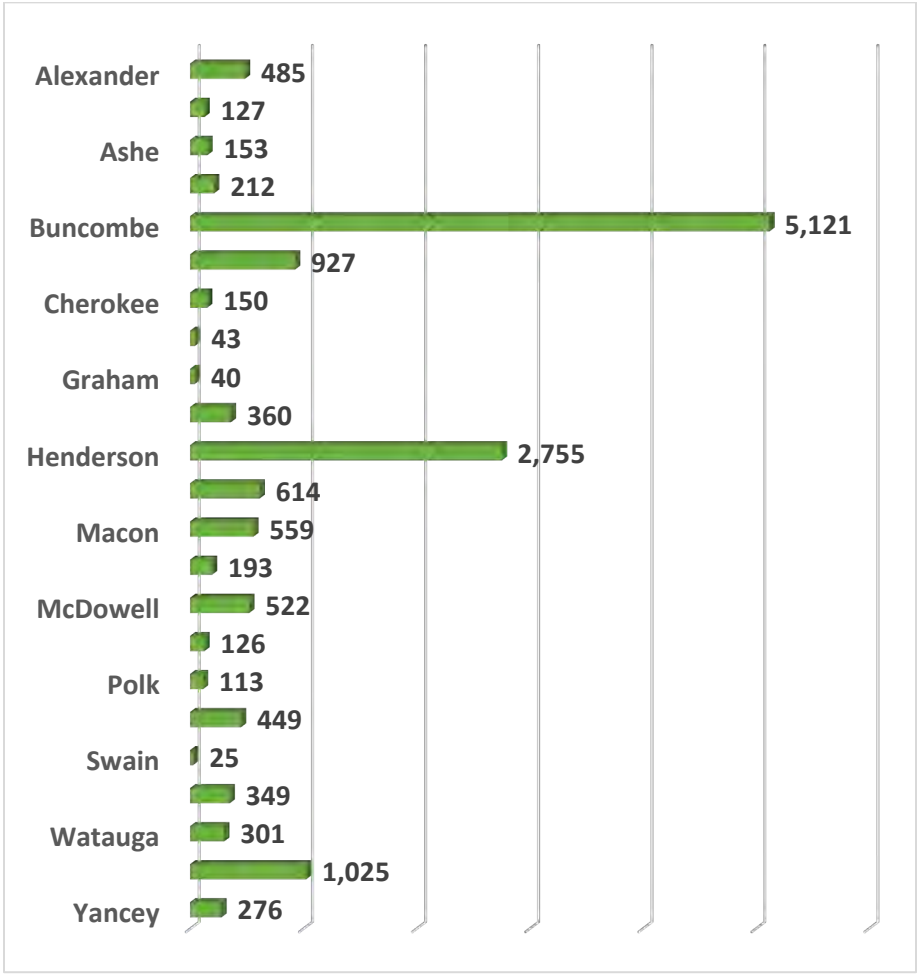
People without English Language Proficiency

According to countyhealthrankings.org 2018 data, there are 14,925 people living in the Vaya catchment area who do not have English language proficiency. Vaya network providers are contractually required to provide interpreter services to members at no cost to the member. In addition, network providers report languages that are spoken by clinical staff at their sites. Based on these reports, our providers offer 16 spoken languages: American Sign Language, Arabic, Armenian, Chinese, English, French, German, Hindi, Italian, Japanese, Korean, Persian, Polish, Portuguese, Russian, and Spanish. Members can find language information on the Vaya website in the provider directory. Additionally, Vaya Member Services contracts with an interpreter company that can assist callers in 171 languages.

While members have several options for languages spoken by providers, not all providers are able to recruit bi or multilingual staff. This can be a significant problem in our rural counties. These providers often rely on third interpreter services.

People without English Language Proficiency – Vaya Catchment Area

Countyhealthrankings.org; 2018 data



People without English language proficiency:

14,925

Employment

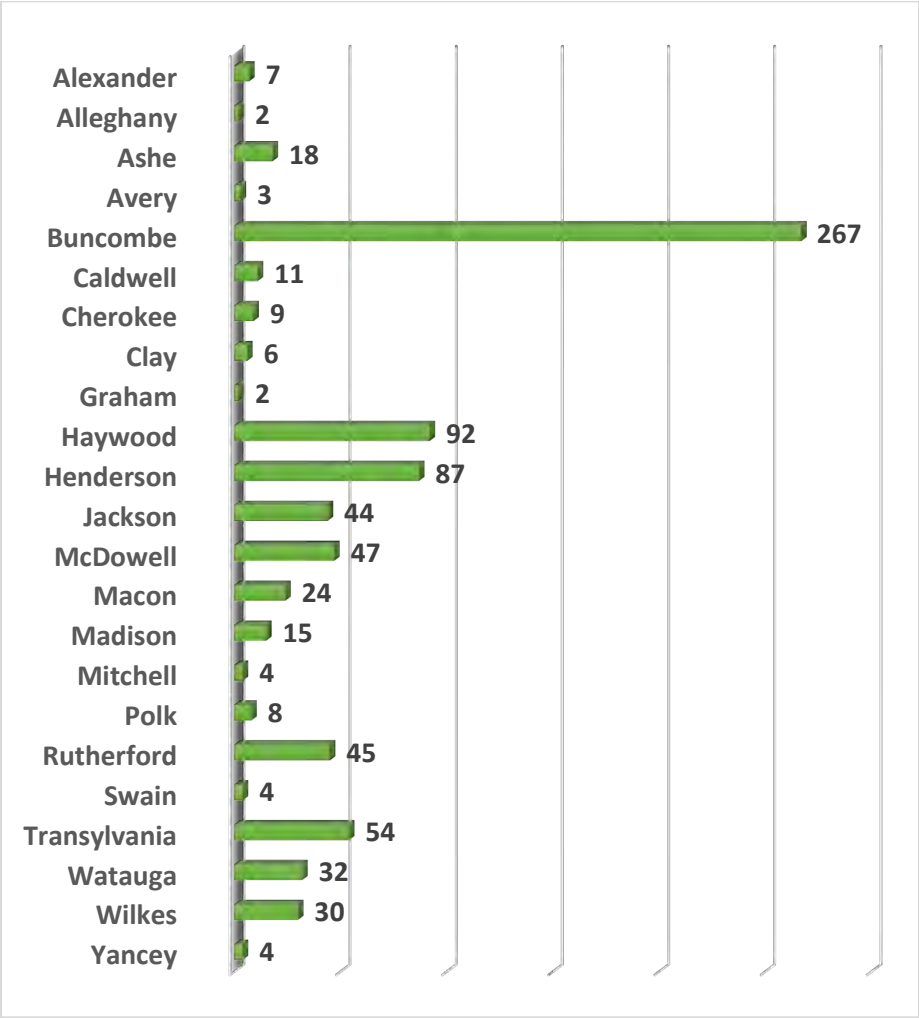
For Vaya Health's MH/SU population, we are currently contracted with four of our comprehensive providers to provide Individual Placement and Support – Supported Employment (IPS-SE). We are contracted with RHA Health Services to serve both Buncombe and McDowell counties. Their maximum caseload capacity is 60 sixty individuals. Family Preservation Services (FPS) delivers IPS-SE services in Buncombe, Henderson, Polk, and Rutherford Counties. FPS can serve up to fifty (50) individuals. Meridian, another comprehensive provider of IPS-SE services, is contracted to provide IPS-SE services in Haywood, Jackson, Macon, Graham, Cherokee, Clay, Transylvania and Swain counties. Meridian's current capacity is twenty-five (25) based off their staffing patterns. Daymark, Vaya Health's newest IPS-SE provider, is contracted to provide services in Alleghany, Ashe, Avery, Watauga, and Wilkes counties. They have the capacity to provide services to up to fifty-three (53) individuals. For Vaya's IDD population, we are contracted with eighty-five unique providers throughout our catchment area.

With the addition of Daymark as an IPS-SE provider it has enabled a greater number of individuals in Vaya's Northern Region to access IPS-SE services. Prior to adding Daymark as a contracted IPS-SE provider, FPS was serving this area. Although FPS provides a high-quality service, they don't have as great of a footprint in the Northern Region as Daymark. This also allows FPS to focus their services in their "core region" of our catchment area. Prior to adding Daymark, FPS's IPS-SE staff were stretched thin trying to cover the Northern Region with little referrals coming in. In regard to our IDD Supported Employment capacity, Vaya Health has maintained a robust provider network providing a quality service in every county of our catchment area, with all IDD SE providers meeting full-compliance on their Home and Community Based Provider Self-Assessment for Supported Employment.

The IPS-SE service definition and fidelity review requires providers to have or have access to Benefits Counselors. Historically, this has been very difficult as there are a limited number of trained benefits counselors. In SFY 2018-2019 Vaya received an allocation for Benefits Counseling services. Due to a deficit of trained benefit counselors, Vaya negotiated with NC DMH/DD/SAS to re-structure the funds to be able to use them for supporting providers in getting up to three (3) staff per IPS-SE provider trained as a benefits counselor.

Members Receiving IPS-SE or IDD Supported Employment Services

(Based on SFY 2017-2018 Vaya claims)



Members receiving Supported Employment services:

2917

Housing

Across Western North Carolina, Vaya Health and community partners address housing needs through a multitude of strategies. Vaya strives to improve the quality of member's lives by placing emphasis on non-medical drivers of health. Efforts are focused on eliminating barriers to housing – while facilitating and encouraging robust access to the needed services for members of specialty populations.

Vaya's housing philosophy is grounded in local and community-based approaches which are guided by:

- The empowerment of members to live as independently as possible, while adhering to person-centered principles
- The belief that everyone has the right to safe, decent and affordable housing
- The promotion of supportive housing practices and
- The exploration of innovative and emerging models

Our efforts are solution based and resources are carefully managed for utilization by qualified members.

Vaya's Housing Supports Team works closely in collaboration with internal and external stakeholders to improve access and sustainability of housing resources. Member's needs are stratified to best understand where individual growth can occur along the housing continuum. Accordingly, qualified members are linked to the following programs:

- Non-Medicaid and Medicaid Residential Services – supervised group living, alternative family living, supported apartment living
- Permanent Supportive Housing Program
- Transitions to Community Living Initiative
- Independence Project
- Housing Supports Program
- Integrated Supportive Housing Program

We excel in working to assist our most vulnerable members in discharging from institutional settings to private settings with full tenancy rights.

Vaya Health has measured the following successes in housing during FY18 through the implementation of:

- Medicaid In-Lieu of Services and Medicaid (b) Services - Vaya Health has successfully reduced the number of members waiting for Non-Medicaid Residential Services (State-Funded) by 33%
- Supported Living Initiative – Vaya Health in collaboration with I/DD service providers transitioned 34 members into their own private residence, resulting in true inclusive community integration
- Permanent Supportive Housing Program - 270 homeless household members were transitioned from the streets and shelters to a place they could call a home of their own
- Transitions to Community Living Initiative – 108 members were provided adequate and appropriate public services and supports identified through person centered planning in the most integrated setting
- Independence Project – 16 members identified as high need/high cost attained and maintained integrated, affordable housing
- Housing Supports Program – 231 members received funding which enabled them to gain access to long-term sustainable housing
- Integrated Supportive Housing Program – 12 members were provided permanent community-based housing in integrated settings

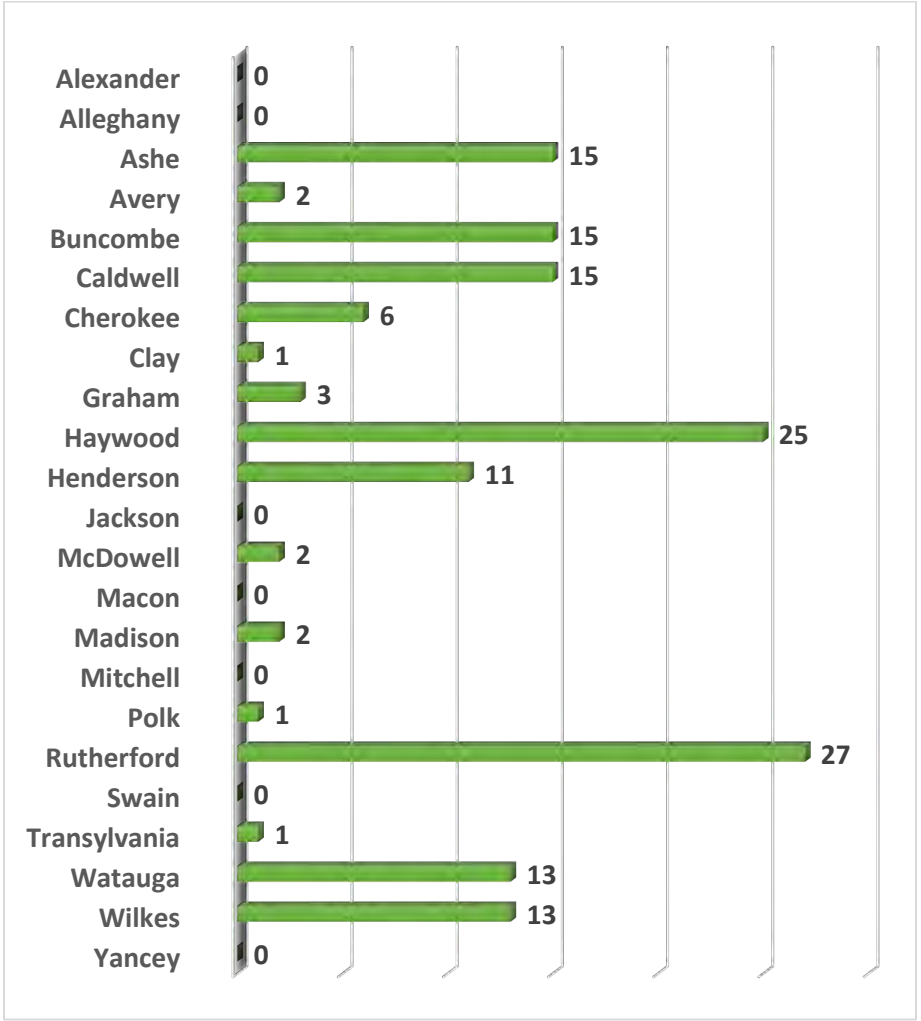
In addition, Vaya increased access to affordable and viable housing units for extremely low and very low-income members by partnering with the Department of Health and Human Services, the North Carolina Housing Finance Agency, Legal Aid of North Carolina, local developers, and landlords. Vaya also collaborated with DHHS and Public Housing Authorities to gain additional mainstream vouchers/subsidies. Partnership included PHAs establishing a local preference on their waitlist for settlement population.

Although much has been accomplished, there is so much to be gained in addressing local and state-wide housing deficits. In a recent DHHS report "Study on Increasing Group Home Services, Session Law 2018-97, Section 3.11", the State identified 3,586 potentially eligible adults needing (b)(3) residential services. North Carolina's 2018 Point-In-Time Count for Balance of State counties noted on one night during the last week of January 2018, 9,268 people experienced homelessness. The number increased by 3.4% or 306 people in one year from 2017. The 2019 Housing Need in Buncombe County report published by the North Carolina Housing Coalition states, 32,568 households are cost burdened. Day in and day out, we see the impact housing has on our members and the lasting effects housing has on our communities, both good and bad. Vaya remains committed to working collaboratively to ensure a range of affordable and supportive housing options and models are available to meet member needs. Vaya has identified the following elements of needed infrastructure that would allow greater member access to housing resources:

- Administrative seed funding to orchestrate greater efforts to procuring available financial assistance for member housing, including collecting and disseminating data to build a case for funding
- Expand the array of supports available to members within specialty populations – who are of transitional age
- Increase landlord outreach and access to development opportunities
- Support the promotion of local and state-wide pilots and initiatives aimed at improving access to safe and affordable housing
- Advocate for and implement policies which address the needs of specialty populations
- Pacing the implementation of change surrounding Medicaid Transformation in a manner that does not threaten, weaken, or destabilize existing infrastructure

Vaya Members Supported by Medicaid In Lieu of ICF Residential Services or Non-Medicaid Funded Residential Services

(Based on SFY 2017-2018 Vaya claims)



Members supported:

152

Transportation

Transportation continues to be a key factor in timely access to services across the Vaya Health catchment. According to the NC DHHS interactive map on Social Determents of Health, as many as 18 percent of the population in Vaya Health's 23 counties are without their own transportation, relying on natural or paid supports to access necessary physical and mental health services. While each county has public transit for appointments available to individuals who are covered by Medicaid, there remains a high number of uninsured members without access to any public transit.

A December 5, 2018 article from blog.uniteus.com titled North Carolina by the Numbers: Top 5 Barriers to Care states: "With over 80% of the counties in NC being considered rural, access to transportation to facilitate the distances between residences and health services is a necessity. A research study conducted across 12 counties in Western NC showed that those who had a driver's license had 2.3 times more healthcare visits for chronic care and 2 times more visits for regular checkup care than those who did not. Individuals who had family or friends who could provide transportation had 1.6 times more visits for chronic care than those who did not. This study indicated that access to transportation played a significant role in one's ability to receive the right care at the right time by the right provider".

When surveyed by Vaya Member Services Representatives, members often report a lack of transportation as a primary reason for missing a scheduled mental health or substance use assessment. To increase the likelihood of members discharging from the hospital connecting to an outpatient provider, Vaya created a Peer Bridger program to meet with individuals post-discharge to identify barriers to connecting to those appointments. When transportation is identified as one of those barriers to connection, the Peer Bridger and member work on a plan to meet those needs. A Peer Bridger may assist a member in accessing vouchers or provide transportation if the individual cannot access public resources. It is important to note that transportation is not a paid service provided by Vaya Health.

Multiple factors play a role in the lack of access to transportation in the Vaya catchment. The mountainous and rural nature of our counties create long drive times to accessing comprehensive providers. In addition to the rural nature of our counties, The NC DHHS interactive map on Social Determents of Health identifies as high as 25 percent of the population in some counties being below the poverty line with up to 30 percent of individuals in some counties lacking any insurance. Poverty and a lack of insurance in addition to a lack of public transit system puts an undue burden on natural supports that simply cannot be met. A comprehensive plan to assist community members, despite type of insurance must be addressed by the state to ensure healthy communities. This includes access to transportation for mental health, substance use and IDD services.

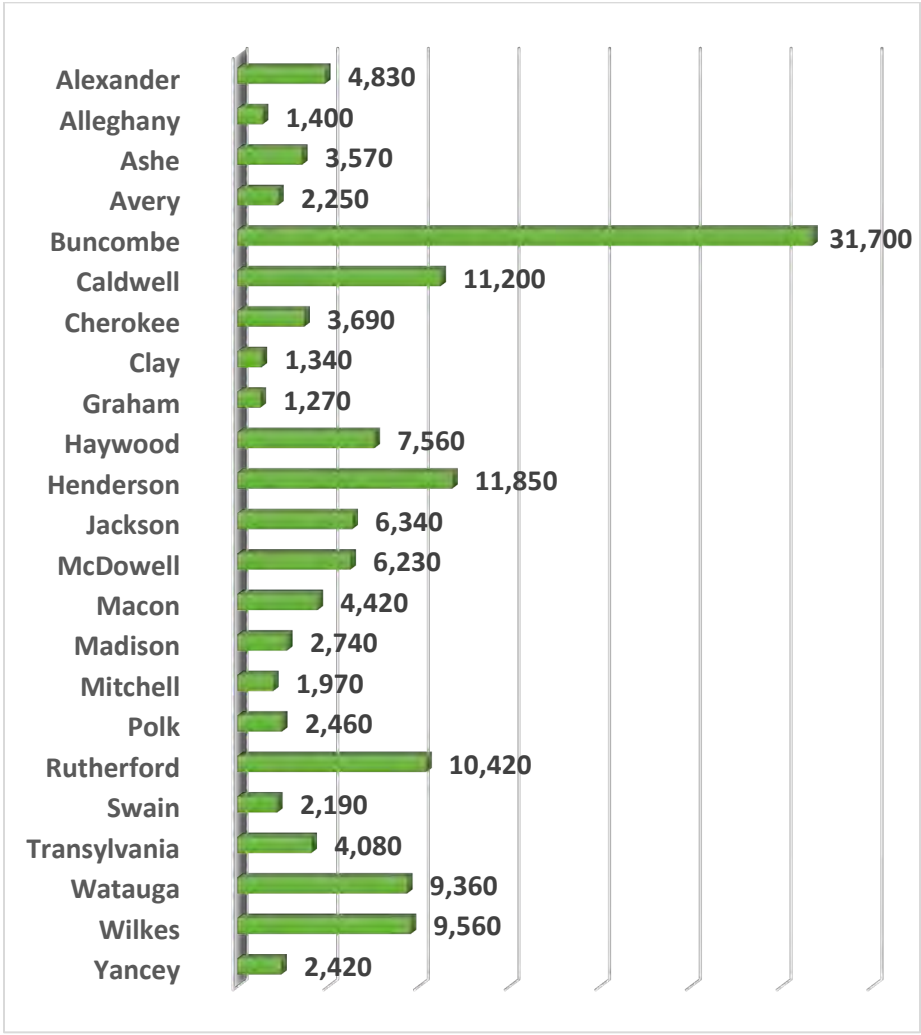
Food Insecurity

Vaya recognizes the health impacts of food insecurity on its population members. To target our interventions to assist members, we have implemented a number of ways that we screen and assess to address this issue:

- The portion of our population that stratifies as "high-risk" and is served through complex care management receives a comprehensive health assessment that screens for food insecurity.
- Development of care plans subsequent to these assessments includes goals that address household needs for food and other social determinants of health.
- Vaya is currently implementing a pilot Care Needs Screening to assess the needs of callers that are not identified for complex care management via risk stratification. These screening questions mirror those proposed by NCDHHS to assess social determinants. The Care Needs Screening is administered by the Vaya Member Services Department.
- It is routine practice for any callers to Member Services who voice concerns about food insecurity, whether via care needs screening or other screening process within Member Services, to be referred to resources in their home community that can assist to meet these needs.

People with Food Insecurity – Vaya Catchment Area

(countyhealthrankings.org; 2016 data)



People with Food Insecurity within the Vaya Catchment:

2917

SECTION THREE: Acceptability

2019 Community Needs Assessment Survey

Each year, we utilize targeted Community Needs Assessment Surveys (CNAS) to collect information from members, families and community stakeholders regarding perceived service gaps in the Vaya network. When participating in the 2019 Community Needs Assessment Survey, respondents were given the option to provide their thoughts regarding the availability of several specific service categories within Vaya's Provider Network. Each question offered the option to respond that gaps existed, gaps did not exist, or that the respondent did not know about the service. Respondents can also choose to skip the service specific section completely. This year, the member and family member survey was available in both electronic and print form.

In addition to the annual Community Needs Assessment Survey, we maintain open communication with our providers, members and their families, community stakeholders and Vaya staff throughout the year to assess emerging service gaps and needs. In this way, we can more effectively assess and address needs as they arise.

Each year, we utilize multiple advertising methods to ensure that the greatest number of members, family members, caregivers, and community stakeholders know about the annual survey and have the opportunity to participate. While not an exhaustive list, for 2019 we utilized these methods:

- Announcements in Vaya's Provider Communication Bulletin;
- Facebook posts;
- Focused Facebook ads;
- Direct emails to providers;
- Flyers provided to network providers and community stakeholders;
- Direct requests for support to our Board of Directors (BOD), Member and Family Advisory Committee (CFAC), Provider Advisory Council (PAC), Innovations Stakeholders, Human Rights Committee and comprehensive care centers;
- Emails to member, family member and community stakeholder email distribution lists;
- Direct emails and requests to members and their families from Vaya's Care Management Department.

For the 2019 survey, we received responses from members, family members, caregivers, network providers and community stakeholders representing all three disability groups and all 23 counties in the Vaya catchment area.

*Copies of the 2019 Community Needs Assessment Surveys are available in **Appendix IV** of this report.*

Service Gaps Identified by Members, Family Members, and Caregivers

(Percentage of total respondents answering the question)

Service Category	There are service gaps	There are not service gaps	I do not know about these services
Outpatient Services	43%	30%	27%
Location-based Services	30%	34%	36%
Community and Mobile Services	24%	40%	36%
Crisis Services	37%	24%	39%
Inpatient Services	30%	25%	45%
Specialized Services	25%	23%	52%
C-Waiver Services	26%	28%	46%

Service Gaps Identified by Network Providers and Community Stakeholders

(Percentage of total respondents answering the question)

Service Category	There are service gaps	There are not service gaps	I do not know about these services
Outpatient Services	79%	11%	10%
Location-based Services	64%	12%	24%
Community and Mobile Services	58%	20%	22%
Crisis Services	63%	16%	21%
Inpatient Services	65%	13%	22%
Specialized Services	65%	11%	24%
C-Waiver Services	53%	9%	38%

Analysis of National and State Annual Survey Data

Vaya participates annually in the Experience of Care and Health Outcomes, Perception of Care, National Core Indicators and Provider Satisfaction surveys, as required by the State. For each, data is submitted to or collected by the State and is returned as a formal report. A summary of this information is presented to Vaya's executive leadership, the Board of Directors, the Provider Advisory Council, the Quality Improvement Committee and our Member and Family Advisory Committees. In addition, survey data, internal analysis and feedback from staff, provider agencies and community members is shared with appropriate departmental staff, for further analysis and action. As needed, a Quality Improvement Activity may be initiated to formally address areas of specific concern.

SECTION FOUR: Special Populations

Transitions to Community Living Initiative

Community Based Supported Housing Slots

How does the TCLI team identify and engage eligible individuals in the Transitions to Community Living Initiative (TCLI) priority population?

Vaya's TCLI team provides In Reach to eligible individuals in the community. This includes individuals that have been identified via; Referral, Screening, Verification Process (RSVP), the DHHS In Reach list, and Broughton State Hospital. Vaya now has a TCLI Community Liaison who works in the community, hospitals, Department of Social Services and other providers and stakeholders to provide education around TCLI and the RSVP process. The TCLI Community Liaison provides training/resources to community hospitals, legal guardians, ombudsman, service providers and county Departments of Social Services to assist with identifying individuals that may be eligible for TCLI. RSVP referrals are being screened by Vaya and TCLI eligible individuals are identified. These individuals are notified, and the Community Integration Plan is developed along with Options Counseling through the In Reach process.

How does the TCLI team provide access and transition individuals to community-based supported housing?

For FY 18-19, TCLI housed over 84 people in the community with tenancy supports. TCLI works in collaboration with Vaya's Housing, Member Services and Provider Network departments, as well as DHHS Regional Housing Coordinator's to assist with identifying the housing inventory available in each county. Each TCLI participant moving forward in transition planning, receives a Comprehensive Clinical Assessment (CCA) to assist with identifying necessary services to help the individual with maintaining supported housing in the community. Every TCLI participant transitions into supported independent living with a tenancy support service.

How does the TCLI team ensure an individual is transitioned within 90 days of assignment to a transition team?

During the In Reach process, barriers to housing are identified and addressed to help promote a smooth transition into housing within 90 days. TCLI works diligently to ensure that each individual transitions into the community within 90 days of a DHHS housing slot being assigned. In FY 18-19, 98% of individuals transitioned within 90 days.

How does the TCLI team support individuals' housing tenure and ability to maintain supportive community-based housing?

Our Transition Coordinators ensure that each participant is receiving a tenancy support service while in supported living through TCLI. Transition Coordinators are charged with managing each transition by requesting monthly updates from providers. TCLI collaborates with the Tenancy Support provider, and the rest of the transition team, to support an individualized approach when generating the person-centered plan and supporting the individual throughout their tenancy.

IPS-Supported Employment

How does the TCLI team ensure network adequacy of IPS-Supported Employment services?

Vaya has worked with our network of providers to develop IPS-Supported Employment across our region:

RHA Health Services – Contracted to serve Buncombe and McDowell counties. Currently FPS has one (1) team lead with three (3) Employment Support Professionals, (1) Employment Peer Mentors, and one (1) 0.5 FTE Program Assistant. This team's current capacity is eighty-five (85) individuals yet is RHA is serving forty-one (41) individuals as of 6/18/19. One ESP began work today (6/18/19) so is not currently carrying a caseload. RHA has the capacity/ability to serve forty-four (44) more individuals including but not limited to the TCLI population.

Family Preservation Services – Contracted to serve Buncombe, Henderson, Polk, and Rutherford counties. FPS has one team consisting of a team lead, one (1) Employment Support Professional, and one Employment Peer mentor. This team is currently serving fifty (50) individuals, including but not limited to the TCLI population, which is their maximum capacity. They are advertising for an additional ESP but have not yet secured the right candidate.

Meridian – Contracted to serve Haywood, Jackson, Macon, Graham, Cherokee, Clay, Transylvania and Swain counties. Currently, Meridian has one (1) team lead, one (1) ESP, and 1 EPM. Team is currently serving twenty-four (24) individuals with the capacity to serve thirty-five (35) in its current state.

Daymark – Contracted to serve Alleghany, Ashe, Avery, Watauga, and Wilkes counties. Their fidelity review was completed late November of 2018. Daymark has one (1)Team Lead, two (2) Employment Support Professionals, and one (1) Employment Peer Mentor. Daymark is currently serving thirty-one (31) individuals including but not limited to the TCLI population. Based on their current team structure they have the ability to serve an additional twenty-nine members.

If a waitlist occurs, priority populations (including TCLI participants) are placed at the top of the service waitlist for the team serving that county as well as the waitlist for teams serving adjoining counties. If referrals come from counties not listed, the IPS-SE team closest to that area will serve the referral.

What are the obstacles and barriers that the TCLI team has encountered as well as recent activities and projects to engage and refer individuals in the TCLI priority population?

Barriers include private and paid guardians understanding the TCLI process and being supportive of their ward exploring independent living opportunities. Other barriers include having available housing stock in desired counties and the lack of natural supports for individuals in communities.

Vaya now has a TCLI Community Liaison who works in the community, hospitals, Department of Social Services and other providers and stakeholders to provide education around TCLI and the RSVP process. The TCLI Community Liaison provides training/resources to community hospitals, legal guardians, ombudsman, service providers and county Departments of Social Services to assist with identifying individuals that may be eligible for TCLI.

Community-Based Mental Health Services

What is the array and intensity of community-based mental health services provided to individuals living in supportive housing?

After receiving a Comprehensive Clinical Assessment (CCA), TCLI participants could potentially take advantage of Assertive Community Treatment (ACT), Community Support Team (CST), Critical Time Intervention (CTI), Transition Management Services (TMS), Peer Supports, Individual Therapy, Medication Management, Psychosocial Rehabilitation (PSR), Group Therapy, Substance Abuse Intensive Outpatient Program (SAIOP) and IPS-SE. The Crisis Service Continuum is also available 24/7. Services could be rendered as often as daily to monthly.

How does the TCLI team provide supportive housing tenure and maintenance of chosen living arrangement?

TCLI participants continue to receive Tenancy Supports during their tenure through TCLI. Tenancy Support providers communicate with Vaya monthly regarding each participants status and potential issues are addressed to promote continued housing. TCLI participants can access funds for housing related expenses, which if not resolved, will result in the individual being unable to maintain housing..

How does the TCLI team support members after hospital, adult care home, or inpatient psychiatric facility admissions?

When an event causes a TCLI participant to enter the hospital, an adult care home or an inpatient psychiatric facility, our team collaborates with the transition team to orchestrate the individuals return to supported living, if that is the desire of the participant. The transition team often consists of Care Management (Acute Response/MHSU), Tenancy Support provider, guardian, Transition Coordinator, as well as natural supports. If the participant is inpatient and desires to return to their home, the TCLI team works to maintain the home by ensuring that necessary bills are paid, and tenancy is maintained during the stabilization period. If the participant returns to a care home, then TCLI resumes In Reach.

How does the TCLI team address the use of crisis beds and community hospital admissions?

Because we encourage the least restrictive environment to meet the person's needs, TCLI encourages individuals to reach out to their behavioral health provider and follow their crisis plan instead of utilizing the services of the Emergency Department (ED) for quicker triage and stabilization.

How does the TCLI team address emergency room visits?

TCLI encourages individuals to follow their crisis plan and to directly reach out to their behavioral health service provider when they are having an MH/SU crisis instead of dialing 911 or walking into the ED. Once we learn that a participant has utilized the ED, we immediately reach out to the participant's provider to inform, as well as request that the TCLI participant connects with their medical home.

How does the TCLI team address incidents of harm?

If there are incidents of harm, TCLI encourages connection to the participant's behavioral health and medical providers as needed. If stabilization needs to occur outside of the home, TCLI coordinates

maintaining the home and lease in conjunction with the tenancy support provider.

How does the TCLI team address time spent in congregate day programming?

TCLI promotes connecting or reconnecting a participant with natural and paid supports. Participants can take advantage of Psychosocial Rehabilitation, Peer Living Rooms, as well as other community resources. TCLI also works to identify and help pair the individual with community engagements that match their interests.

How does the TCLI team address employment?

Each TCLI participant is presented with information about IPS-SE and the value it may bring to their life. When an individual then expresses a desire to volunteer or work, TCLI connects them with the IPS-SE provider in their local community so that they can make an informed choice of whether to further explore the option of gaining meaningful employment at a job of their choice.

How does the TCLI team address school enrollment and attendance?

When TCLI participants express a desire to enroll in school, we communicate those wishes to their Tenancy Support provider so that the provider can support them in enrollment and attending school.

How does the TCLI team address engagement in community life?

TCLI encourages and assists the provider with linking the participant to community resources. TCLI promotes connecting or reconnecting a participant with natural and paid supports. Often, participants take advantage of Psychosocial Rehabilitation, Peer Living Rooms, as well as other community resources. TCLI also works to identify and help pair the individual with community engagements that match their interests.

What gaps and needs exist in community-based mental health services provided to individuals in community-based supportive housing?

There are continued gaps in services for our most rural counties which limit service choice. We are working in conjunction with Vaya's Provider Network team to strengthen service array in all counties. Other barriers include transportation and dentistry that will accept Medicaid.

There continues to be a need for TCLI to educate our tenancy support providers. One provider has invested in a dedicated TCLI specialist. This move has resulted in improvements in TCLI participants receiving efficient, appropriate and timely services. Vaya's Provider Network team also collaborates with the ACTT Coalition to assist with education around Tenancy Supports. An ACTT Learning Collaborative has also been developed and addresses tenancy supports, separation rates, and drivers of separation that can be improved upon.

Describe the obstacles and barriers as well as recent activities and projects to address gaps in the array, intensity and sufficiency of services for the TCLI population.

In the fall of 2018, TCLI identified that the current TMS teams were reaching capacity and would not be able to support additional TCLI participants, who would not qualify for other tenancy support services.

Vaya worked with our TMS provider to build an additional team to support the upcoming TCLI members. Vaya also developed a monthly meeting with the TMS provider to forecast capacity and to address any potential gaps or barriers.

This year, Vaya has started to identify the separation rates of ACTT providers. Vaya developed an ACTT Learning Collaborative and separation rates is a standing agenda item. The group discusses ways to better support TCLI participants regarding tenancy support issues, as well as separation rates, in order to improve outcomes.

Crisis Services

Describe the availability and array of crisis service system.

In coordination with RHA Health Services Inc. (RHA), Meridian Behavioral Health Services, Family Preservation Services, Daymark Recovery Services and Appalachian Community Services, we support twenty-six (26) Comprehensive Care Walk-In Centers. These Walk-In Centers provide crisis prevention, early intervention, response and stabilization services and supports as an alternative to emergency department visits or institutionalization. Services are provided based on triage protocols for emergent, urgent and routine needs. Comprehensive Care Center practices are based on a trauma informed recovery-oriented system of care and may include:

Mobile Crisis Management (MCM), Assertive Community Treatment Team (ACTT) and Community Support Teams (CST) that dispatch for all ages, behavioral health and IDD needs. This service is available to any individual regardless of Medicaid status and is available 24/7. Vaya meets the 100% benchmark for MCM, ACTT, and CST by offering a choice of at least two provider agencies within the MCO catchment area.

- *Facility Based Crisis (FBC) for adults and children with behavioral health, substance use, and intellectual and developmental disability needs. This service is available 24/7 to any Vaya beneficiary. There are four FBCs serving adults in the Vaya catchment: C3356 (Neil Dobbins Center) in Buncombe county (16 bed capacity), C3 Caldwell in Caldwell county (16 bed capacity), Balsam Center in Haywood county (16 bed capacity), and Synergy Recovery in Wilkes county (12 bed capacity). Vaya meets the 100% benchmark for FBC by offering a choice of at least one provider agency within the MCO catchment area.*

- *Outpatient Behavioral Health Services. These services are available throughout the week, with enhanced services (CST, ACTT, SAIOP, etc.) having 24/7 on call staff available for any crisis that may emerge.*
- *Assessment and diagnosis for mental health, substance abuse, and/or intellectual/developmental disability issues as well as crisis planning and referral for future treatment. Assessments are available Monday-Friday during normal business hours and members can walk in to any comprehensive provider to receive an assessment.*
- *Medication management is available Monday-Friday during normal business hours and can be accessed through enhanced services (ACTT, CST, etc.) for any crisis or PRN need 24/7.*

- *The Peer-led Living Room at C3356 in Buncombe county is open 7 days a week from 7 AM to 7PM. This living Room has a maximum capacity of 20 participants at any time.*
- *Recovery Education Centers are available Monday-Friday with centers available in Haywood, Jackson, Macon and Transylvania counties.*
- *24/7 Behavioral Health Urgent Care (BHUC) for individuals with mental health, substance use, and intellectual and developmental disability (IDD) needs. This service is available 24/7 to any Vaya beneficiary. There are two BHUCs serving adults in Vaya's catchment area: C3356 in Buncombe county and Balsam Center in Haywood county.*

Describe least restrictive setting and consistency with individual crisis plans.

Each TCLI participant has a comprehensive community-based crisis plan. The Vaya Health TCLI team works closely with the member and providers of tenancy supports to create these plans. The principles of recovery, housing first, employment first, person-centered practice, and full community inclusion, guide the implementation of the crisis plan. Each TCLI participant has a service or services that wraps the individual with supports (i.e. Individual Supports, IPS-SE, PSR, Peer Supports, ACTT, Critical Time Intervention, Transition Management Services, MCM, Home Health, Primary Care Physician, etc.). These services are in place to help prevent unnecessary hospitalizations, incarceration or institutionalization. Providers of these services follow the crisis plan to help ensure that the member can continue in the least restrictive setting. Providers strive to provide crisis response in the home or community. If a higher level of care is needed, the member can use a non-inpatient facility, such as Facility Based Crisis, to avoid unnecessary hospitalization, incarceration or institutionalization.

What are the obstacles and barriers to crisis service availability and what are the recent activities and projects to address these gaps?

At times, TCLI participants, as well as other Vaya beneficiaries go to Emergency Departments, when lower levels of care could be appropriate. Vaya is working to address this by providing education about our facility based crisis and behavioral health urgent care (BHUC) centers and encouraging providers to show members these facilities. Vaya is actively working to ensure that these facilities become designated IVC drop offs, which will also help members receive care in the least restrictive setting.

In January of 2017 Vaya Health was selected for a 3.5-million-dollar pilot project addressing Comprehensive Case Management (CCM) for Adults with Mental Health Treatment and Substance Use Disorder Treatment needs. Many of the nearly 600 individuals that present to the Mission Health's Emergency Department (ED) monthly with a primary behavioral health concern, are TCLI members. This unique partnership of Vaya, RHA, and Mission Hospital, provides 24/7/365 staff in the ED for immediate linkage to services, as well as case management services post discharge. CCM ensures individuals are successfully linked to community supports that can prevent future ED visits and potential institutional placements. The pilot has continued and anticipates funding through 2019/2020.

Children with Complex Needs

"Children with Complex Needs" (CWCN) are defined as Medicaid eligible children ages 5 to 21 with a developmental disability (including Intellectual Disability and Autism Spectrum Disorder) and a mental health disorder, who are at risk of not being able to enter or remain in a community setting due to behaviors that present a substantial risk of harm to the child or to others.

Vaya identifies children who potentially meet criteria for CWCN Settlement through screening and referrals from Customer Services, Care Management and NCDMHDDSAS. Referrals are reviewed by a trained team of licensed clinicians using a standardized checklist aligned with Settlement criteria. Upon identification of children with complex needs, guardians are linked with care coordinators to assist children and their supports in referrals to clinically appropriate, medically necessary services. Children have access to all service providers for assessment and treatment recommendations.

If a provider determines that a child's needs exceed the authorization guidelines, there is the ability and expectation that providers submit a service authorization request with the medical necessity documentation to support the request that is above the guidelines. All providers who serve children with complex needs can request Case Management services through EPSDT should a child meet that criteria.

Vaya Health's Care Management team will work with the child's team as well as internal staff to review clinical information related to the child's identified needs and make appropriate recommendations and referrals, including referrals for ABA, NC START, or the Assessment Clinic, which just opened through J. Iverson Riddle Center. Care Management, through the CFT, will identify potential barriers, including transportation needs, housing needs (18+) and medical needs, among others and work with the team, including providers and guardians to identify the best ways to address those barriers. Additionally, Vaya is working closely with two IDD specialty clinics to improve coordinated healthcare integration, increase access to specialty care and family access to community health navigators.

Vaya is the centralized point of referrals to NC START's Cross Area Service Program (CASP) children services regardless of payer source. For children who are members of Vaya's Medicaid health plan, children referred to NC START also receive Care Management. Children identified as CWCN are prioritized for a NC START referral but any child that is dually diagnosed can also be referred. NC START and Vaya Care Management leadership have bimonthly phone calls to review current children on their caseloads and discuss options for new referrals. CC Leadership reviews referrals from our NC START referral list, particularly, priority referrals, when NC START leadership is ready for additional referrals. NC START provides consultation, training, education, collaboration and crisis intervention planning and response to children and families as well as providers and stakeholders working with a child and their family. During this past fiscal year (FY18-19), Vaya Health provided NC START with funding to hire an additional Child START Coordinator to work within Vaya's counties in the eastern part of our catchment area. This initiative and partnership was identified in order for Vaya to move children identified as priority from our START waitlist to the referral process. We were able to begin referring children for that Coordinator in February 2019.

Vaya reviewed and updated its CWCN referral form and created a review form and work flows to ensure consistency in determining if criteria are met. CWCN Point of Contact completed a retraining with Customer Service staff as well as Care Management staff. Vaya's CWCN Implementation Process has

been updated to incorporate recent changes to the referral and review process. Care Management staff, which may include a Mental Health/Substance Use CC and /or an IDD CC, with recommendations from a child's team and input from the guardian, assist in linking to services that include any updates to psychological evaluations, adaptive functioning evaluations, comprehensive clinical assessments, appointments for review of placement on the Registry of Unmet Needs (RUN), identification of appropriate levels of care and referrals for NC START. These children are tracked and re-reviewed against CWCN criteria as often as necessary but no less than quarterly when at-risk behaviors, clinical needs or multisystem involvement occurs. CC staff maintain contact with the child's provider of services, legal guardian, CC supervisor as well as CWCN Point of Contact during referral or re-review process.

NETWORK ACCESS PLAN

SECTION ONE: Executive Summary

This 2019 LME/MCO Community Mental Health, Substance Use and Developmental Disabilities Services Network Adequacy and Accessibility Analysis (herein referred to as "Gaps Analysis") which looks at data from July 1, 2017, through June 30, 2018, is one part of a continuous and informed evaluation necessary to achieve our vision of communities where people get the help they need to live the life they choose. This Gaps Analysis was developed to comply with Joint Communication Bulletin #J314, issued by NC Medicaid and Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) on January 2, 2019.

Network Availability and Accessibility: This year, in addition to the outpatient category of services, we mapped 100 individual services in six additional service categories. We also included a list of Buprenorphine prescribers in our network. To offer a clearer understanding of the percentages and calculation methods, we have included the access and choice standards, a checklist of the populations eligible, as well as the calculation method for each service (Appendix II).

Accommodation: This section includes catchment area demographics by county. We utilized US Census Bureau data from the 2010 census compared to 2018 population estimates. The Census Bureau data also provided a breakdown of the population by race and ethnicity. We also addressed ten unique, underserved special populations highlighting the successes and barriers Vaya has experienced in providing services to individuals in these populations. Additionally, we conducted environmental reviews for four social determinants of health including: housing, employment, transportation and food insecurity.

Acceptability: For 2019, we again utilized a Community Needs Assessment Survey to request information regarding perceived service needs, gaps, as well as challenges and barriers to accessing services and cultural competency. This year, 804 members, family members, caregivers, network providers and community stakeholders completed the survey.

Special Populations: The special populations section of this year's Gaps Analysis addresses, in depth, the Transitions to Community Living Initiative and Children with Complex Needs - defined as Medicaid eligible children ages 5 to 21 with a developmental disability (including Intellectual Disability and Autism Spectrum Disorder) and a mental health disorder, who are at risk of not being able to enter or remain in a community setting due to behaviors that present a substantial risk of harm to the child or to others.

Current Progress on 2018 Identified Medicaid Service Gaps

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
Outpatient Services	In very rural areas of the catchment area with mixed terrain, and where there is a smaller number of members, there often is not sufficient volume to support multiple providers.	We continue to contract with agencies and licensed independent professionals (LIPs) both within the catchment and in bordering counties within the 30/45 requirement to provide service where additional coverage is necessary. This is most often needed in our most rural areas.
Psychosocial Rehabilitation (PSR) *Location Based Services*	Due to the rural nature of much of our catchment area and financial sustainability of this service for providers, we have continually supported the comprehensive care centers and larger area providers, to offer and expand these services as needed.	We continue to work with providers to address gaps in the western region of the catchment area. Vaya also has contracts with agencies in bordering counties that are closer in some cases to the member who needs the service. We also fund Recovery Education Centers (REC) in the western region of our catchment area. This service provides the same level of support as PSR and is available for members to access. Since this service does not bill using the PSR reimbursement code the data is not displayed or calculated in the access and choice percentages. Although gaps continue to exist in the western region, Meridian Behavioral Health is providing REC services specifically in Transylvania, Macon and Jackson counties.
Child and Adolescent Day Treatment *Location Based Services*	We maintain that these services best meet the needs of members when they are delivered in collaboration with school systems and ideally, on school campuses. As school systems are responsible for determining who can deliver services on their campuses, they determine which willing and contracted provider will be allowed to develop the service.	We continue to work with our contracted providers to implement Child and Adolescent Day Treatment services in Alleghany, Ashe, and Clay Counties. Vaya continues to partner with providers in discussion with individual school systems to provide this service. As an alternative to Day Treatment, Outpatient Plus (OTP) is a more inclusive model, allowing for the children to remain in their integrated classroom as opposed to being placed in Day Treatment. OTP provides teachers, parents/guardians, and the students with valuable skills and tools. OTP is being utilized in Buncombe and Macon counties.
Substance Abuse Outpatient Treatment Program (SACOT) *Location Based Services*	Although SACOT is an available Medicaid service, due to economy of scale because of a limited number of eligible Medicaid members, it is not a sustainable Medicaid service for the providers in our network.	Although SACOT is an available Medicaid service, due to economy of scale because of a limited number of eligible Medicaid members in our smaller, more rural counties, it is not a sustainable Medicaid service for many of the providers in our network. To expand this service, we would need a higher percentage of Medicaid eligible individuals in need of the service. Additionally, a majority of SACOT is provided as a state-funded service. This service is currently subsidized by the state to maintain

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
		stability. To meet the need of members for whom the following services are medically necessary in areas that do not meet the established access standards, Vaya will: 1) Enter into single case agreements with out of network providers who can provide the level of service required by the member, 2) Approve increased outpatient therapy services, 3) Utilize in-network Recovery Education Centers with a Substance Use track (up to 12 hours). We are currently operating two SACOTs in our region - one through Insight Human Services Women's Recovery Center and one through the October Road Cross Area Service Program (CASP) through federal block grant and state funding.
Substance Abuse Intensive Outpatient Program (SAIOP) *Location Based Services*	Vaya currently has no capacity for expansion of this service. All available funds are being utilized to maintain the existing programs within the catchment. Currently, all 23 catchment counties have programs.	Vaya has expanded this service to be able to reach every county in the catchment area. All available funds are being utilized to maintain the existing programs within the catchment area. Currently,13 providers operate that serve all 23 counties in catchment area. To expand this service to have two or more providers, we would need a higher percentage of Medicaid eligible individuals who are in need of this service. Additionally, a majority of SAIOP is provided as a state-funded service. This service is currently subsidized by the state to maintain stability.
Opioid Treatment *Location Based Services*	Many Substance Use members are not Medicaid eligible. Additionally, with the limited number of Medicaid recipients accessing the service, many providers cannot sustain their programs without additional support in State funded reimbursement.	Vaya has expanded MAT Medicaid provider options and we are now contracted with ten Opioid Treatment Programs (OTPs)and Office Based Outpatient Treatment (OBOT) with locations in ten counties serving twenty-two counties including: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Caldwell, Cherokee, Haywood, Henderson, Jackson. McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes and Yancey. Vaya only contracts with psychiatrists that have an DEA X license, the State contracts with other types of doctors, physicians and nurse practitioners that provide opioid use disorder treatment services. Through the Vaya/Community Substance Use Alliance's priorities, MAHEC continues the work to increase the number of Data 2000

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
		prescribers in Vaya's far western counties. We continue to explore other reimbursement models and are piloting a bundled service rate in an effort to expand this service.
Multi-systemic Therapy (MST) *Community and Mobile Services*	Vaya contracts with one provider to provide this service throughout the catchment area.	MST, provided by Youth Villages, is available to all members within the Vaya catchment area. Due to economies of scale, it is not financially viable for a second provider to bring up this service, as there are not enough referrals to support two providers of the service.
Facility-based Respite *Crisis Services*	A separate code is not currently in place for this service. The current respite code of H0045 with modifiers for individual and group respite is utilized for this service.	Vaya Health has two providers contracted to provide Emergent Need Respite services for IDD and co-occurring IDD and MH adult members. One home is licensed for four beds and the other is licensed for three. For child mental health and co-occurring MH and IDD, Vaya is contracted with two providers who have operational respite facilities. Both homes are licensed five bed facilities within Vaya's catchment area (McDowell and Buncombe) and can serve members age 6-17.
Residential Treatment, Level 4 *Specialized Services*	Both this resource and the need for this resource are extremely limited.	There is only one Residential Treatment Level 4 facility licensed in the state of North Carolina. If a need for this service arises for a youth, Vaya will enter into an Out of Network Agreement to serve the youth.
Substance Abuse Non-Medical Community Residential Treatment *Specialized Services*	This service is being provided through alternative service codes utilizing state and block grant funds.	We currently have four non-medical substance use community residential facilities in our catchment area: 1) Swain Recovery Center which serves males and females and adolescents, 2) Mary Benson House which serves pregnant women and women with dependent children, 3) October Road CASP which serves adult males, and 4) First Step Farm which serves adult males and females in two separate facilities. These programs are supported through federal SU Block Grant funds and state funds. We do not utilize the code H0012HB for these programs. Mary Benson House and October Road submit monthly reimbursement invoices. Swain Recovery Center shadow claim bills YP780 – Group Living High and submits reimbursement-based invoices. First Step Farm shadow claim bills YP760 – Group Living Low for their residential services.
(b)(3) IDD Facility-based Respite	Vaya Health continues to grow (b)(3) Respite services throughout our catchment area. For IDD Facility-based Respite, the site is subject to licensure under NC G.S. 122C,	Vaya Health has two providers contracted to provide Emergent Need Respite services/Facility-based respite for IDD and co-occurring IDD and MH adult members. One home is licensed for four beds and the other is

Medicaid Service	Why were member access and choice standards not met?	How will the LME/MCO offer choice of providers who need the service?
Specialized Services	Article 2. The number of licensed sites continues to grow with the service needs. The use of community-based respite far outweighs that of facility-based respite. We look at the network need of licensed sites/homes as an option of a community-based respite site when a bed is not currently occupied.	licensed for three. This service is set up as a per-diem unit increment, allowing for individuals who are stabilized and ready for discharge from a Hospital to receive respite services until a permanent placement can be located. These sites can also be utilized for individuals who are at risk of losing a residential placement due to behavior issues and respite services are required so that the residential provider can develop/update a behavior plan and/or crisis plan.

Current Progress on 2018 Identified Non-Medicaid Funded Service Gaps

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
Outpatient Services	In very rural areas of the catchment area with mixed terrain, and where there is a smaller number of members, there often is not sufficient volume to support multiple providers.	In SFY 2017-2018, our percentage of non-Medicaid funded members who had a choice of two providers increased by 2.65%. We continue to contract with agencies and licensed independent professionals (LIPs) both within the catchment and in bordering counties within the 30/45 requirement to provide service where additional coverage is necessary. This is most often needed in our most rural areas.
Psychosocial Rehabilitation (PSR) *Location Based Services*	Due to the rural nature of much of our catchment area and financial sustainability of this service for providers, we have continually supported the comprehensive care centers and larger area providers, to offer and expand these services as needed.	We continue to work with providers to address gaps in the western region of the catchment area. Vaya also has contracts with agencies in bordering counties that are closer in some cases to the member who needs the service. We also fund Recovery Education Centers (REC) in the western region of our catchment area. This service provides the same level of support as PSR and is available for members to access. Since this service does not bill using the PSR reimbursement code the data is not displayed or calculated in the access and choice percentages. Although gaps continue to exist in the western region, Meridian Behavioral Health is providing REC services specifically in Transylvania, Macon and Jackson counties.
Child and Adolescent Day Treatment *Location Based Services*	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment. State funded requests for day treatment services will be reviewed by the Vaya Utilization Management department and will be approved based on medical necessity and the availability of State dollars to provide the service.
Substance Abuse Outpatient Treatment Program (SACOT) *Location Based Services*	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	There are two SACOT programs in our catchment area, a program for pregnant women and women with dependent children funded by federal block grant funding and a program connected to a men's residential cross area service program which is funded through designated state dollars. If additional funding becomes available, we will review options to expand the service.
Substance Abuse Intensive Outpatient Program (SAIOP)	There are limited state dollars that are available to support this service. This limited funding directly impacts the	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment. If additional funding becomes

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
Location Based Services	availability and accessibility of this service within our catchment.	available, we will review options to expand the service. We have substance use outpatient treatment in all counties in our catchment area and Substance Abuse Intensive Outpatient Services in 14 of our 23 counties throughout the network.
Facility-based Respite *Crisis Services*	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State funded requests for Facility-based Respite services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars.
Opioid Treatment *Location Based Services*	Vaya currently supports as many Opioid Treatment programs as we can with the current available funding.	Vaya has utilized the state's Cures grant UCR funding to increase MAT capacity by 58% across our region in this fiscal year, which is 33% higher than the state average. We continue to explore new partnerships to expand MAT services. Medication costs, specifically Suboxone, and transportation continue to be a burden on members seeking MAT services. Vaya is working with DHHS to address those barriers by contracting with a pharmacy for the prescription and delivery of Suboxone. These innovative, regionalized strategies are part of the vision of the Western North Carolina Substance Use Alliance which consists of cross-sector partnerships to address the opioid crisis. The North Carolina Substance Use Disorder Treatment Program for Pregnant and Postpartum Women Pilot Project (NC PPW-Pilot), supported through this pilot grant mechanism, will provide the Division of MH/DD/SAS in partnership with Vaya in Wilkes County - family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders.
Day Supports *Location Based Services*	There are limited state dollars that are available to support this service which directly impacts the availability and accessibility of the service within our catchment area. Although Vaya Health does not offer State Funded Day Supports, an alternative meaningful day service within our benefit plan would be Adult Developmental Vocational Program (ADVP) which is available throughout our catchment for non-Medicaid recipients.	Community-based individualized services are Vaya's top priority. At times, individuals request facility based/location-based services like Day Supports. Although Vaya does not offer State Funded Day supports as part of our IDD benefit plan, an alternative meaningful day service that we do provide would be ADVP, which is available throughout our catchment area for non-Medicaid recipients. Vaya continues to work with our contracted providers to increase the utilization of evidenced-based services (supported employment and respite) for our IDD members. If additional funds become available and there is a network need, Vaya will review options to expand the service based on demand.

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
Intensive In-Home *Community and Mobile Services*	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State funded requests for Intensive In-Home services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars.
Inpatient Hospital – Adolescent/Child *Inpatient Services*	Children and adolescents with this level of need are typically Medicaid or NC Health Choice eligible. Mission Hospital (Asheville) has the only child/adolescent inpatient psychiatric beds in our catchment area.	In cases of non-Medicaid funded need, Vaya would enter into a single case agreement with our catchment area hospital with licensed child inpatient beds.
Multi-systemic Therapy (MST) *Community and Mobile Services*	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State funded requests for MST services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars.
Partial Hospitalization *Specialized Services*	Children and adolescents with this level of need are typically Medicaid or NC Health Choice eligible. There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State funded requests for Partial Hospitalization services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars.
Psychiatric Residential Treatment Facility *Specialized Services*	Children and adolescents with this level of need are typically Medicaid or NC Health Choice eligible. There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	Children and adolescents with this level of care need are, in most cases, Medicaid or NC Health Choice eligible. In cases where a child or adolescent are not eligible for Medicaid or NC Health Choice, Vaya Health's Utilization Management department will review and approved based on medical necessity and availability of funds.
Child Mental Health Out-of-home Respite *Specialized Services*	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	Vaya Health has partnered with two network providers to open Child Mental Health respite facilities (out-of-home respite) to serve children and adolescents age 6-17. Typically, children and adolescents needing this level of care will be eligible for Medicaid or NC Heath Choice but in instances when they are not, Vaya's Utilization Management department will review and approve base on medical necessity and availability of funds.
Non-Medical Community Residential Treatment *Specialized Services*	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State funded requests for this service are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars.

Non-Medicaid Funded Service	Why were Member access and choice standards not met?	How will the LME/MCO meet an individual's need for access to this service?
Medically Monitored Community Residential Treatment *Specialized Services*	This service is being provided through alternative service codes utilizing state and block grant funds.	We currently have four non-medical substance use community residential facilities in our catchment area: 1) Swain Recovery Center which serves males and females and adolescents, 2) Mary Benson House which serves pregnant women and women with dependent children, 3) October Road CASP which serves adult males, and 4) First Step Farm which serves adult males and females in two separate facilities. These programs are supported through federal SU Block Grant funds and state funds. We do not utilize the code H0012HB for these programs. Mary Benson House and October Road submit monthly reimbursement invoices. Swain Recovery Center shadow claim bills YP780 – Group Living High and submits reimbursement-based invoices. First Step Farm shadow claim bills YP760 – Group Living Low for their residential services.
Substance Abuse Halfway House *Specialized Services*	There are limited state dollars that are available to support this service. This limited funding directly impacts the availability and accessibility of this service within our catchment.	State funded requests for SA Halfway House services are reviewed by the Vaya Utilization Management department and approved based on medical necessity and the availability of State dollars.

SECTION TWO: Access Plan

Actions to Address Identified Service Gaps in Section One: Network Availability and Accessibility

Data for providers as of January 1, 2019 shows that Vaya fell below the 100% benchmark for the services listed below. Because of numerous factors (including our catchment geography, funding, and economies of scale) many of the same gaps identified and addressed in the 2018 Gaps Analysis are still in process. For each of these services, we will continue to move forward with the actions set out in Current Progress on 2018 Identified Service Gaps section.

Service Below 100% Benchmark	Service Category	Funding Source(s)
Outpatient Services	Outpatient Services	Medicaid and Non-Medicaid Funded
Psychosocial Rehabilitation	Location Based Services	Medicaid and Non-Medicaid Funded
Child and Adolescent Day Treatment	Location Based Services	Medicaid and Non-Medicaid Funded
Substance Abuse Comprehensive Outpatient Treatment Program	Location Based Services	Medicaid and Non-Medicaid Funded
Substance Abuse Intensive Outpatient Program	Location Based Services	Medicaid and Non-Medicaid Funded
Opioid Treatment	Location Based Services	Medicaid and Non-Medicaid Funded
Day Supports	Location Based Services	Non-Medicaid Funded
Intensive In-Home	Community and Mobile Services	Non-Medicaid Funded
Multisystemic Therapy	Community and Mobile Services	Medicaid and Non-Medicaid Funded
Facility-Based Respite	Crisis Services	Non-Medicaid Funded
Inpatient Hospital – Adolescent/Child	Inpatient Services	Non-Medicaid Funded
Partial Hospitalization	Specialized Services	Non-Medicaid Funded
Psychiatric Residential Treatment Facility	Specialized Services	Non-Medicaid Funded
Residential Treatment Level 4	Specialized Services	Medicaid
Child Mental Health Out-of-Home Respite	Specialized Services	Non-Medicaid Funded
Substance Abuse Non-Medical Community Residential Treatment	Specialized Services	Medicaid and Non-Medicaid Funded
Substance Abuse Medically Monitored Community Residential Treatment	Specialized Services	Non-Medicaid Funded
Substance Abuse Halfway Houses	Specialized Services	Non-Medicaid Funded
Financial Supports	C-Waiver Services	Medicaid

Actions to Address Geographic, Cultural or Special Populations Needs Identified in Section Two: Accommodation

Vaya is currently working with our network providers to develop a better understanding of culturally competent services. Our three-year cultural competency plan provides providers with a framework for meeting the varied cultural needs of our catchment communities. Year one of this plan focuses on provider awareness of the principles of cultural competency and includes a self-assessment of current practices. Additional actions regarding specific cultural and special populations are addressed within the narratives in Section Two: Accommodation of this report.

Actions to Improve Member and Stakeholder Experience as Identified in Section Three: Acceptability

The annual Community Needs Assessment Survey (CNAS) is a useful tool for us to assess the understanding of community members regarding available network services. In some cases, stakeholders identify service gaps that do not match the actual availability of services (e.g. Outpatient services). In these cases, it is our responsibility to find out why the community does not know that services are available. We also need to assess if there are geographic or demographic barriers that are preventing our members from accessing the available services. Additionally, we need to assess if these barriers can be controlled within the catchment and act to make these corrections. This is a continuous business process. For the upcoming year, we will continue to address our actual service gaps as well as providing education to the community regarding available services. Additionally, we will work to develop new and innovative services that better treat the whole person.

SECTION THREE: In Lieu of (Medicaid) and Alternative (non-Medicaid Funded) Services

Outpatient Plus (OPT Plus)

Medicaid

Current Geographic Area Covered

OPT Plus is being delivered by three of our comprehensive care providers serving members in Buncombe, Haywood, Jackson and Macon counties.

Service Capacity

During SFY 2017-2018, 87 members utilized this service.

How is the Service Filling the Gap?

As an alternative to Day Treatment, OTP is a more inclusive model, allowing for the children to remain in their integrated classroom as opposed to being placed in Day Treatment. OTP provides teachers, parents/guardians, and the students with valuable skills and tools.

Barriers & Lessons Learned

At times, families can be resistant to letting clinicians and QP's into their homes. OTP is only provided in a few schools whereas any school can refer to Day Treatment as it is more widely available.
OTP service delivery minimums make it difficult to bill when a child misses one of their weekly sessions (must receive 1 hour of therapy per week for the provider to be allowed to bill for QP services).

Behavioral Health Crisis Risk Assessment and Intervention

Medicaid

Current Geographic Area Covered

BH-CAI is currently being provided by two of our Comprehensive providers, RHA and Appalachian Community Services (ACS) in Buncombe and Haywood counties.

Service Capacity

During FY17/18 three hundred and forty-three (343) members have utilized this service.

How is the Service Filling the Gap?

BH-CAI is being provided within a Behavioral Health Urgent Care (B-HUC). The RHA B-HUC maintains a sixteen (16) bed center in Buncombe county and the ACS B-HUC maintains as twelve (12) bed center in Haywood county that are available for crisis and/or detox services. The BH-CAI service is a way to divert members in crisis away from the use of emergency departments or hospitals for non-medical/physical health issues.

Barriers & Lessons Learned

Some of the initial barriers were based off licensure and building requirements. Another issue has been coordinating 24/7 law enforcement presence which initially was difficult to maintain.

High Fidelity Wraparound

Medicaid

Current Geographic Area Covered

Buncombe and Henderson Counties provided by Youth Villages.

Service Capacity

Capacity will be strategic for these services in the pilot phase of implementation. Capacity for this service will increase as comprehensive providers are familiarized to the intricacies of the service delivery model, provider expectations, and expected outcomes.

How is the Service Filling the Gap?

This service is offered as an alternative to Day Treatment, Intensive-In-Home, Community Support Team, PRTF, and/or Inpatient services. This service is intended to help those who:

- have a history of erratic or non-engagement in treatment based on barriers identified in the service plan;
- need a graduated step down from a higher level of care to Outpatient;
- are in a residential setting and need coordination to transition to an alternate level of care where the transition is expected to occur in a 6 month or less timeframe;
- are at risk of higher level of care and it is determined that this service will reduce that risk;
- have symptoms and behaviors that are unmanageable at home, school, or in other community settings due to the deterioration of the beneficiary's mental health or substance use disorder condition, requiring intensive, coordinated clinical interventions with a greater level of required collateral contact and involvement; and/or
- are unable to manage his/her symptoms or focus on recovery and relapse prevention planning (independently or with family/caregiver support), due to unmet basic needs such as safe and adequate housing or food, or legal, educational, vocational, financial, health care, or transportation assistance for necessary services.

Barriers & Lessons Learned

Implementation with comprehensive providers has been slower to start as development is largely dependent on collaborative conversations with external stakeholders such as School System leadership and Department of Juvenile Justice around identifying referral flows, target members, space, etc.

Enhanced Therapeutic Foster Care

Medicaid

Current Geographic Area Covered

This service is provided by contracted providers A Caring Alternative and Davidson Homes, Inc. and allows for member referral throughout the Vaya Health catchment area.

Service Capacity

Capacity for this service will increase as providers are familiarized to the intricacies of the service delivery model, provider expectations, and expected outcomes.

How is the Service Filling the Gap?

Enhanced Therapeutic Foster Care is a cost effective alternative to Intensive Alternative Family Treatment (IAFT) and can prevent institutional care in a Residential Level III setting or Psychiatric Residential Treatment Facility (PRTF) and allow for Emergency Department (ED) and other crisis service diversion.

Barriers & Lessons Learned

Development remains largely dependent on collaborative conversations with external stakeholders around identifying referral flows, target members, space, etc.

Transitional Youth Services

Medicaid

Current Geographic Area Covered

This service is provided with contracted provider Youth Villages and is designed for member referral throughout the catchment area of Vaya Health.

Service Capacity

Capacity for this service will increase as providers are familiarized to the intricacies of the service delivery model, provider expectations, and expected outcomes.

How is the Service Filling the Gap?

This service is offered as an alternative to Intensive In-Home Treatment and residential treatment. It is designed for members who are leaving the foster care or juvenile justice systems, or who otherwise find themselves in this life stage without the developmentally appropriate and necessary skills and supports to successfully transition to adulthood. Transitional Youth Services aims to prevent unnecessary out of home placements.

Barriers & Lessons Learned

Development continues and is largely dependent on collaborative conversations with external stakeholders such as DSS, juvenile justice and residential treatment facilities.

Long Term Community Support (LTCS)

Medicaid

Current Geographic Area Covered

This service is provided by contracted providers and is available in all counties within the Vaya Health catchment area.

Service Capacity

Capacity for this service will increase as providers are familiarized to the intricacies of the service delivery model, provider expectations, and expected outcomes.

How is the Service Filling the Gap?

LTCS for individuals with intellectual disability is an alternative definition in leu of ICF-ID under the Medicaid 1915(b) benefit. This service enables Vaya to provide comprehensive and individualized active treatment services to adults with I/DD to maintain and promote their functional status and independence. This is also an alternative to home and community-based services waivers for individuals that potentially meet the ICF-ID level of care. The average wait time in the Vaya coverage area is 10 years for an Innovations Waiver slot.

Barriers & Lessons Learned

Development remains largely dependent on collaborative conversations with external stakeholders around identifying referral flows, target members, space, etc.

(b)(3) Peer Support and Peer Support Group

Non-Medicaid funded

Geographic Area Covered

Non-Medicaid funded Peer support (individual, group) is being provided by six (6) contracted providers in twenty-two (22) unique sites out of the twenty-three (23) counties in Vaya Health's catchment area. Peer support is a community-based service which enables peer support specialists to meet members where they are, whenever they are needed.

Service Capacity

Due to the limited state funds Vaya has contracted with six providers for this service. yet those providing it have been able to support 928 members between July 1, 2017 and June 30, 2018.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service

Non-Medicaid funded Peer Support services enables those without Medicaid to access much needed peer to peer services, providing a lived experience and understanding that most therapists are unable

to. In FY18 there have been 928 members who have accessed either individual or group state funded peer support services.

Barriers Encountered or Challenges Experienced during Implementation
No barriers have been experienced.

Assertive Engagement

Non-Medicaid funded

Geographic Area Covered
Non-Medicaid funded Assertive Engagement is provided by our four contracted comprehensive providers, RHA, Daymark, Family Preservation Services (FPS) and Appalachian Community Services (ACS) in every county within our catchment area.

Service Capacity
Assertive Engagement is available in every county within Vaya Health's catchment area.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service
Assertive Engagement is designed to be an individual service requiring frequent contact to build/re-establish a trusting, meaningful relationship to engage or reengage the individual into services adn/or assess for needs. The service is designed to:

- Develop and maintain meaningful engagement in services
- Reduce hospitalization frequency and duration
- Provide continuity of care regardless of life circumstances or recovery environment
- Improve compliance with medication
- Increase social networks and improve family relationships
- Prevent relapse
- Linkage to appropriate level of service

Barriers Encountered or Challenges Experienced during Implementation
Implementation with comprehensive providers has been slower to start as development is largely dependent on collaborative conversations within comprehensive provider's clinical teams, local law enforcement, members, and potential members around identifying target members and referral flows.

Crisis Evaluation and Observation

Non-Medicaid funded
This service is currently being provided under other service codes. This code is not presently contracted with our network providers.

Peer Support Hospital Discharge & Diversion - Individual and group

Non-Medicaid funded

Geographic Area Covered

Non-Medicaid Peer Support Hospital Discharge & Diversion (both individual and group) is being provided by nine (9) contracted providers with sites in fourteen (14) out of the twenty-three (23) counties within Vaya's catchment area. Peer support Hospital Discharge & Diversion is a community-based service which enables peer support specialists to meet members where they are, whenever they are needed which enables sites to cover multiple counties.

Service Capacity

Due to the limited state funds during Fiscal Year 2017 (July 1, 2017-June 30, 2018) Vaya has contracted with the nine (9) providers who have sites in fourteen counties within Vaya Health's catchment area.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service

Non-Medicaid Peer Support Hospital Discharge & Diversion has been provided to 1,106 members through Vaya's catchment area, typically as an individualized service. This service is provided by Peer Support Specialists to members individually or in groups following discharge from state and local hospitals and ADATCs or release from jail/prison or to divert those members from hospitals. The service is designed to improve aftercare and diversion rates, facilitate engagement & retention in outpatient treatment, promote member recovery and empowerment and provide additional support during transition to the community.

Barriers Encountered or Challenges Experienced during Implementation

No barriers have been experienced.

Hospital Discharge Transition Services

Non-Medicaid funded

This service is currently being provided under other service codes. This code is not presently contracted with our network providers.

Jail Support

Non-Medicaid funded

Geographic Area Covered

Non-Medicaid funded Jail Support is being provided in Vaya's northern region by Daymark, one of our four comprehensive providers. Counties with Jail Support sites are in Avery, Alleghany, Ashe, Wilkes and Watauga counties.

Service Capacity
Non-Medicaid Jail Support is limited to three sites serving five counties (Avery, Alleghany, Ashe, Wilkes and Watauga counties).

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service
During FY17/18 Daymark has been able to support 128 members via the Jail Support service. The purpose of this program/service is to divert individuals with Severe and Persistent Metal Illness, Severe Mental Illness and/or co-occurring substance abuse problem or developmental disabilities from the criminal justice system, into treatment services. The provider(s) of this service advocates with prosecutors, defense attorneys, probation officers, and the court system to develop an appropriate community-based disposition for members in this service.

Barriers Encountered or Challenges Experienced during Implementation
Aligning outcomes/best practices between stakeholders and service providers.

Recovery Education Center (REC) Individual and Group, Assertive Engagement within REC
Non-Medicaid funded

Geographic Area Covered
Recovery Education (REC) both Individual and Group as well as Assertive Engagement within the REC is being provided by Meridian Behavioral Health Services (Meridian) in Haywood, Jackson, Macon and Transylvania counties.

Service Capacity
Non-Medicaid funded REC and Assertive Engagement within a REC are being provided in four counties within Vaya Health's catchment area by one provider.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service
Non-Medicaid funded REC (both individual and support) has been provided to 1,112 members in Haywood, Jackson, Macon and Transylvania counties during FY17/18. Assertive Engagement within the REC has been provided to 210 members attending the RECs in Haywood, Jackson, Macon and Transylvania counties during FY17/18.
A REC is an adult service program which utilizes an educational and peer support model in order to facilitate skill-building and wellness self-management. At RECs, individuals with mental health and/or substance use issues are encouraged to view themselves as "students" that take classes in recovery and wellness topics in order to further develop their expertise in managing their own recovery. RECs offer an environment of self-direction and empowerment which primarily focused on structured educational group offerings (classes, seminars, workshops, labs) with only limited focus on individual support and counseling provided by program staff. In order to meet immediate access needs as well as provide unscheduled support to individuals with more urgent needs, the RECs are required to maintain open

enrollment policies for at least 70% of their classes. Class size should not routinely exceed 12-15 participants.

Barriers Encountered or Challenges Experienced during Implementation
No barriers have been experienced.

Long Term Vocational Support Group
Non-Medicaid funded

Geographic Area Covered
Non-Medicaid funded Long Term Vocational Support (LTVS) Group is being provided by one provider in Watauga county.

Service Capacity
Due to limited Non-Medicaid funds the service is unable to expand to other regions/providers at this time. The current provider has a capitated Non-Medicaid contract to mitigate risk for the LME/MCO.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service
LTVS Group includes services provided to or on behalf of Adult I/DD members both on and off the job site to ensure ongoing employment success through career growth and community inclusion. Components of this service include on site job support along with self-determination, benefit management, support for non-work needs, job retraining when needed, as well as social skills support as outlined in the PCP or ISP. The activities and services of LTVS Group are designed to support the individual and the employer to ensure success within the community. LTVS Group services are ordinarily provided in addition to LTVS Individual service.

Barriers Encountered or Challenges Experienced during Implementation
No barriers have been experienced.

Community Activity and Employment Transition (CAET) Group
Non-Medicaid funded

Geographic Area Covered
CAET is being provided in Watauga County.

Service Capacity
The current CAET provider has the ability to expand the service based with an increase of Non-Medicaid funds.

How is the Service Filling the Gap including the number and characteristics of members served and how they accessed the service

CAET provides group supervision and services during a substantial part of the day in a fully integrated setting with community resources and access. The CAET model is designed to support the individual's personal independence and promote social, physical, and emotional well-being through activities such as integrated employment supports, community inclusion, social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources. Level of support may reflect economic conditions, unemployment rates, and other local demographics that will allow the service to be individualized according to local area needs. This service supports members who are currently enrolled or have been in facility-based services like Adult Developmental Vocational Programs (ADVP). CAET services promote transitions through the continuum of employment services such as Supported Employment and Long-Term Vocational Supports. CAET provides:

- Transitional Support (school to work);
- Retirement Supports (support for those whose ability to work is changing due to age and other related medical conditions);
- Supports for People with Multiple and Complex Needs

Barriers Encountered or Challenges Experienced during Implementation

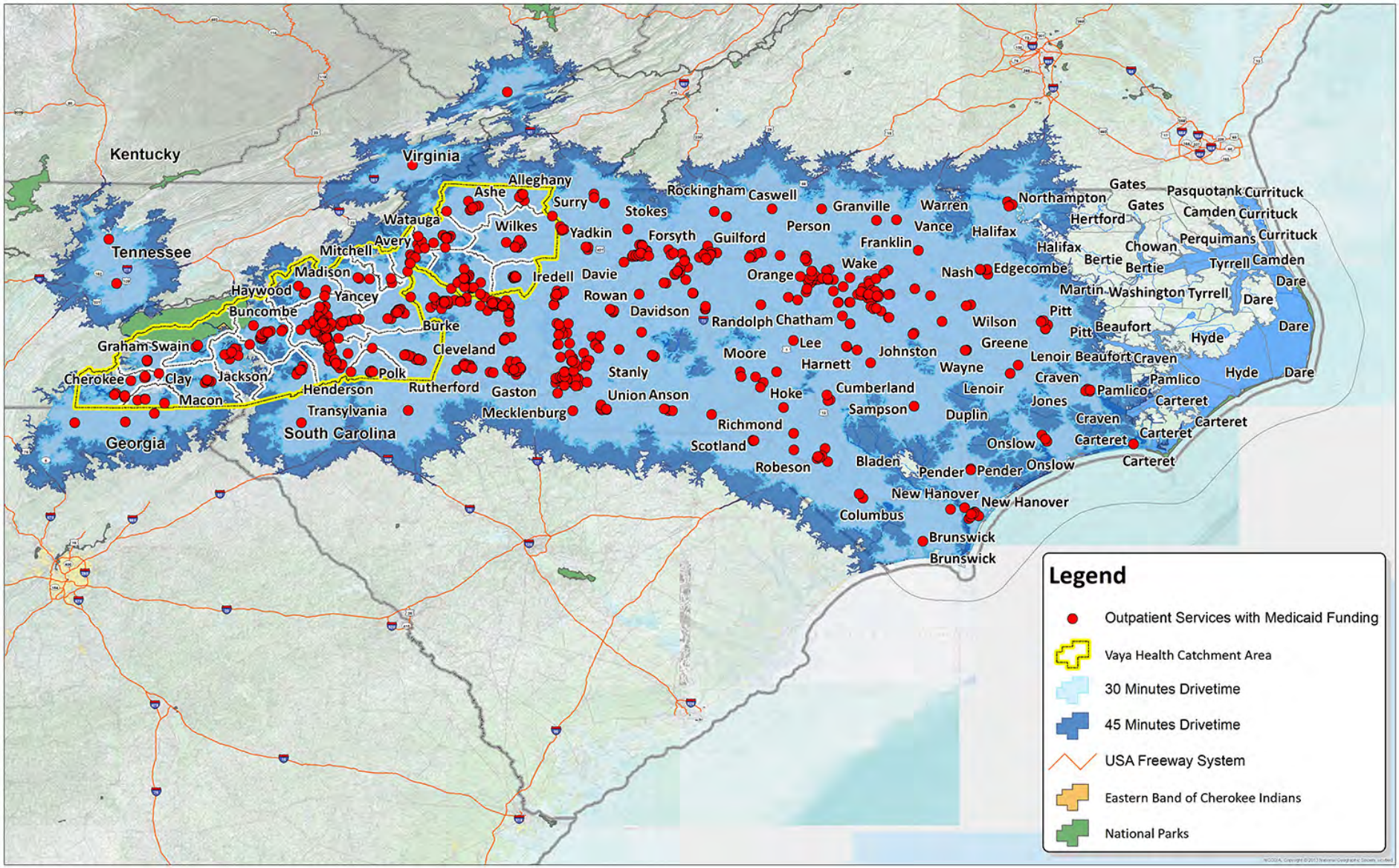
No barriers have been experienced.

Appendix I

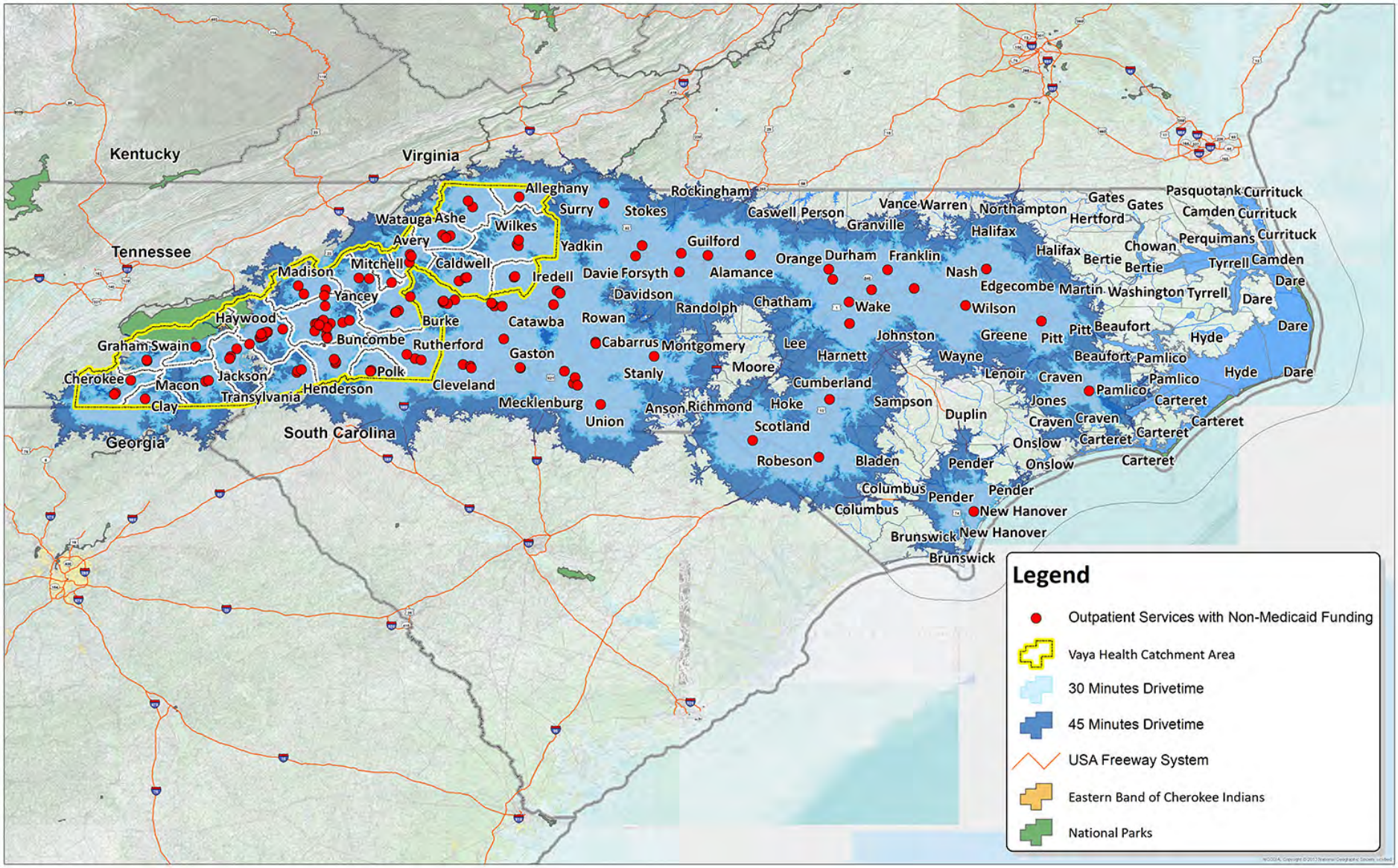
Geomaps: Outpatient Services

Services	Medicaid map included	Non-Medicaid funded map included
Outpatient services (all)	✓	✓

Vaya Health Outpatient Services Medicaid Funding SFY18



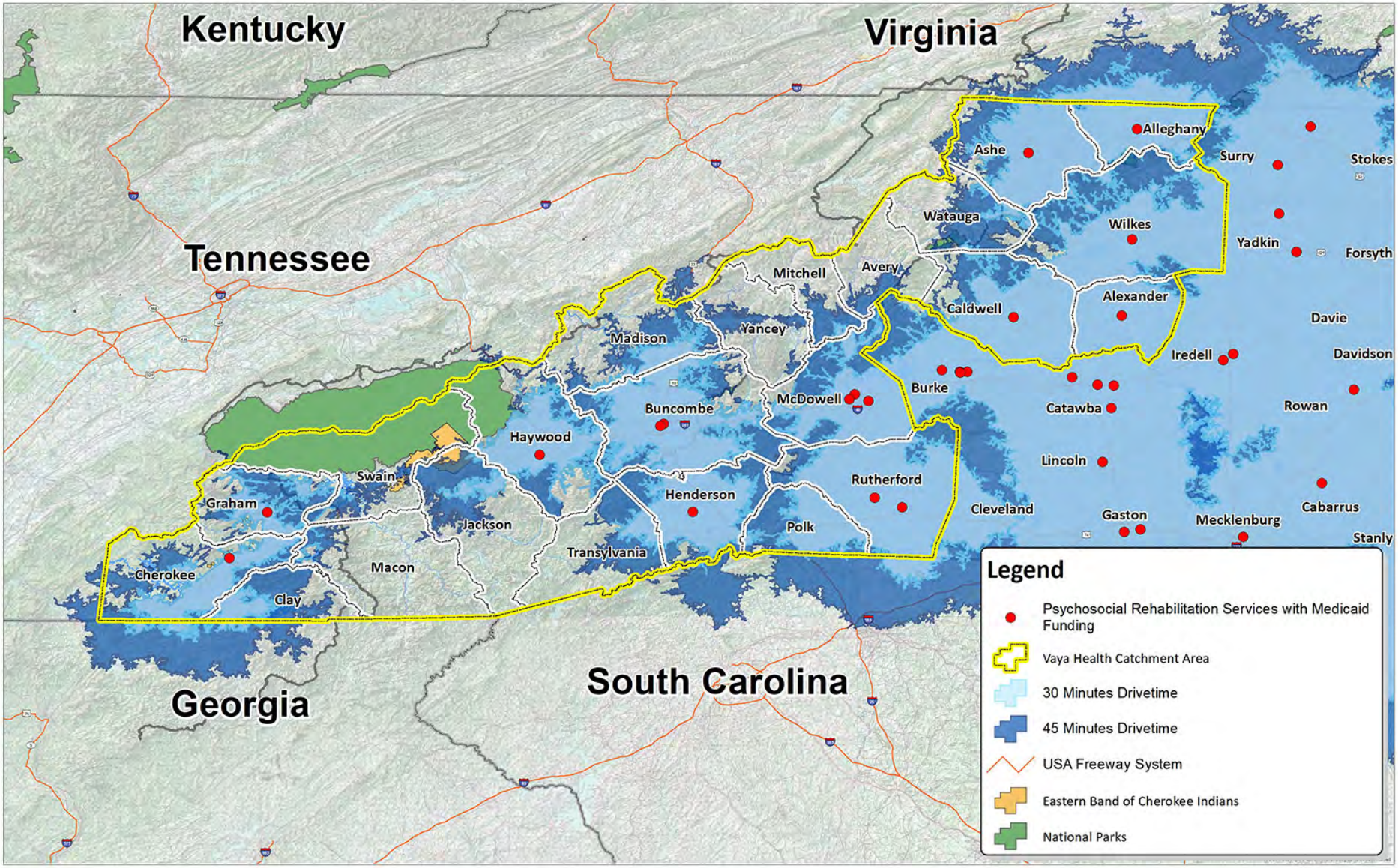
Vaya Health Outpatient Services Non-Medicaid Funding SFY18



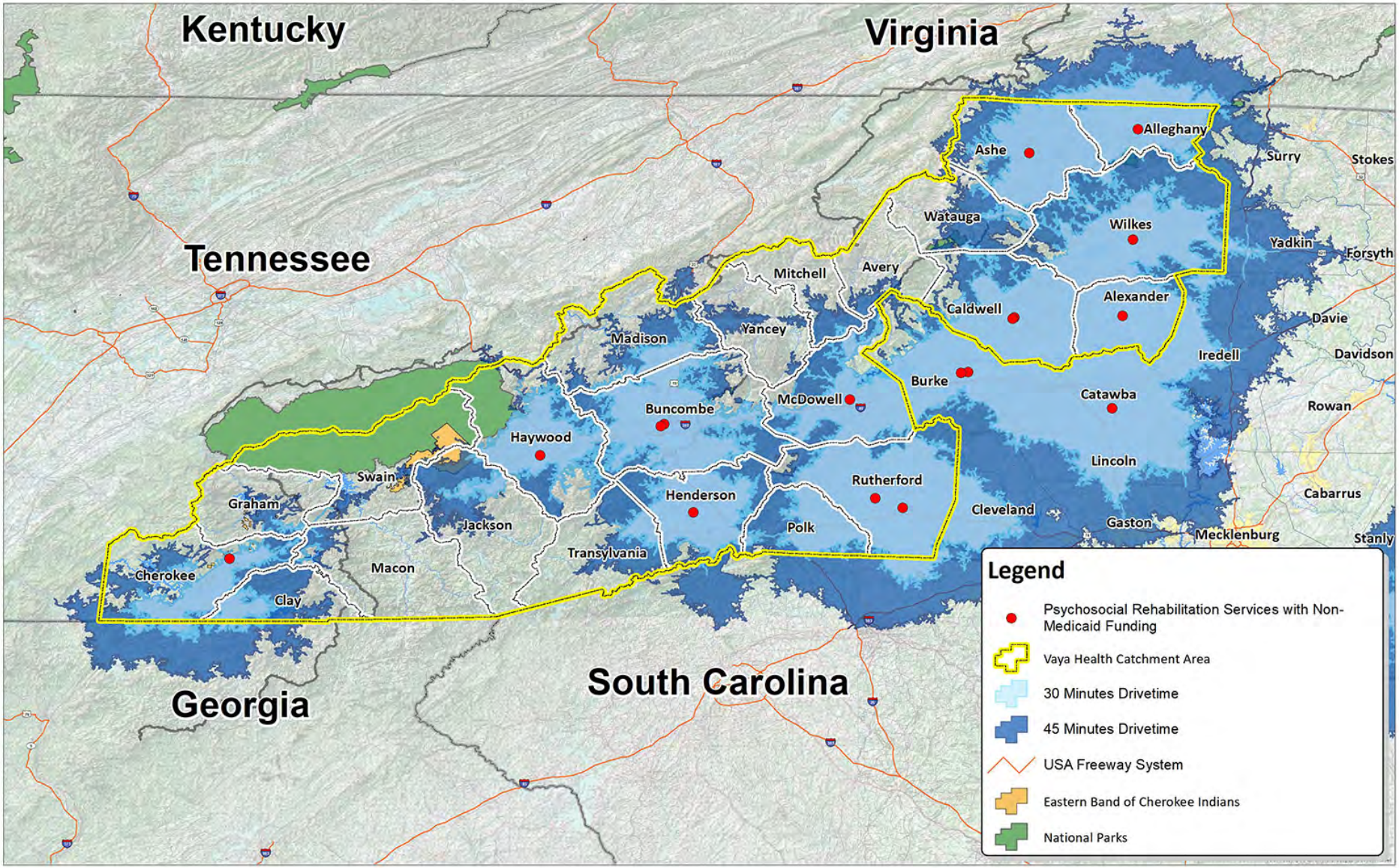
Geomaps: Location Based Services

Services	Medicaid map included	Non-Medicaid funded map included
Psychosocial Rehabilitation	✓	✓
Child and Adolescent Day Treatment	✓	✓
Substance Abuse Comprehensive Outpatient Treatment Program	✓	✓
Substance Abuse Intensive Outpatient Program	✓	✓
Opioid Treatment	✓	✓
Day Supports		✓

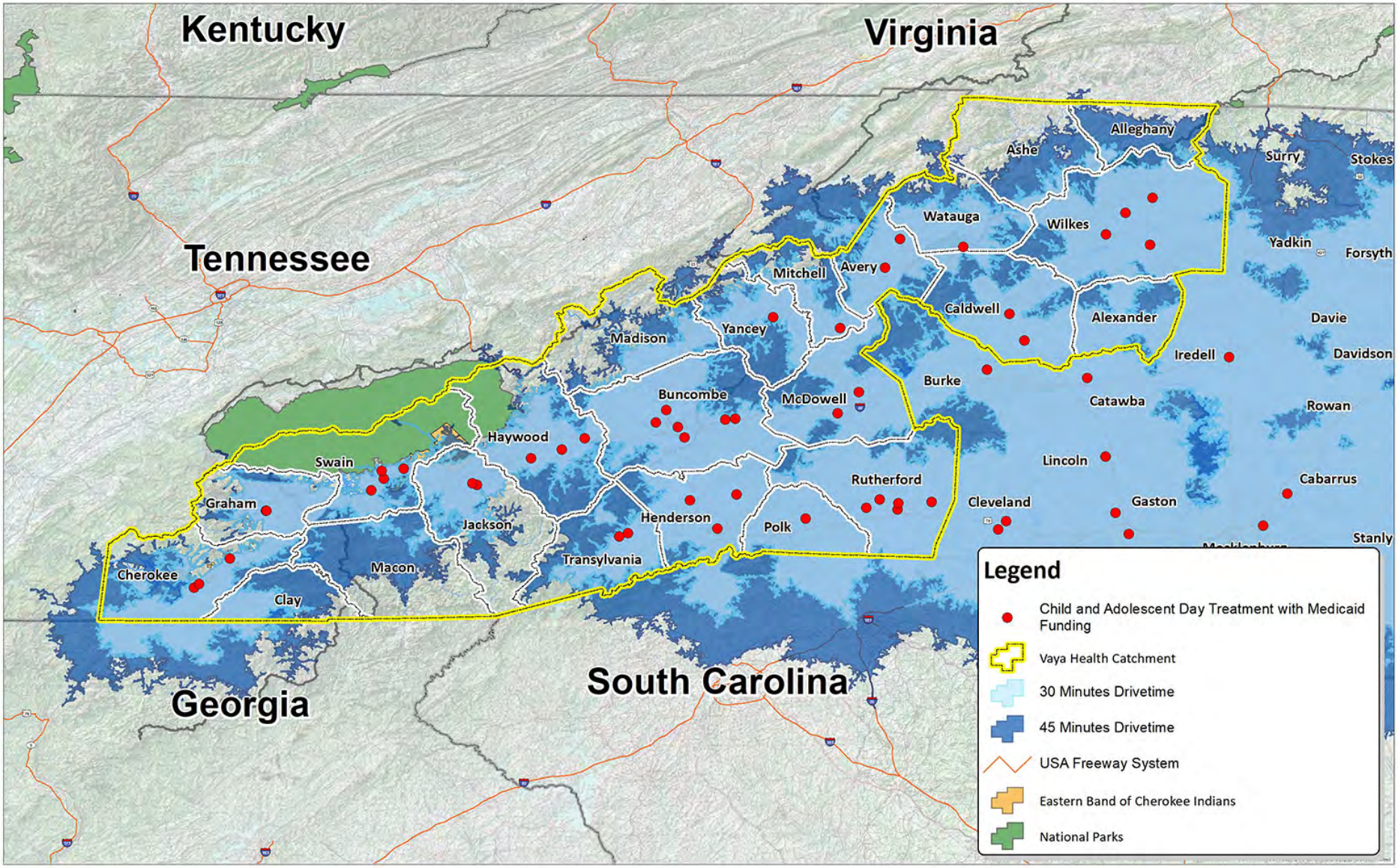
Vaya Health Psychosocial Rehabilitation Medicaid Funding SFY18



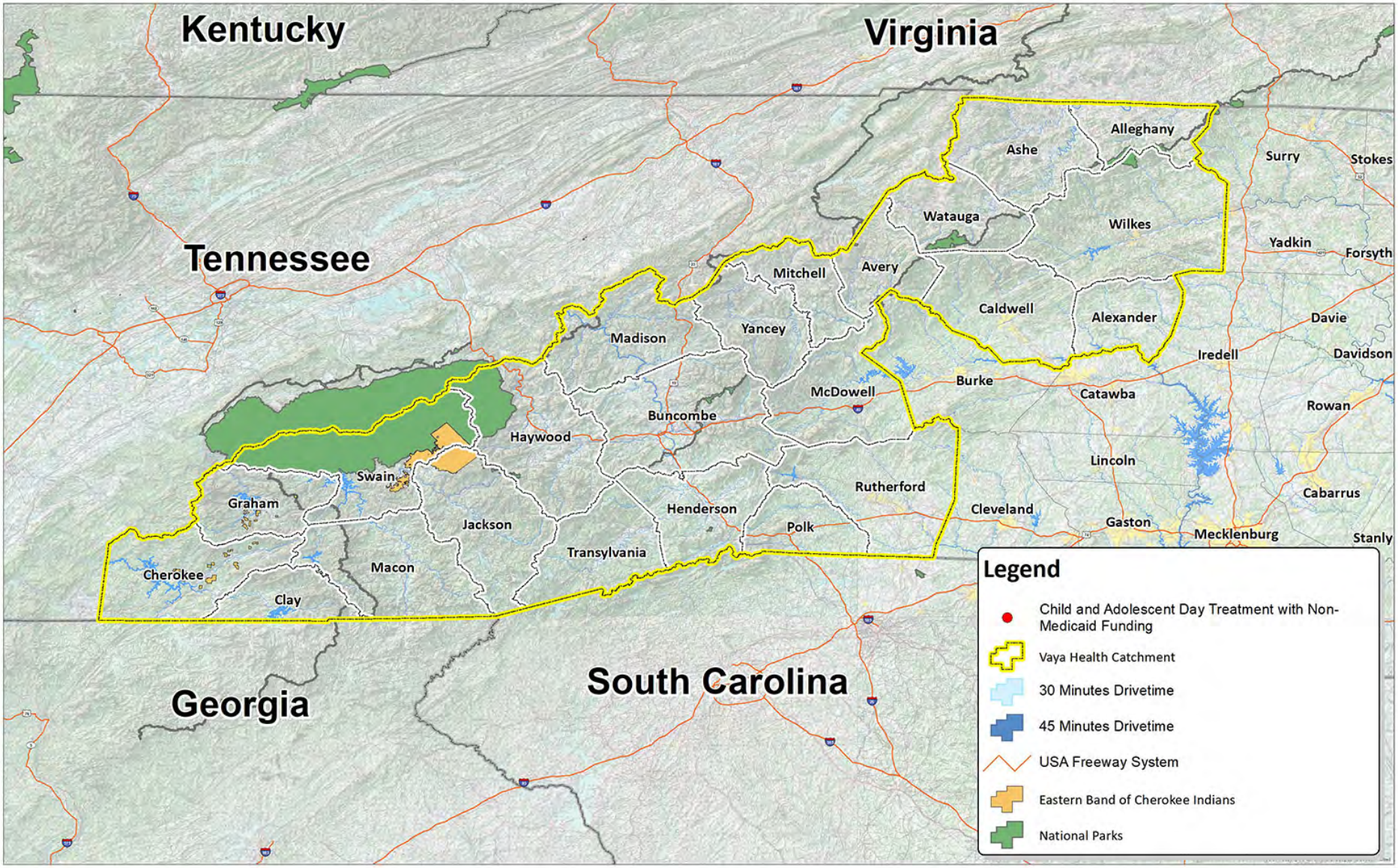
Vaya Health Psychosocial Rehabilitation Non-Medicaid Funding SFY18



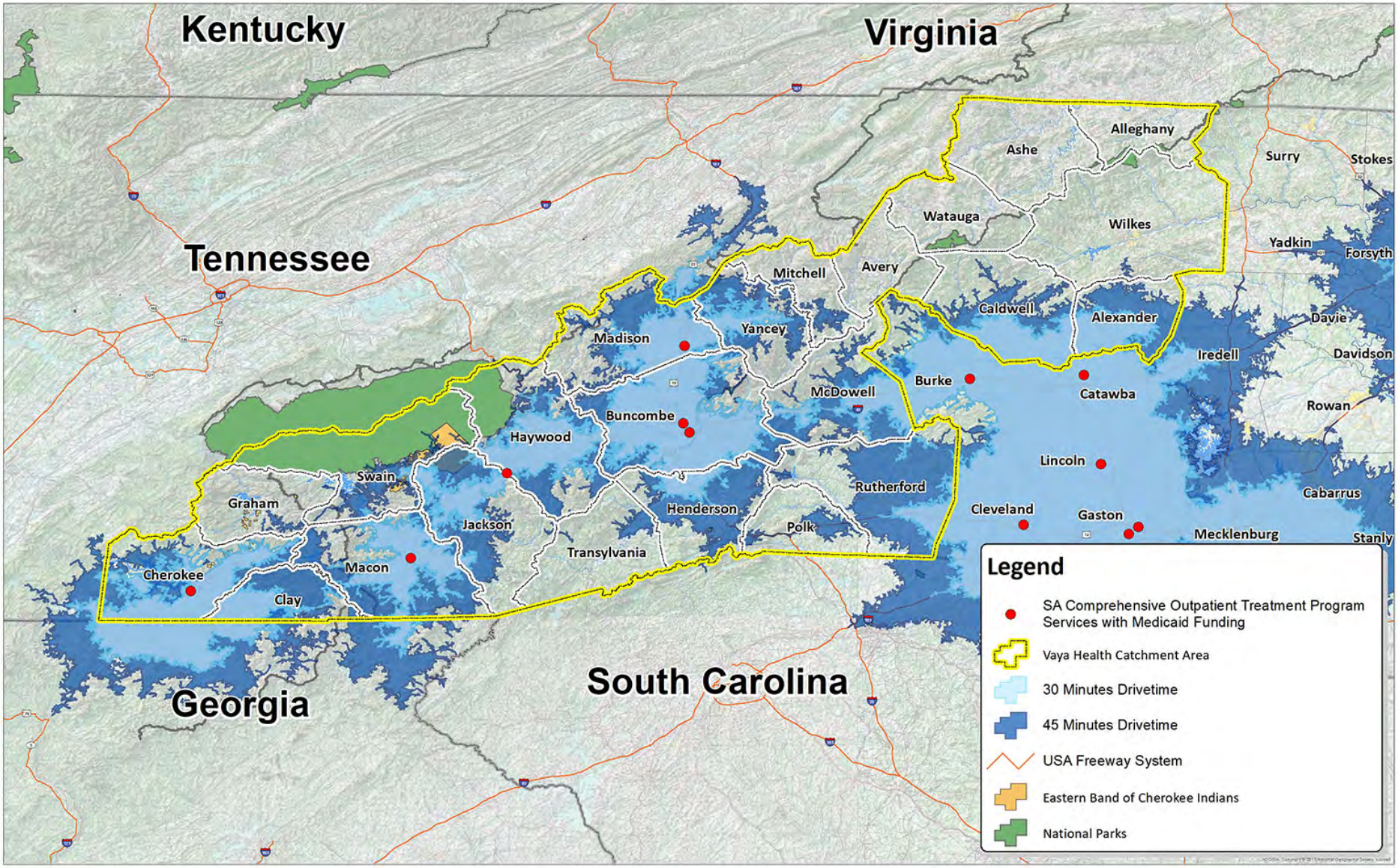
Vaya Health Child and Adolescent Day Treatment Medicaid Funding SFY18



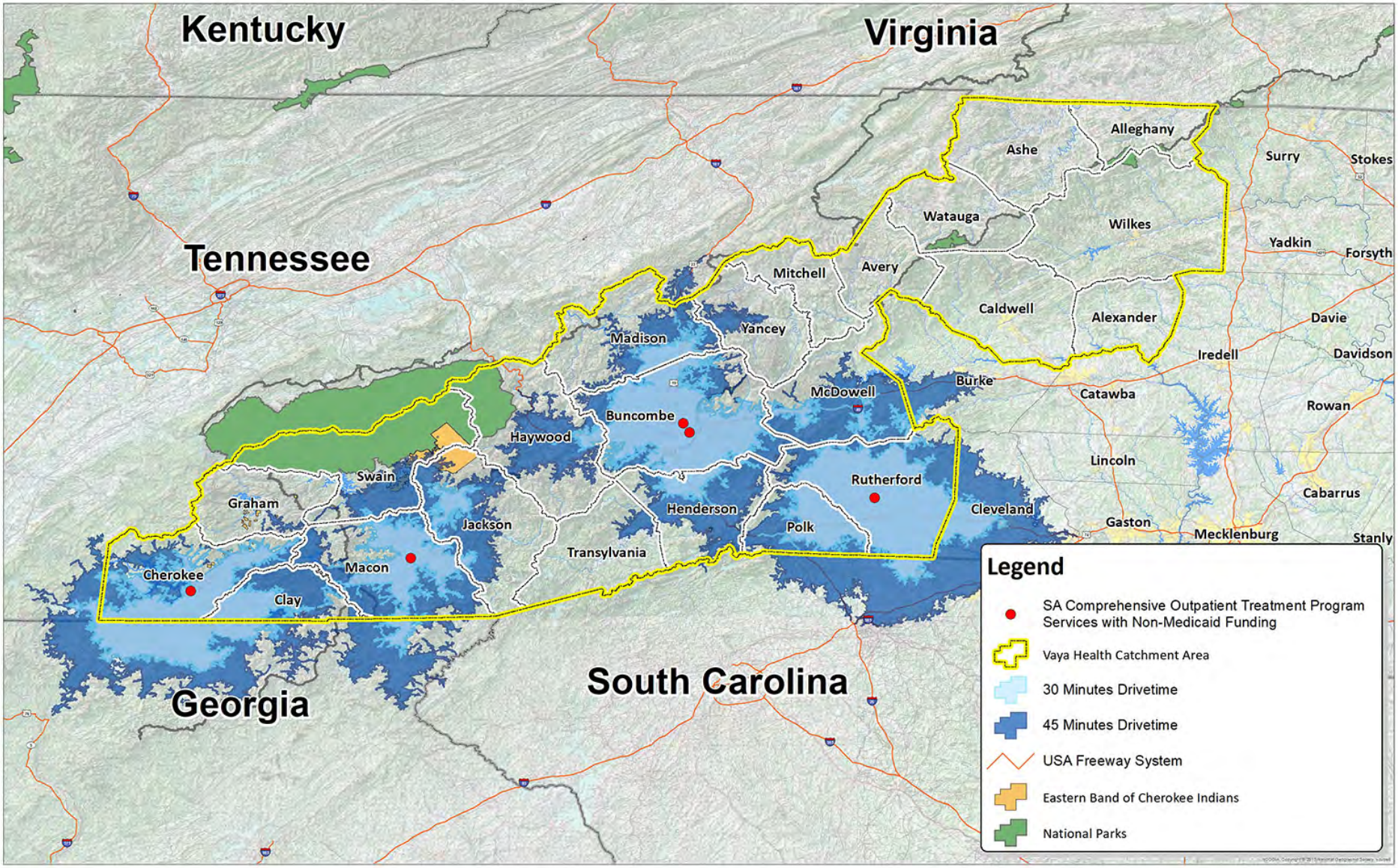
Vaya Health Child and Adolescent Day Treatment Non-Medicaid Funding SFY18



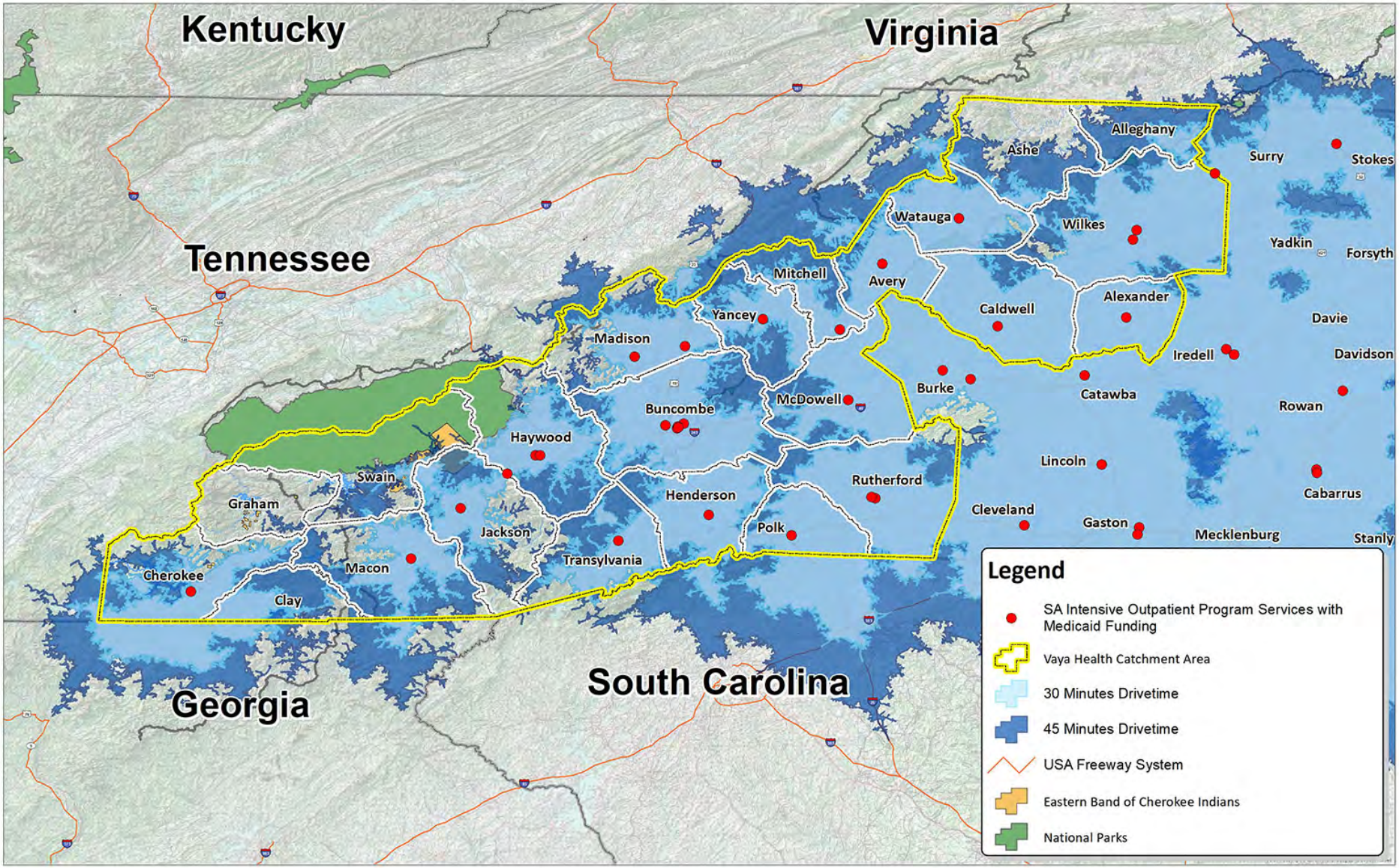
Vaya Health SA Comprehensive Outpatient Treatment Program Medicaid Funding SFY18



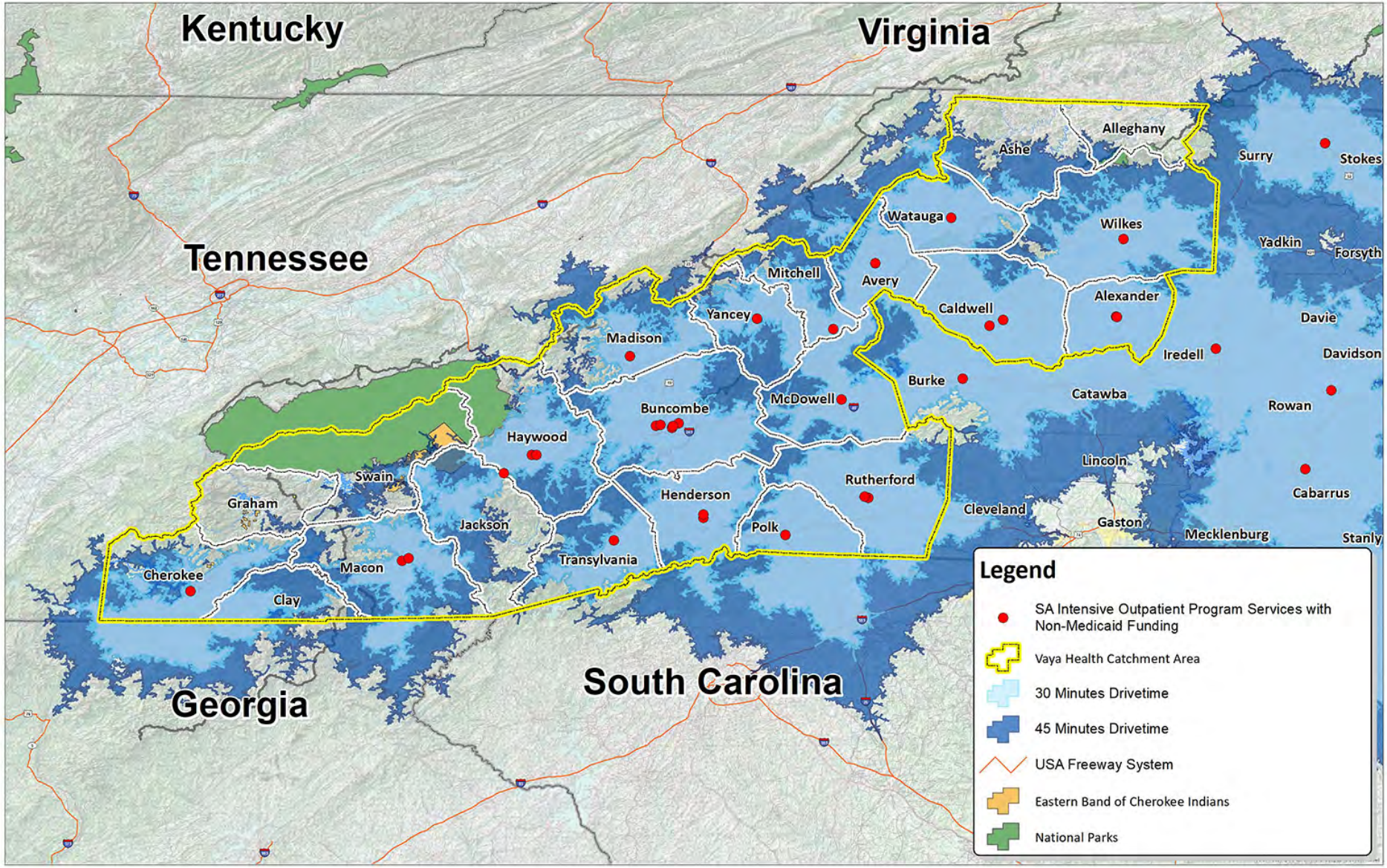
Vaya Health SA Comprehensive Outpatient Treatment Program Non-Medicaid Funding SFY18



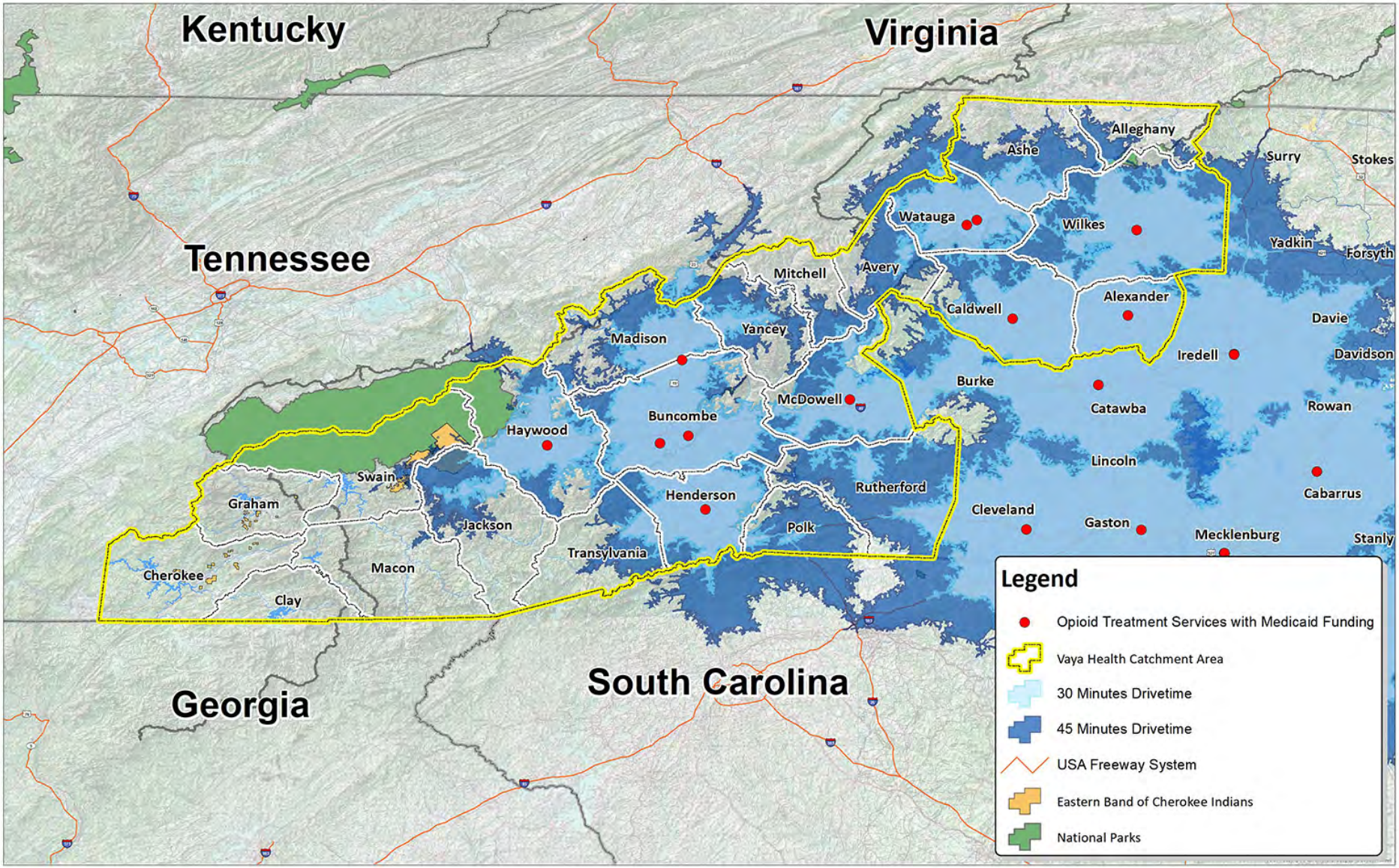
Vaya Health SA Intensive Outpatient Program Medicaid Funding SFY18



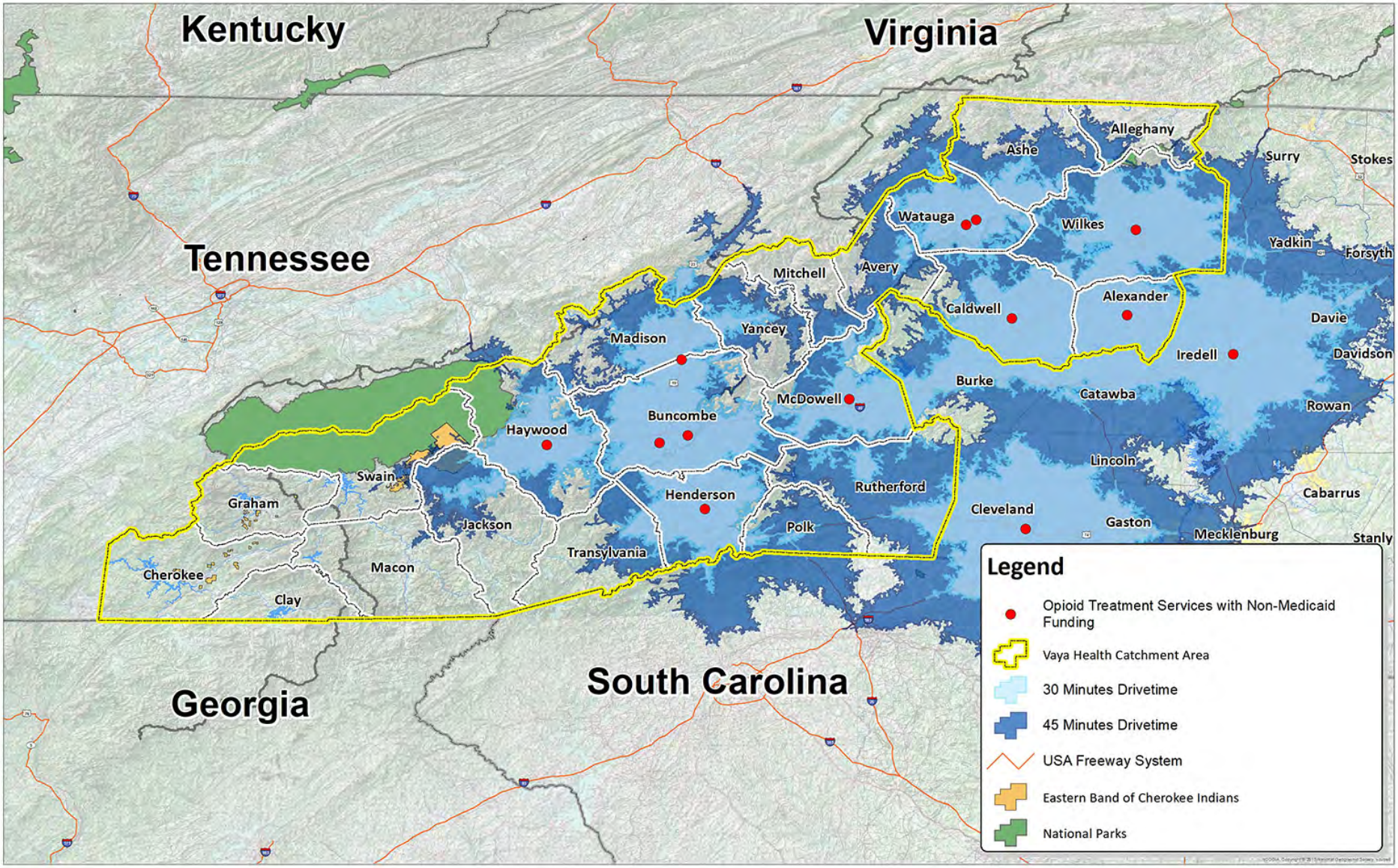
Vaya Health SA Intensive Outpatient Program Non-Medicaid Funding SFY18



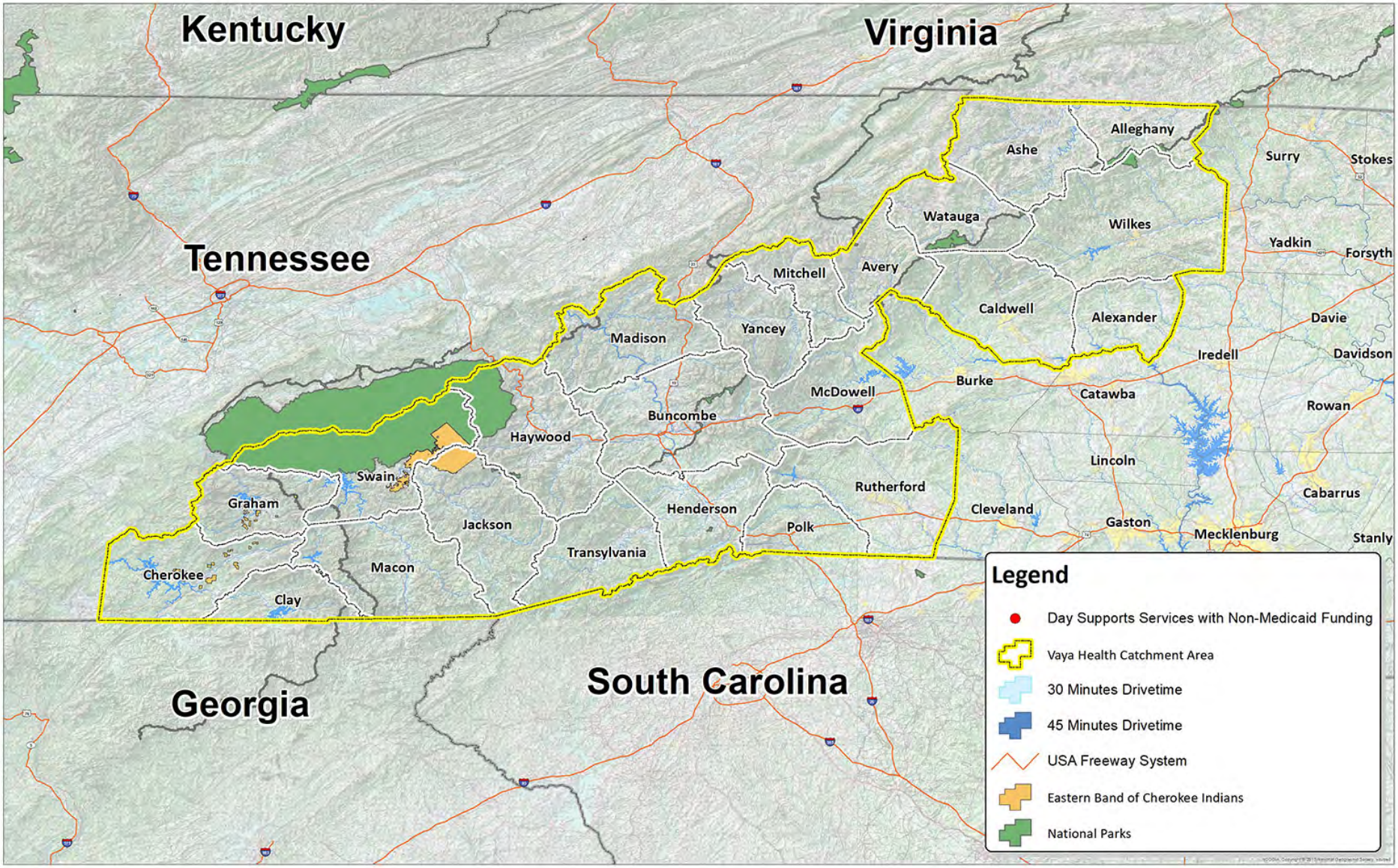
Vaya Health Opioid Treatment Medicaid Funding SFY18



Vaya Health Opioid Treatment Non-Medicaid Funding SFY18



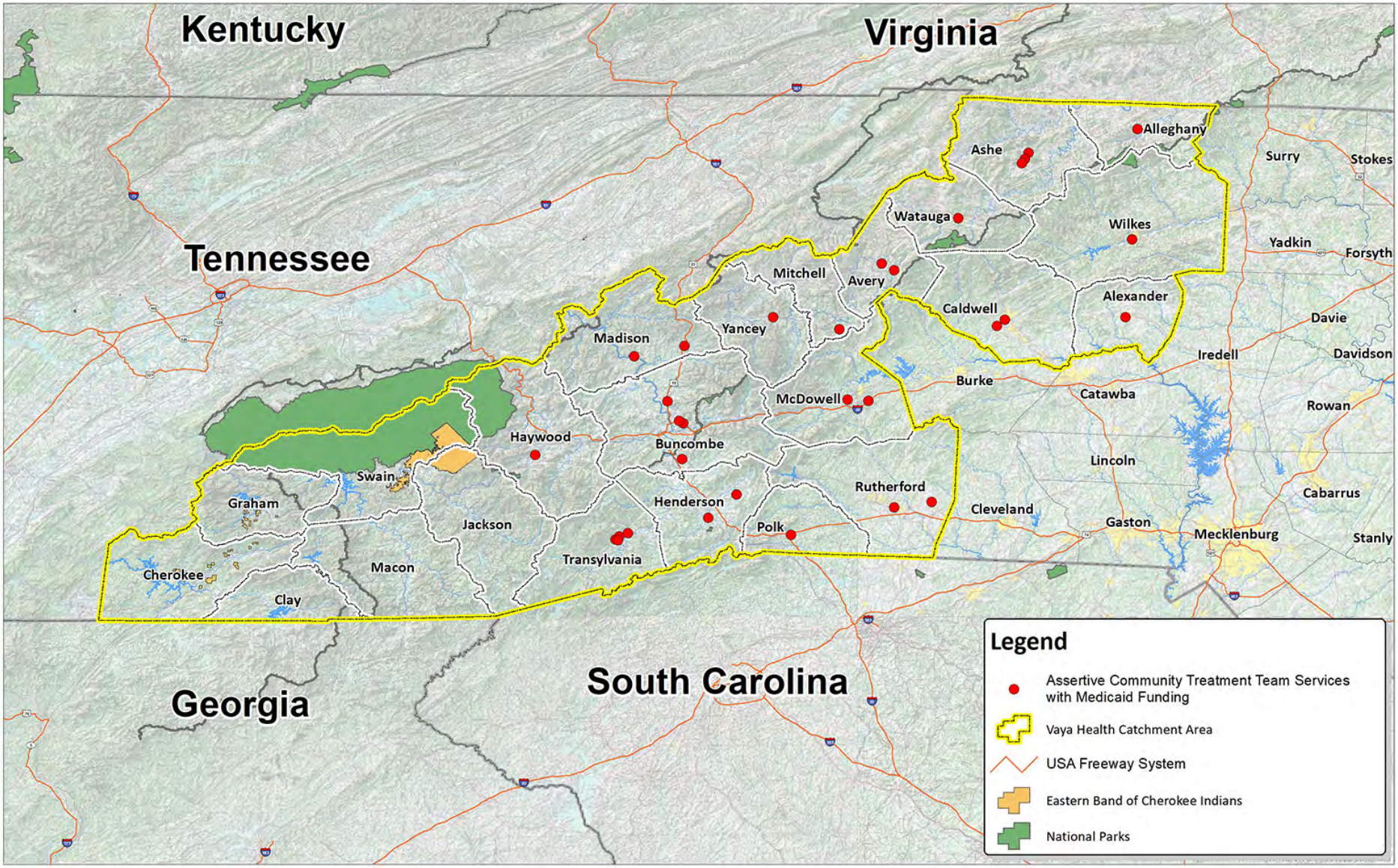
Vaya Health Day Supports Non-Medicaid Funding SFY18



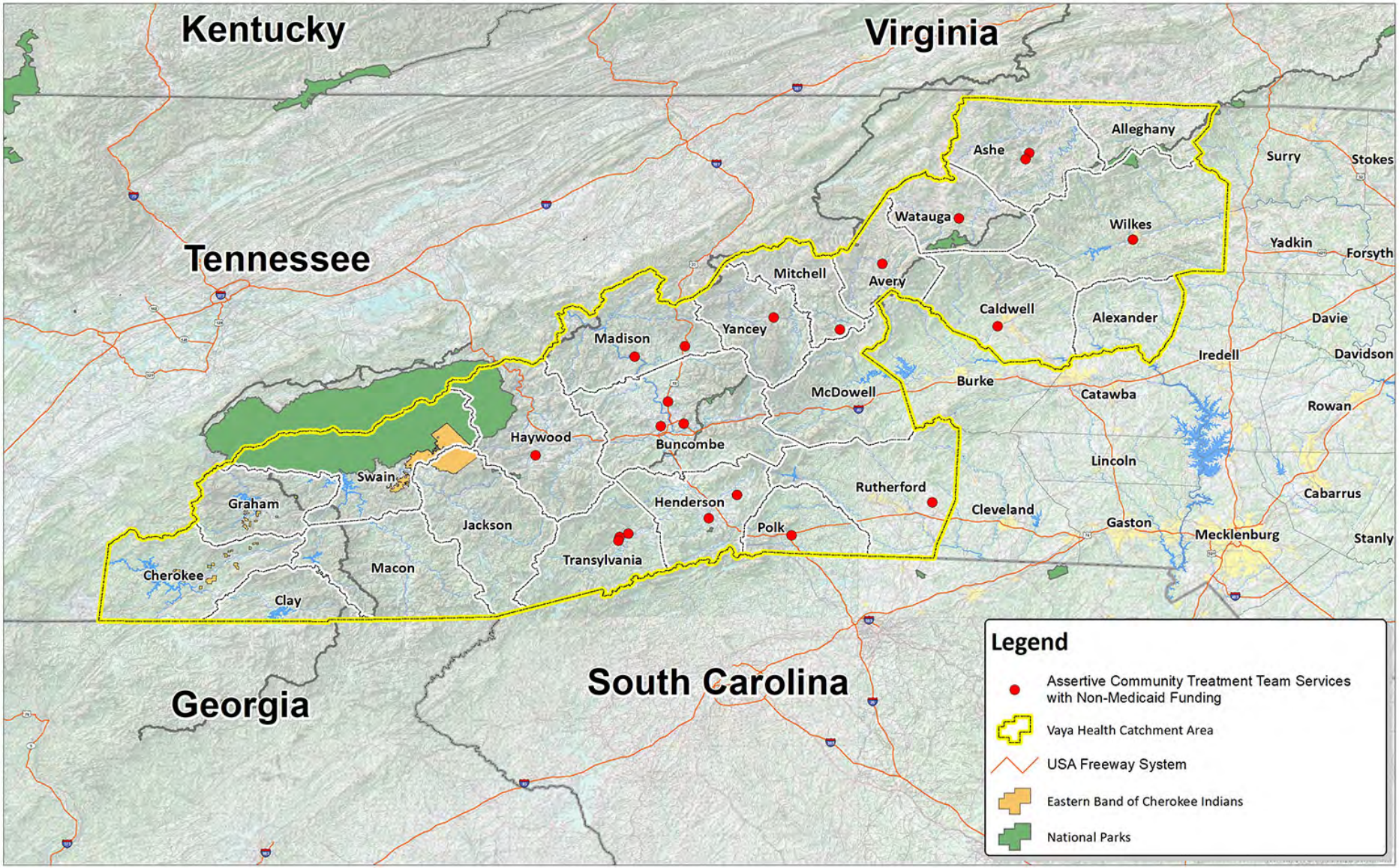
Geomaps: Community/Mobile Services

Service	Medicaid map included	Non-Medicaid funded map included
Assertive Community Treatment Team	✓	✓
Community Support Team	✓	✓
Intensive In-Home	✓	✓
Mobile Crisis	✓	✓
Vaya Health Mobile Crisis Providers (by region served)		
Multi-systemic Therapy	✓	✓
(b)(3) Mental Health Supported Employment Services	✓	✓
(b)(3) I/DD Supported Employment Services	✓	✓
(b)(3) Waiver Community Guide	✓	✓
(b)(3) Waiver Individual Support (Personal Care)	✓	✓
(b)(3) Waiver Peer Support	✓	✓
(b)(3) Waiver Respite	✓	✓
I/DD Supported Employment Services (non-Medicaid-funded)	✓	✓
Long-term Vocational Supports (non-Medicaid-funded)	✓	✓
Mental Health/Substance Abuse Supported Employment Services (IPS-SE)	✓	✓
I/DD Non-Medicaid-funded Personal Care Services	✓	✓
I/DD Non-Medicaid-funded Respite Community Services	✓	✓
I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility	✓	✓
Developmental Therapies (Non-Medicaid)		✓

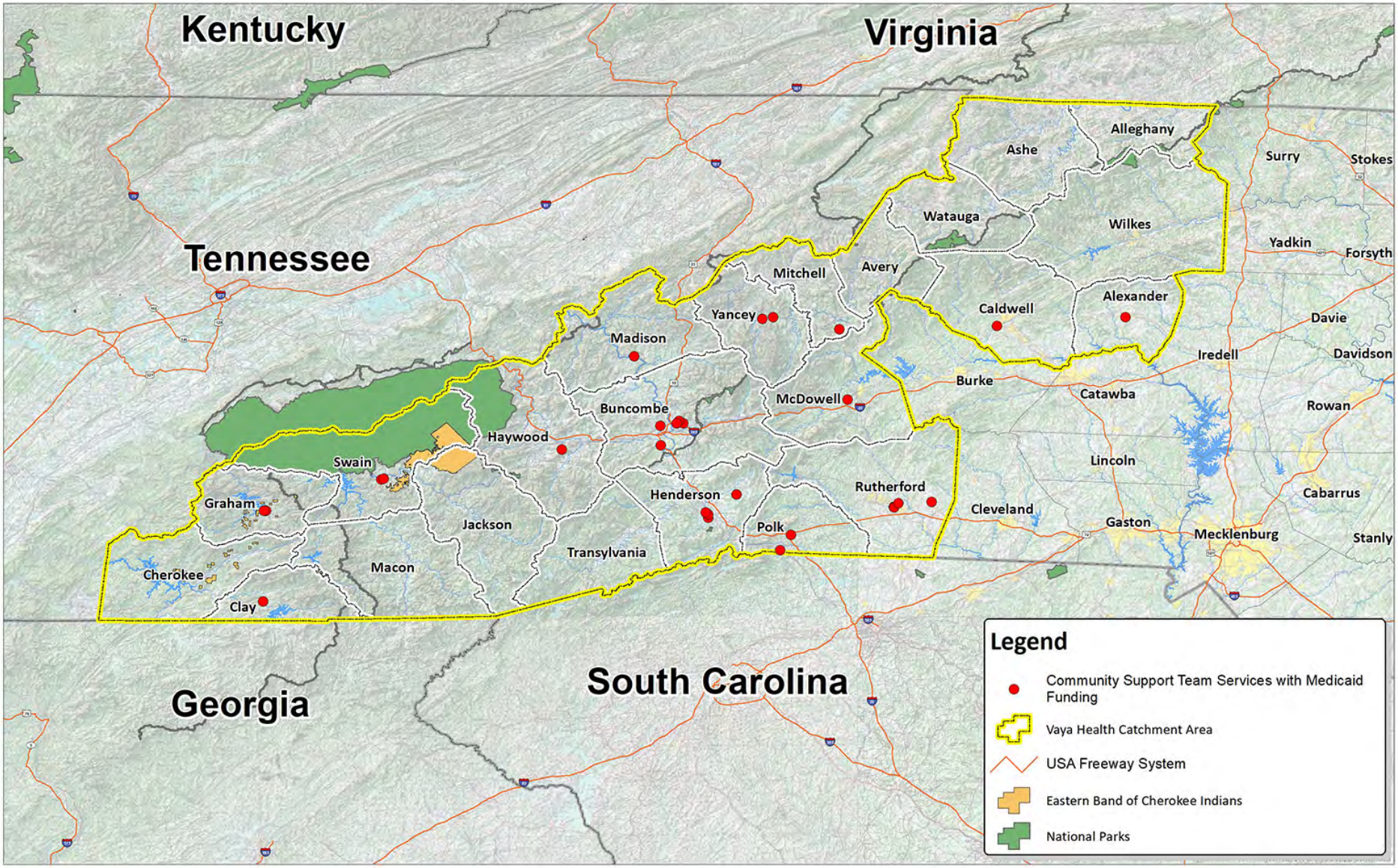
Vaya Health Assertive Community Treatment Team Medicaid Funding SFY18



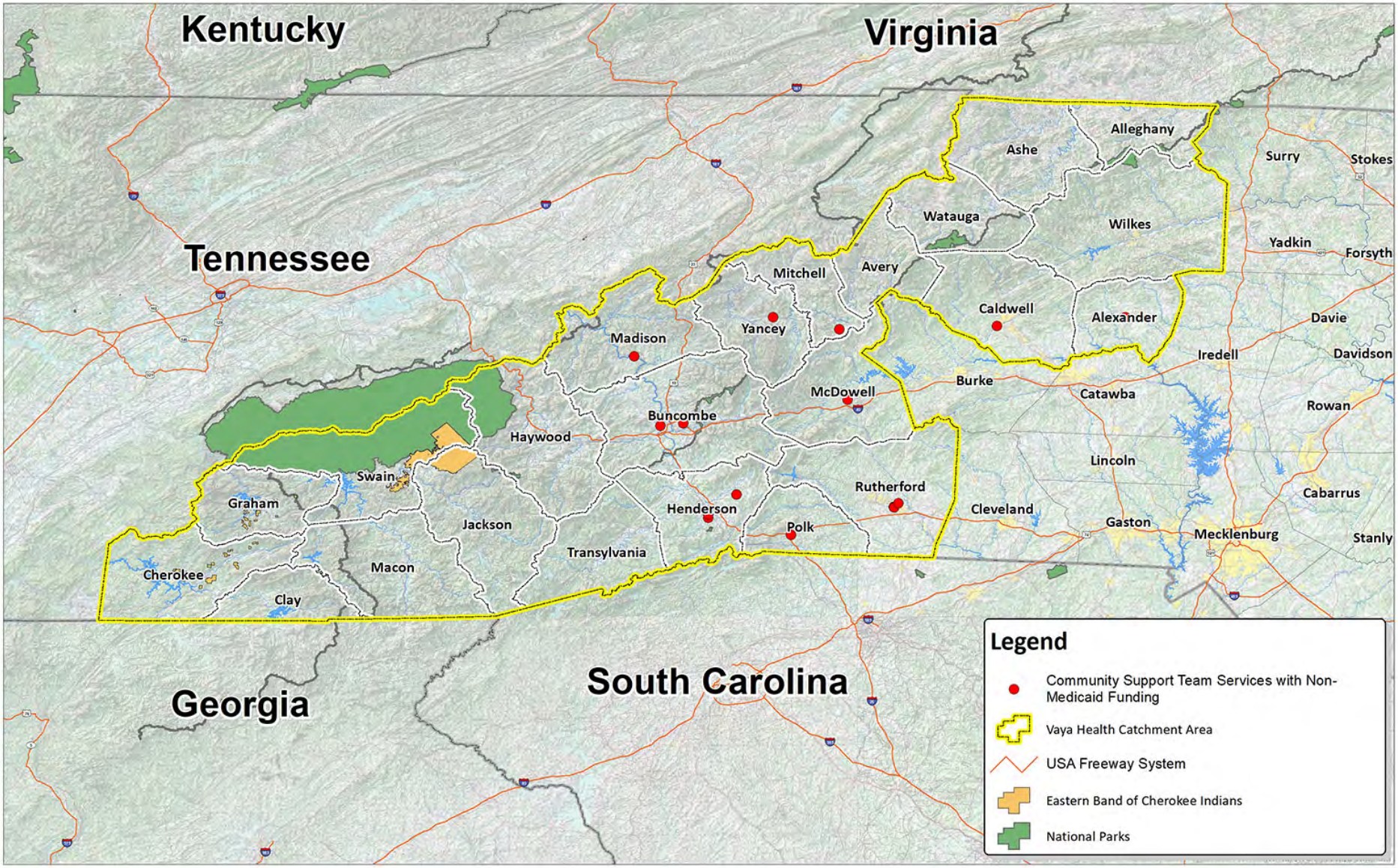
Vaya Health Assertive Community Treatment Team Non-Medicaid Funding SFY18



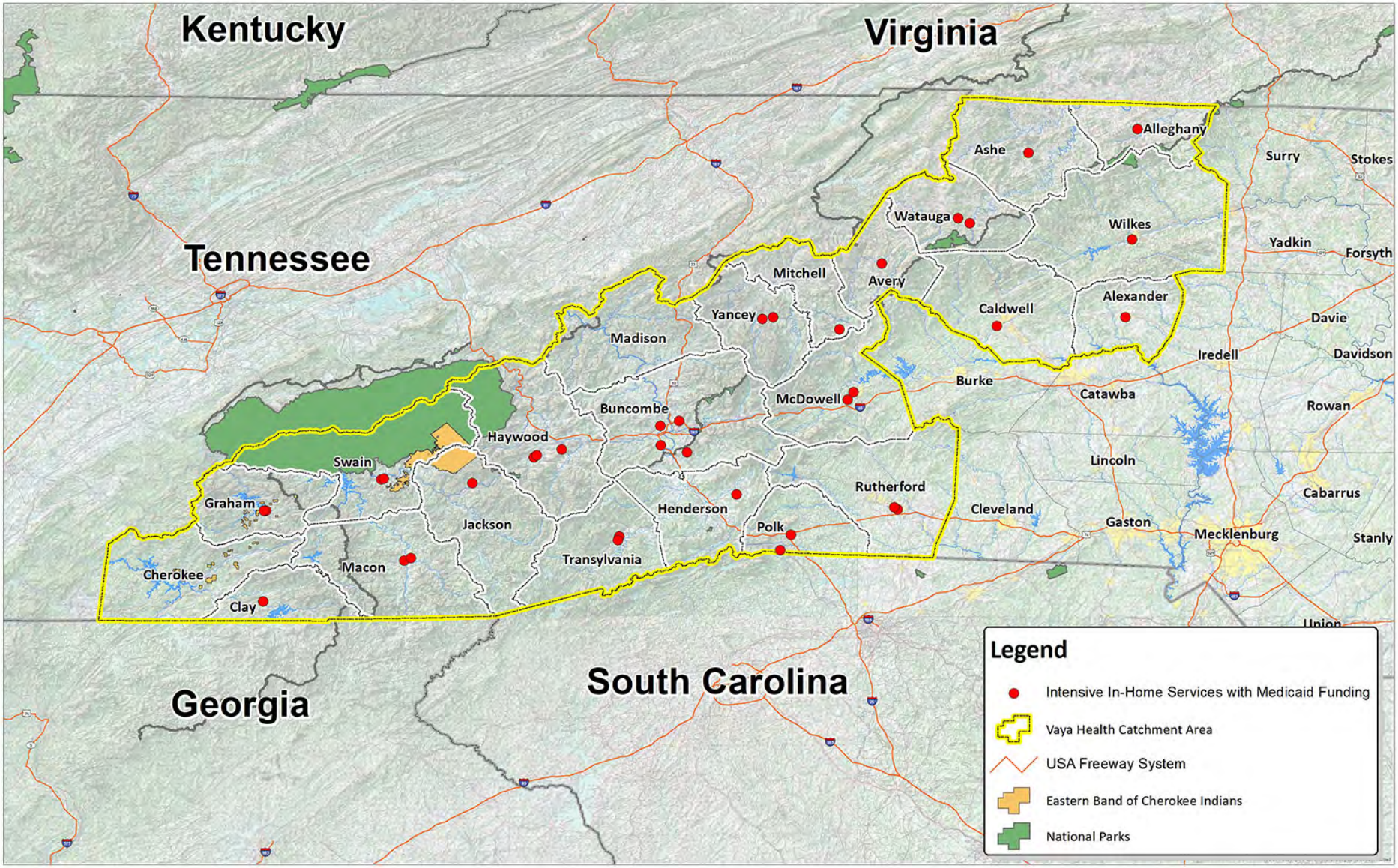
Vaya Health Community Support Team Medicaid Funding SFY18



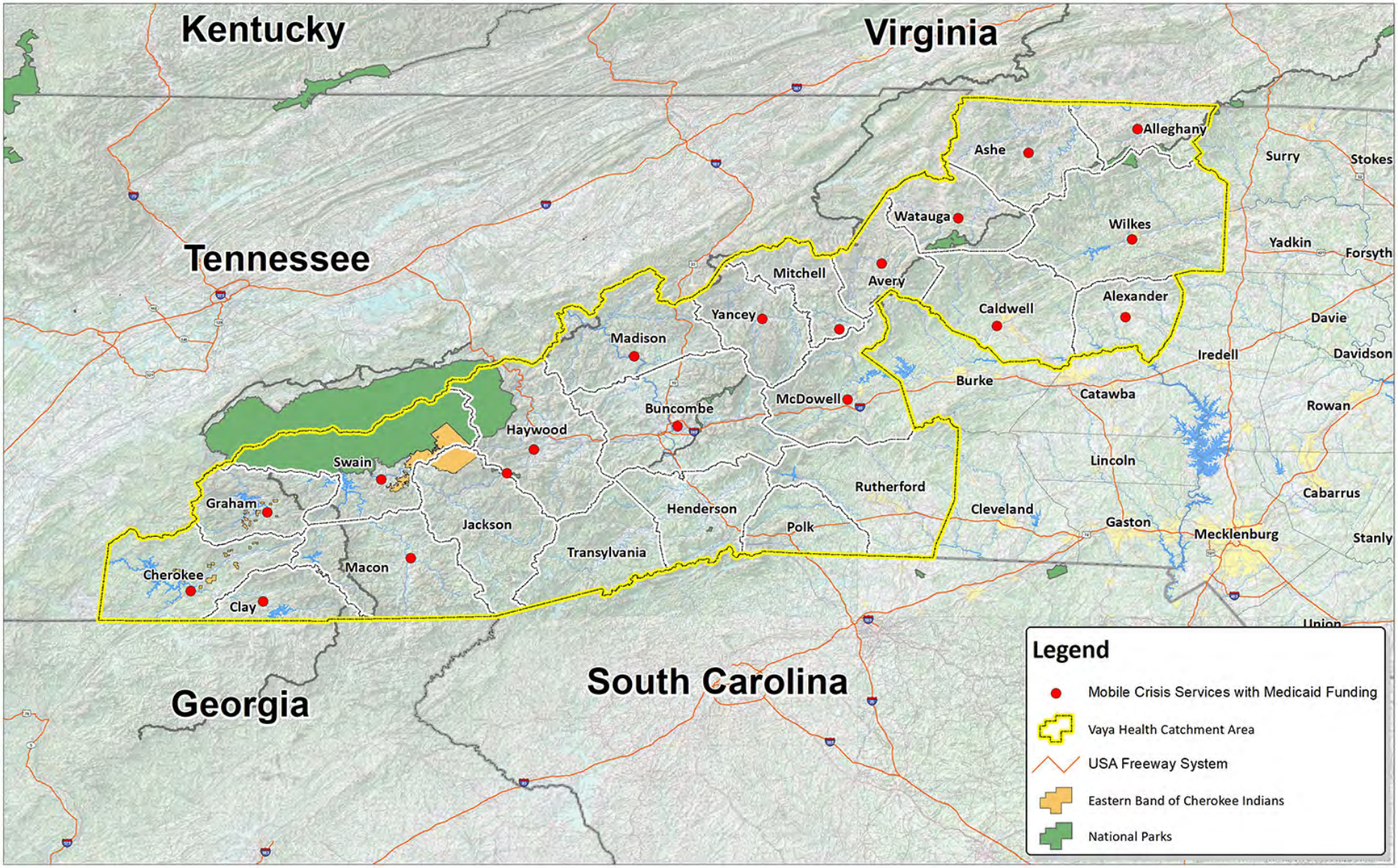
Vaya Health Community Support Team Non-Medicaid Funding SFY18



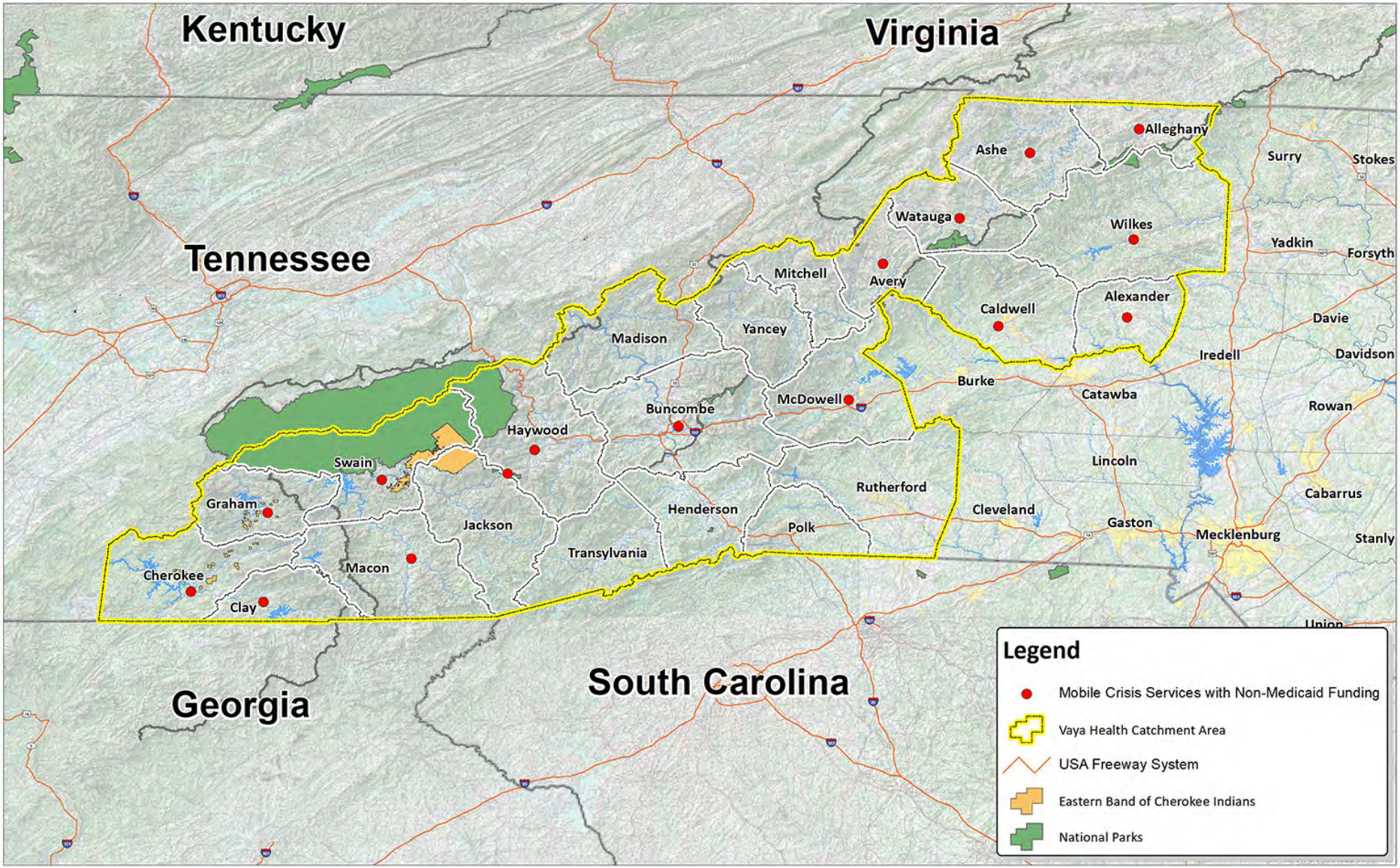
Vaya Health Intensive In-Home Medicaid Funding SFY18



Vaya Health Mobile Crisis Medicaid Funding SFY18

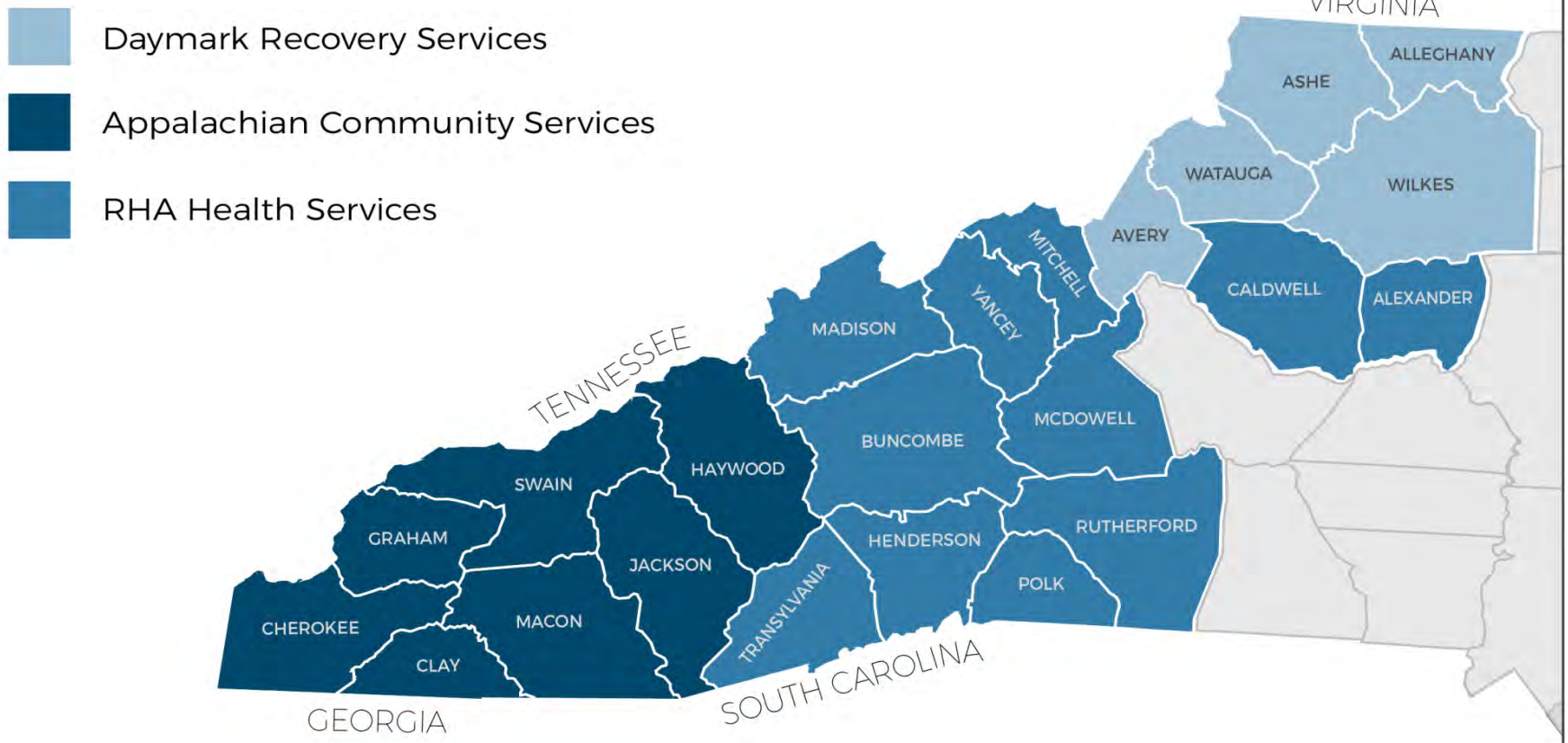


Vaya Health Mobile Crisis Non-Medicaid Funding SFY18

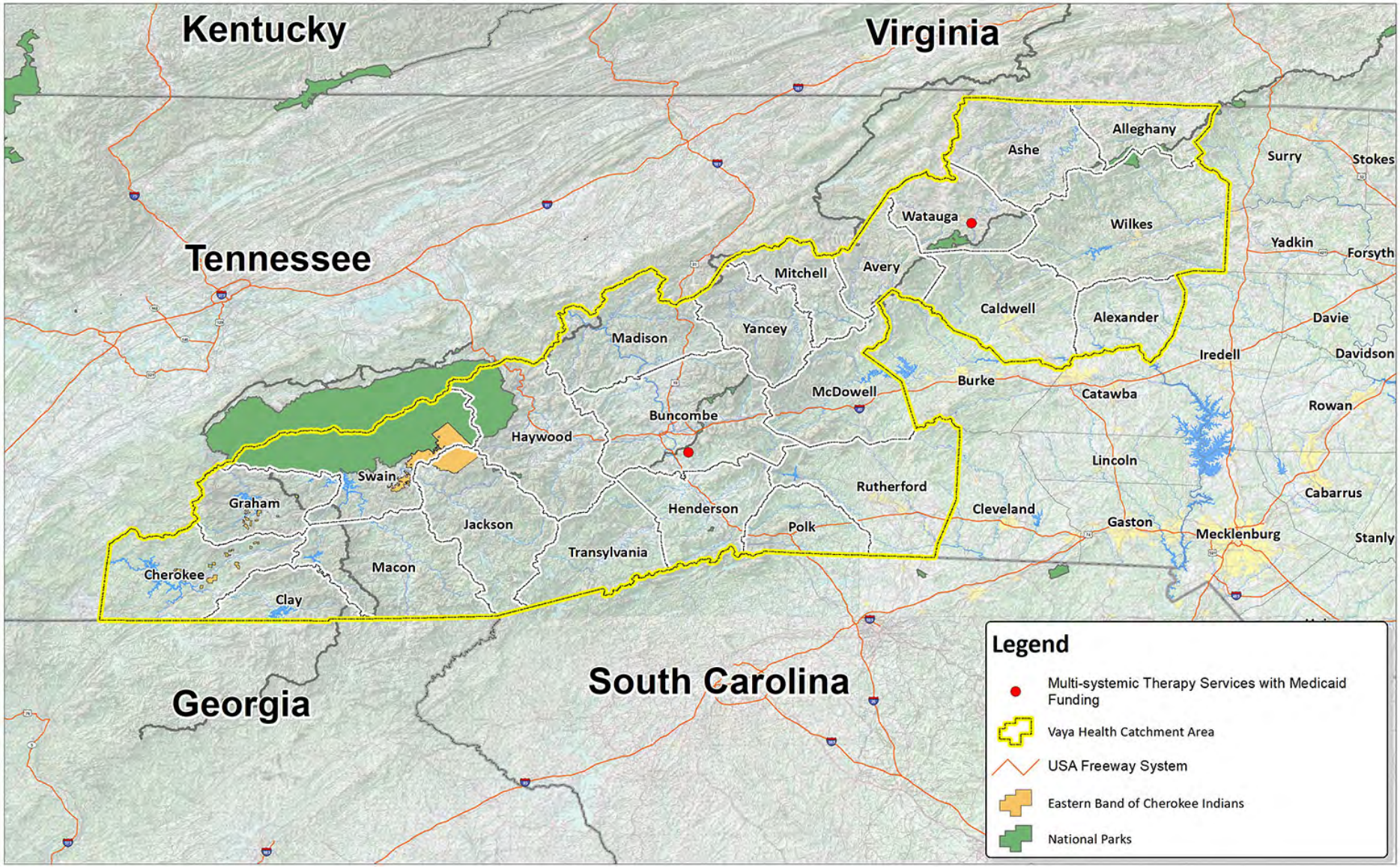


Vaya Health

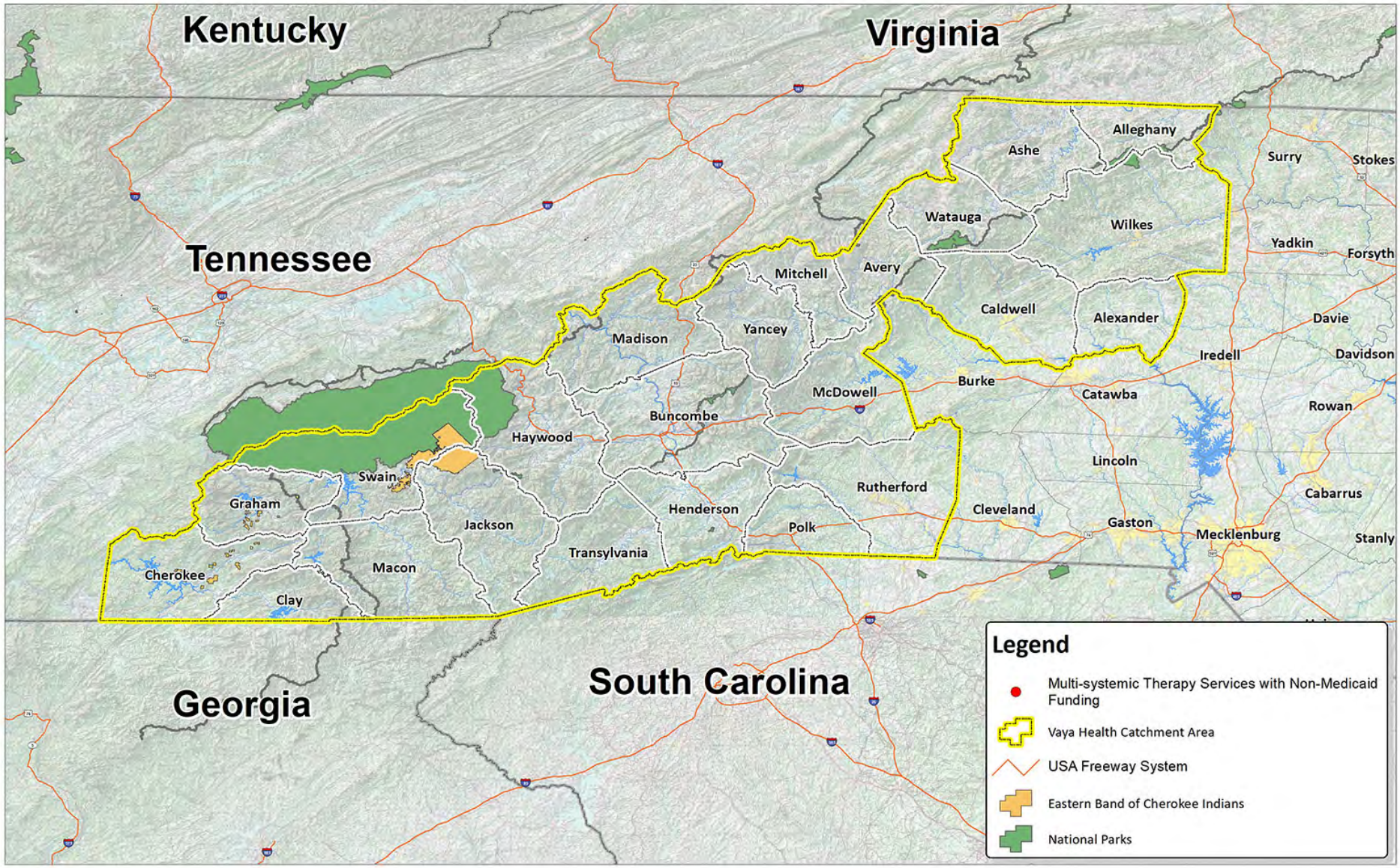
MOBILE CRISIS COVERAGE BY COUNTY



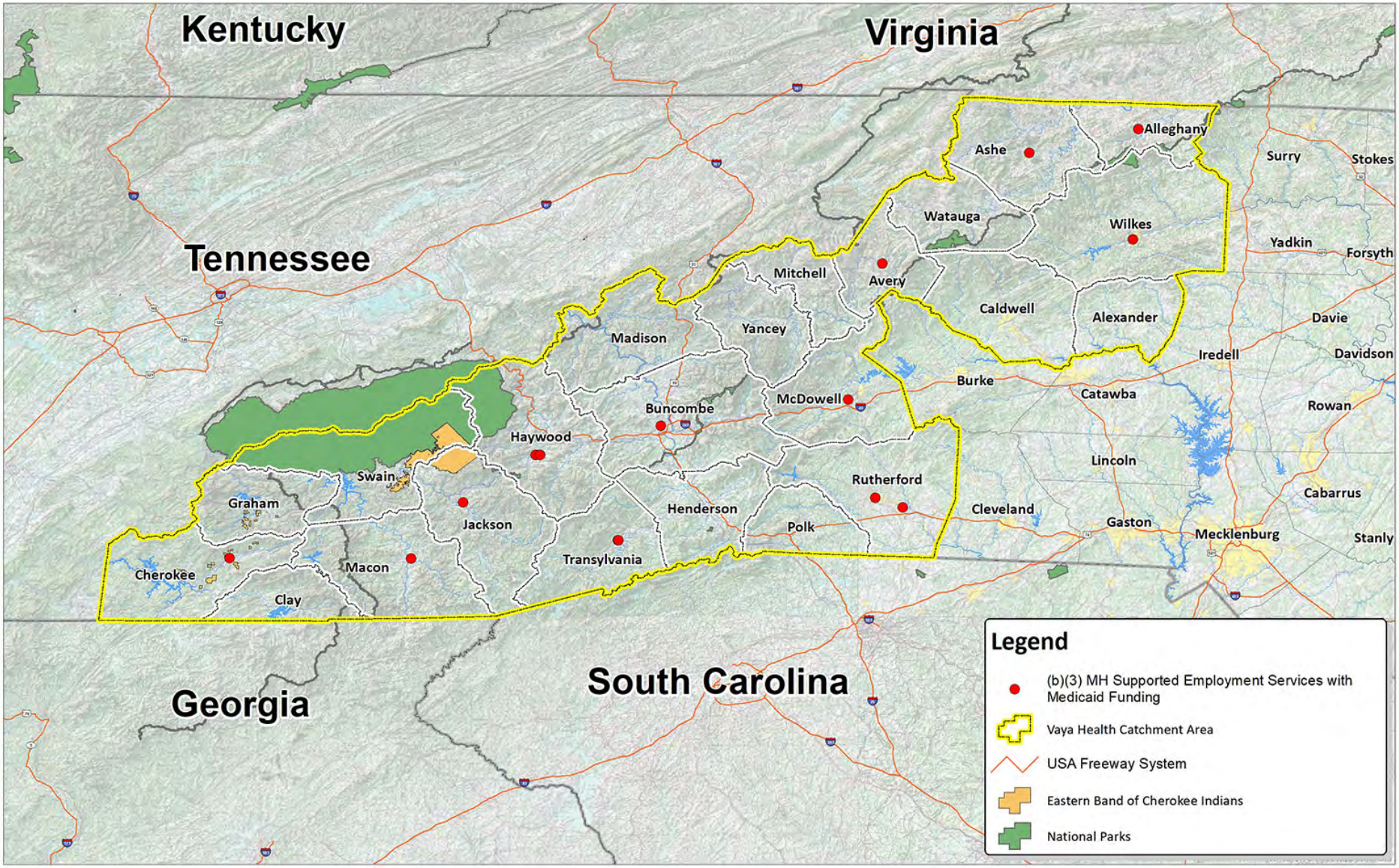
Vaya Health Multi-systemic Therapy Medicaid Funding SFY18



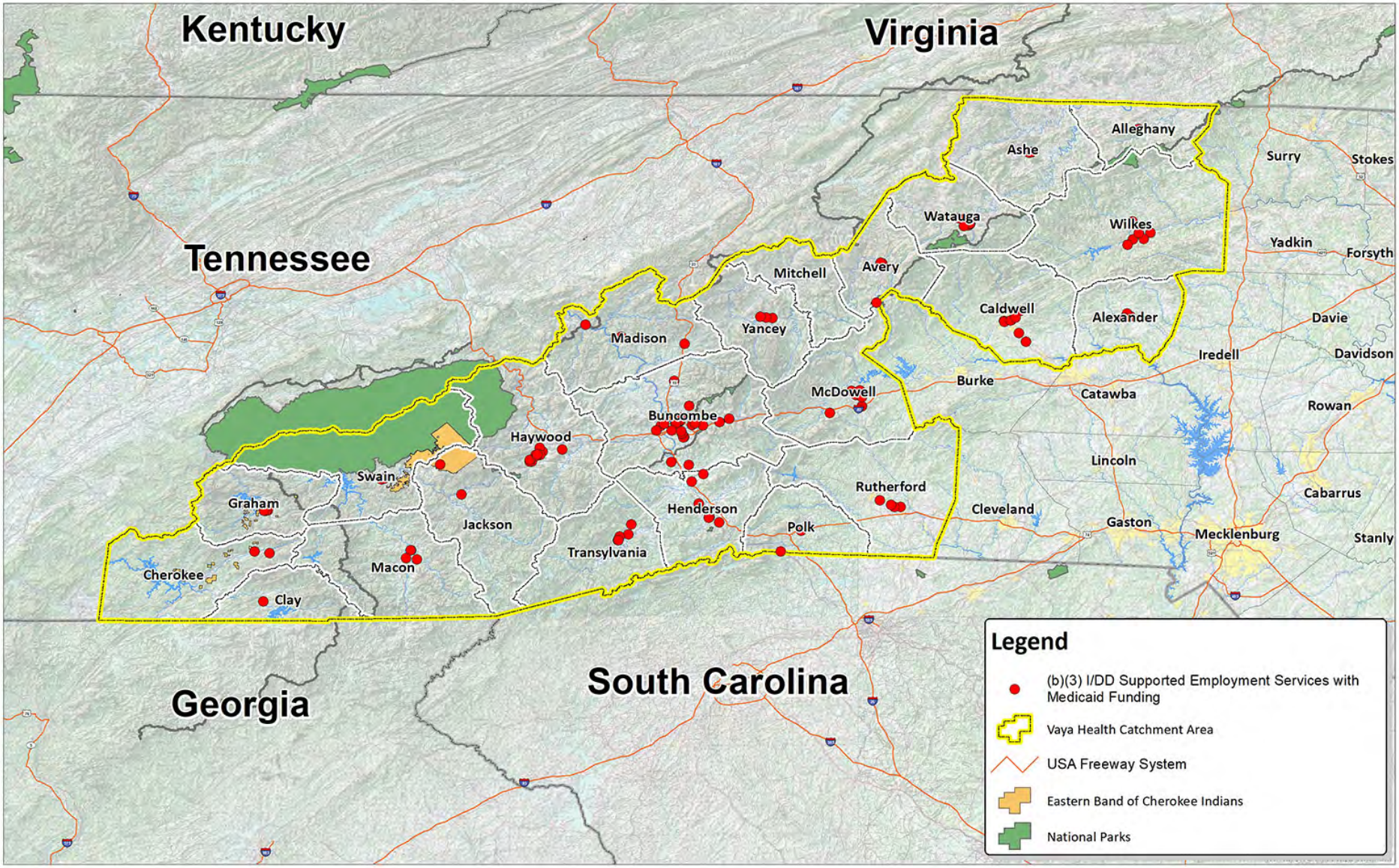
Vaya Health Multi-systemic Therapy Non-Medicaid Funding SFY18



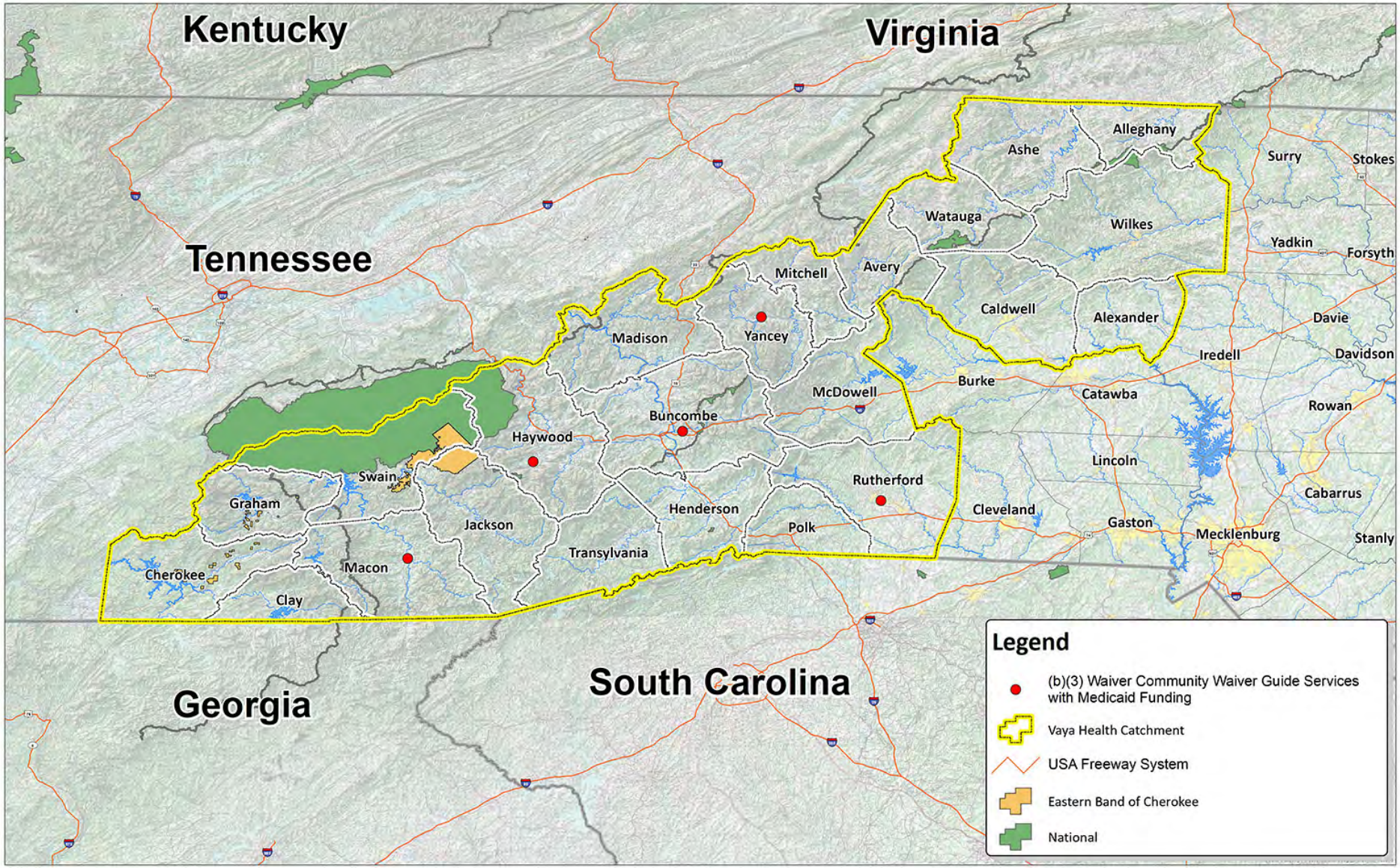
Vaya Health (b)(3) MH Supported Employment Medicaid Funding SFY18



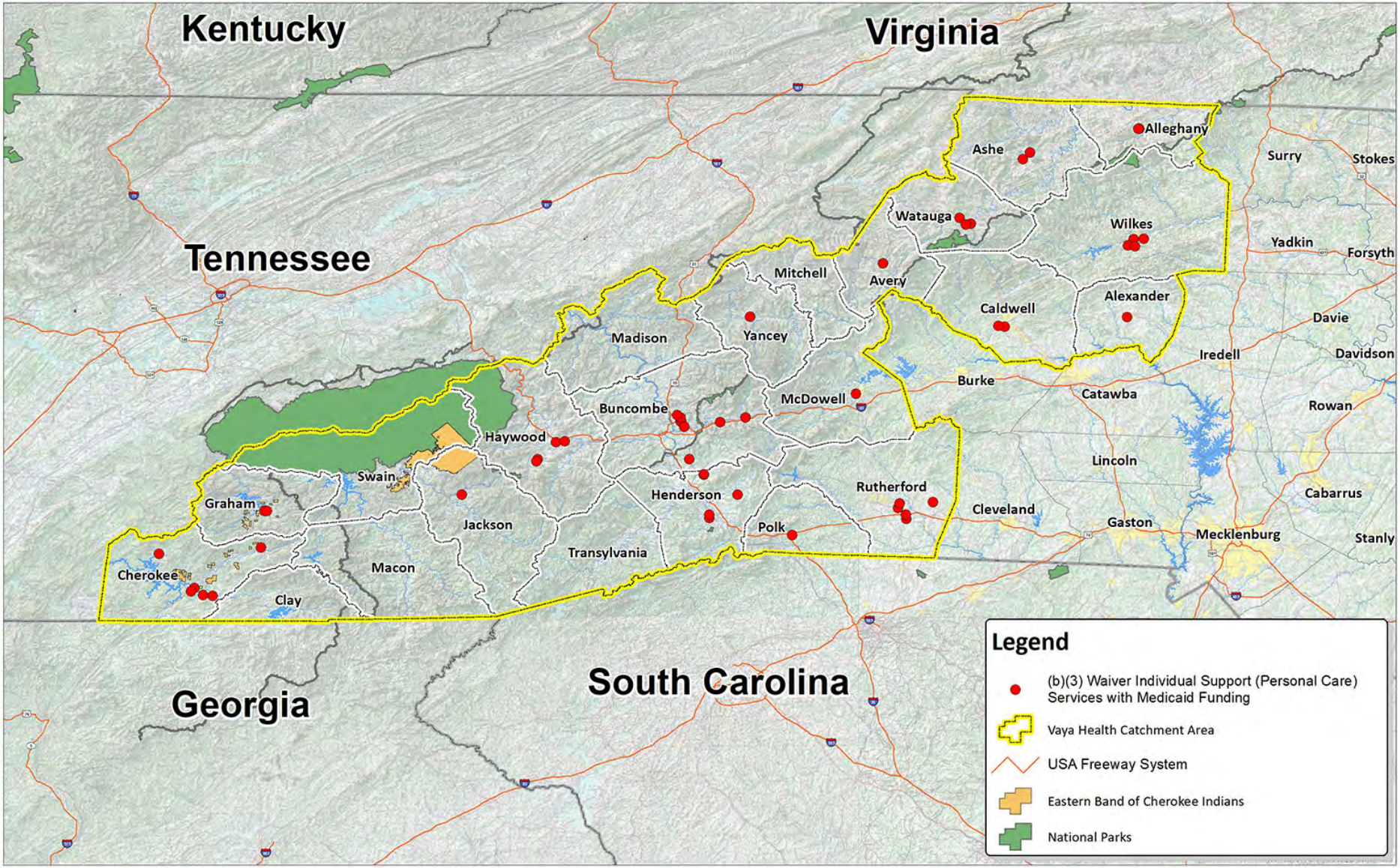
Vaya Health (b)(3) I/DD Supported Employment Medicaid Funding SFY18



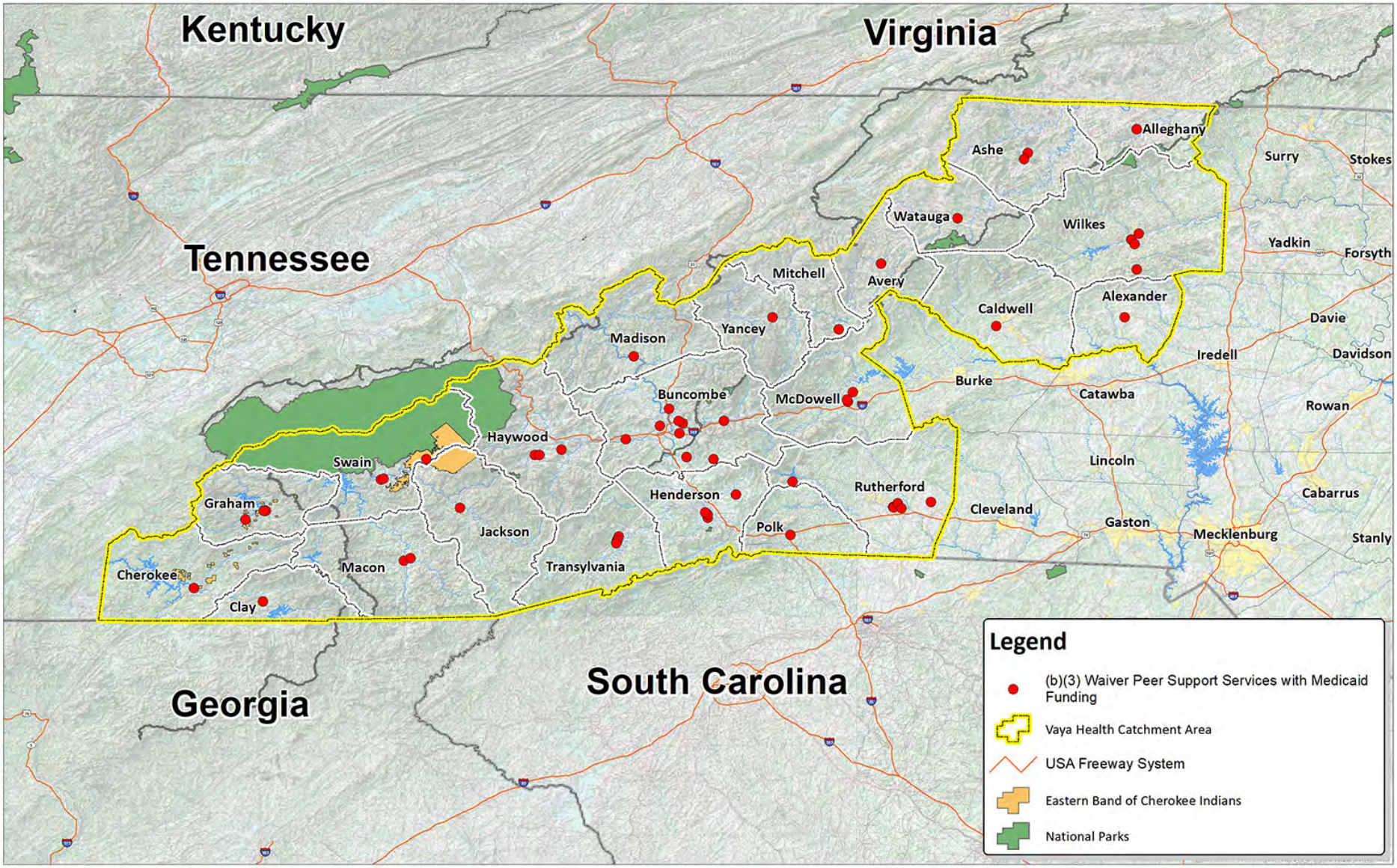
Vaya Health (b)(3) Waiver Community Guide Medicaid Funding SFY18



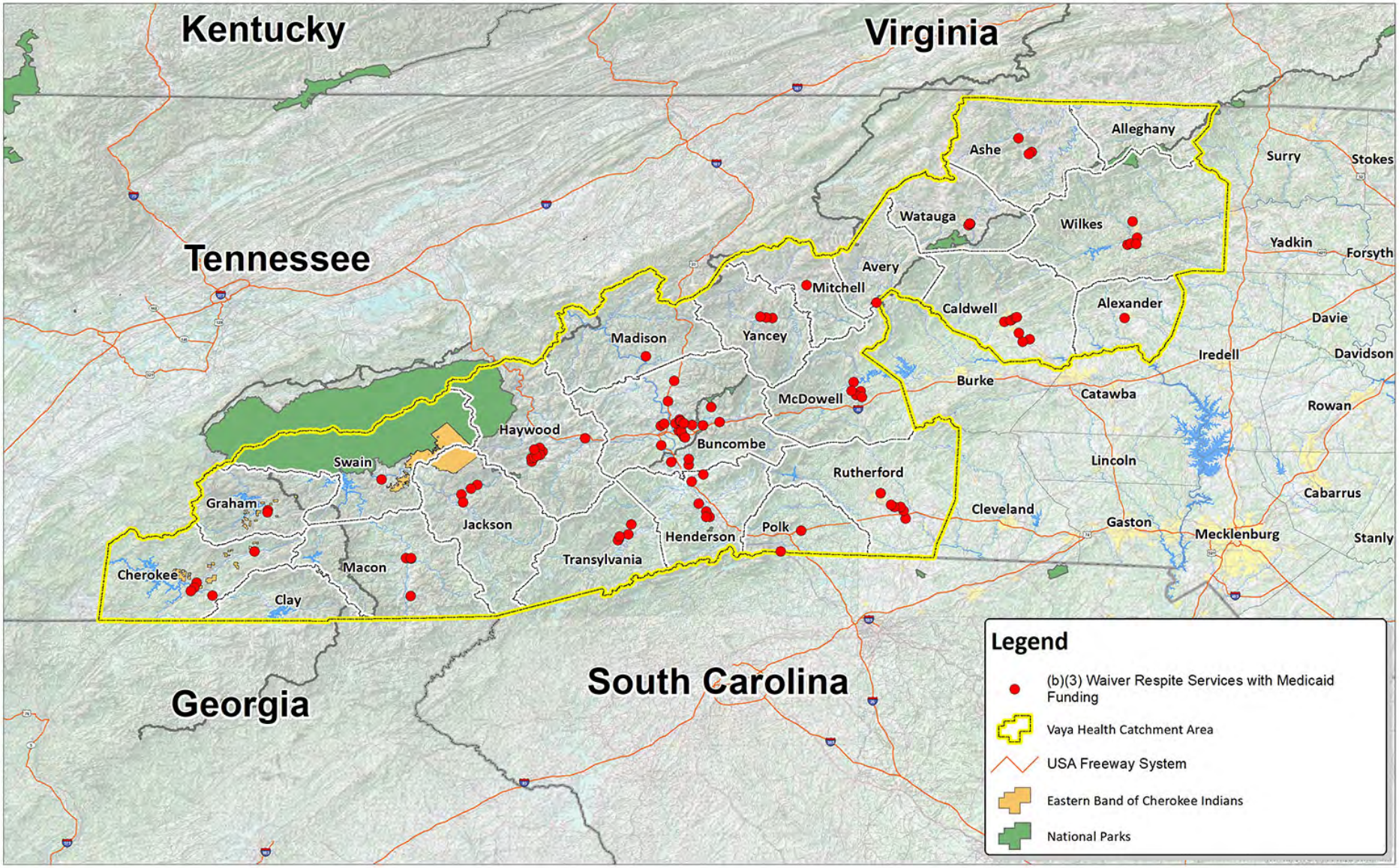
Vaya Health (b)(3) Waiver Individual Support (Personal Care) Medicaid Funding SFY18



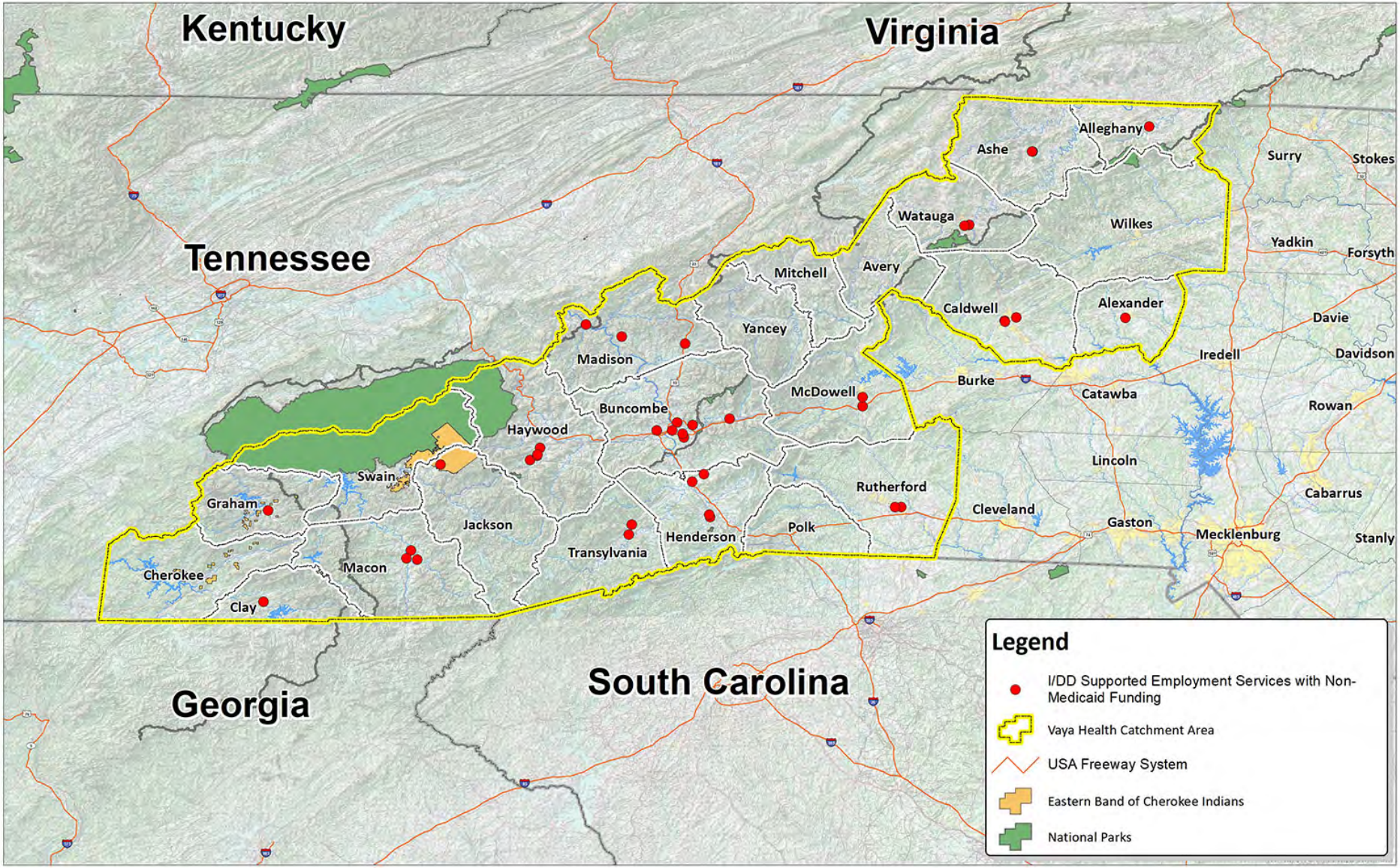
Vaya Health (b)(3) Waiver Peer Support Medicaid Funding SFY18



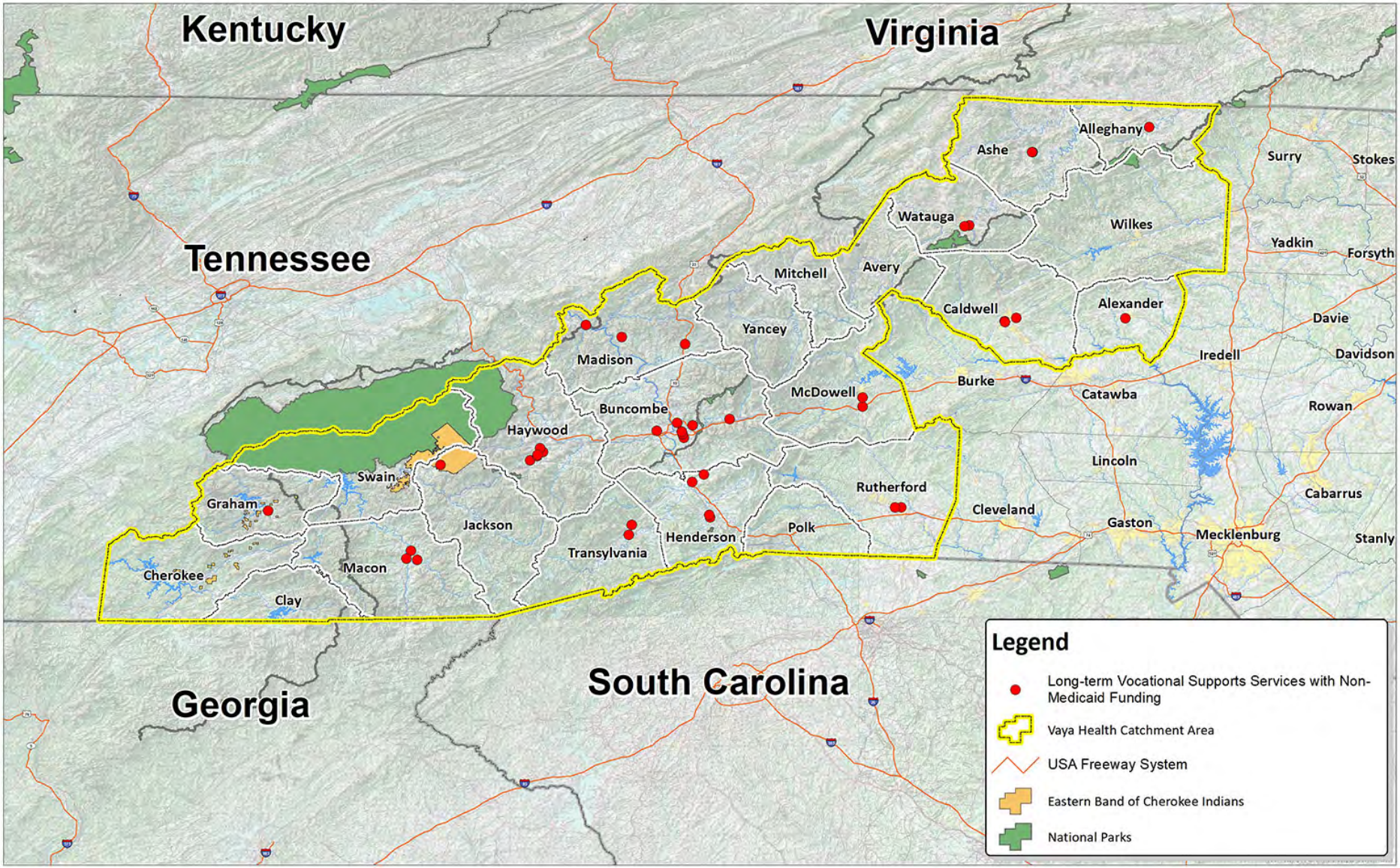
Vaya Health (b)(3) Waiver Respite Medicaid Funding SFY18



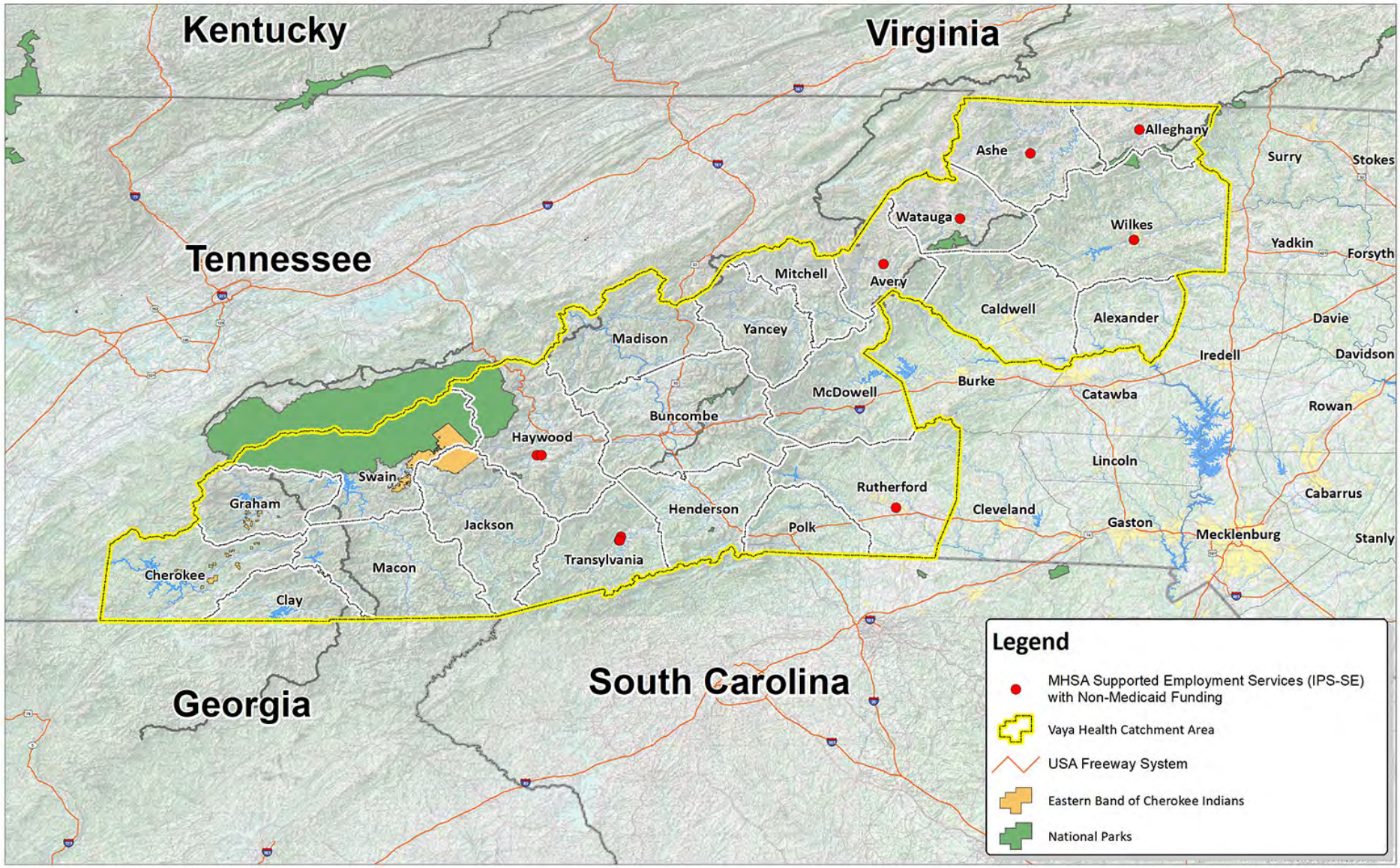
Vaya Health I/DD Supported Employment Services Non-Medicaid Funding SFY18



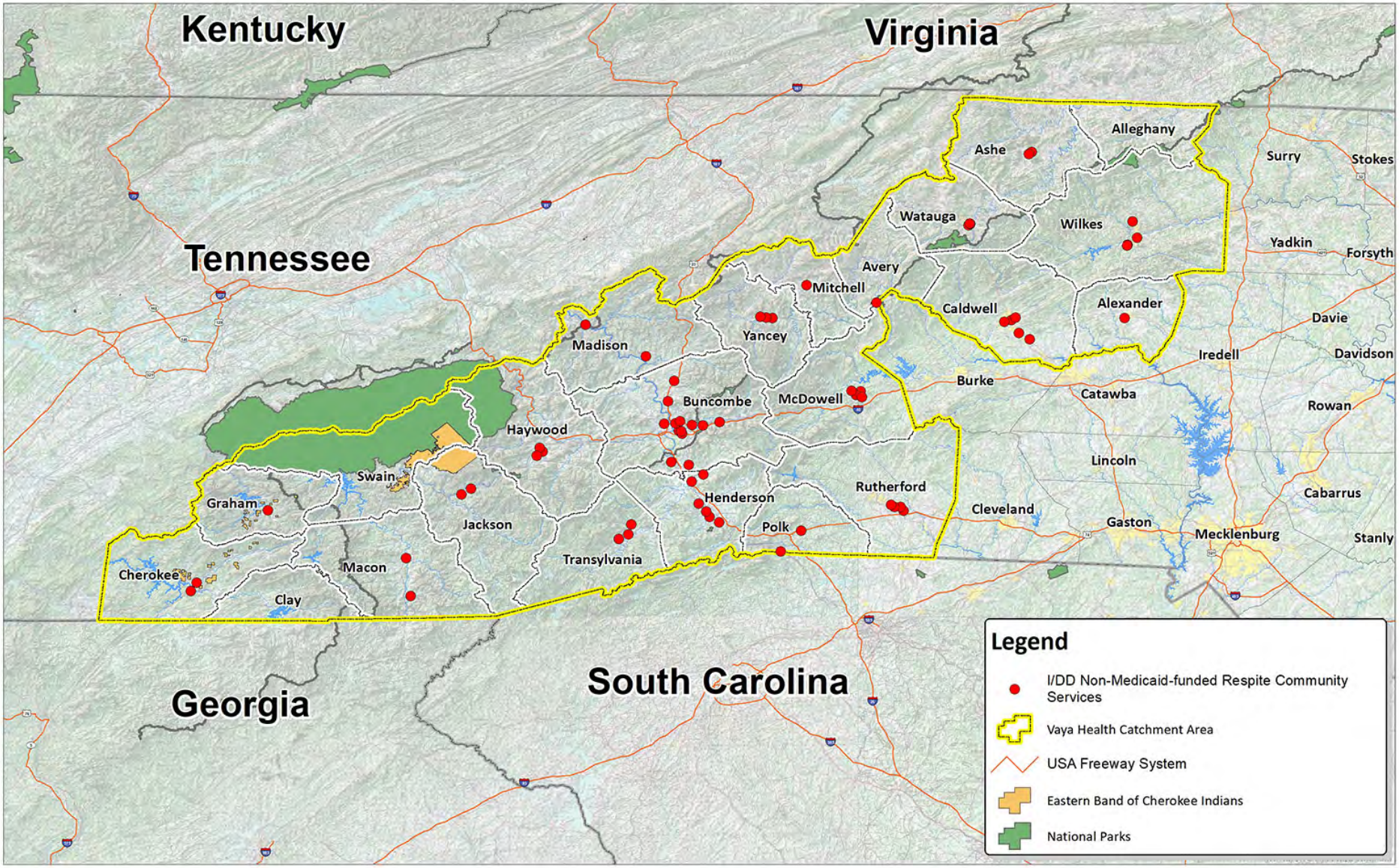
Vaya Health Long-term Vocational Supports Non-Medicaid Funding SFY18



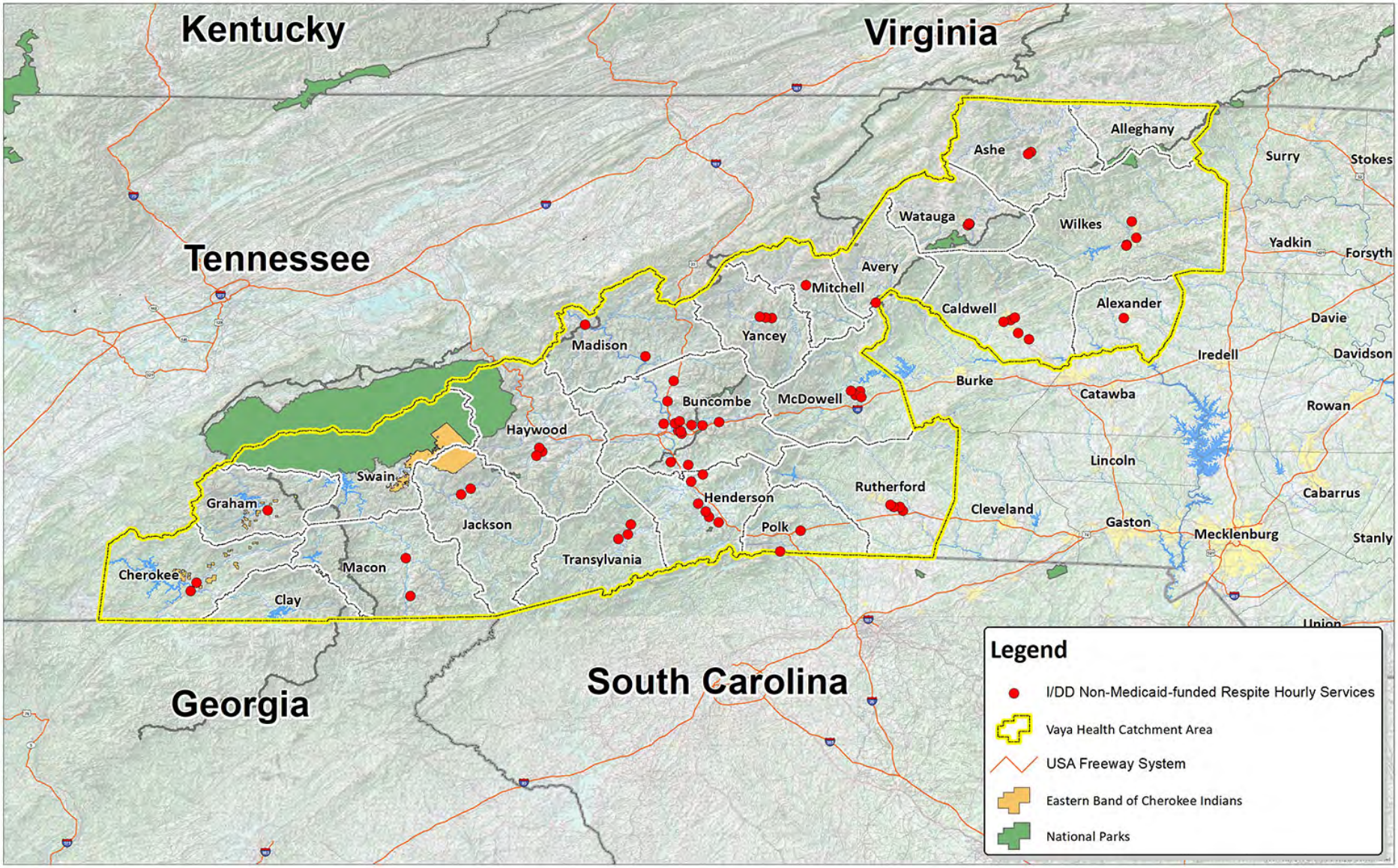
Vaya Health MHSA Supported Employment Services (IPS-SE) Non-Medicaid Funding SFY18



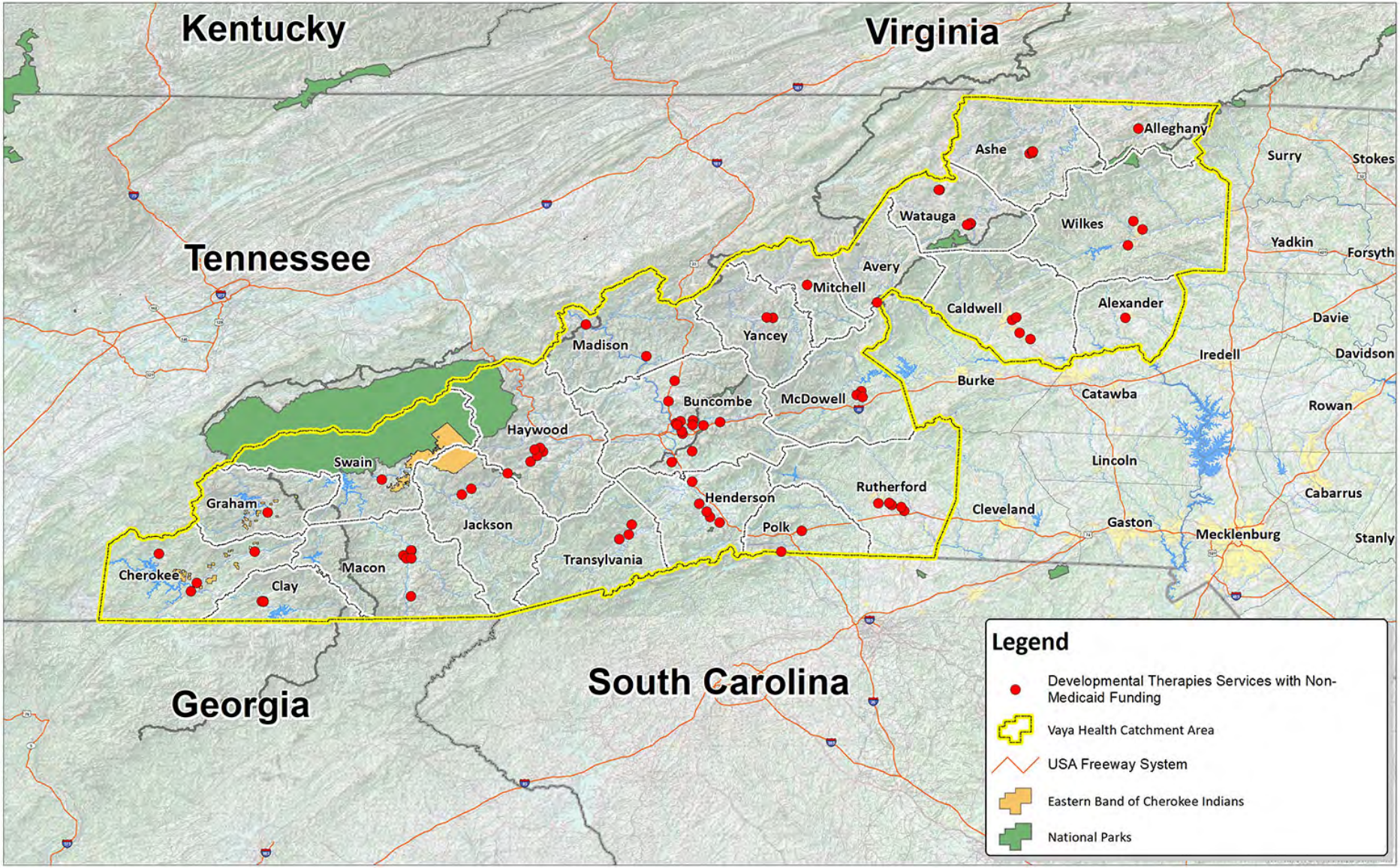
Vaya Health I/DD Non-Medicaid-funded Respite Community Services SFY18



Vaya Health I/DD Non-Medicaid-funded Respite Hourly Services SFY18



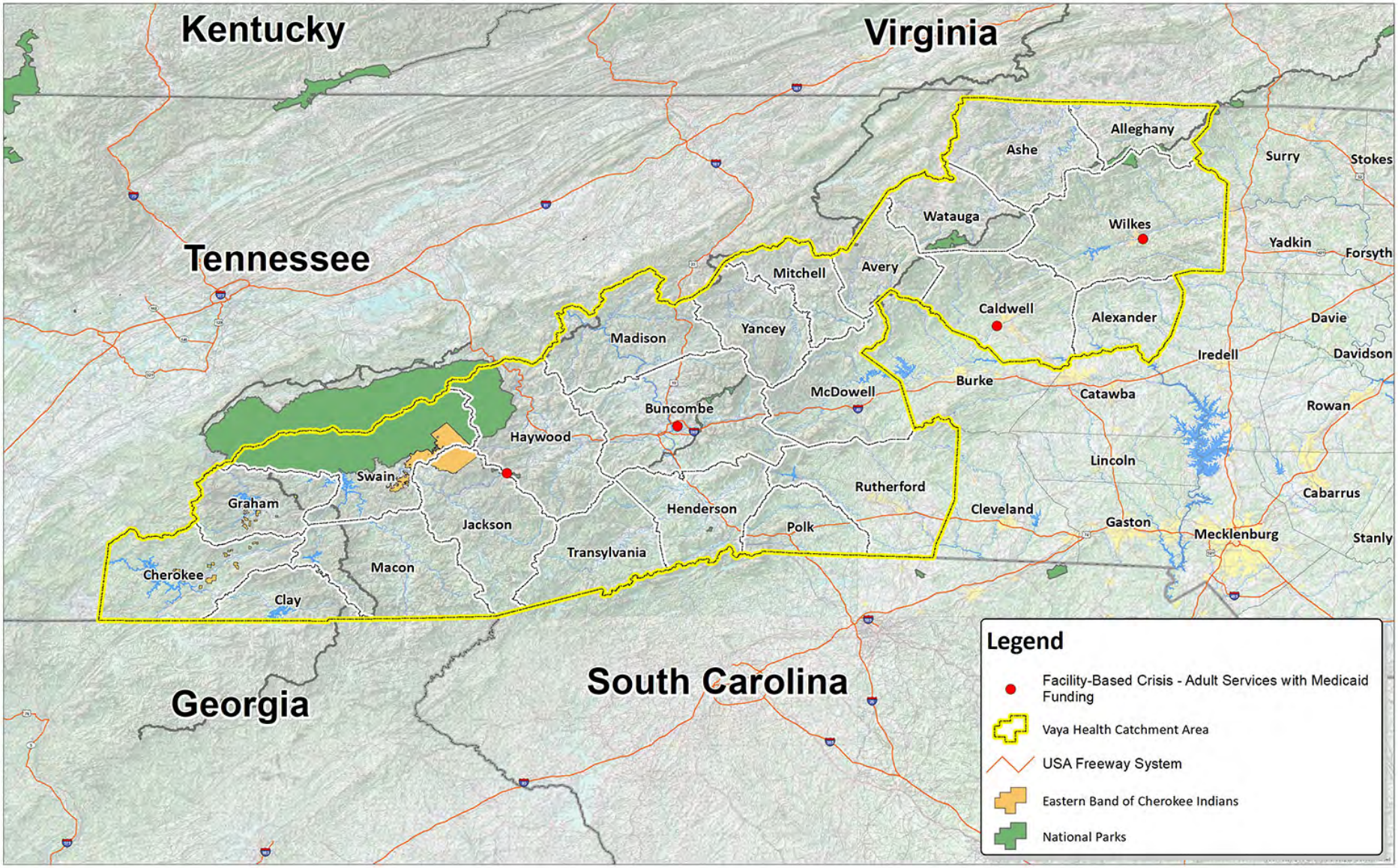
Vaya Health Developmental Therapies Non-Medicaid Funding SFY18



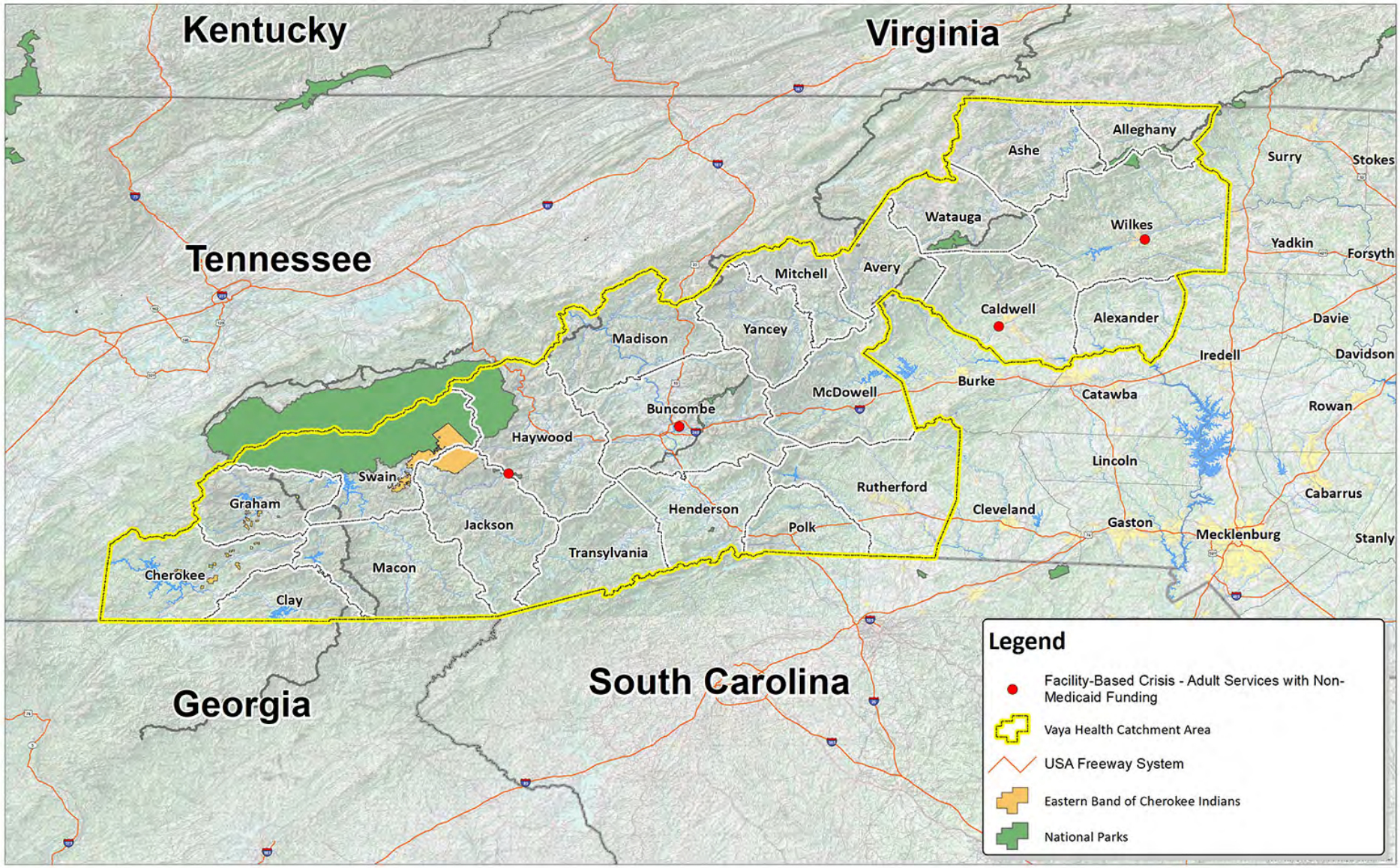
Geomaps: Crisis Services

Service	Medicaid map included	Non-Medicaid funded map included
Facility-Based Crisis - adults	✓	✓
Facility-Based Respite	✓	✓
Detoxification (non-hospital)	✓	✓

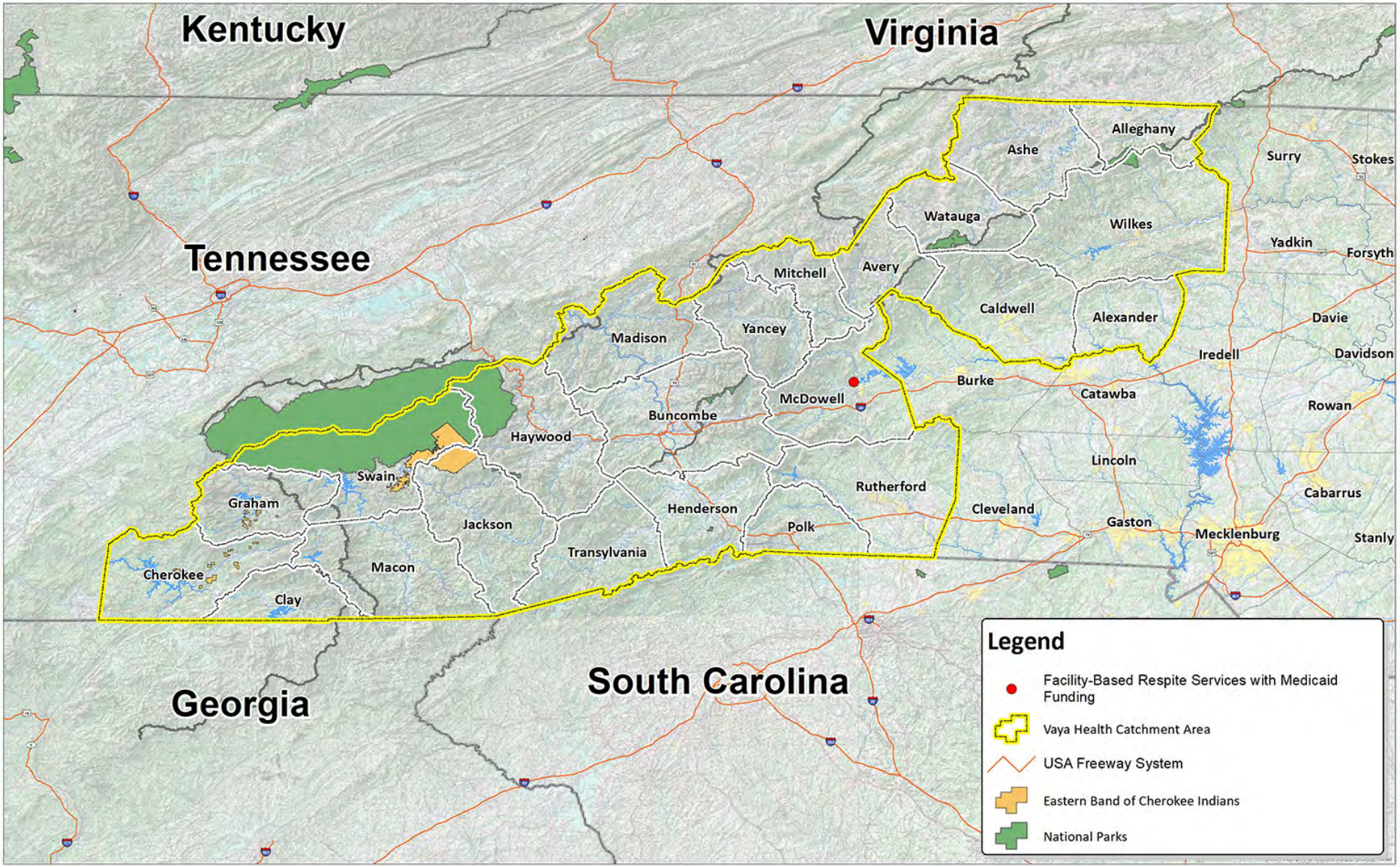
Vaya Health Facility-Based Crisis Services for Adults with Medicaid Funding SFY18



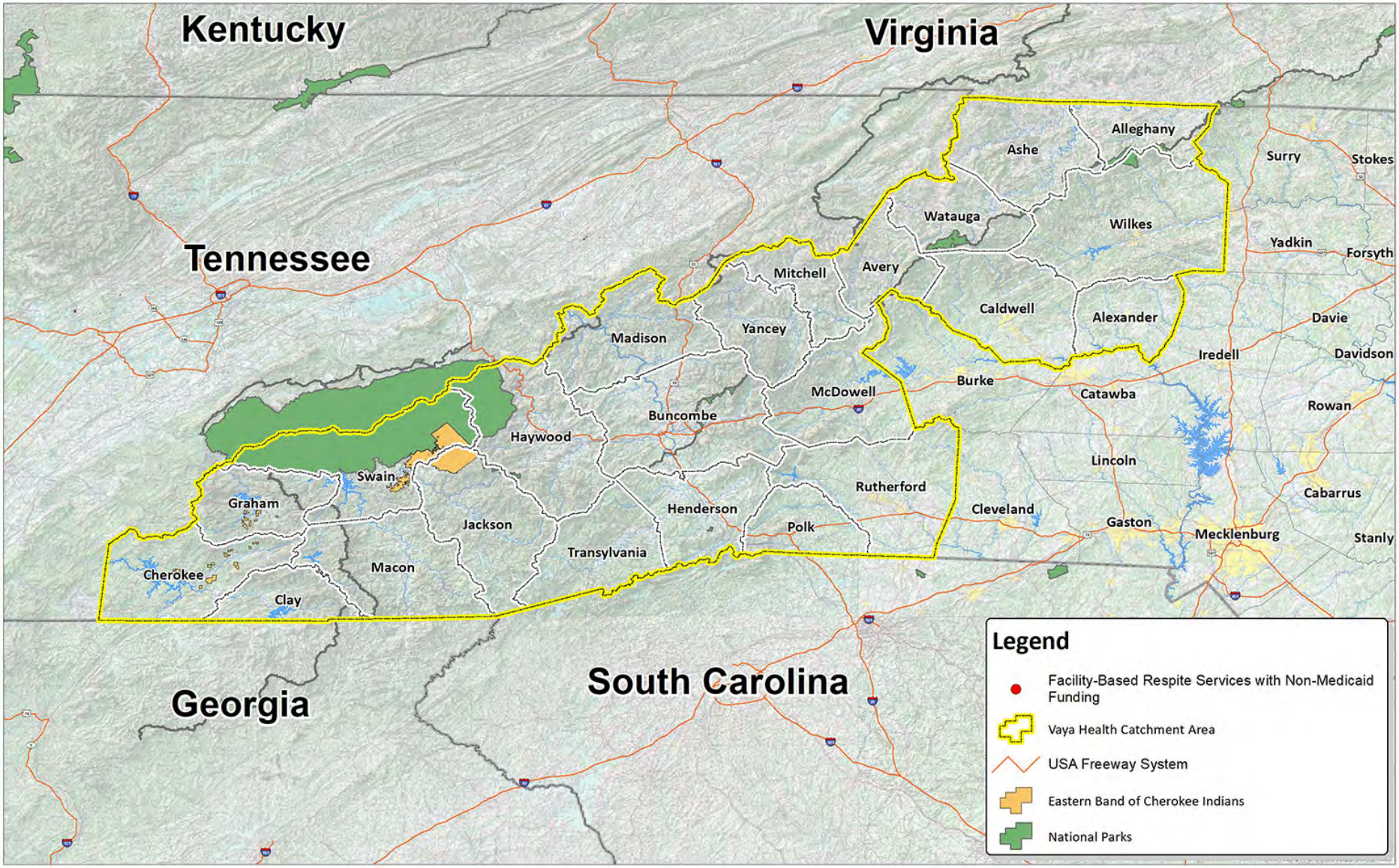
Vaya Health Facility-Based Crisis Services for Adults with Non-Medicaid Funding SFY18



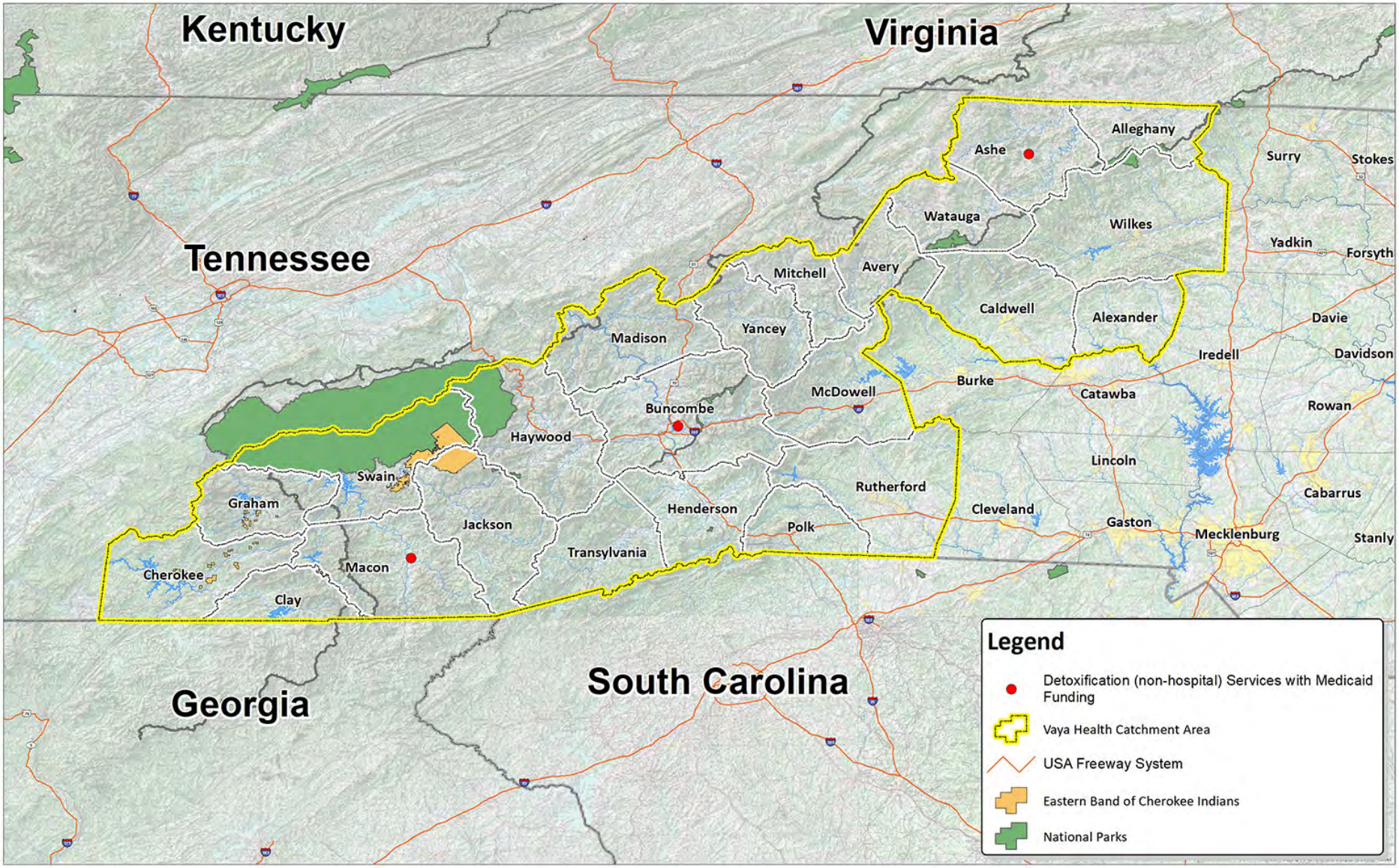
Vaya Health Facility-Based Respite Services with Medicaid Funding SFY18



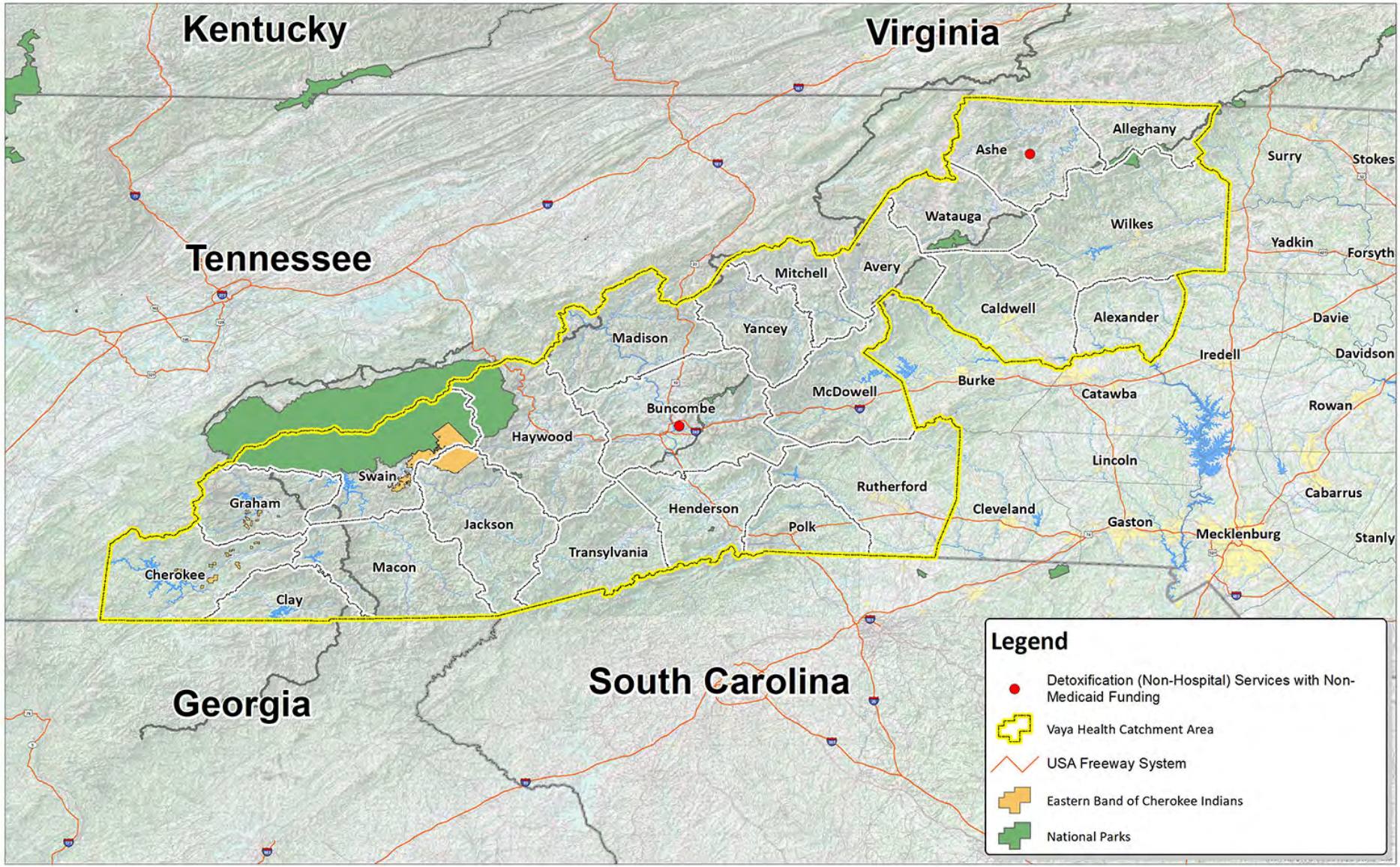
Vaya Health Facility-Based Respite Non-Medicaid Funding SFY18



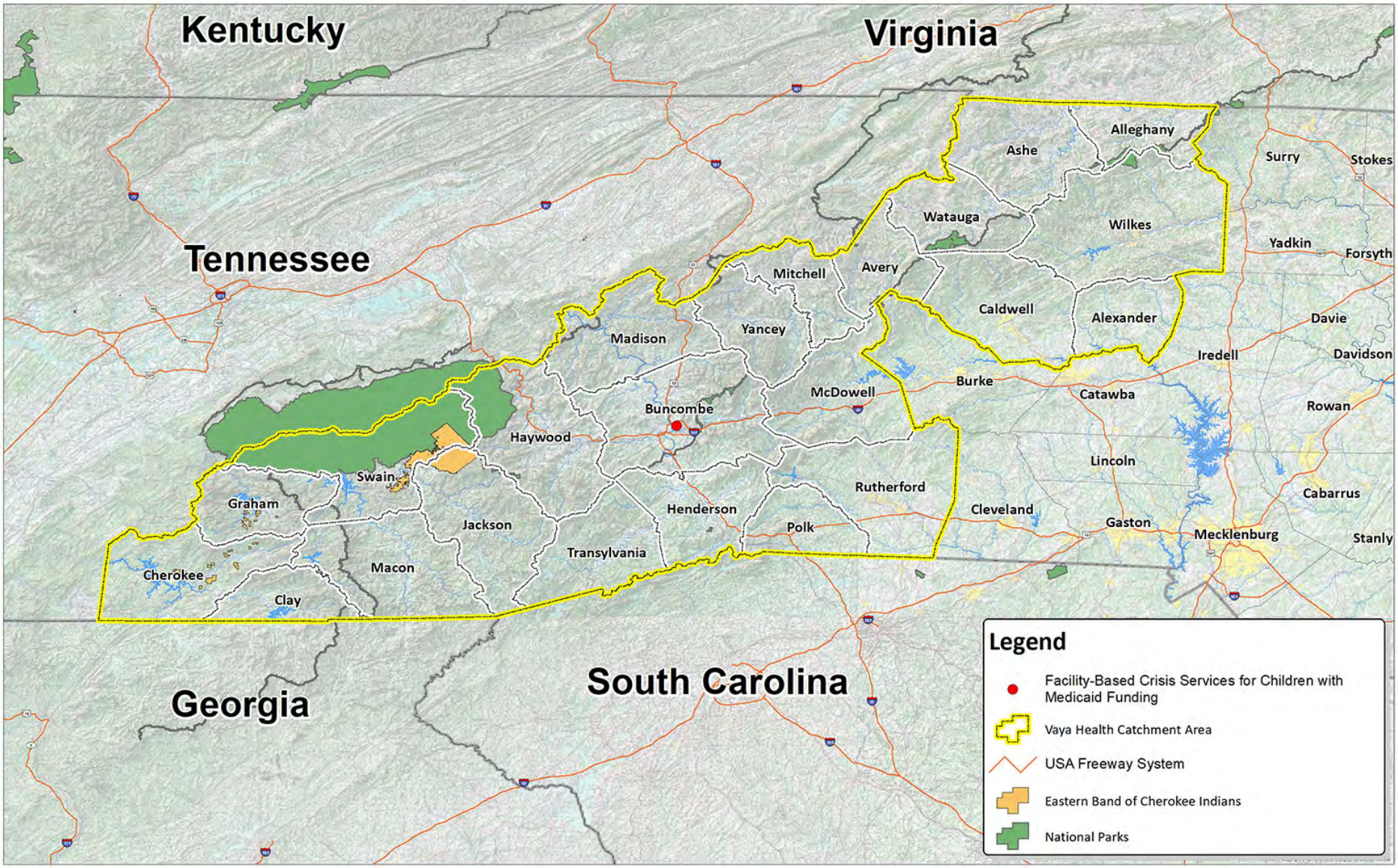
Vaya Health Detoxification (non-hospital) Medicaid Funding SFY18



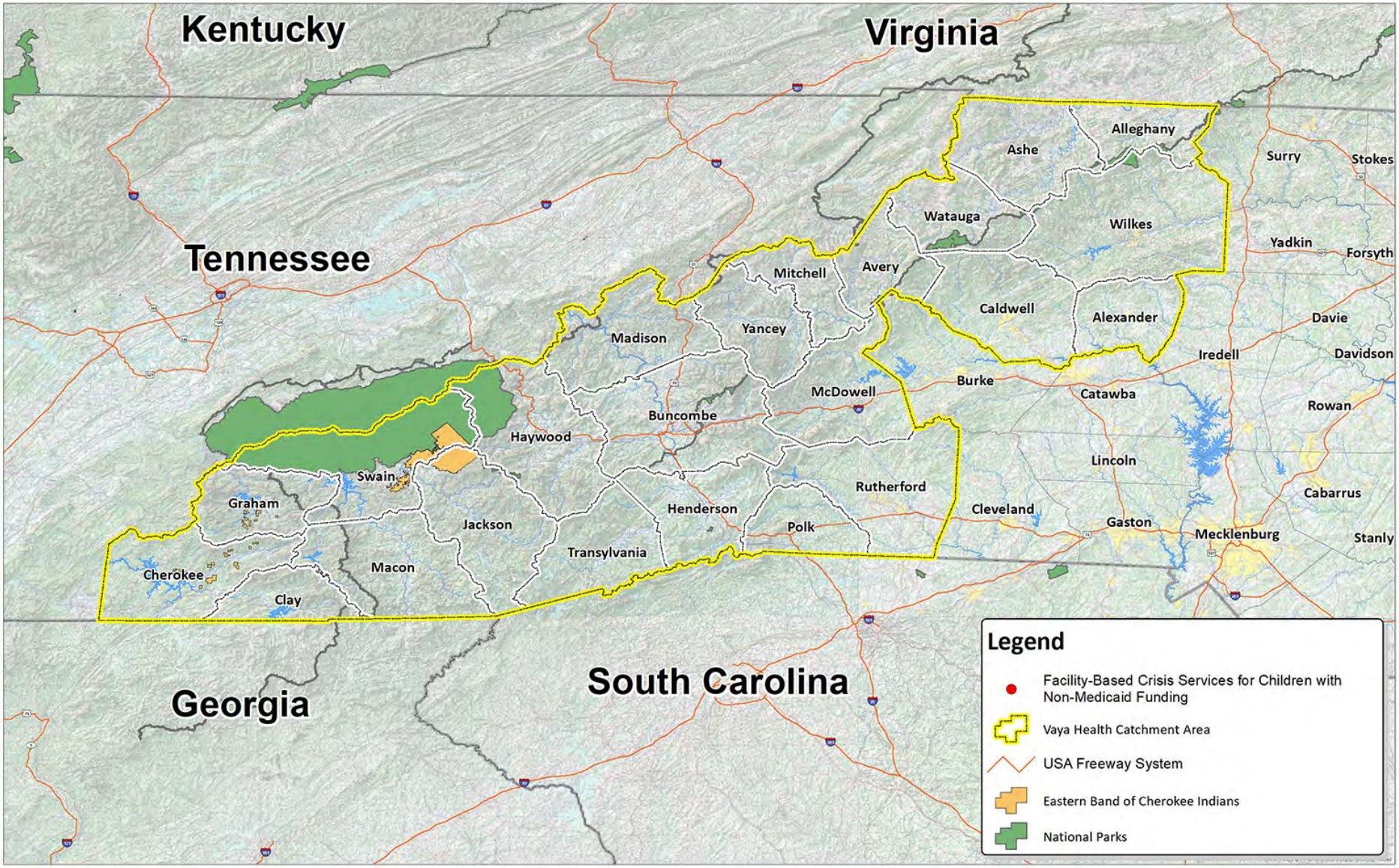
Vaya Health Detoxification (non-hospital) Non-Medicaid Funding SFY18



Vaya Health Facility-Based Crisis - Children with Medicaid Funding SFY18



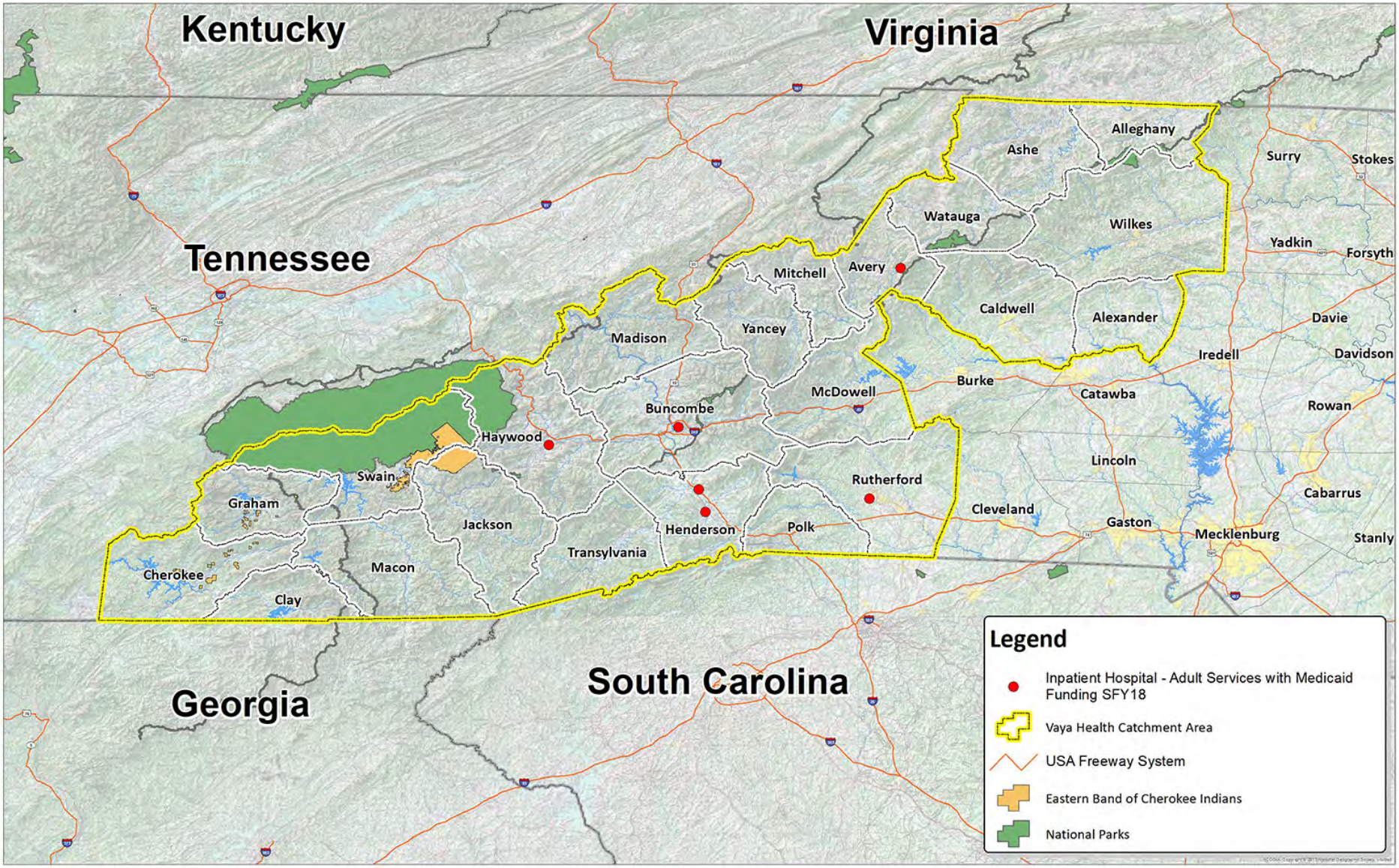
Vaya Health Facility-Based Crisis - Child with Non-Medicaid Funding SFY18



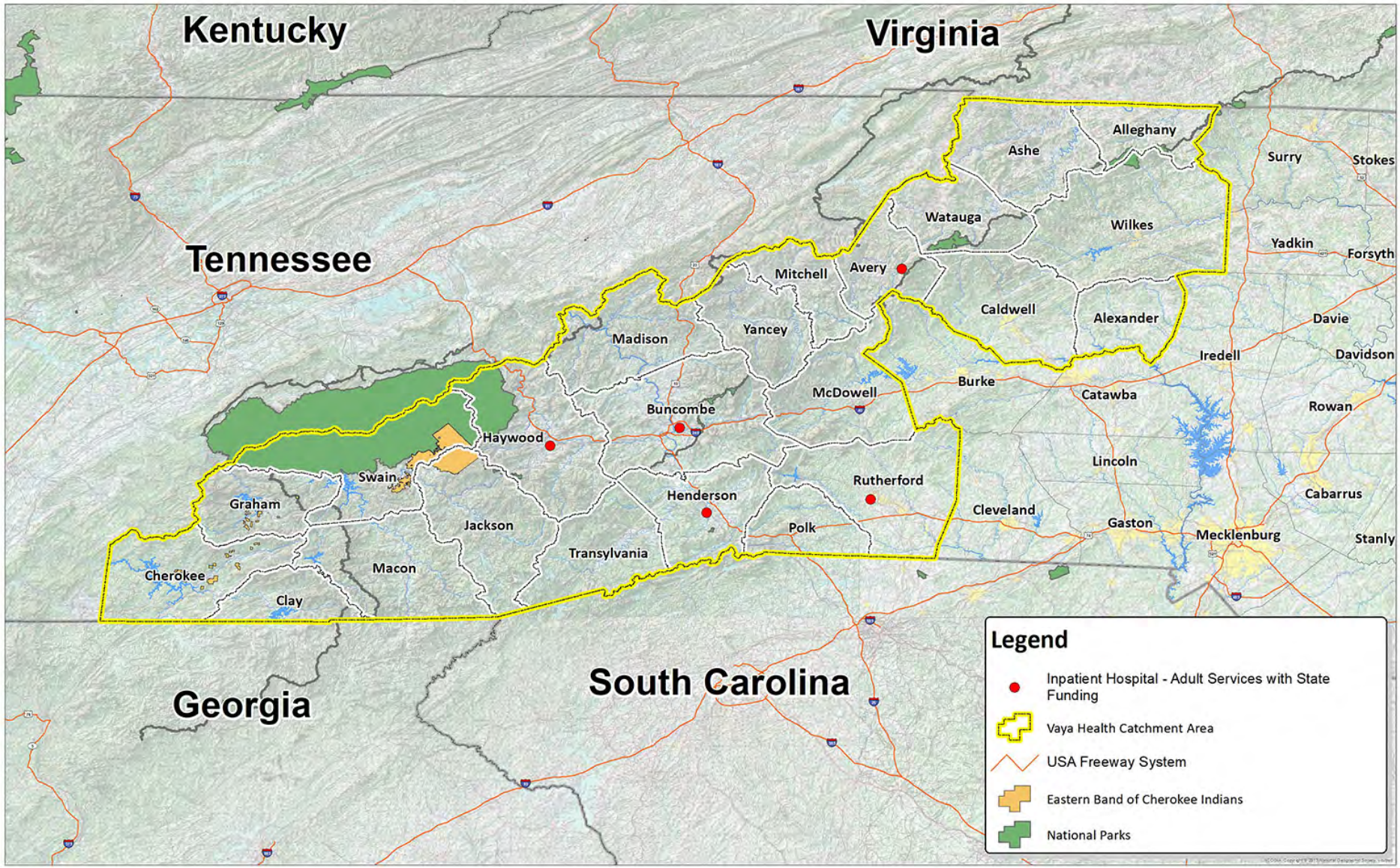
Geomaps: Inpatient Services

Service	Medicaid map included	Non-Medicaid funded map included
Inpatient Hospital – Adult	✓	✓
Inpatient Hospital – Adolescent/Child	✓	✓

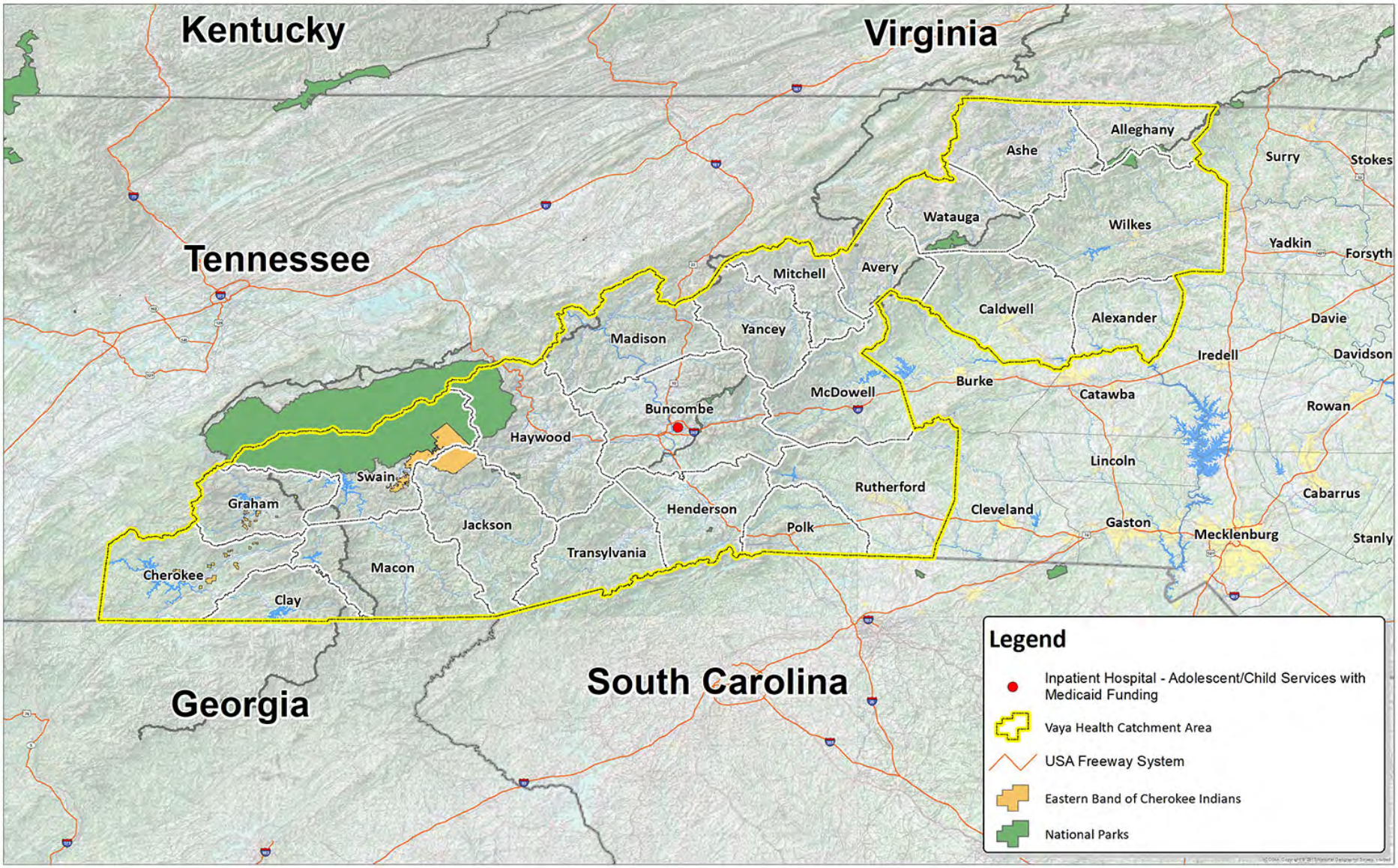
Vaya Health Inpatient Hospital - Adult with Medicaid Funding SFY18



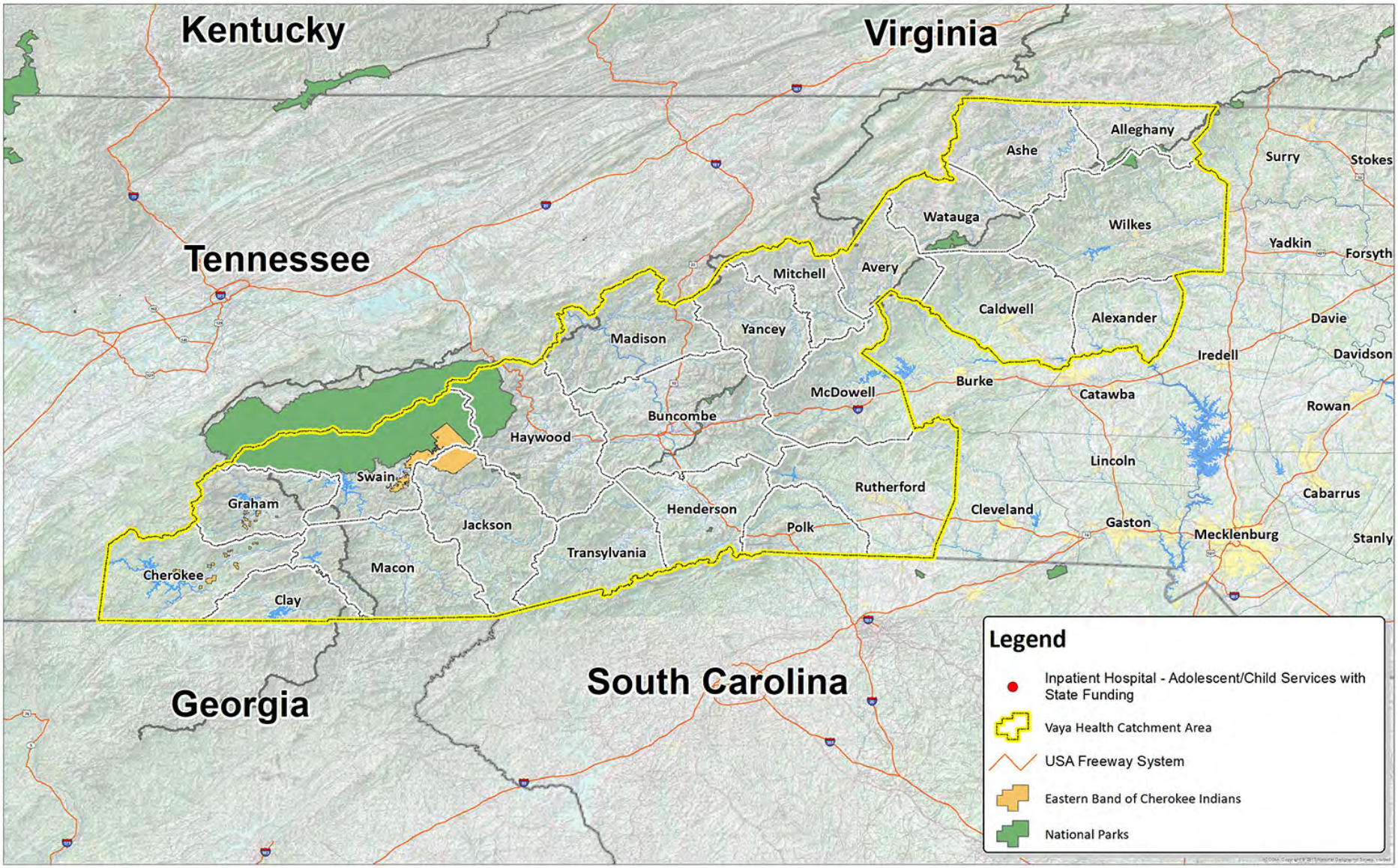
Vaya Health Inpatient Hospital - Adult with Non-Medicaid Funding SFY18



Vaya Health Inpatient Hospital - Adolescent/Child with Medicaid Funding SFY18



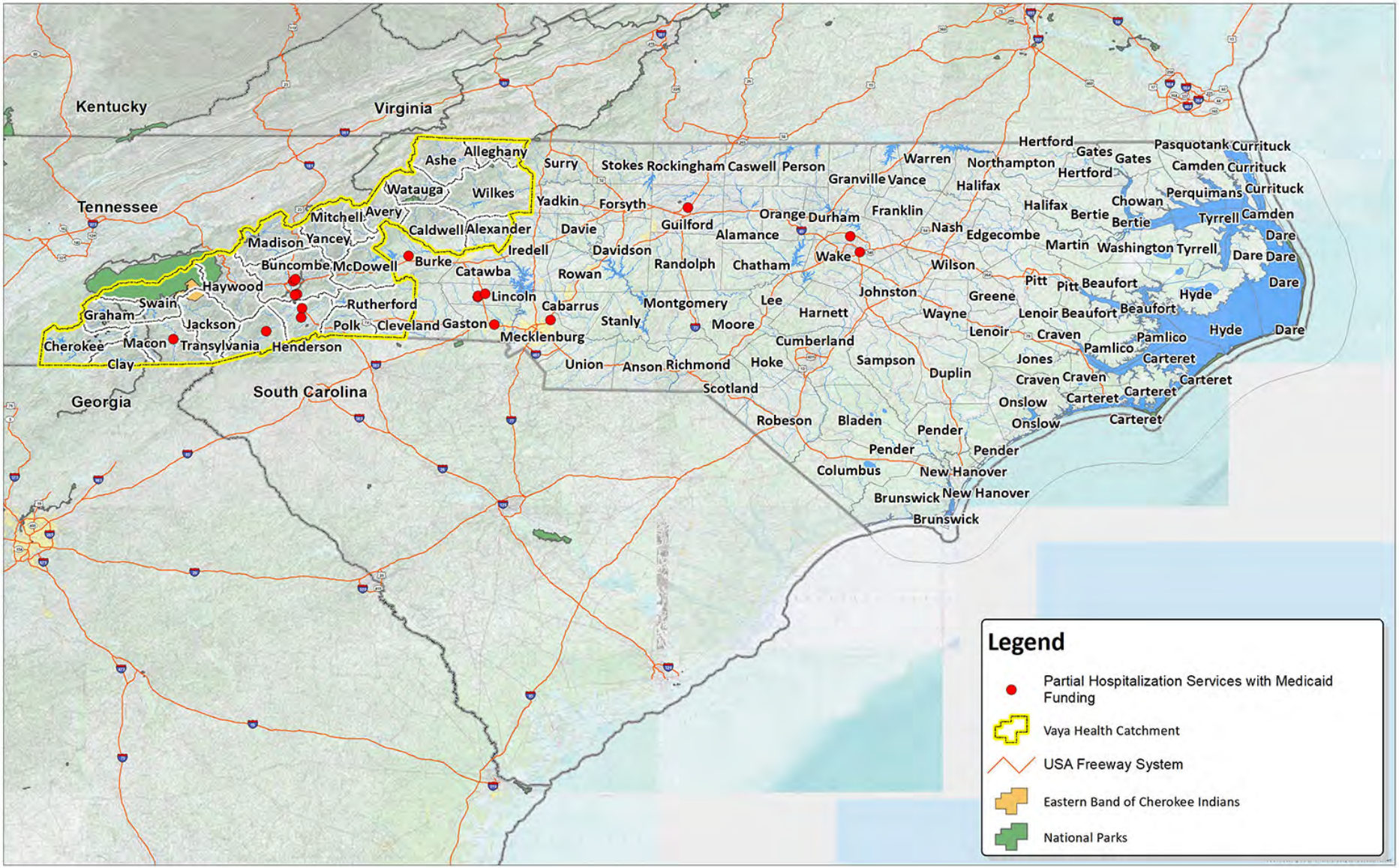
Vaya Health Inpatient Hospital - Adolescent/Child with Non-Medicaid Funding SFY18



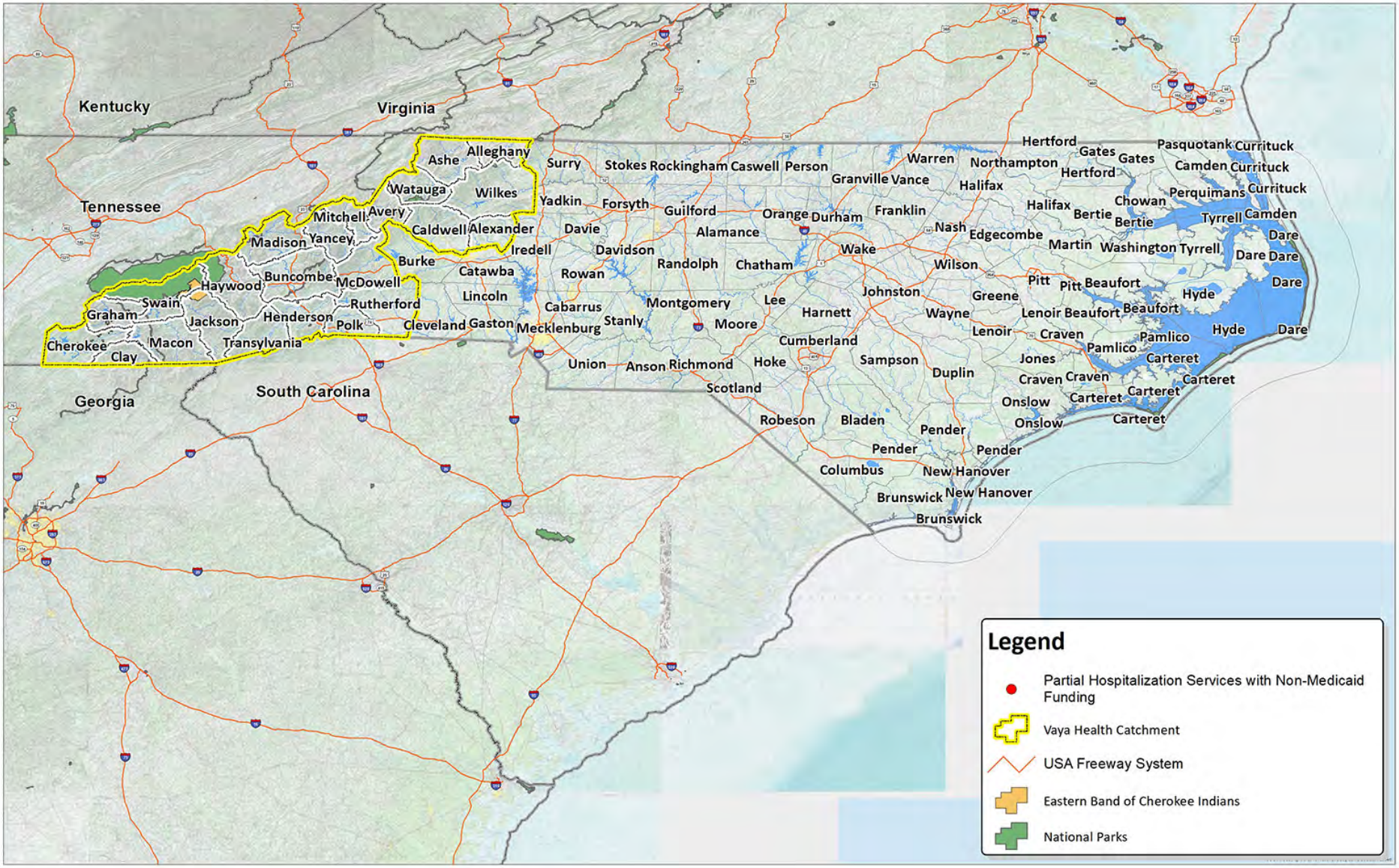
Geomaps: Specialized Services

Service	Medicaid map included	Non-Medicaid funded map included
Partial Hospitalization	✓	✓
Mental Health Group Homes		✓
Psychiatric Residential Treatment Facility	✓	✓
Residential Treatment Level 1	✓	
Residential Treatment Level 2: Therapeutic Foster Care	✓	✓
Residential Treatment Level 2: other than Therapeutic Foster Care	✓	✓
Residential Treatment Level 3	✓	
Residential Treatment Level 4	✓	
Child Mental Health Out-of-home Respite		✓
Substance Abuse Non-Medical Community Residential Treatment	✓	✓
Substance Abuse Medically Monitored Community Residential Treatment	✓	✓
Substance Abuse Halfway Houses		✓
I/DD Out-of-home respite (non-Medicaid-funded)		✓
I/DD Facility-based respite (non-Medicaid-funded)		✓
I/DD Supported Living (non-Medicaid-funded)		✓
(b)(3) I/DD Out-of-home respite	✓	
(b)(3) I/DD Facility-based respite	✓	
(b)(3) I/DD Residential supports	✓	
Intermediate Care Facility/IDD	✓	

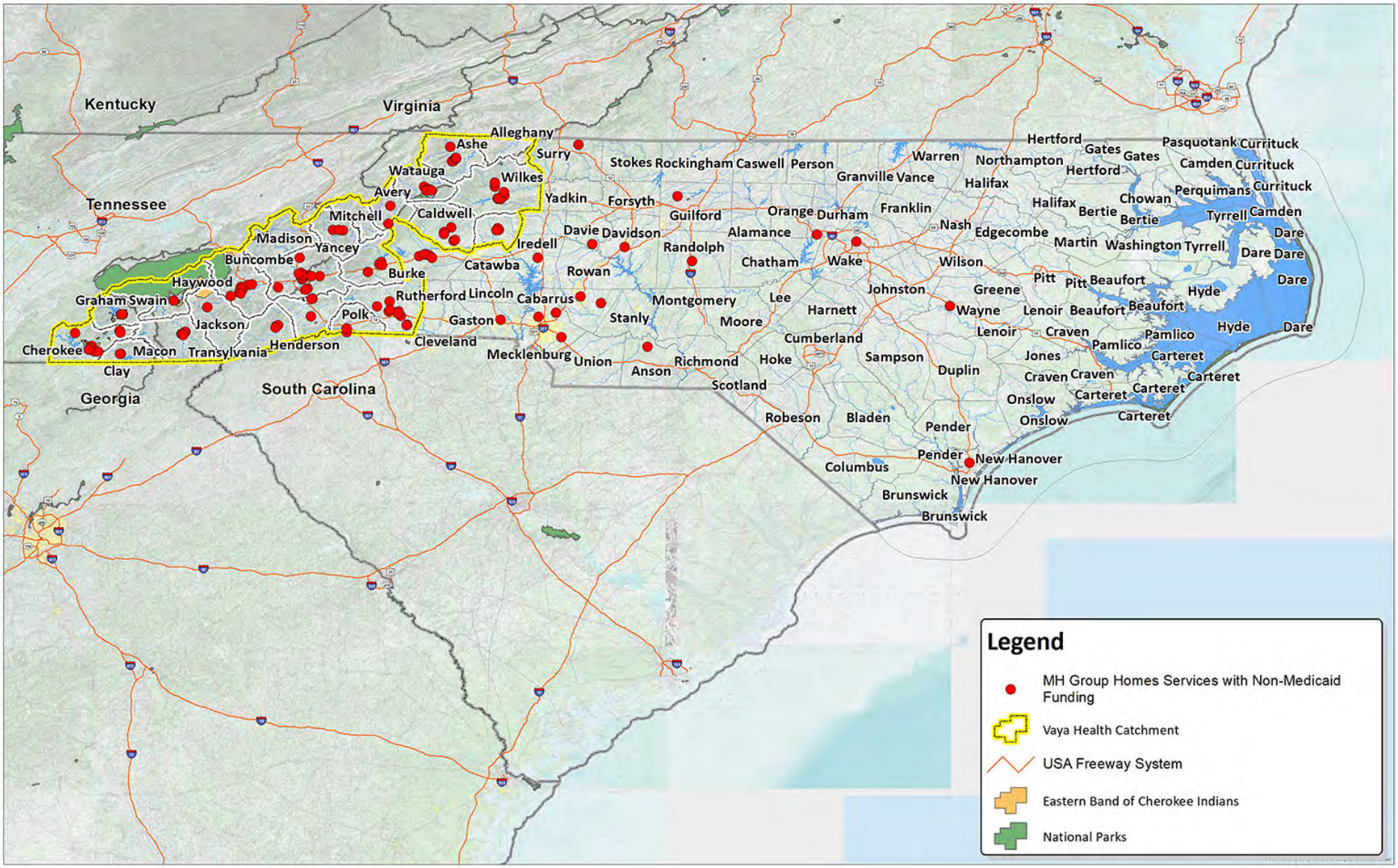
Vaya Health Partial Hospitalization Medicaid Funding SFY18



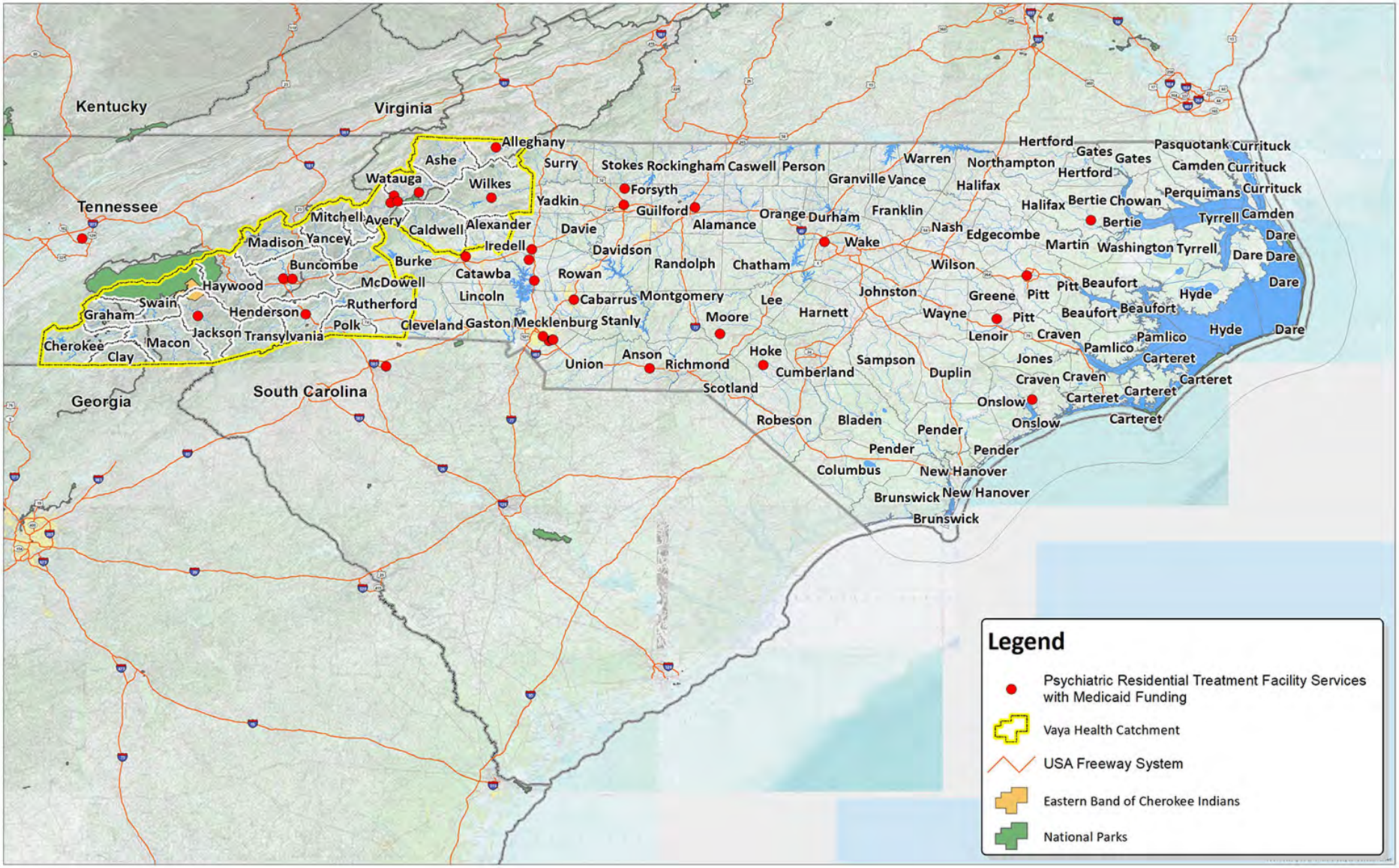
Vaya Health Partial Hospitalization Non-Medicaid Funding SFY18



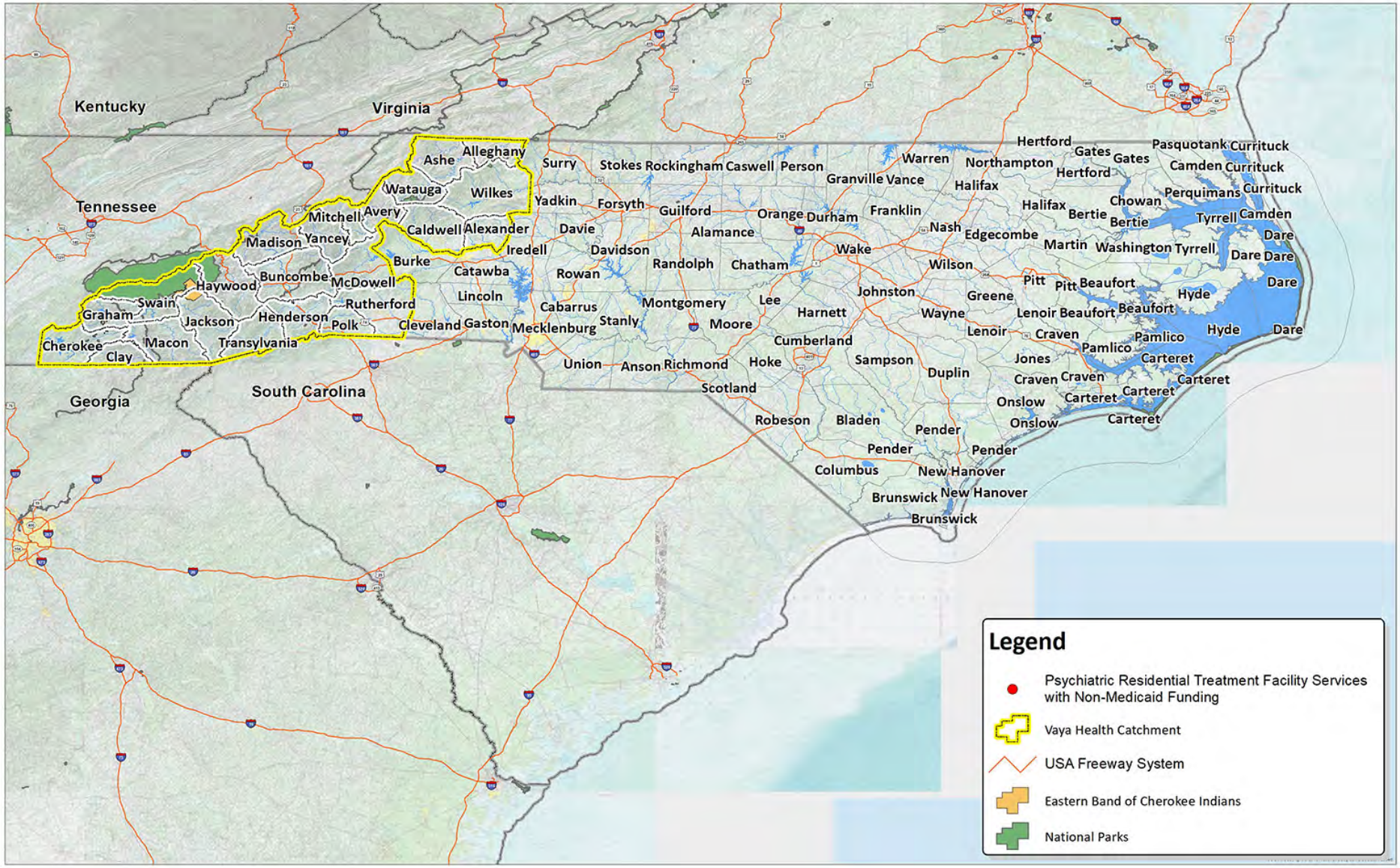
Vaya Health MH Group Homes Non-Medicaid Funding SFY18



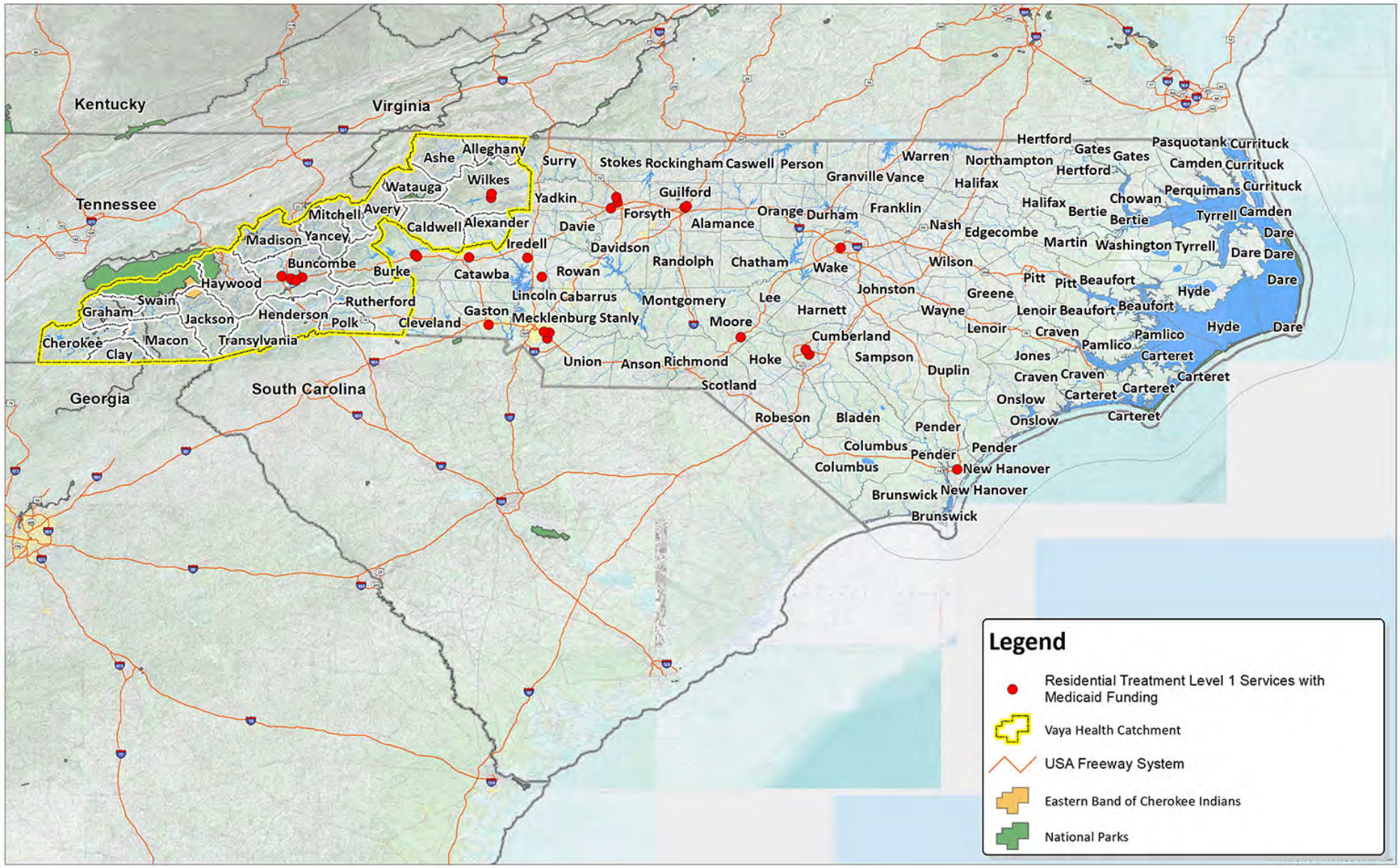
Vaya Health Psychiatric Residential Treatment Facility Medicaid Funding SFY18



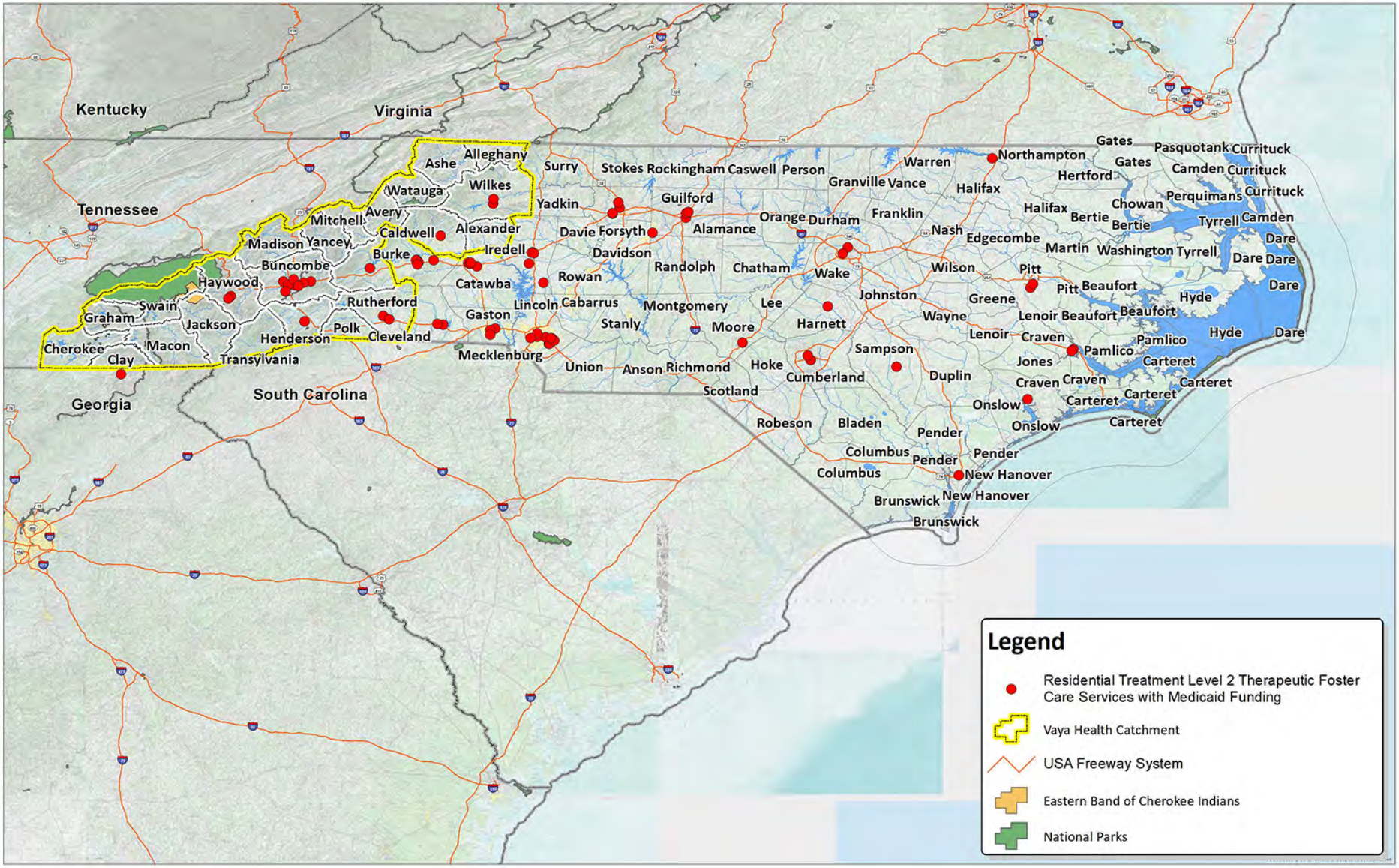
Vaya Health Psychiatric Residential Treatment Facility Non-Medicaid Funding SFY18



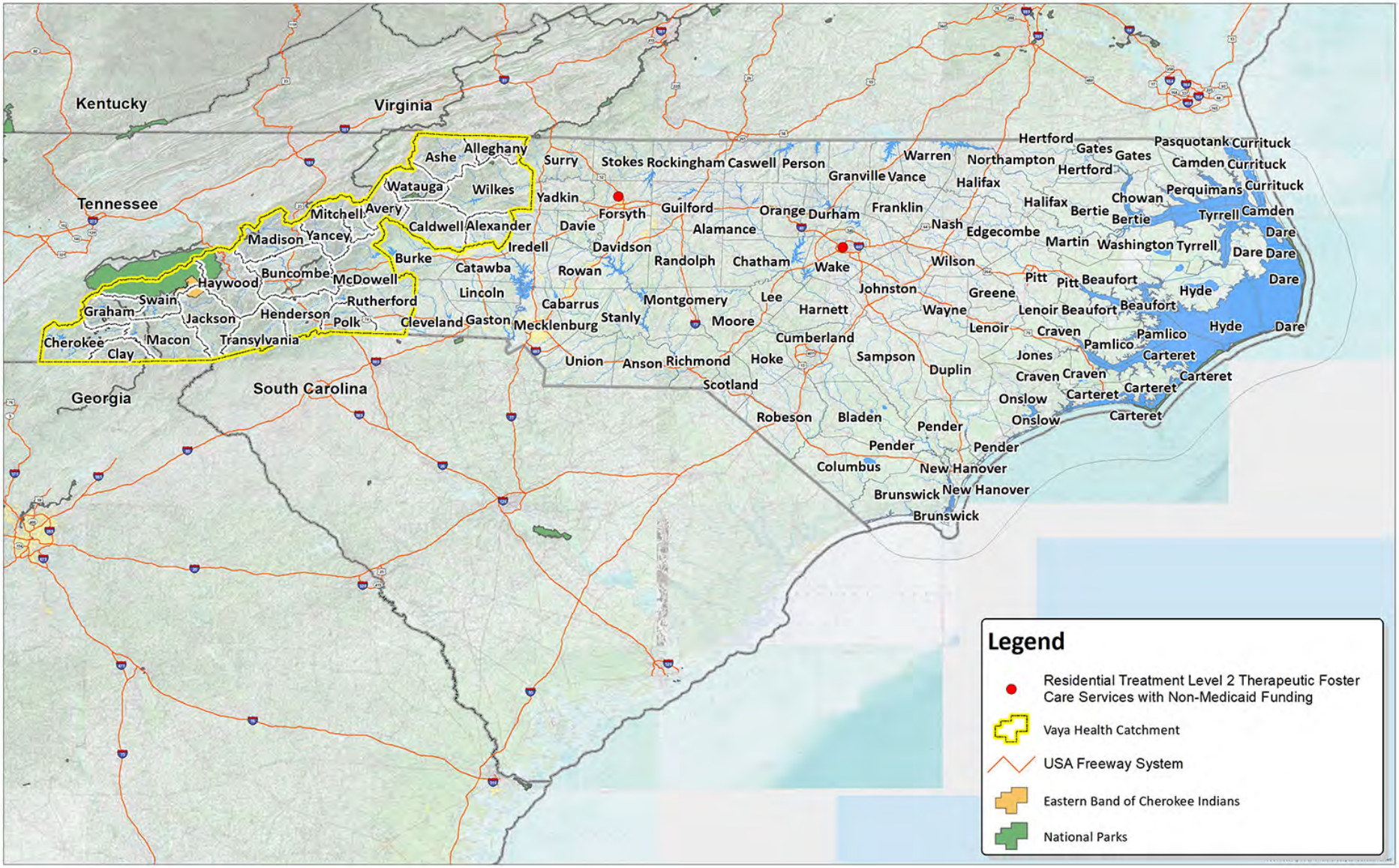
Vaya Health Residential Treatment Level 1 Medicaid Funding SFY18



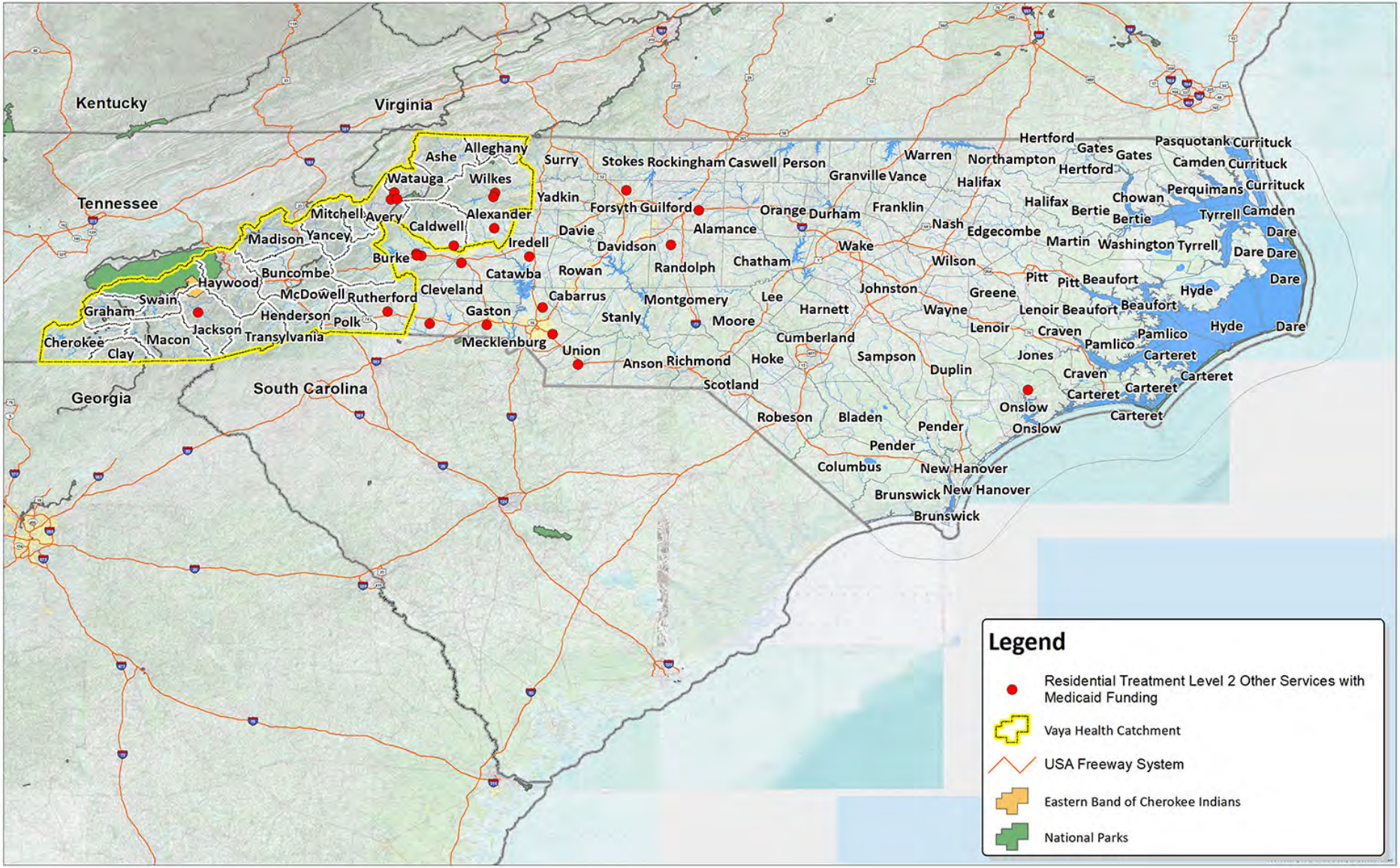
Vaya Health Residential Treatment Level 2 Therapeutic Foster Care Medicaid Funding SFY18



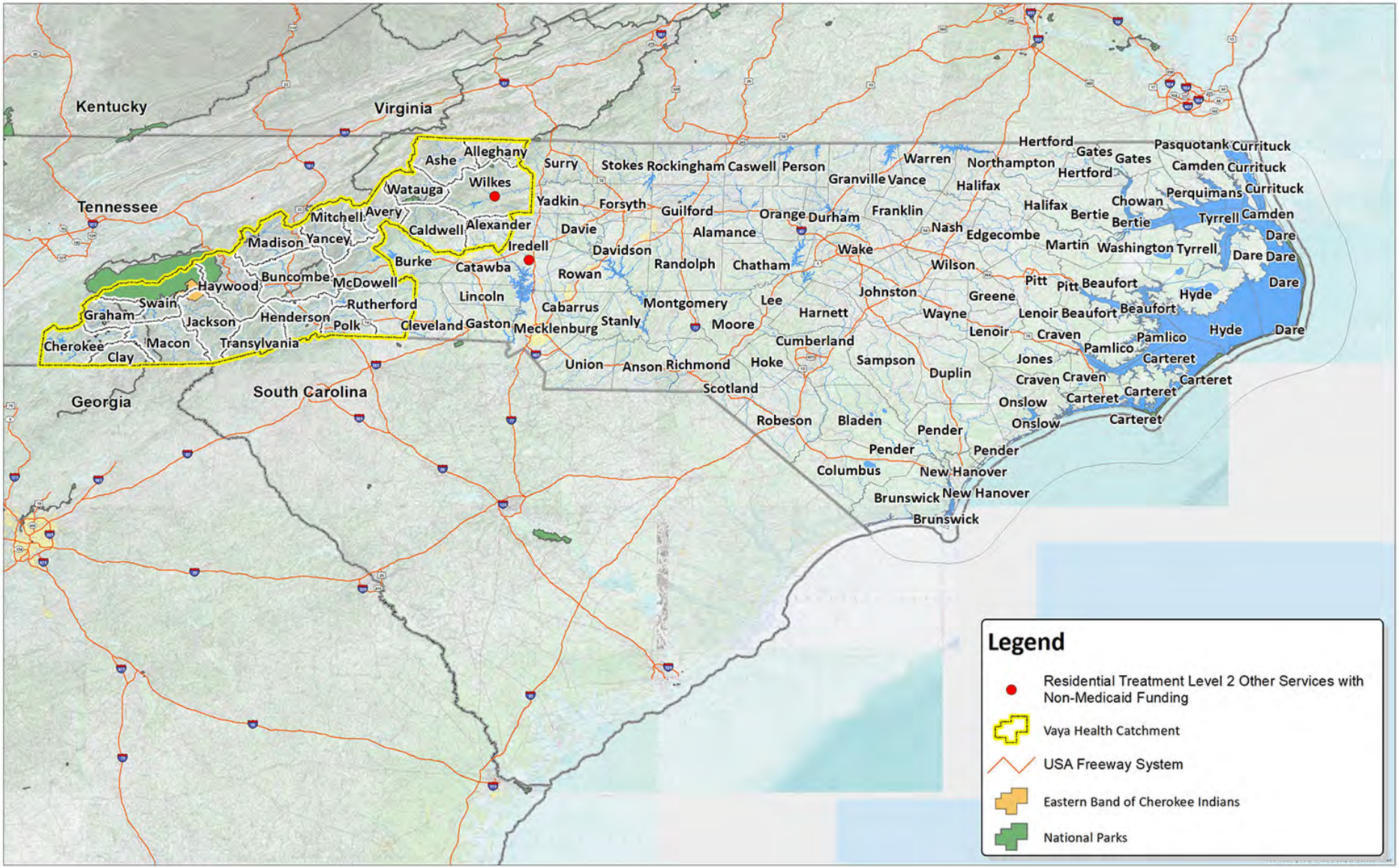
Vaya Health Residential Treatment Level 2 Therapeutic Foster Care Non-Medicaid Funding SFY18



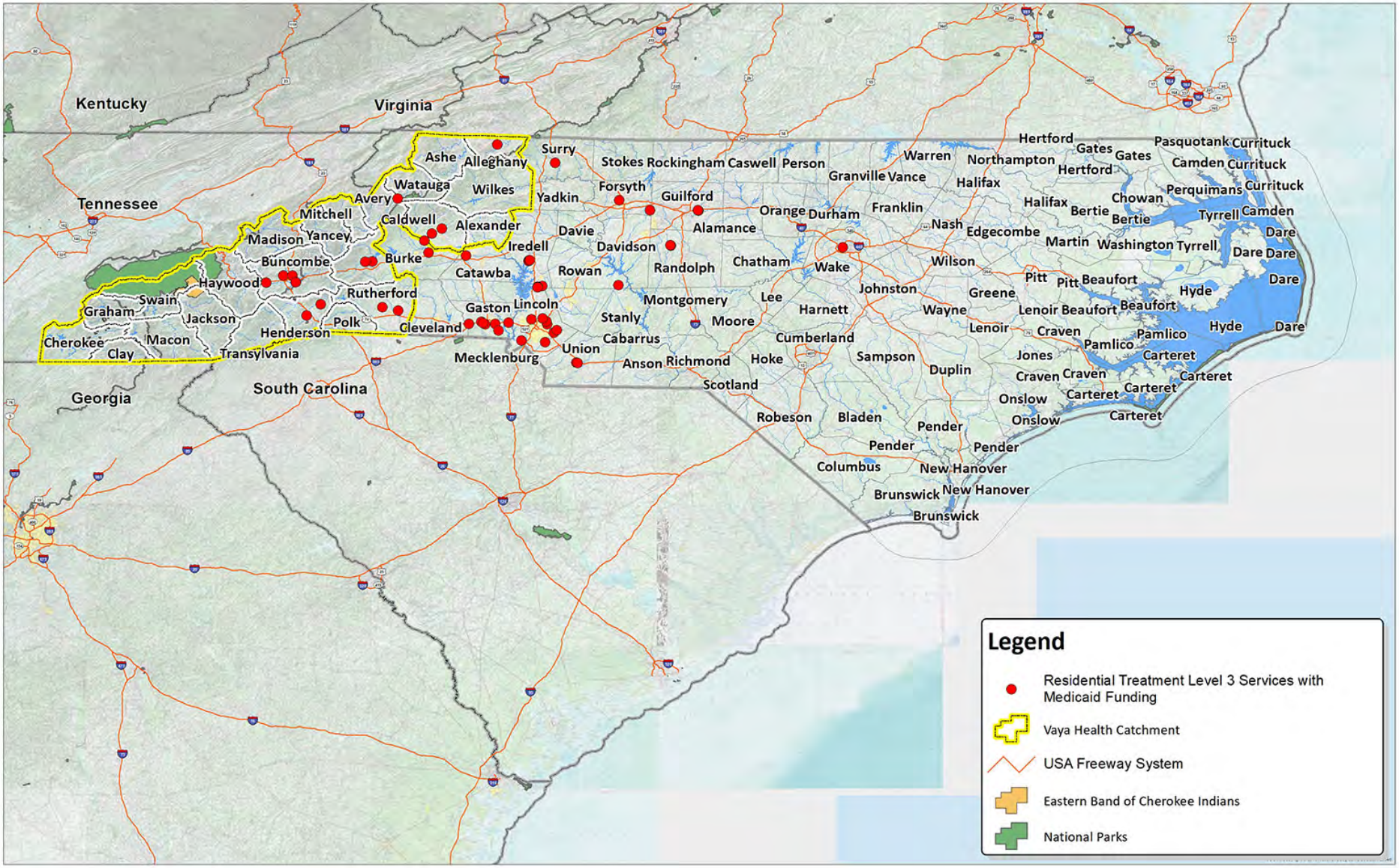
Vaya Health Residential Treatment Level 2 Other Medicaid Funding SFY18



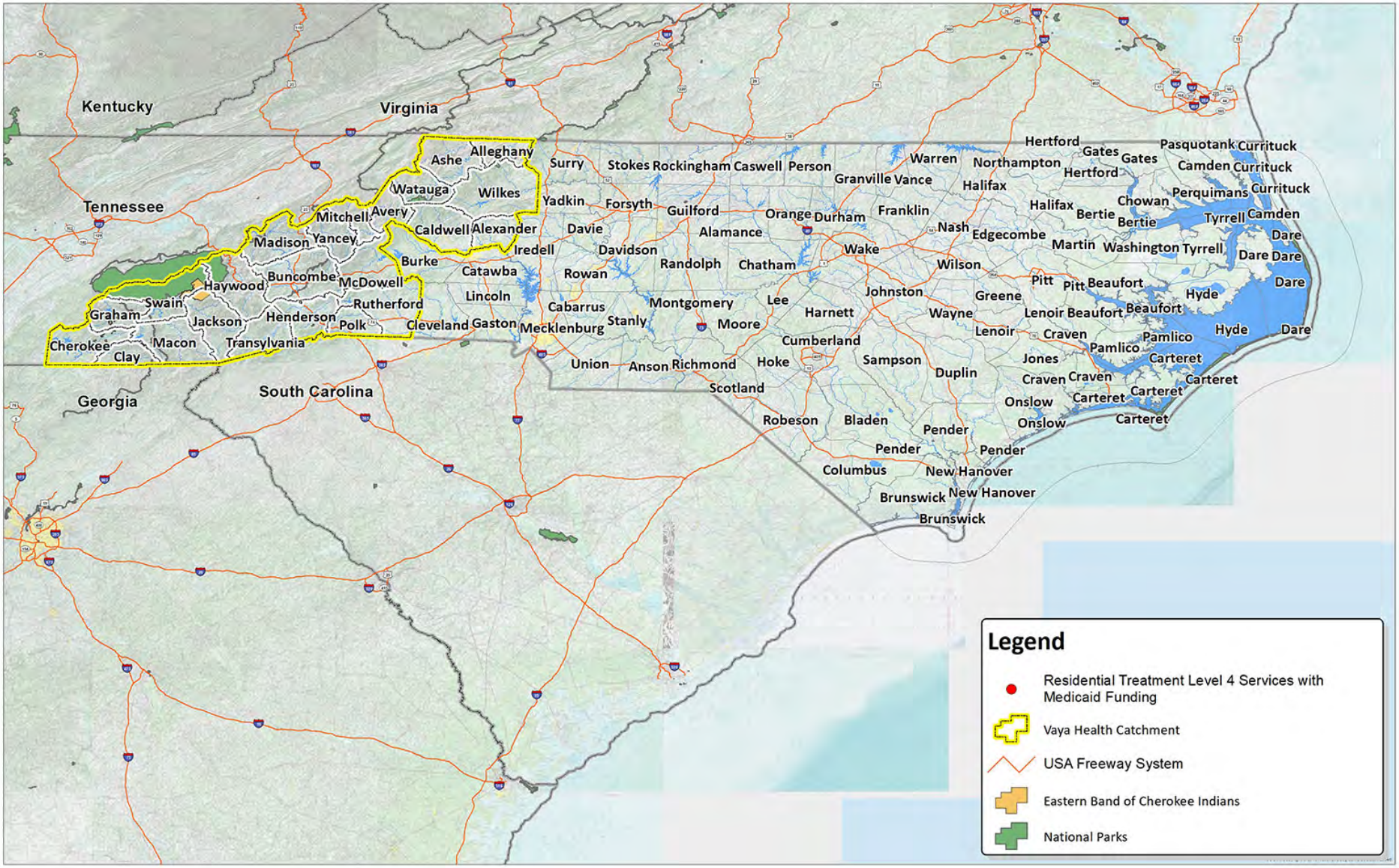
Vaya Health Residential Treatment Level 2 Other Non-Medicaid Funding SFY18



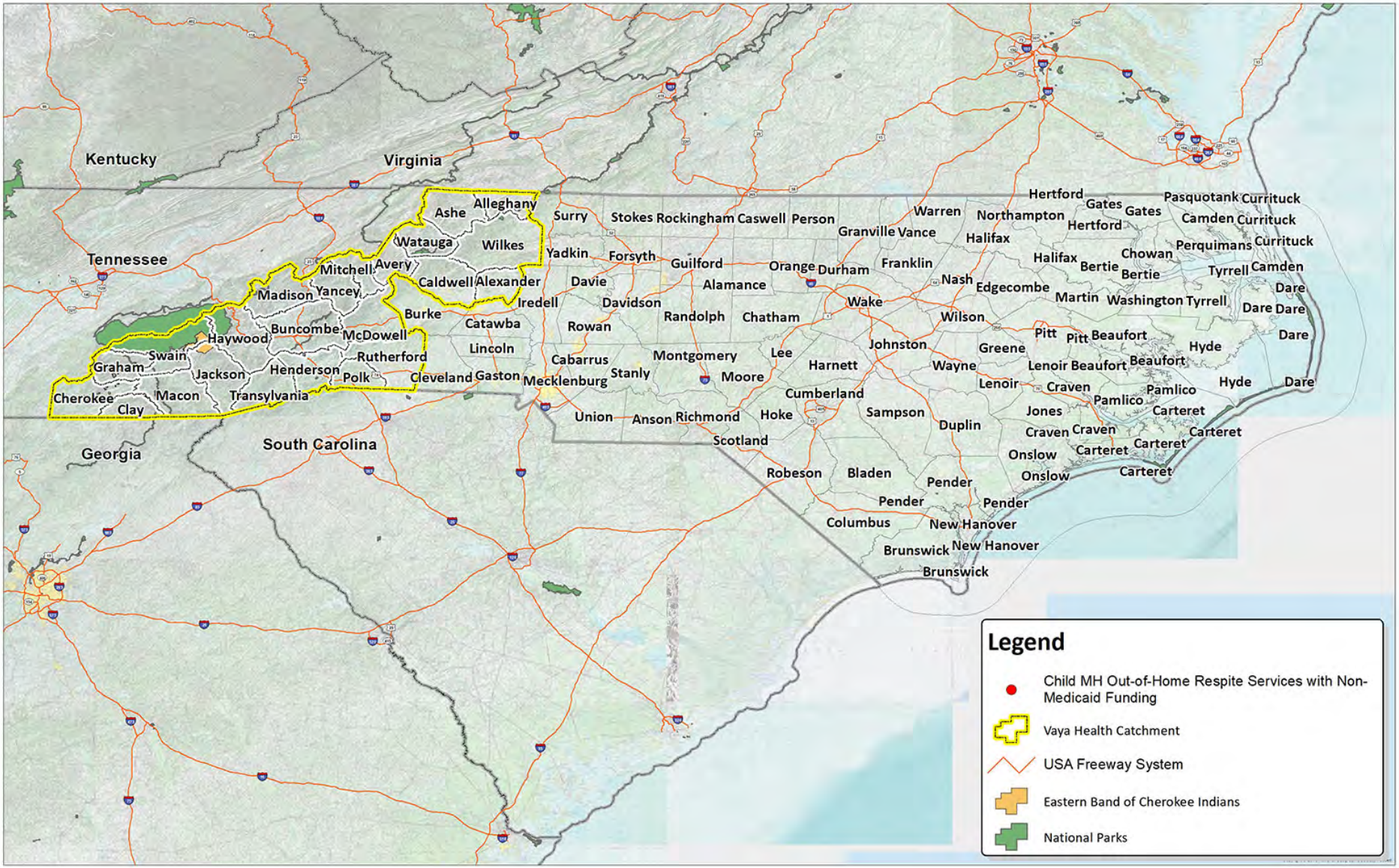
Vaya Health Residential Treatment Level 3 Medicaid Funding SFY18



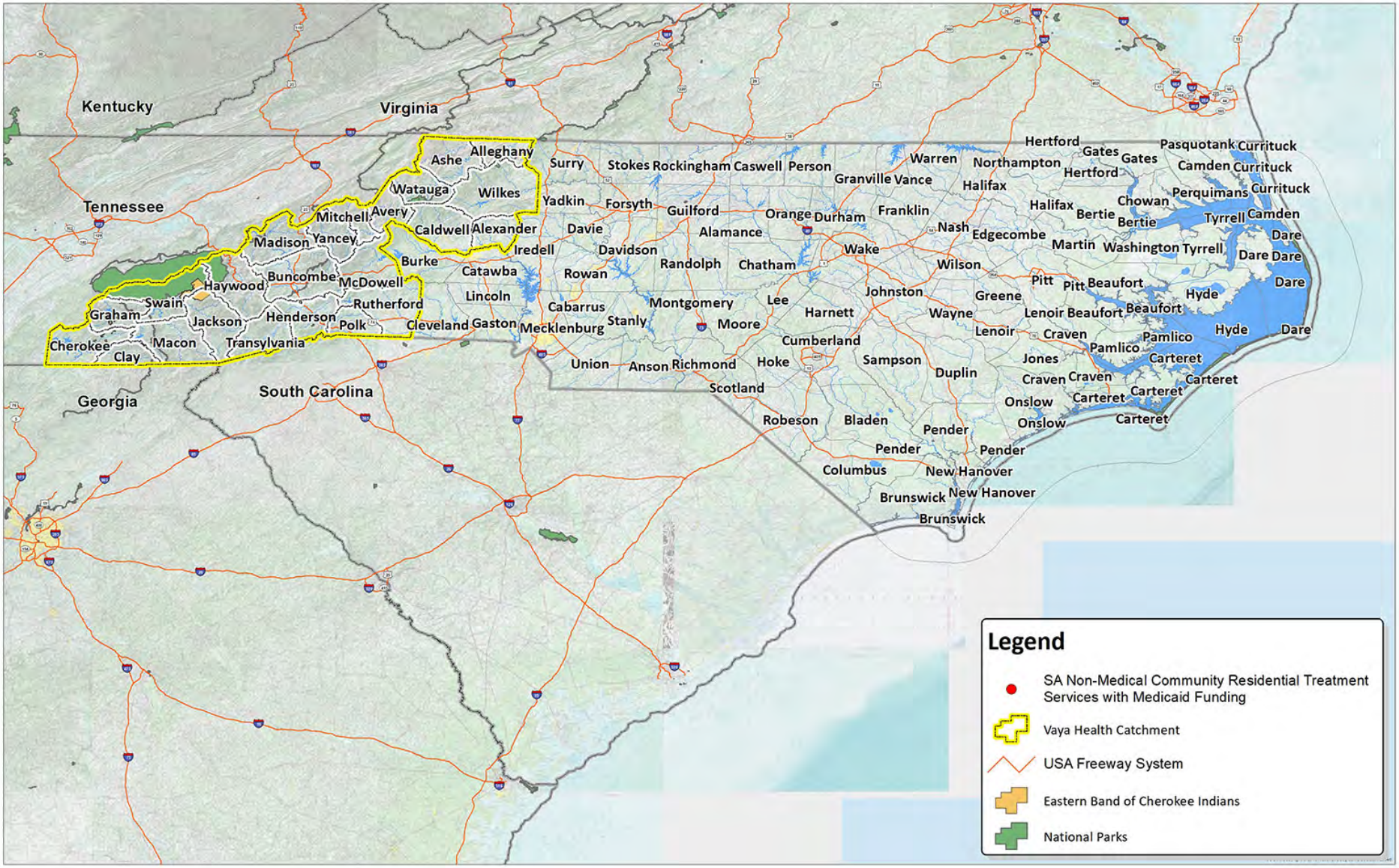
Vaya Health Residential Treatment Level 4 Medicaid Funding SFY18



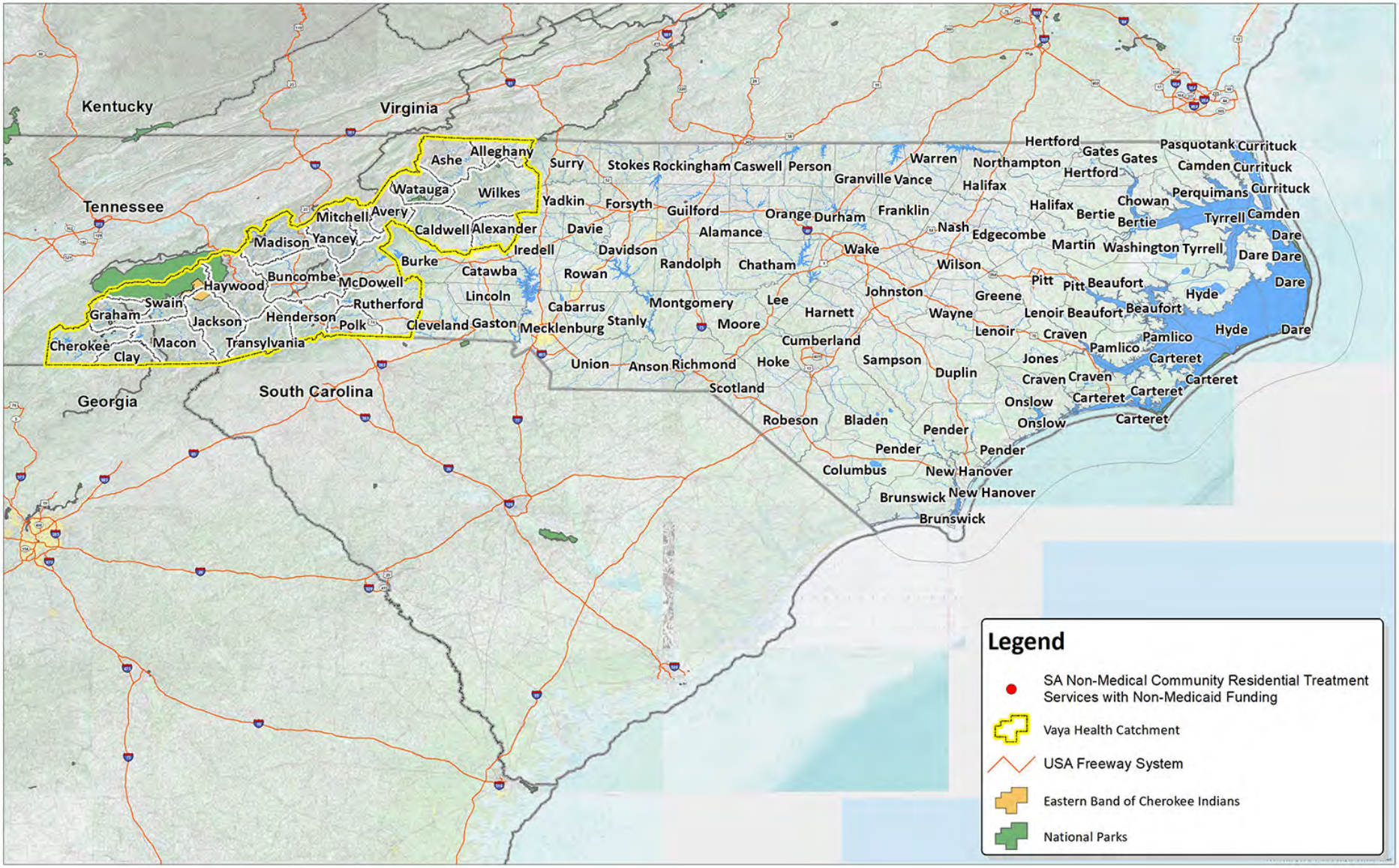
Vaya Health Child MH Out-of-Home Respite Non-Medicaid Funding SFY18



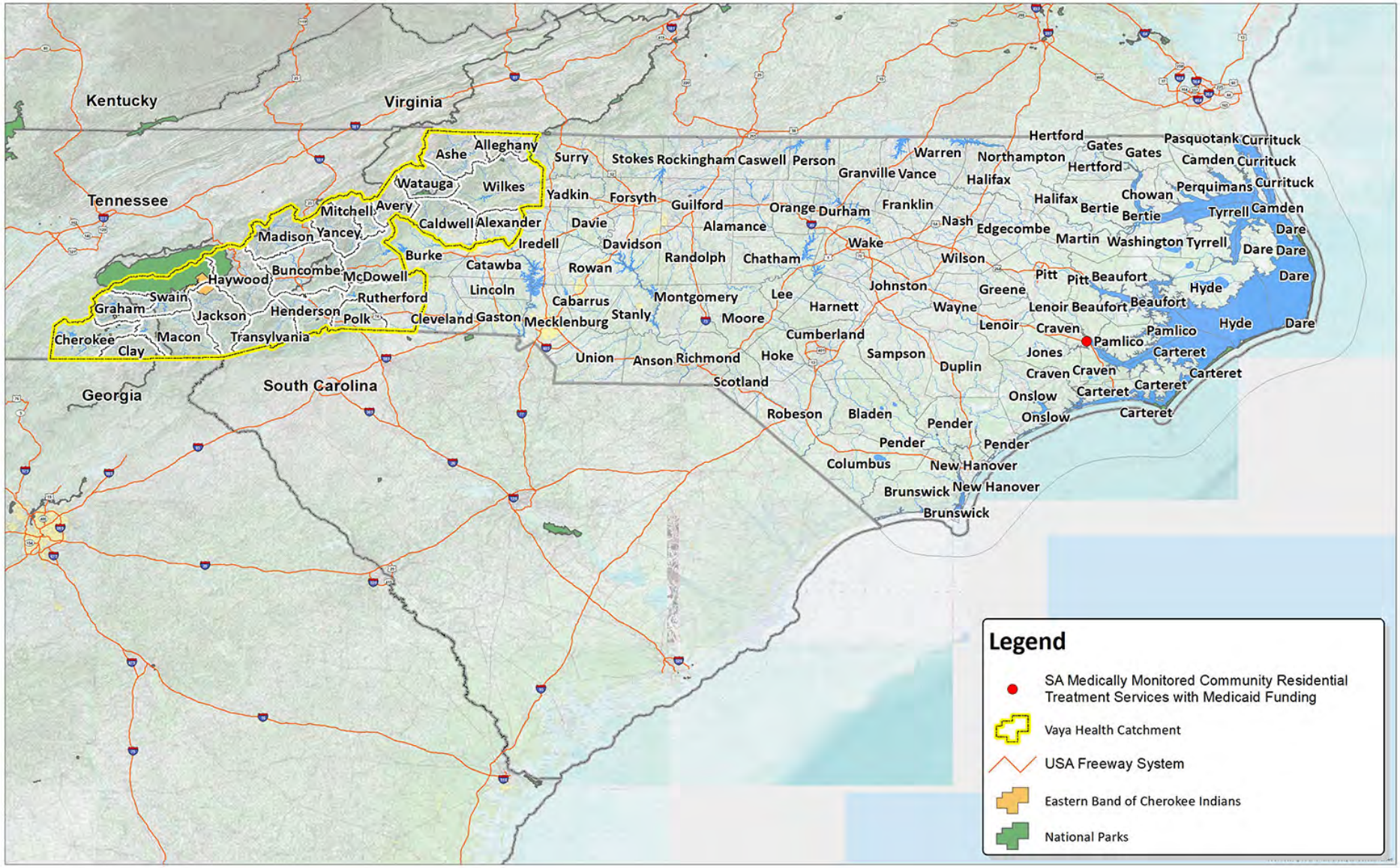
Vaya Health SA Non-Medical Community Residential Treatment Medicaid Funding SFY18



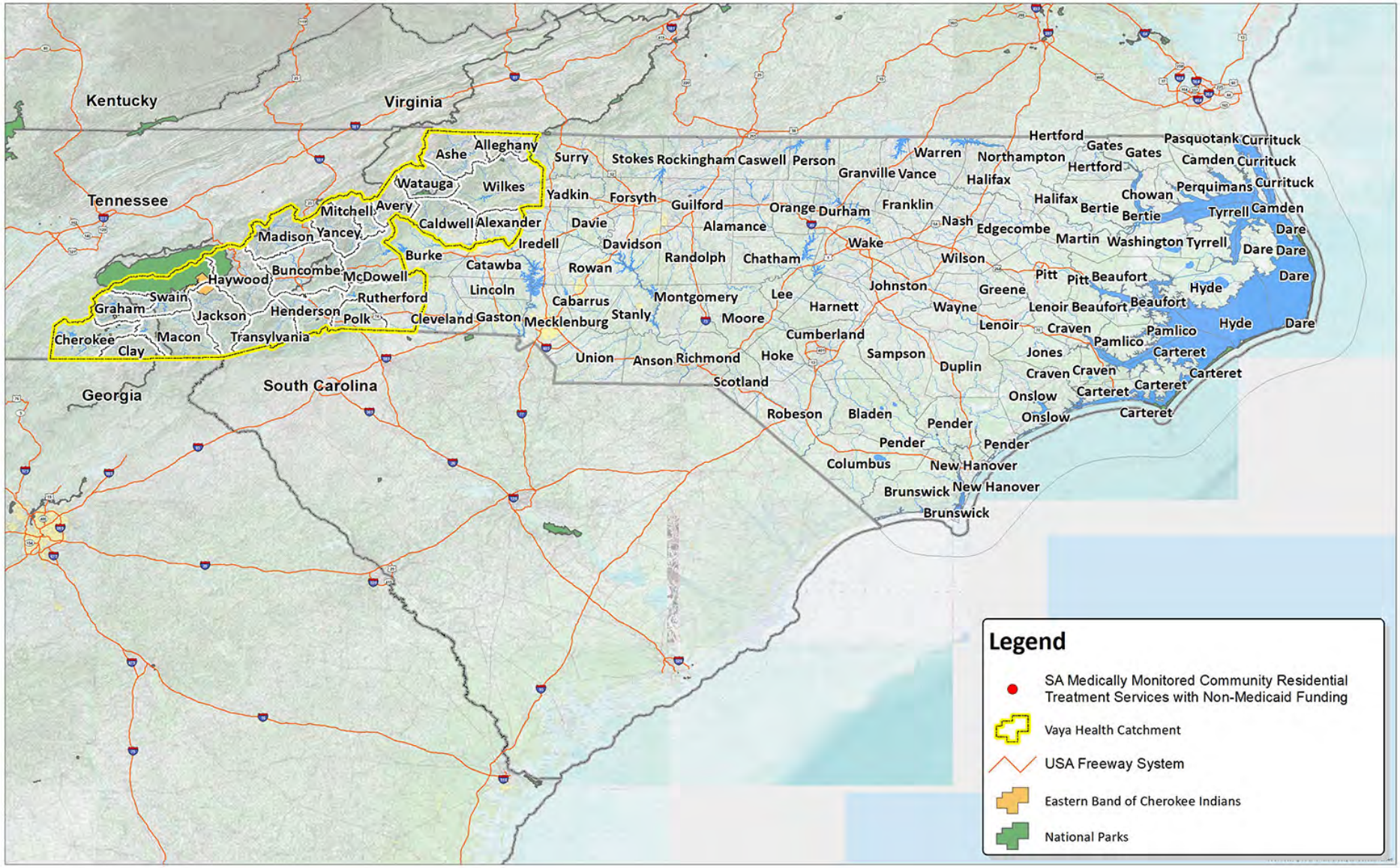
Vaya Health SA Non-Medical Community Residential Treatment Non-Medicaid Funding SFY18



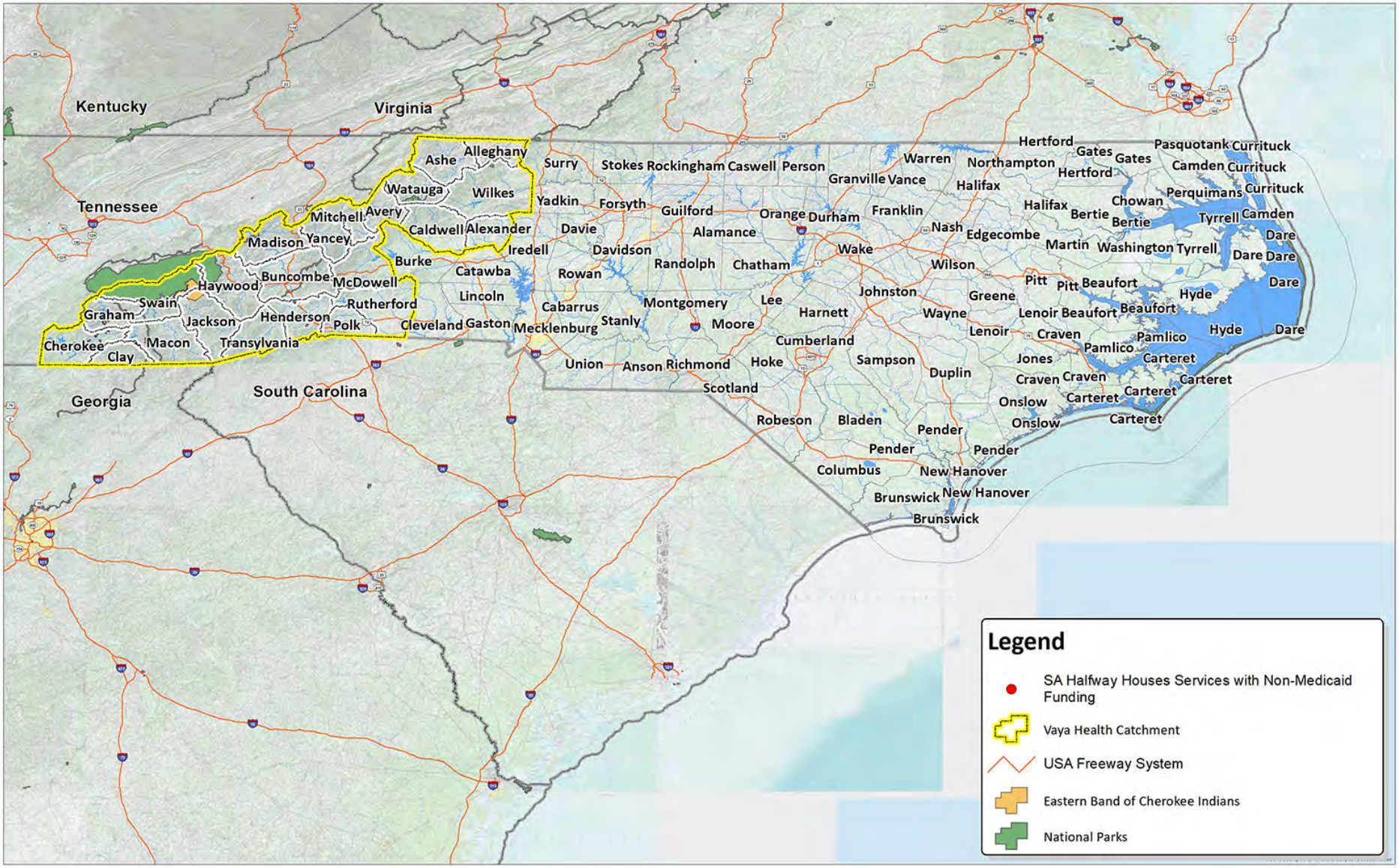
Vaya Health SA Medically Monitored Community Residential Treatment Medicaid Funding SFY18



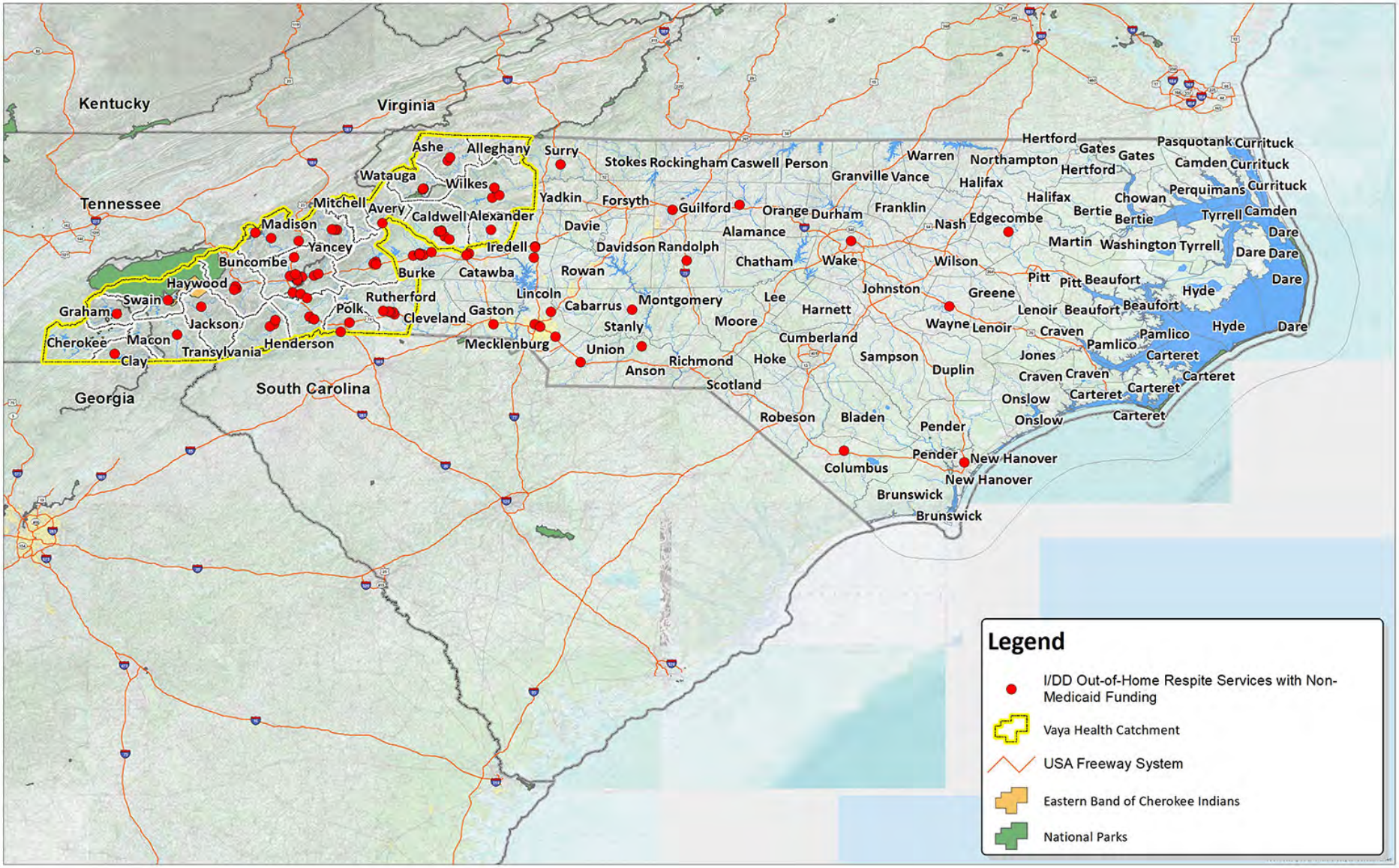
Vaya Health SA Medically Monitored Community Residential Treatment Non-Medicaid Funding SFY18



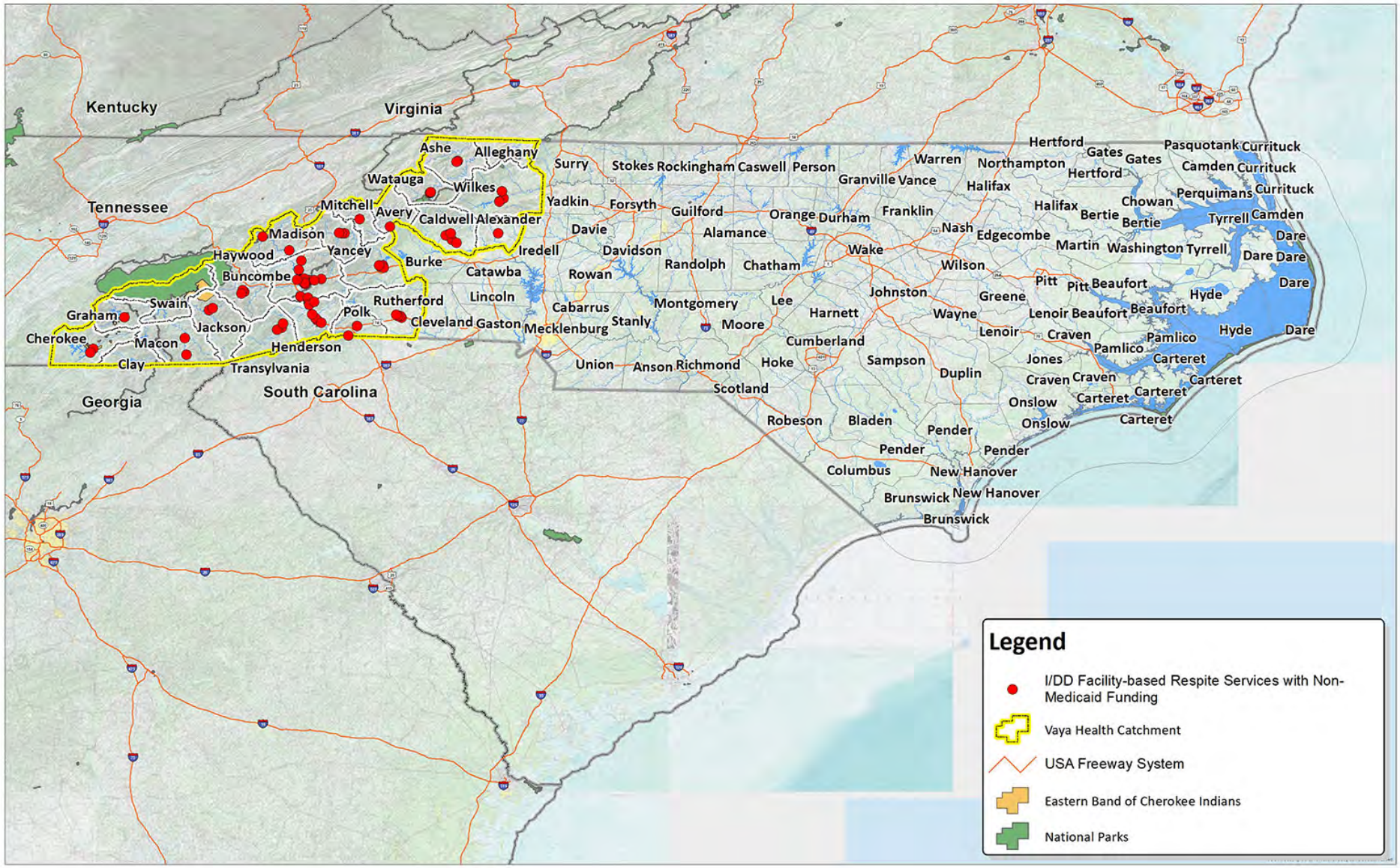
Vaya Health SA Halfway Houses Non-Medicaid Funding SFY18



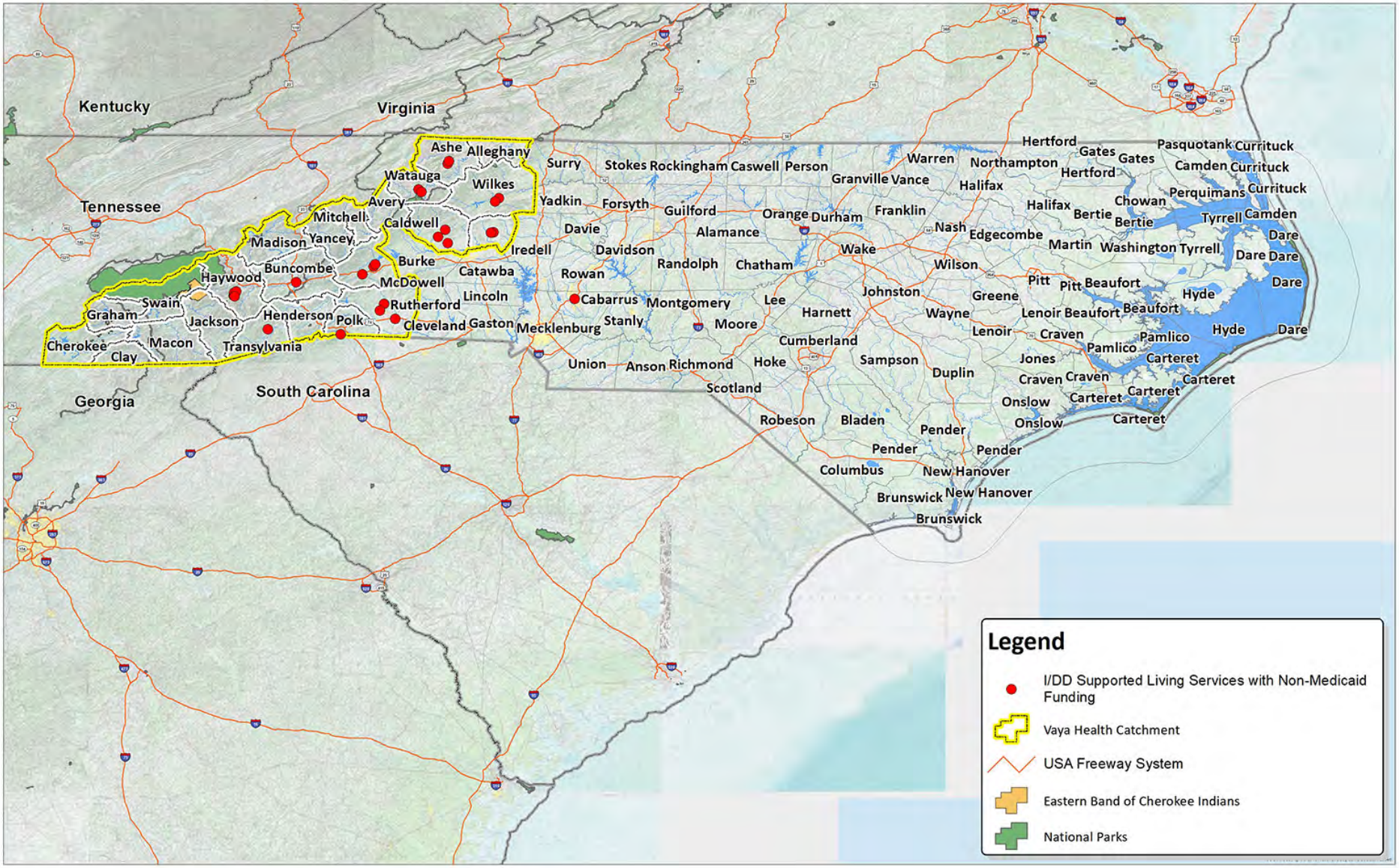
Vaya Health I/DD Out-of-Home Respite Non-Medicaid Funding SFY18



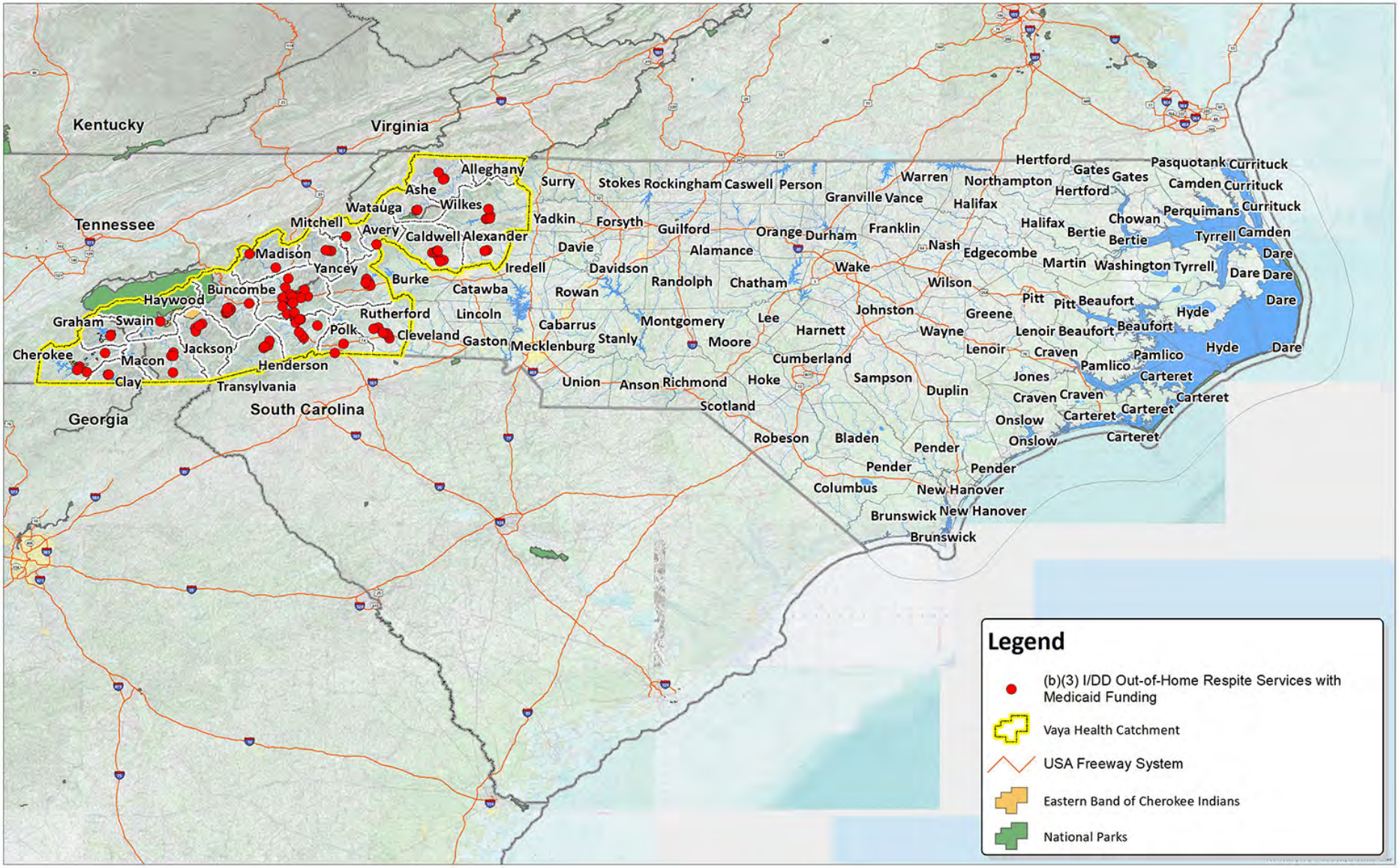
Vaya Health I/DD Facility-based Respite Non-Medicaid Funding SFY18



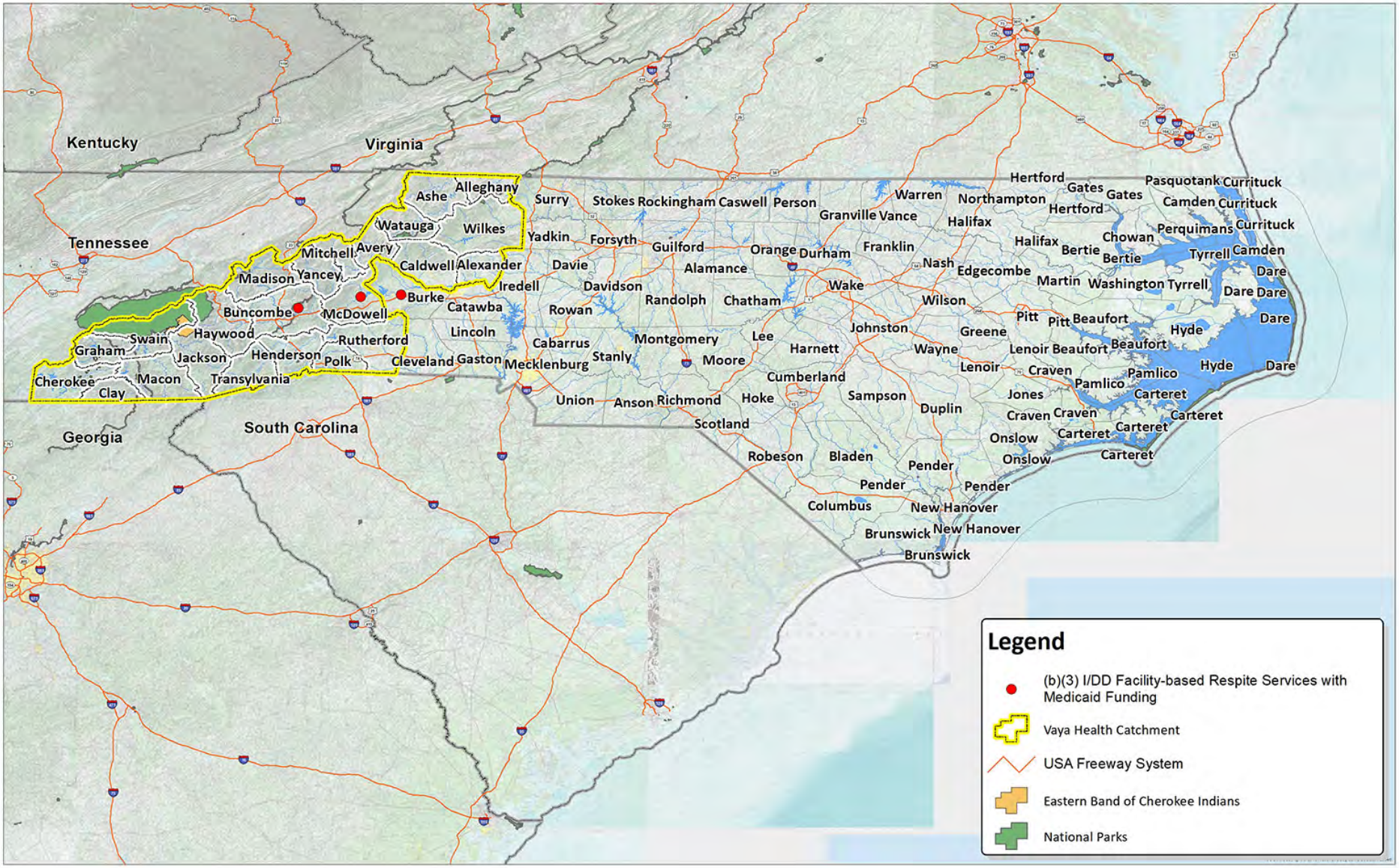
Vaya Health I/DD Supported Living Non-Medicaid Funding SFY18



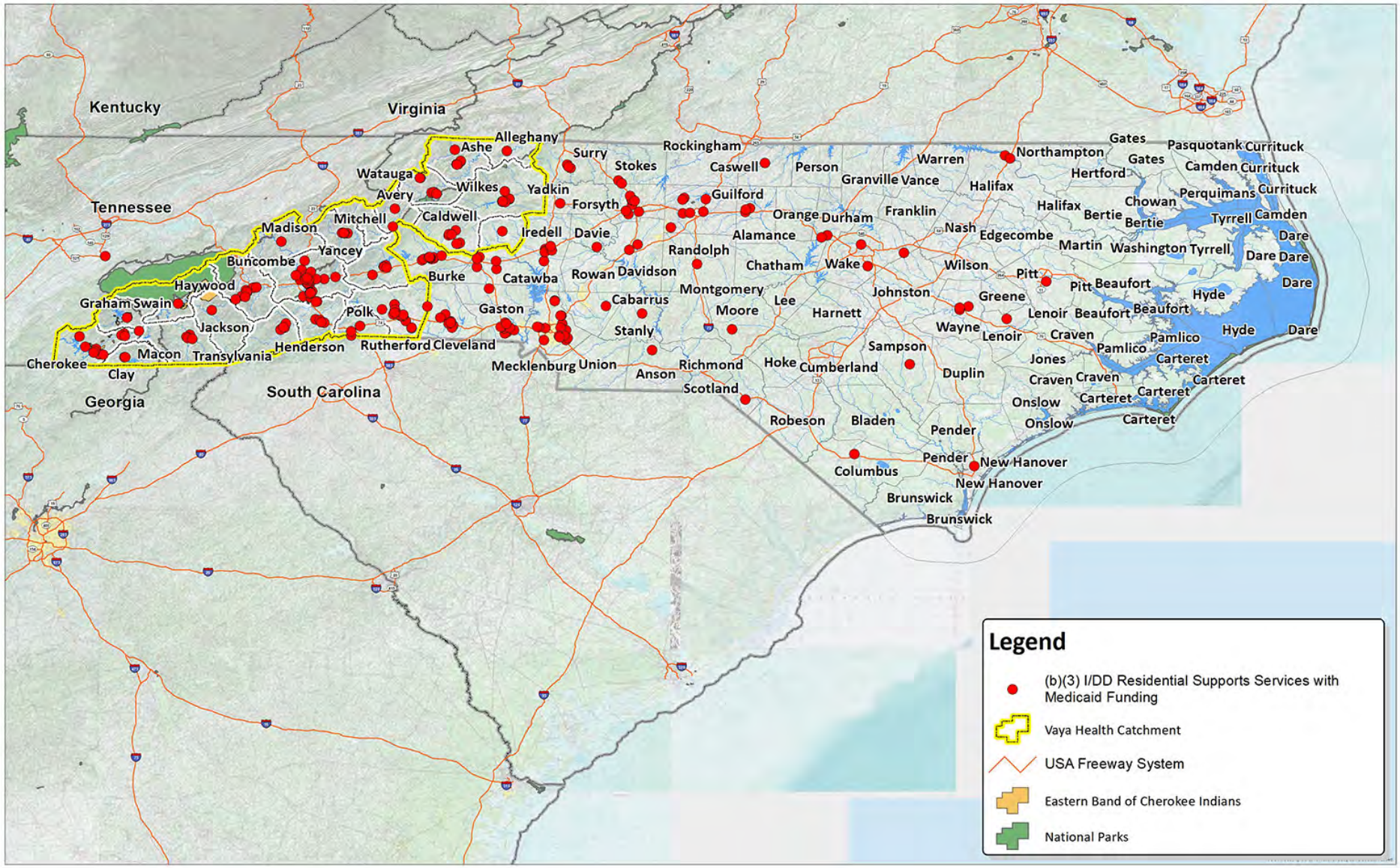
Vaya Health (b)(3) IDD Out-of-Home Respite Medicaid Funding SFY18



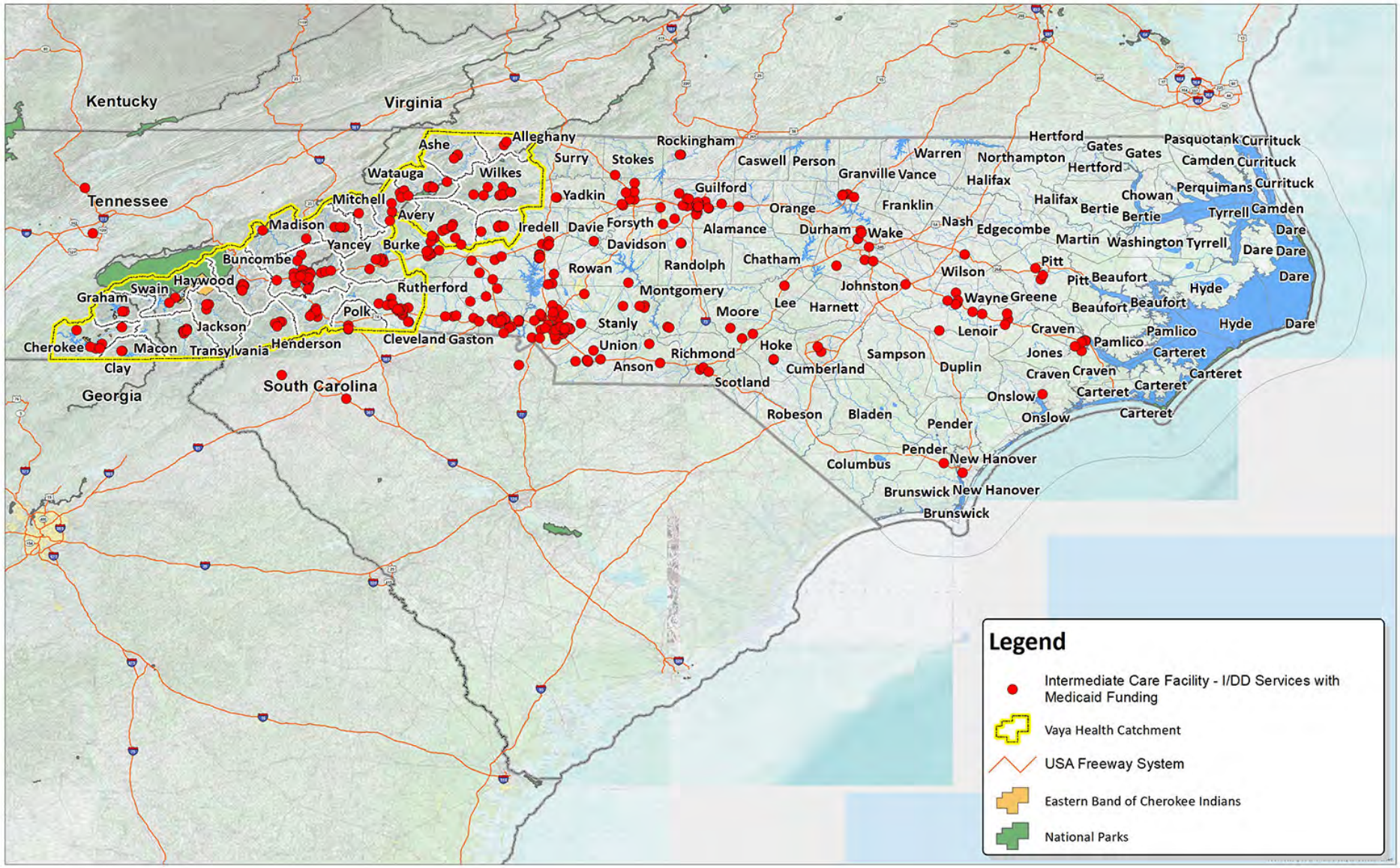
Vaya Health (b)(3) IDD Facility-based Respite Medicaid Funding SFY18



Vaya Health (b)(3) I/DD Residential Supports Medicaid Funding SFY18



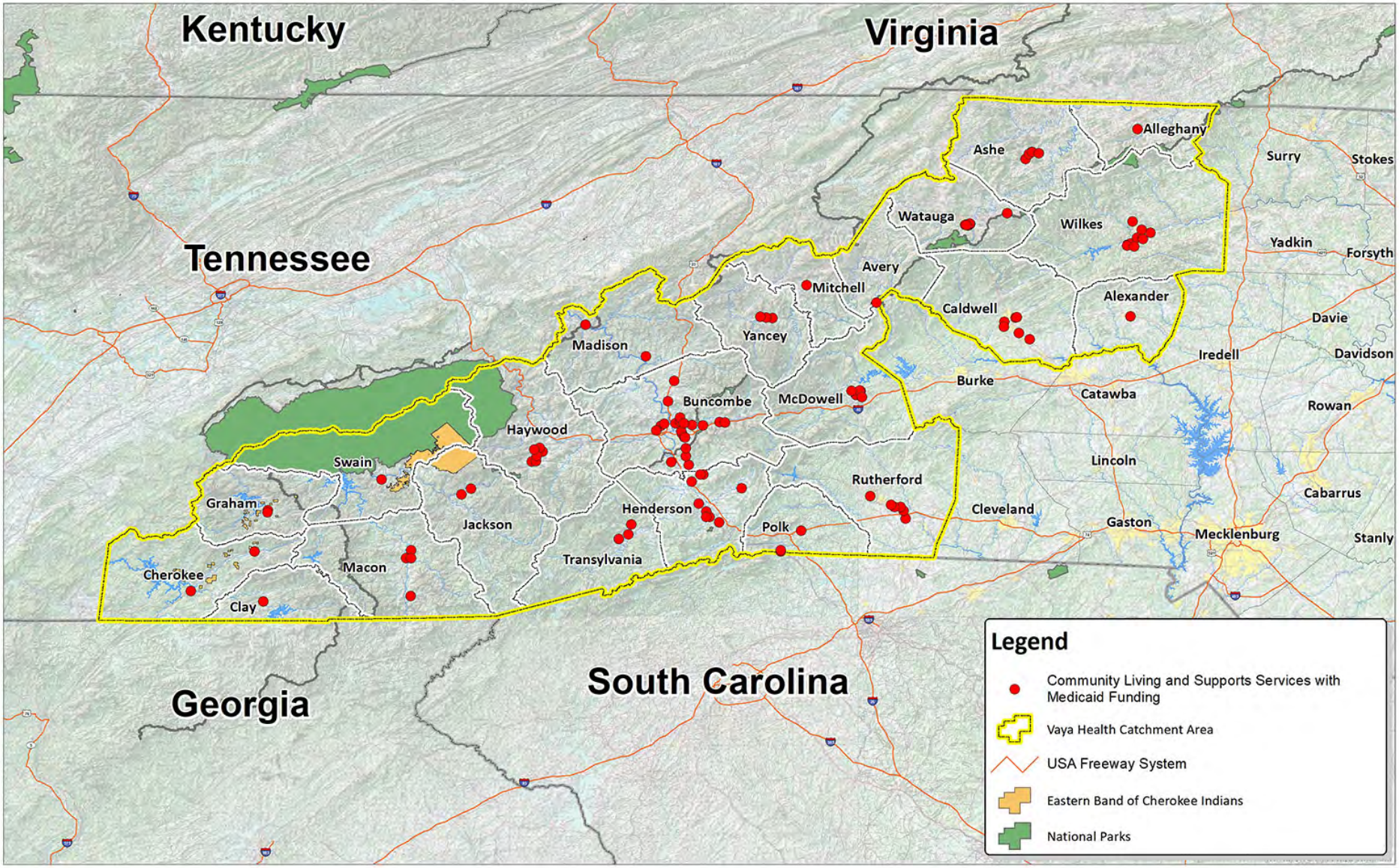
Vaya Health Intermediate Care Facility - I/DD Medicaid Funding SFY18



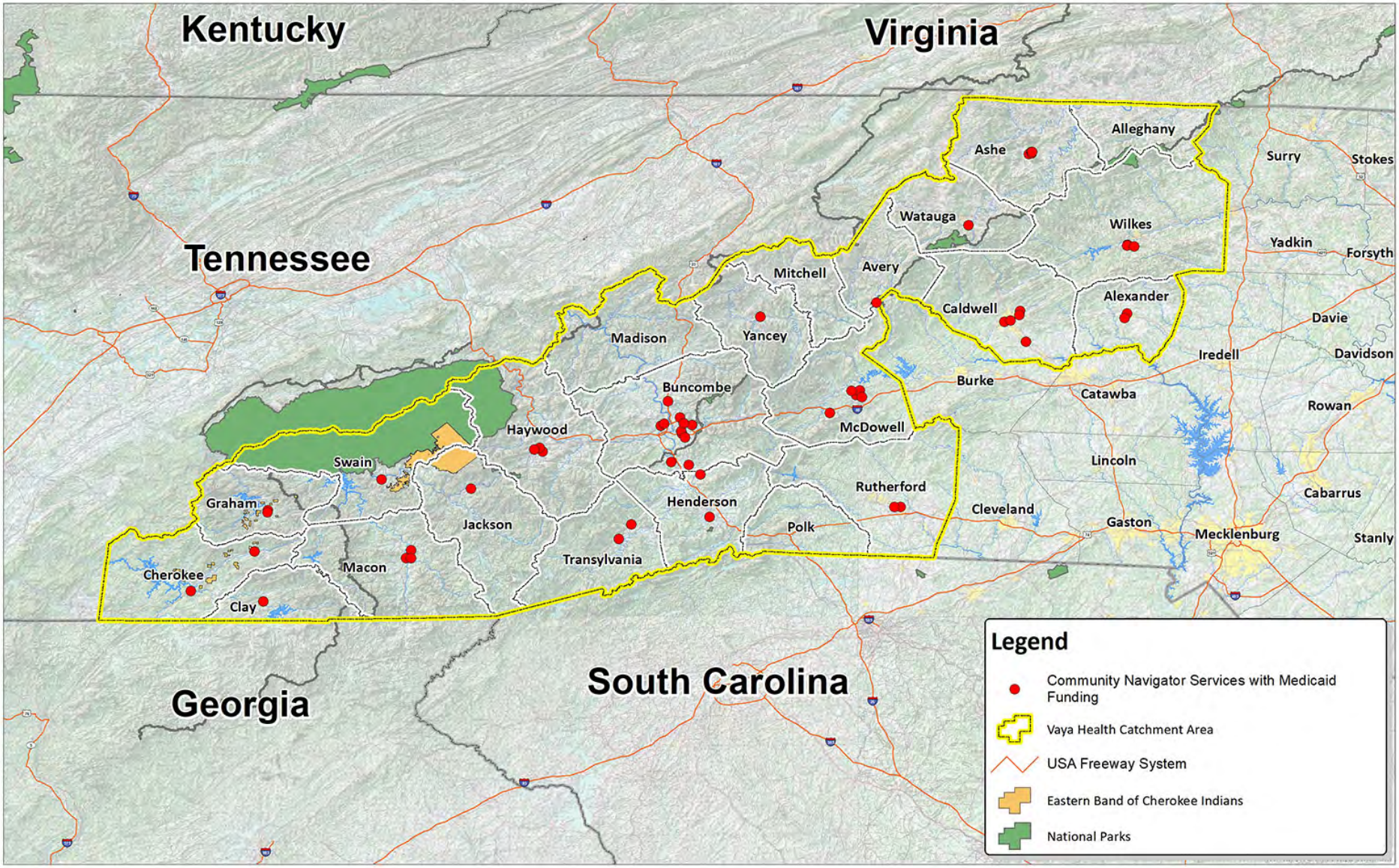
Geomaps: C-Waiver Services

Service	Medicaid map included
Community Living and Supports	✓
Community Navigator	✓
Community Navigator Training for Employer of Record	✓
Community Networking	✓
Crisis Behavioral Consultation	✓
In Home Intensive	✓
In Home Skill Building	✓
Personal Care	✓
Crisis Consultation	✓
Crisis Intervention & Stabilization Supports	✓
Residential Supports 1	✓
Residential Supports 2	✓
Residential Supports 3	✓
Residential Supports 4	✓
Respite Care – Community	✓
Respite Care Nursing – LPN & RN	✓
Supported Employment	✓
Supported Employment – Long Term Follow-up	✓
Supported Living	✓
Day Supports	✓
Out of Home Crisis	✓
Respite Care - Community Facility	✓
Financial Supports	✓
Specialized Consultative Services (at least one provider of one of multiple services)	✓

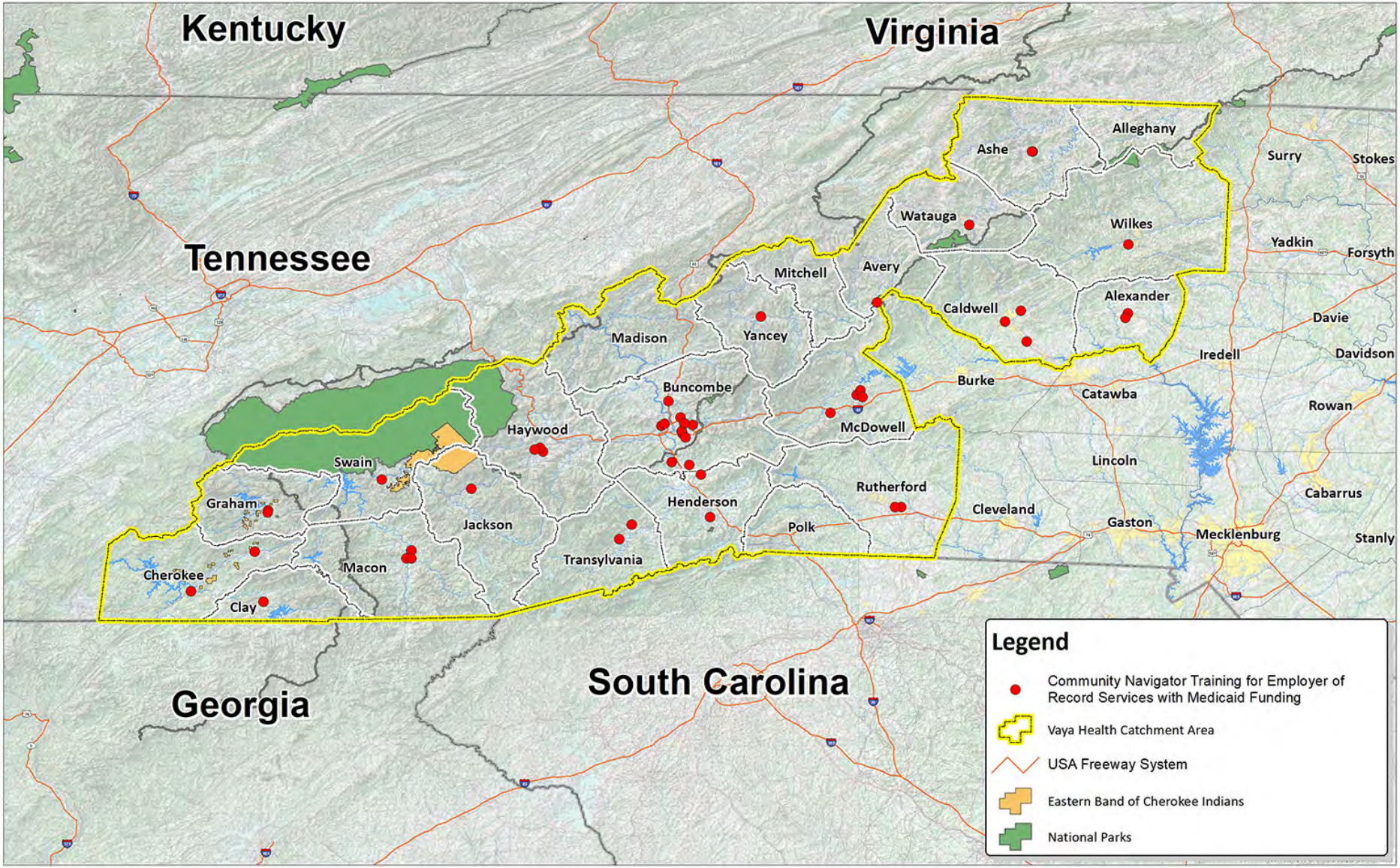
Vaya Health Community Living and Supports Medicaid SFY18



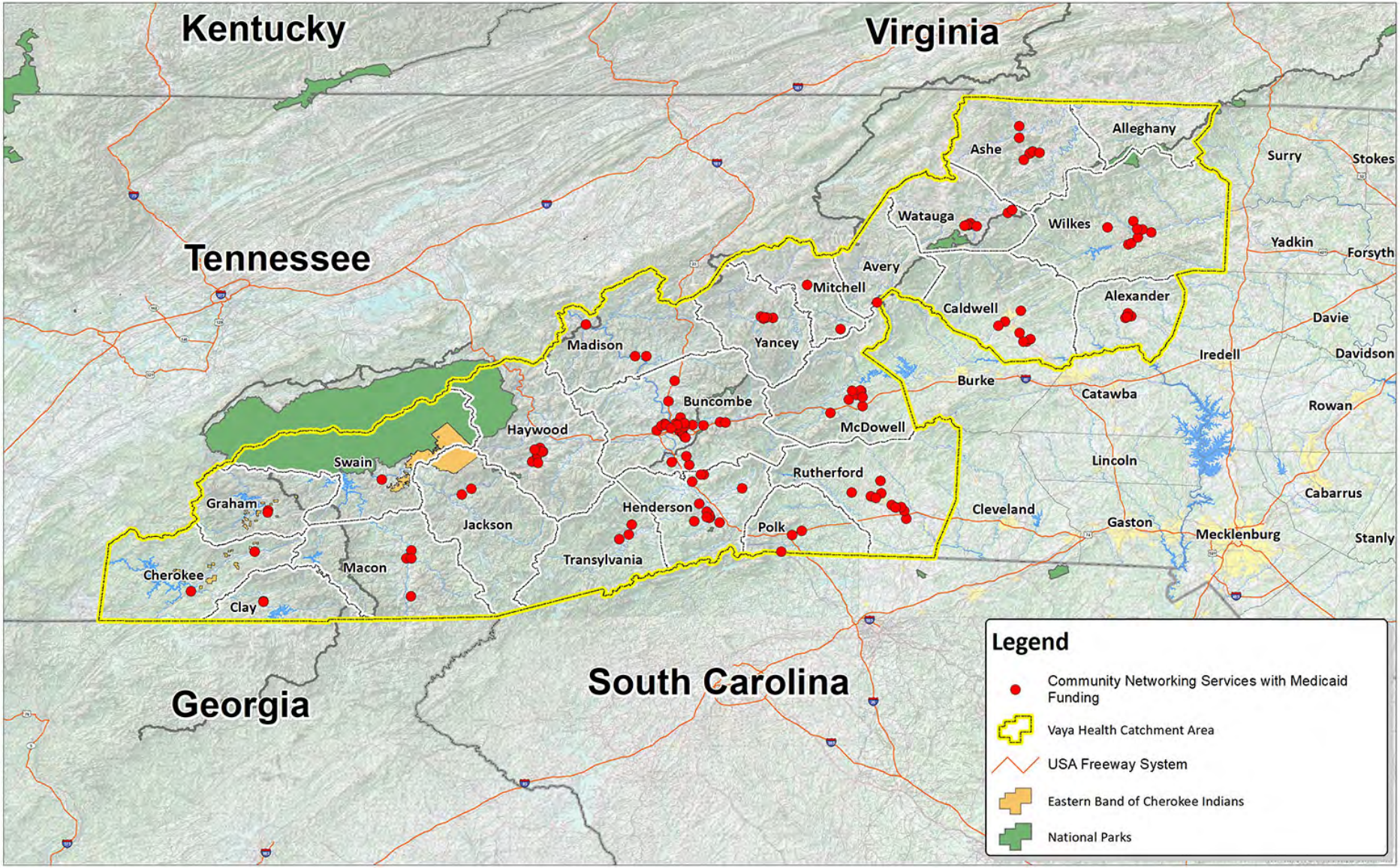
Vaya Health Community Navigator Medicaid SFY18



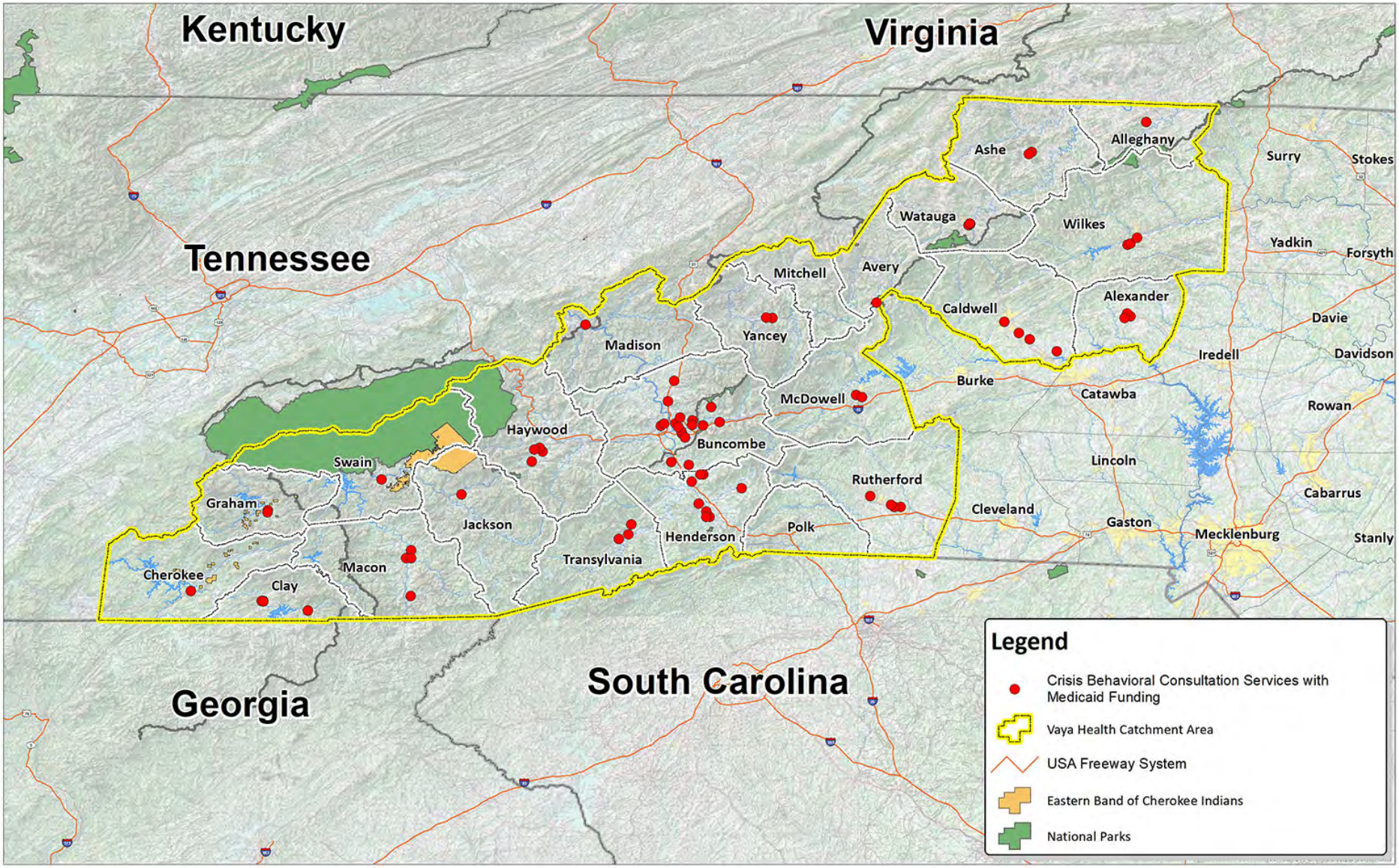
Vaya Health Community Navigator Training for Employer of Record Medicaid SFY18



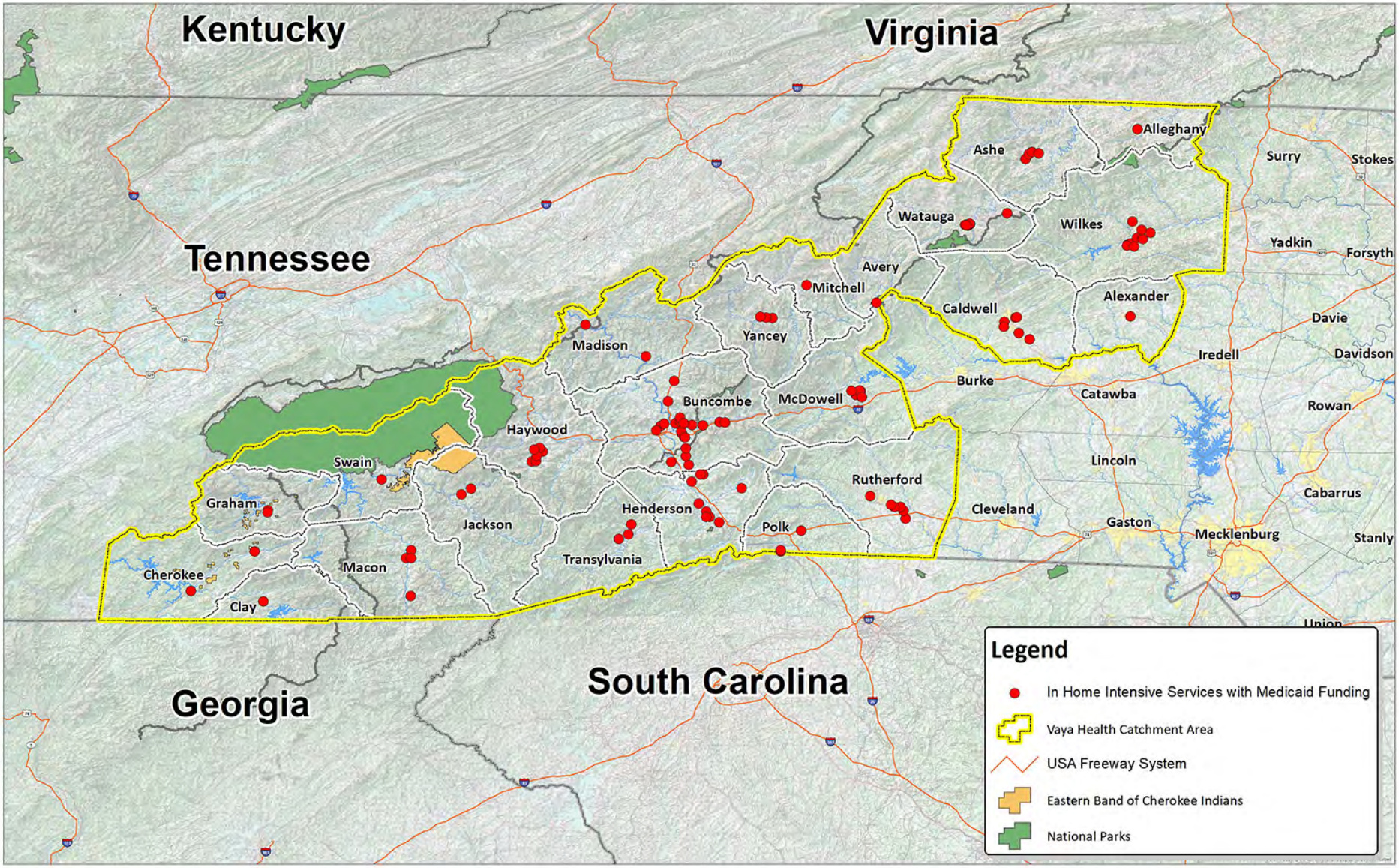
Vaya Health Community Networking Medicaid SFY18



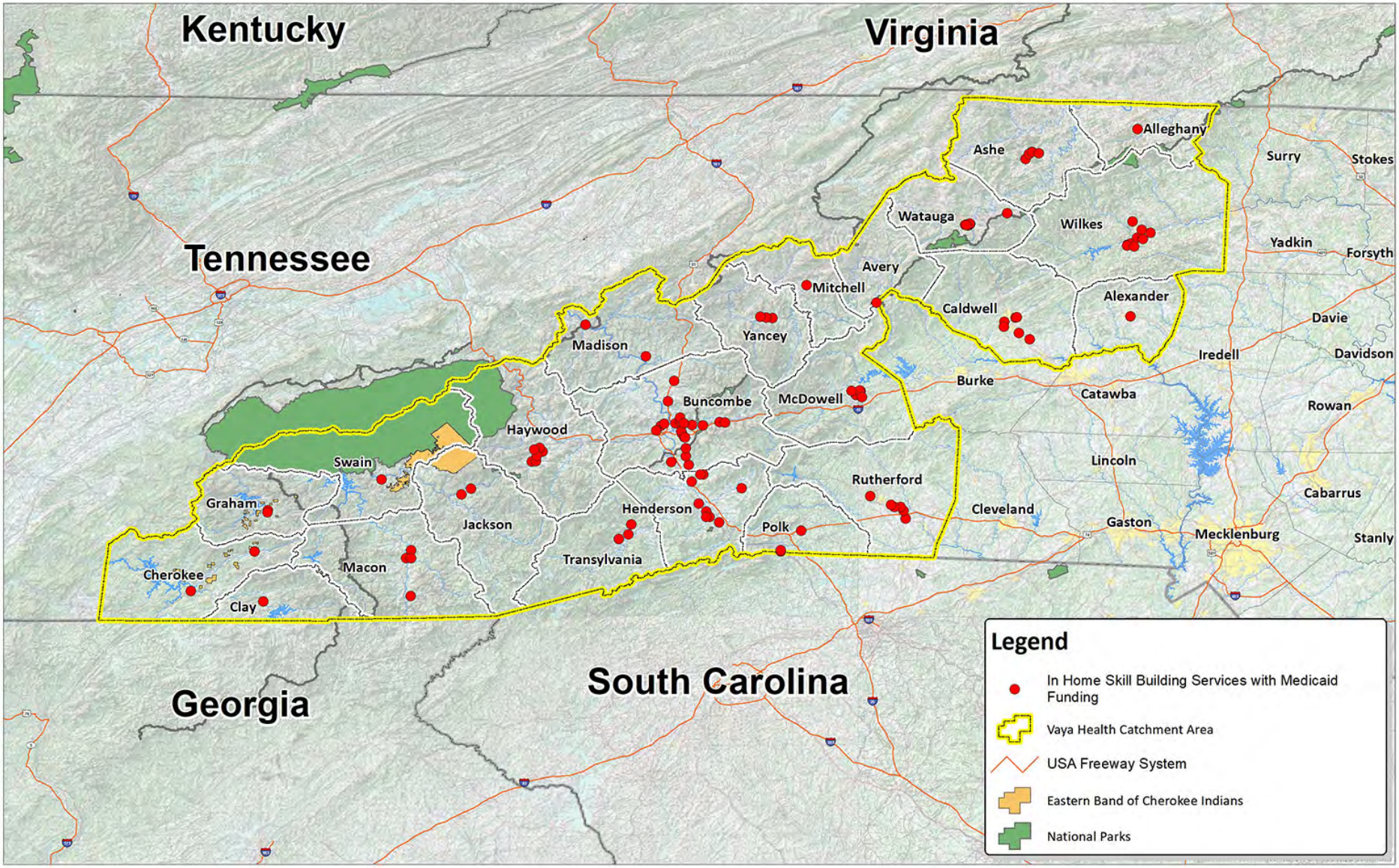
Vaya Health Crisis Behavioral Consultation Medicaid SFY18



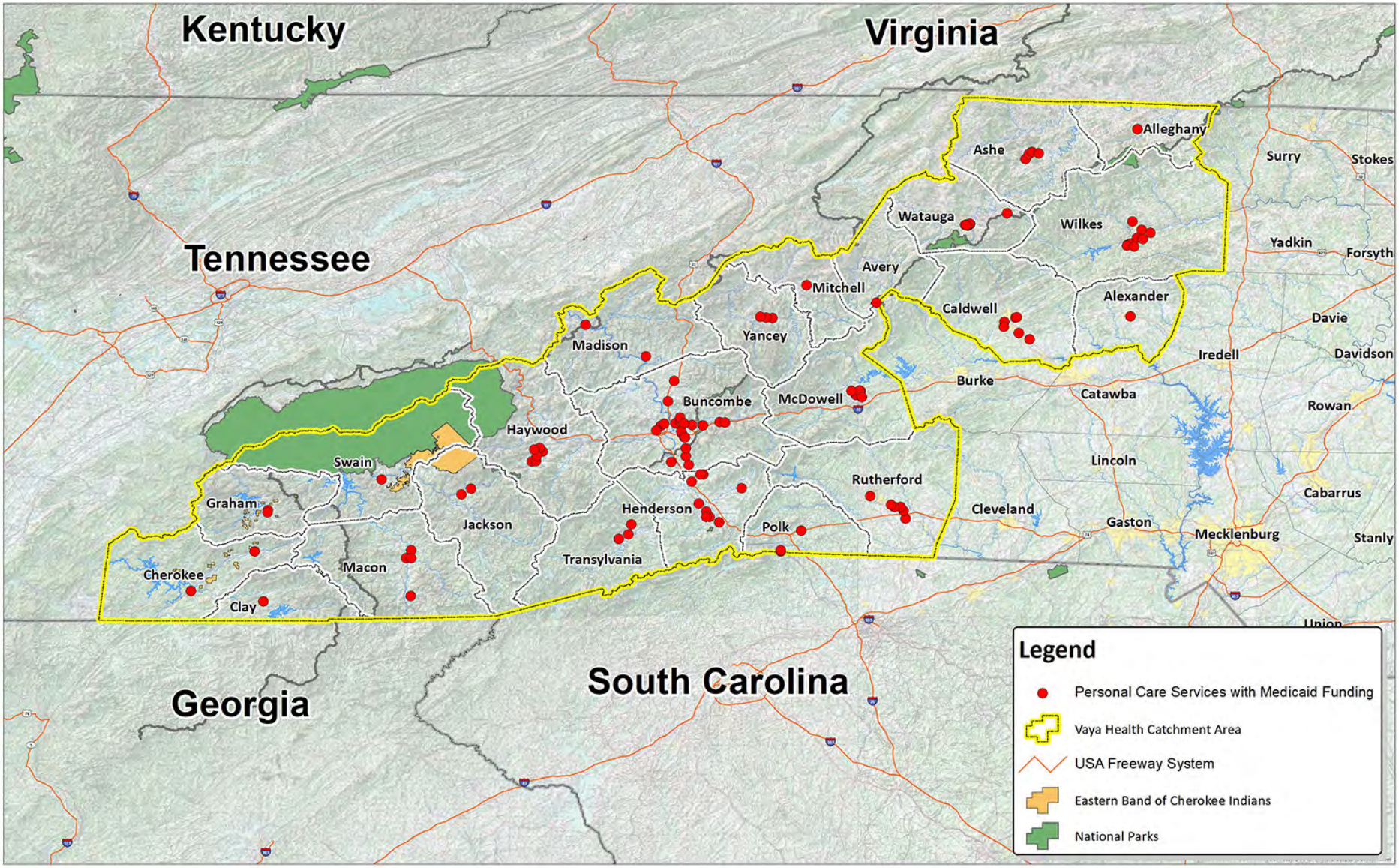
Vaya Health In Home Intensive Medicaid SFY18



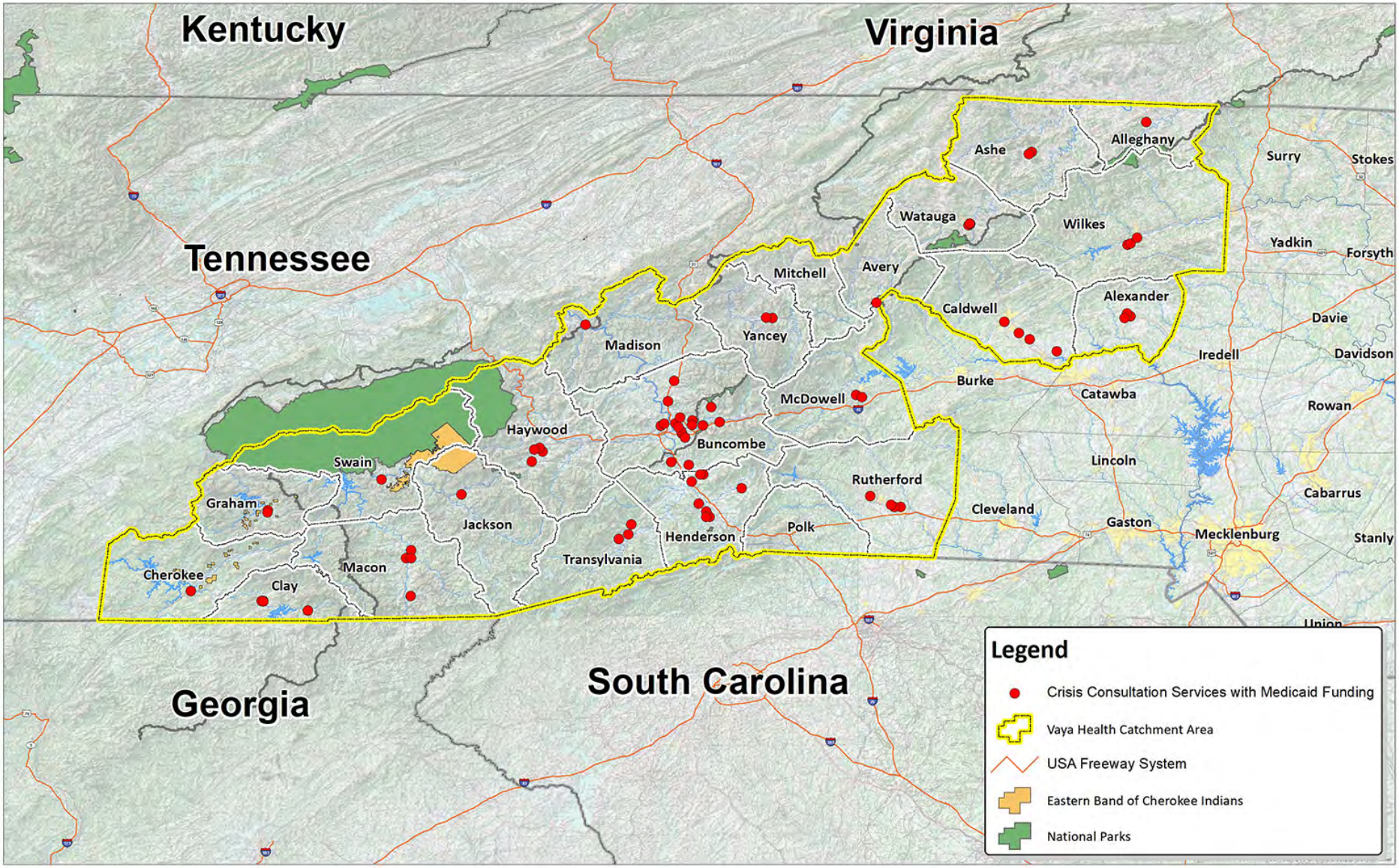
Vaya Health In Home Skill Building Medicaid SFY18



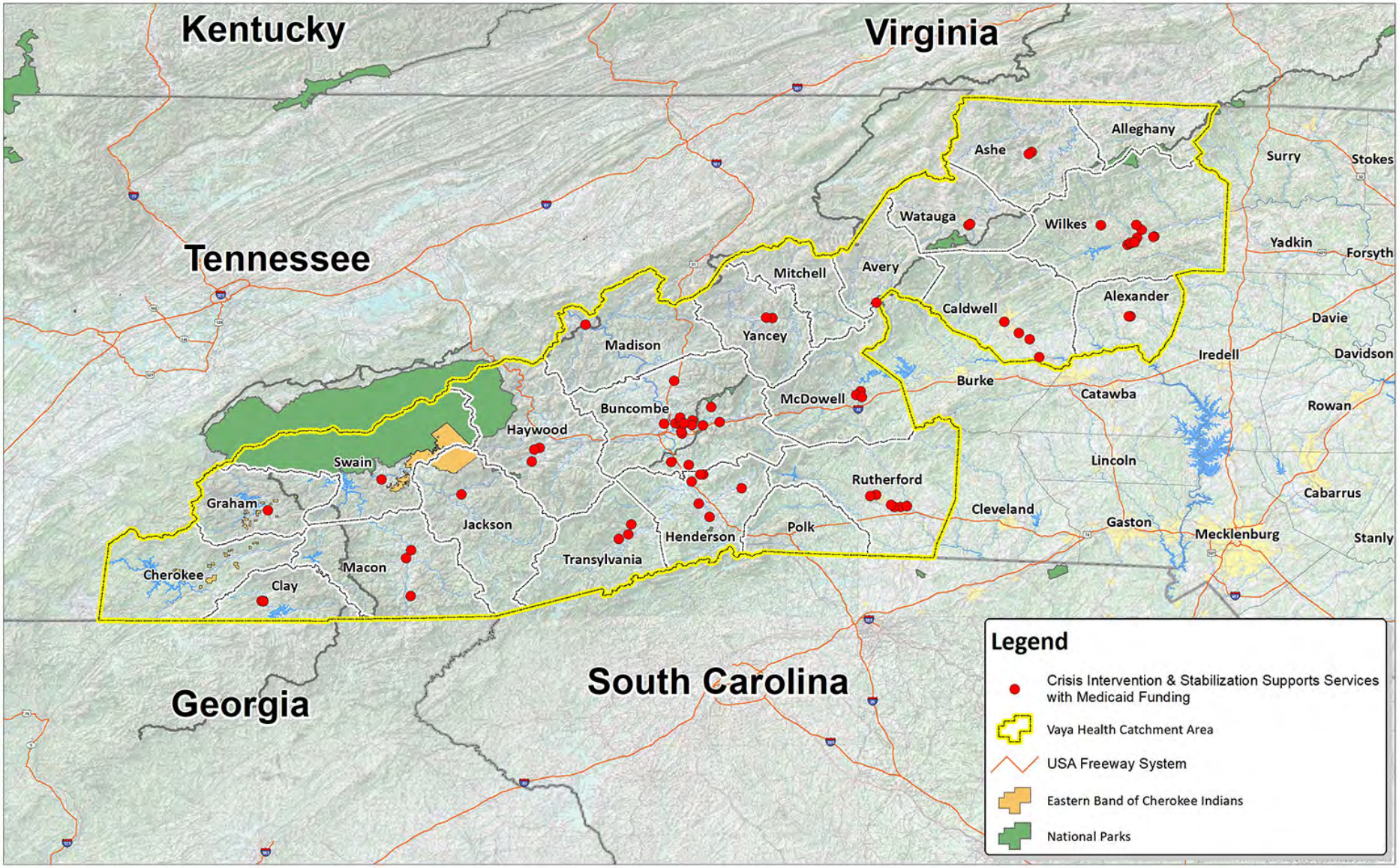
Vaya Health Personal Care Medicaid SFY18



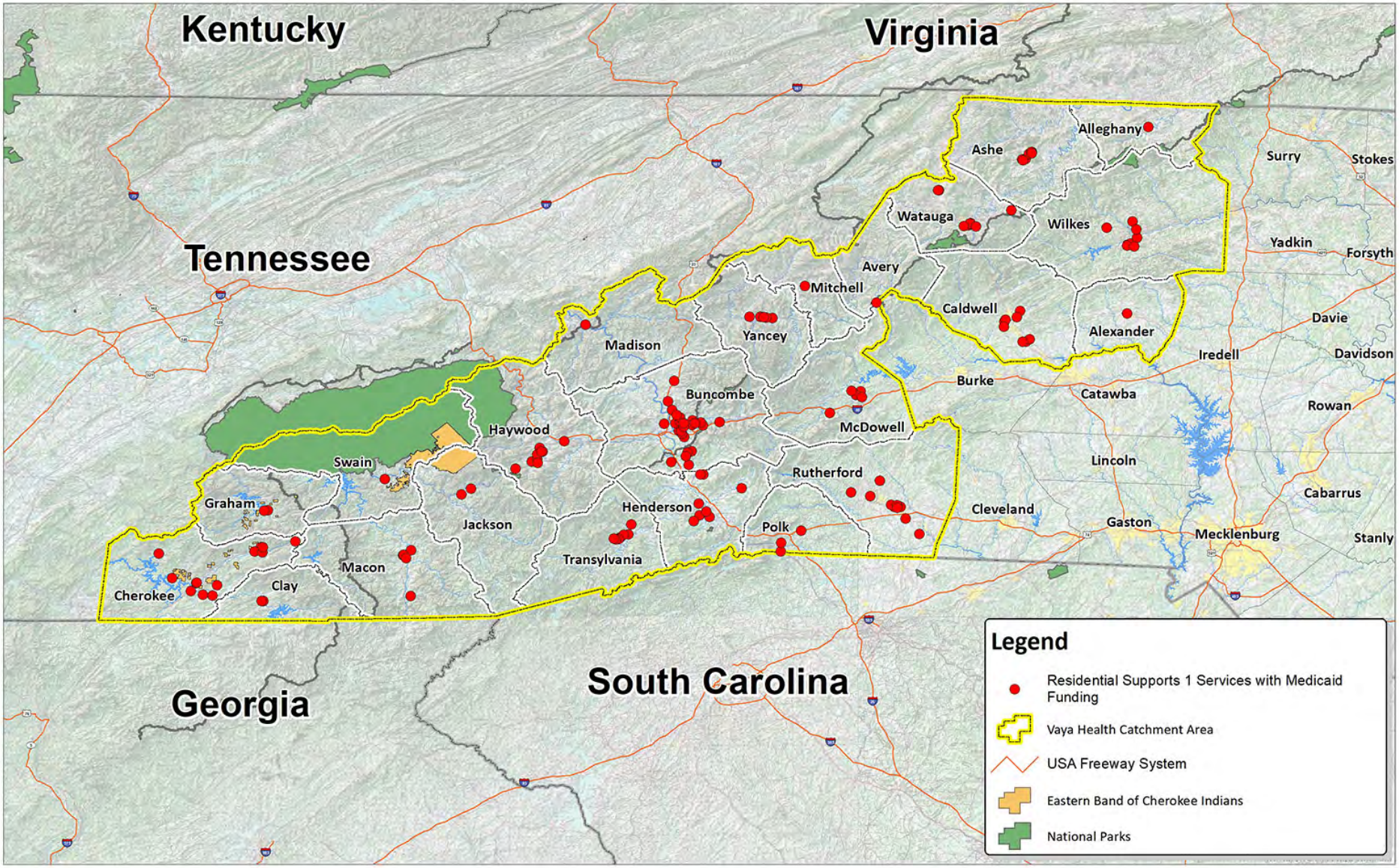
Vaya Health Crisis Consultation Medicaid SFY18



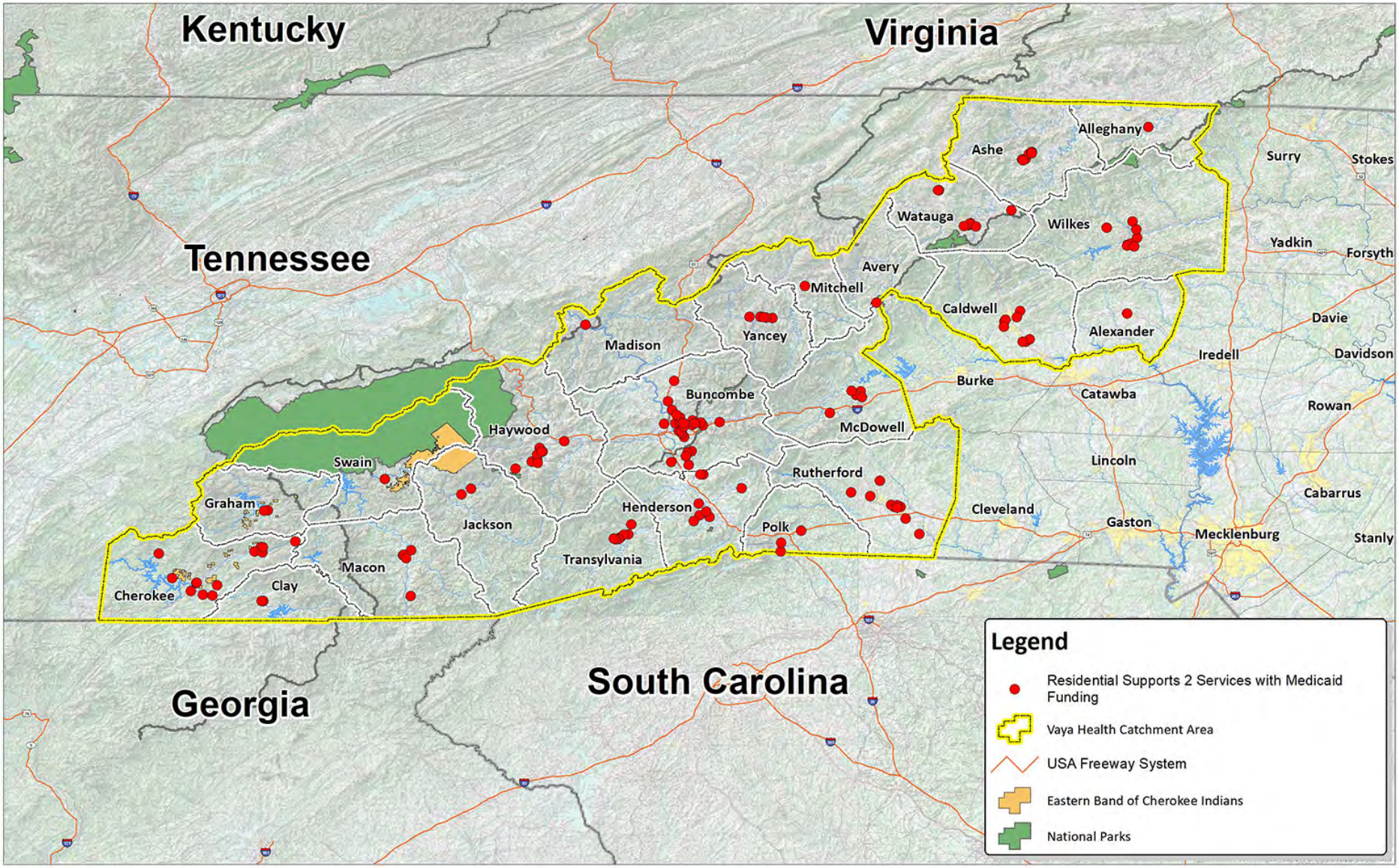
Vaya Health Crisis Intervention & Stabilization Supports Medicaid SFY18



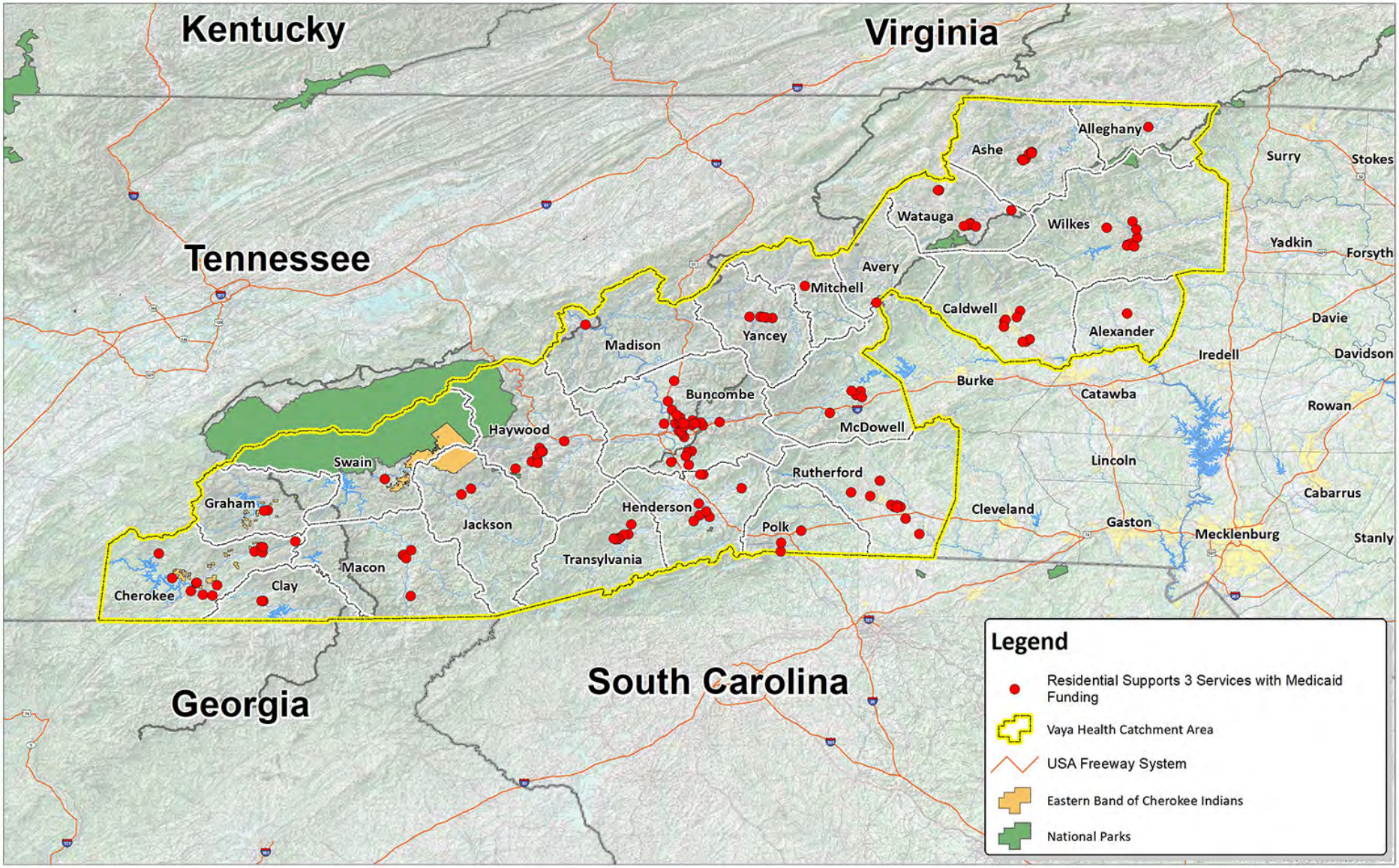
Vaya Health Residential Supports 1 Medicaid SFY18



Vaya Health Residential Supports 2 Medicaid SFY18



Vaya Health Residential Supports 3 Medicaid SFY18



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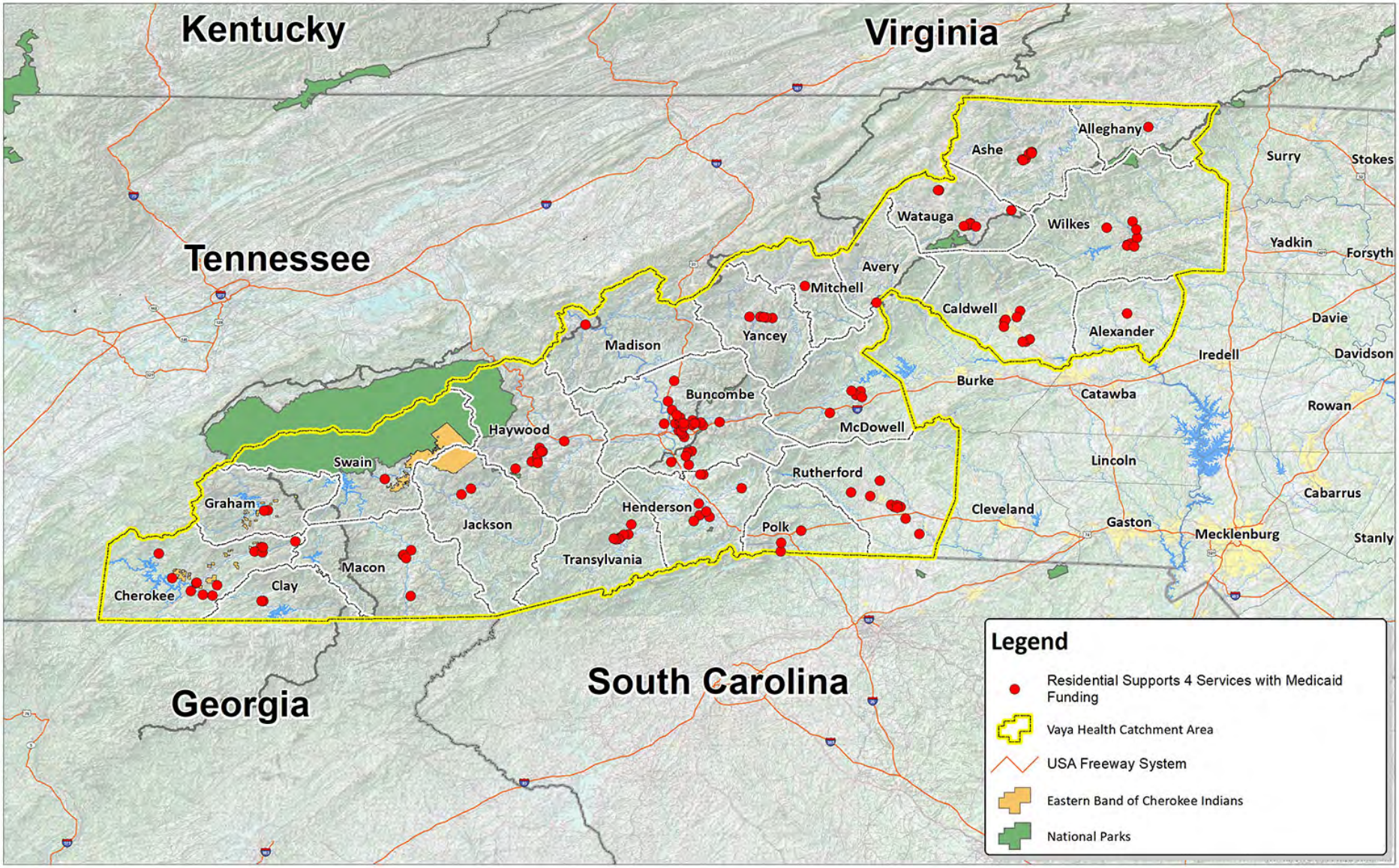
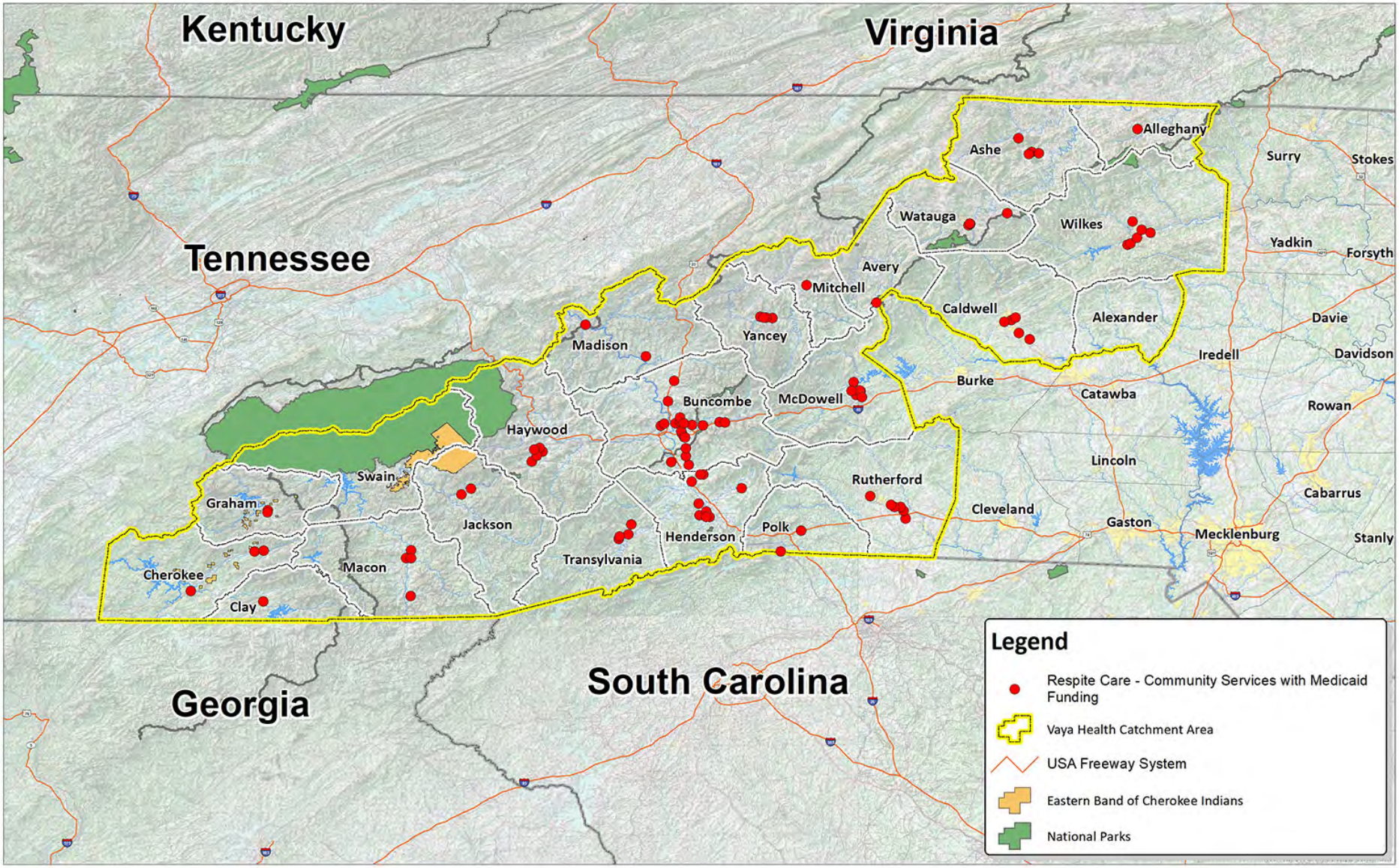
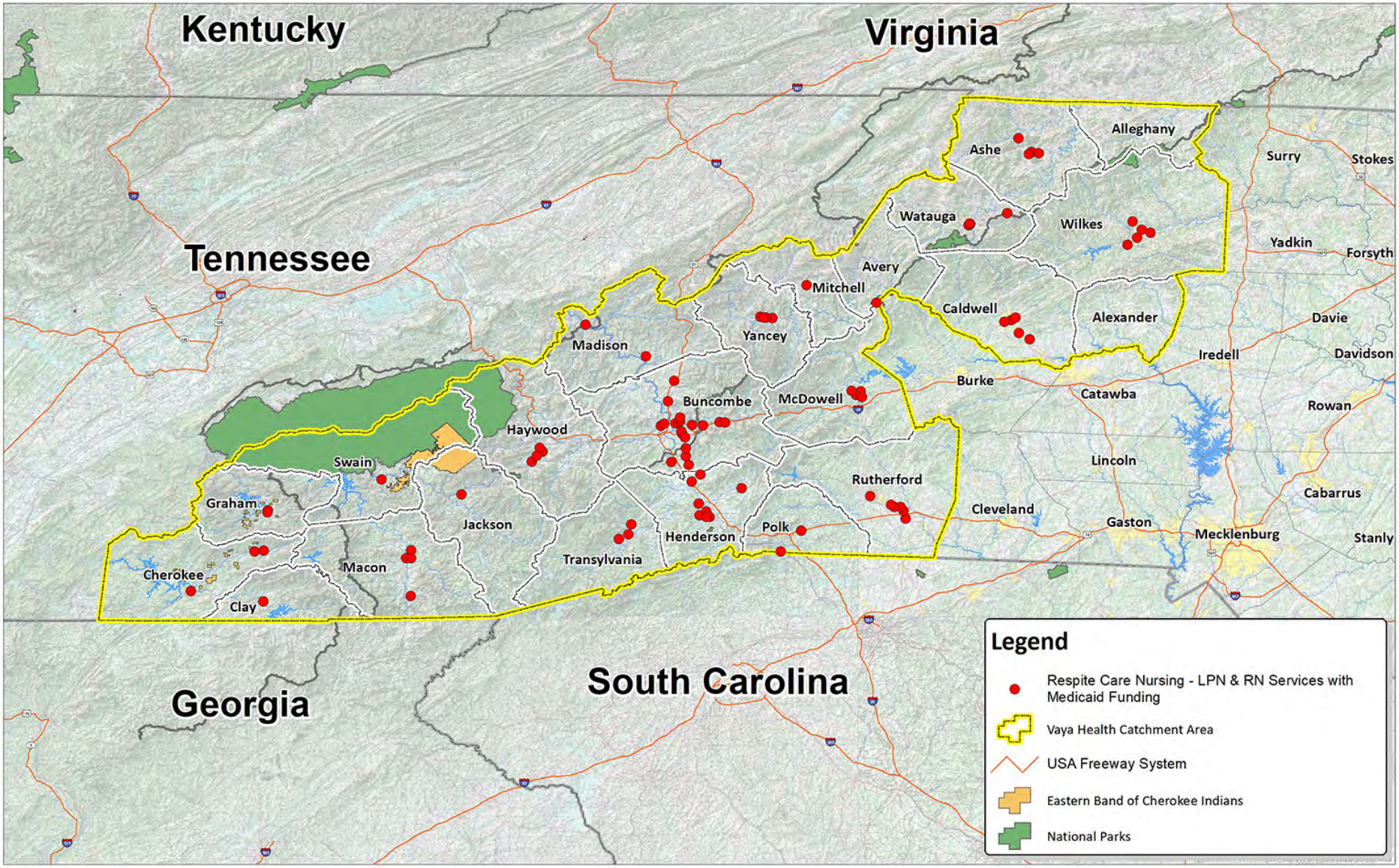


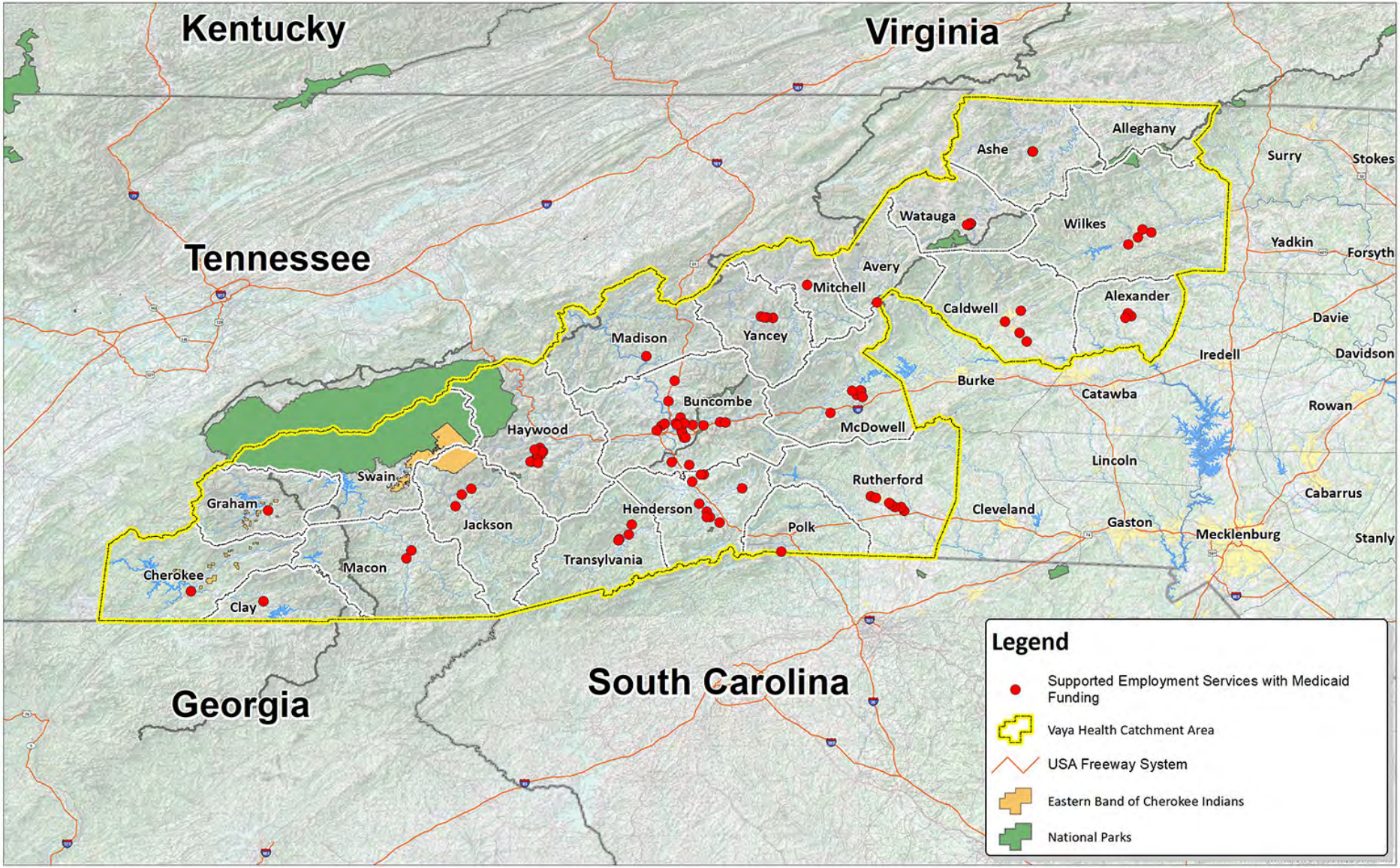
Vaya Health Respite Care - Community Medicaid SFY18



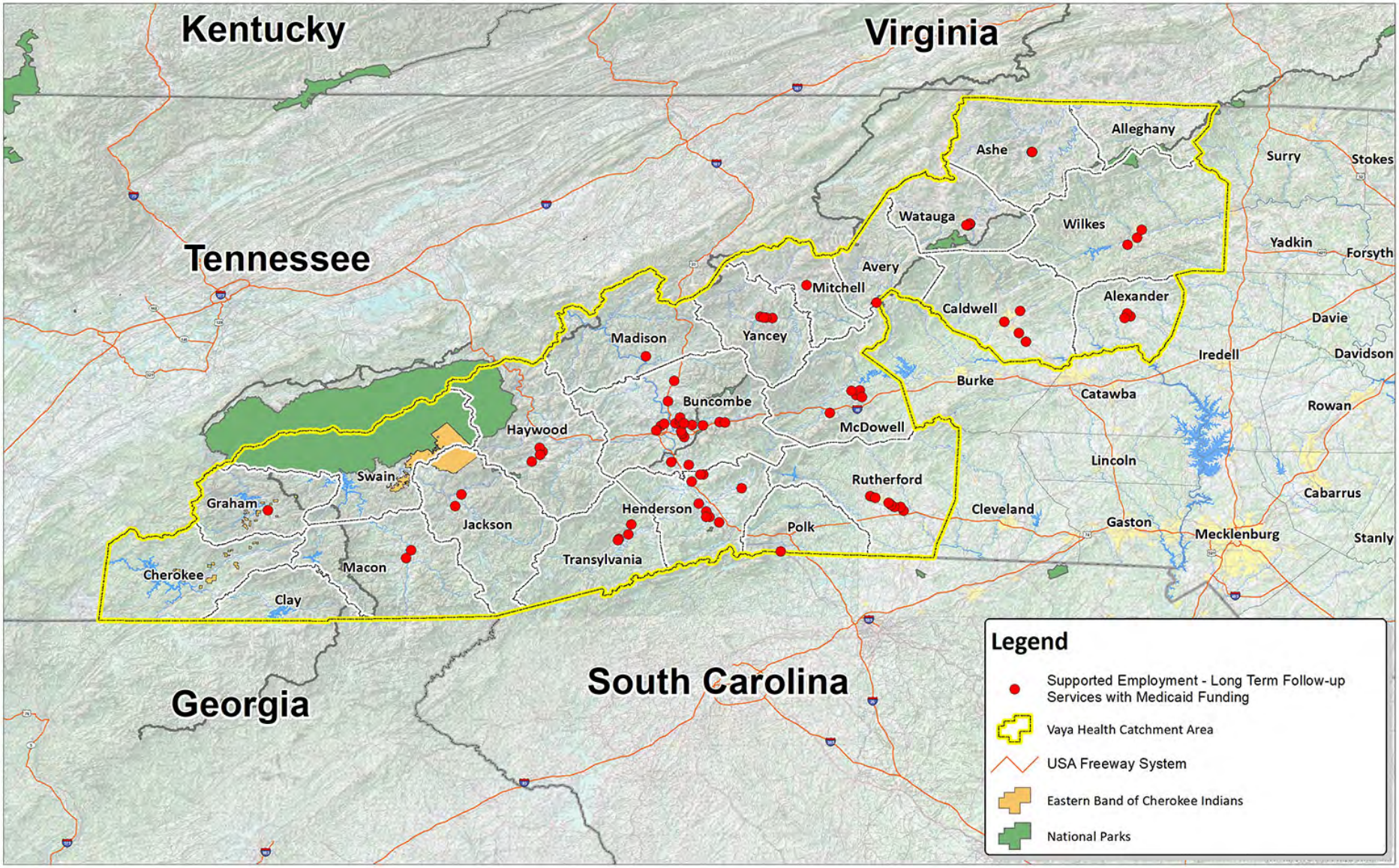
Vaya Health Respite Care Nursing - LPN & RN Medicaid SFY18



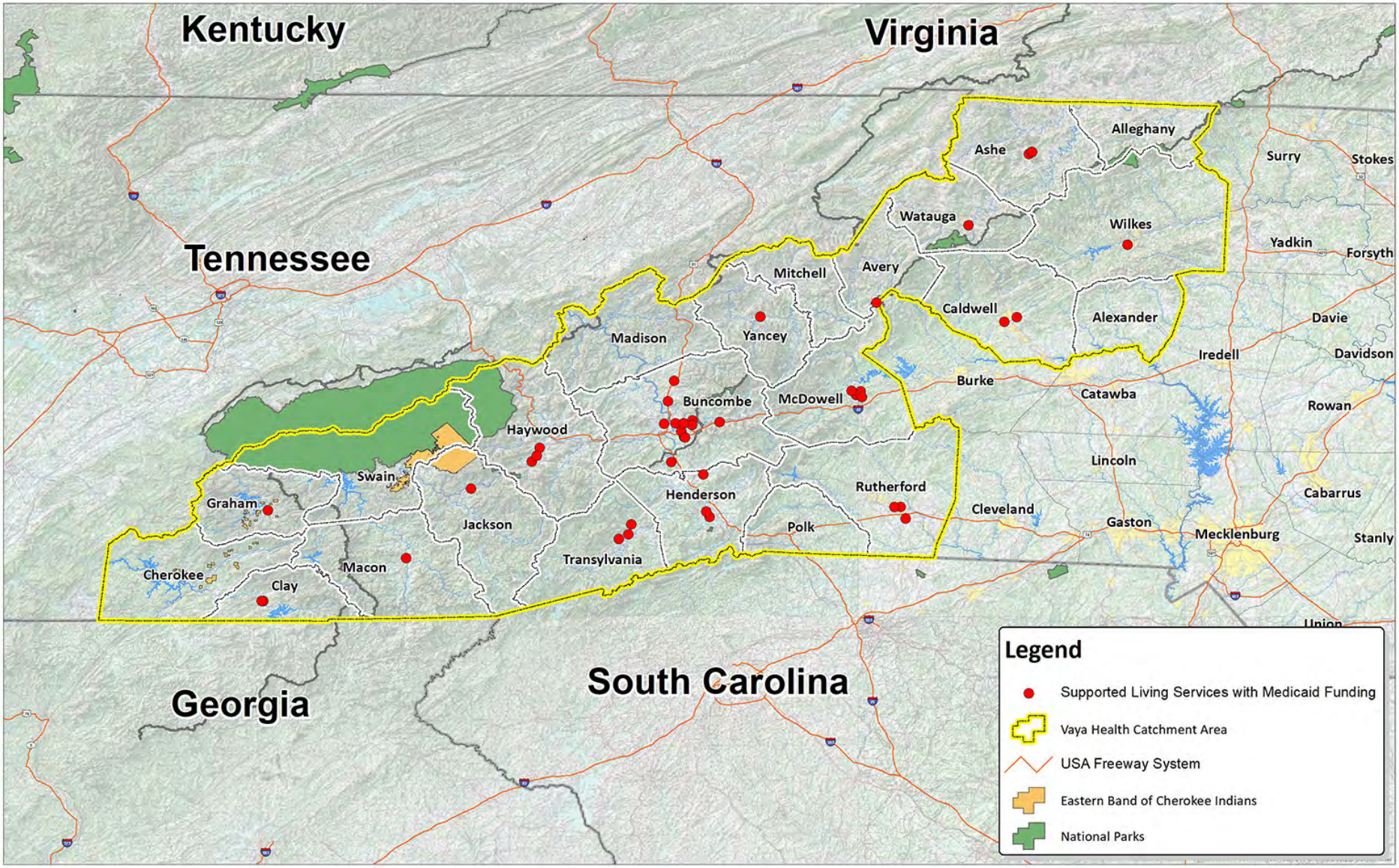
Vaya Health Supported Employment Medicaid SFY18



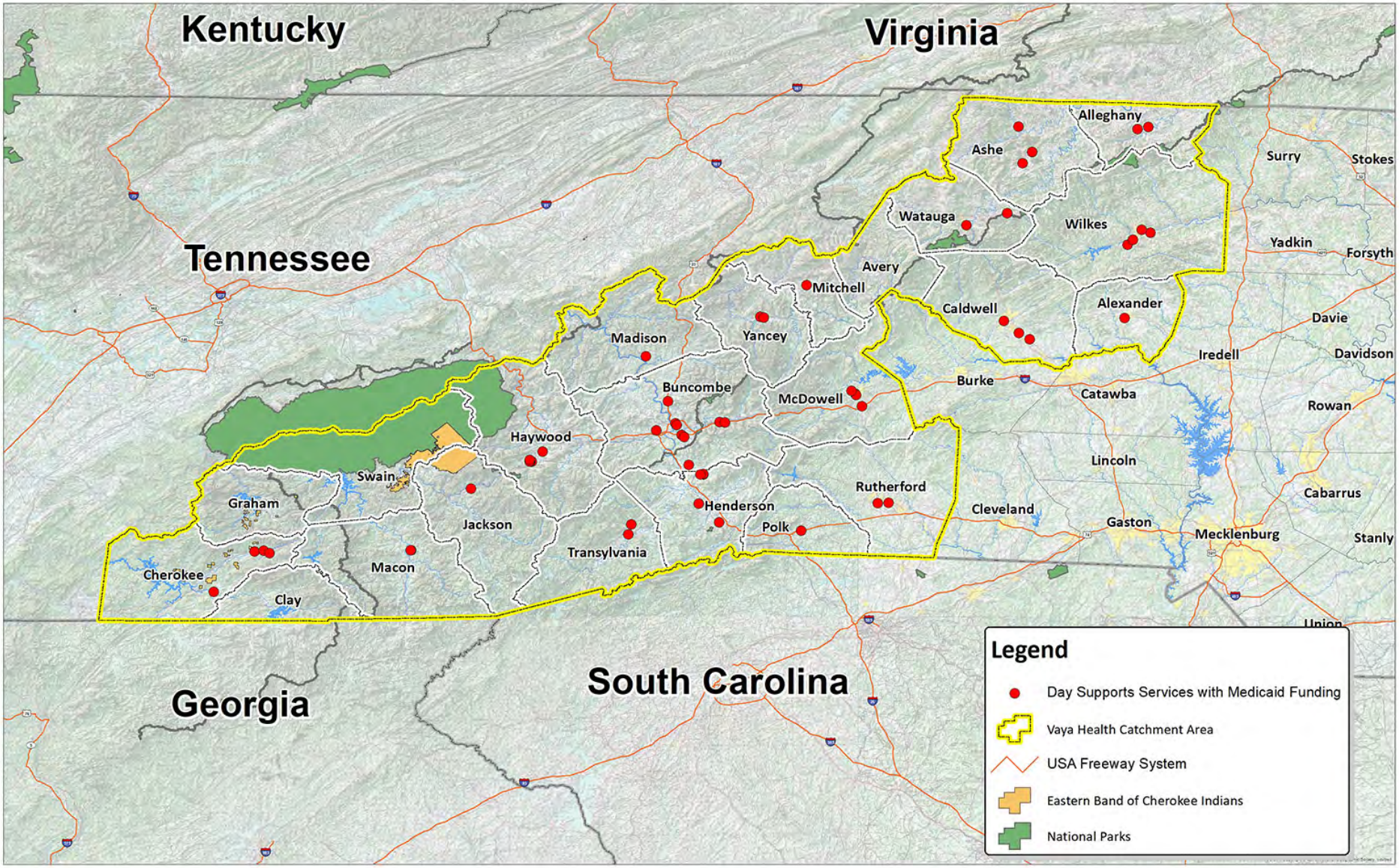
Vaya Health Supported Employment - Long Term Follow-up Medicaid SFY18



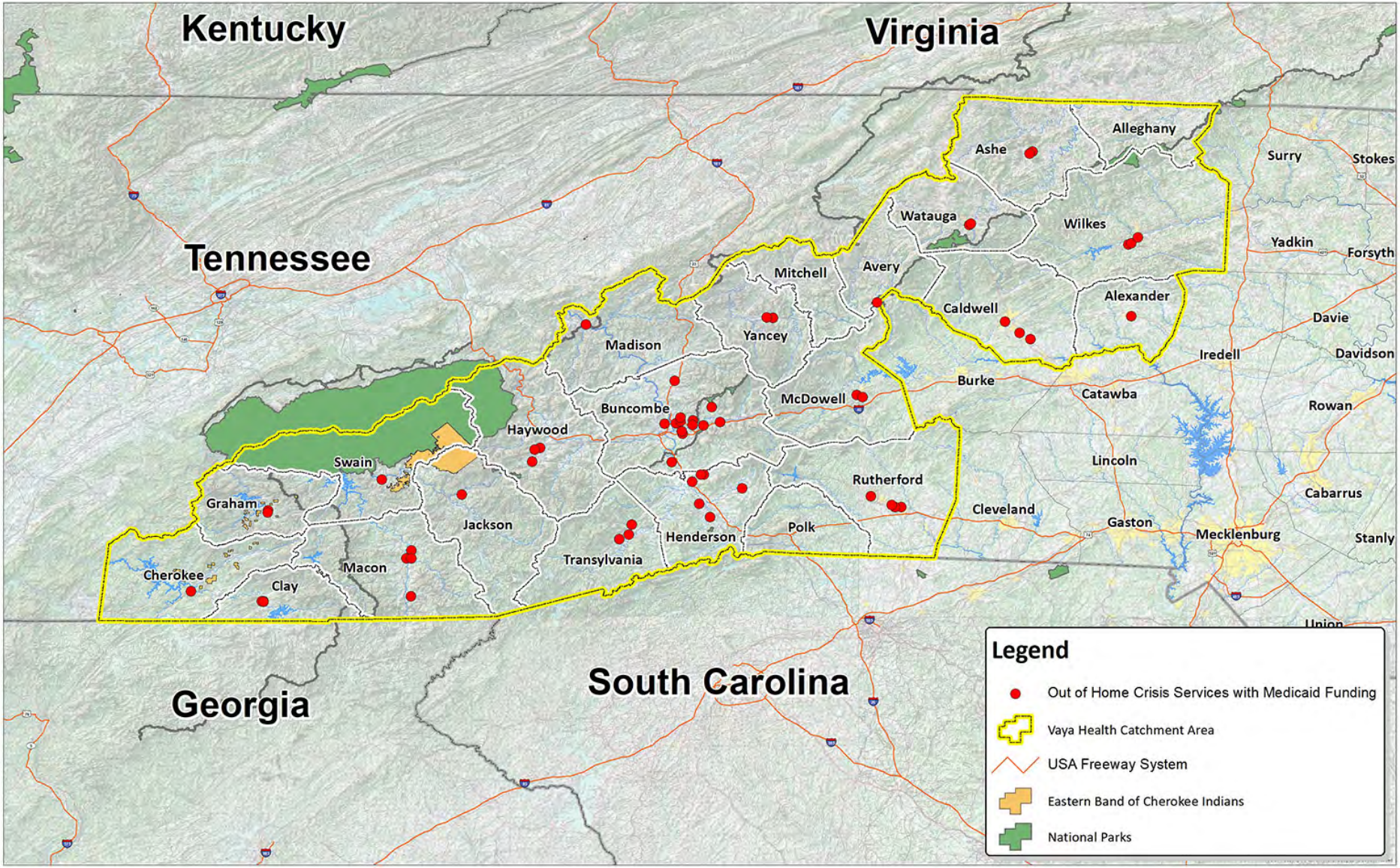
Vaya Health Supported Living Medicaid SFY18



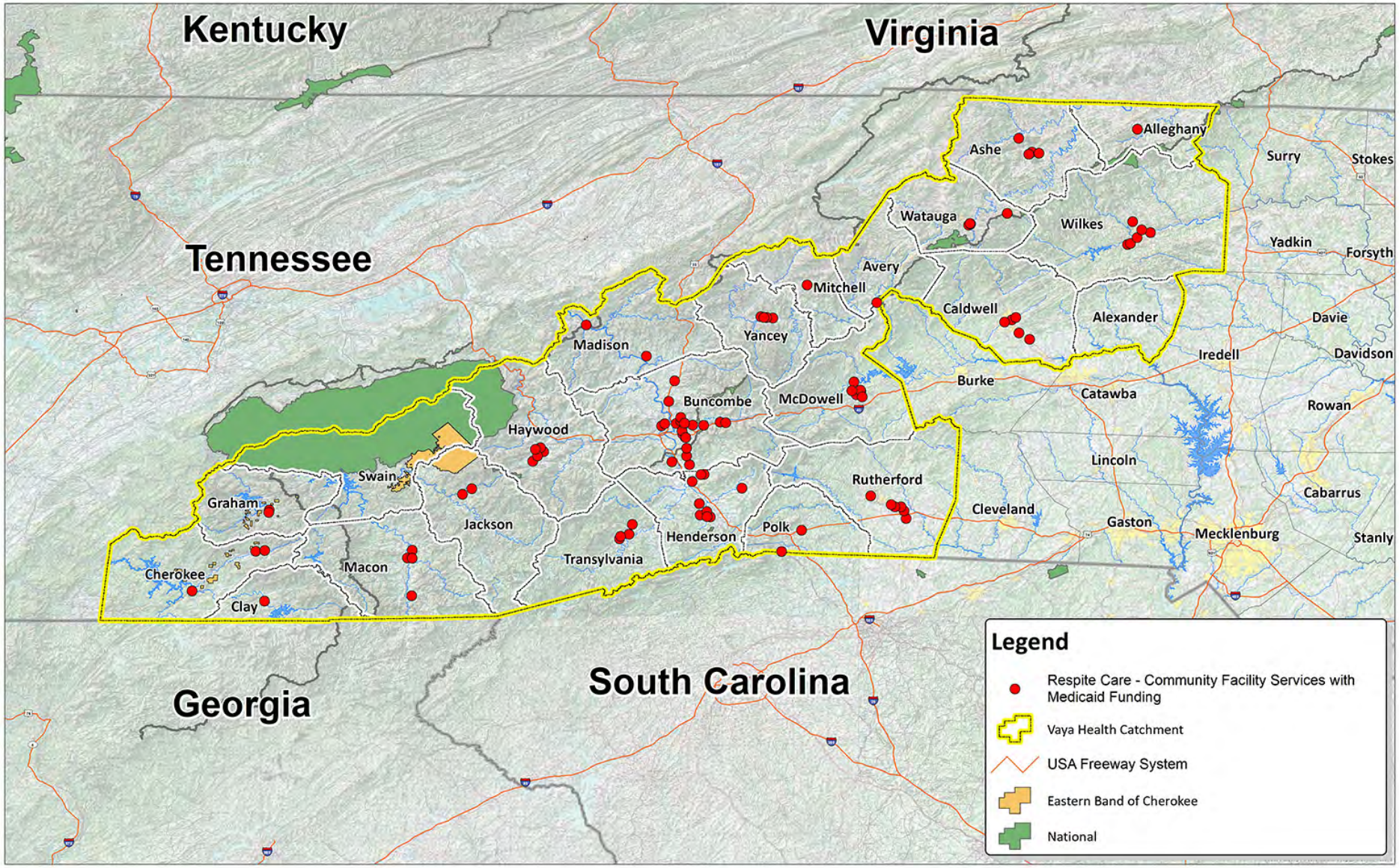
Vaya Health Day Supports Medicaid SFY18



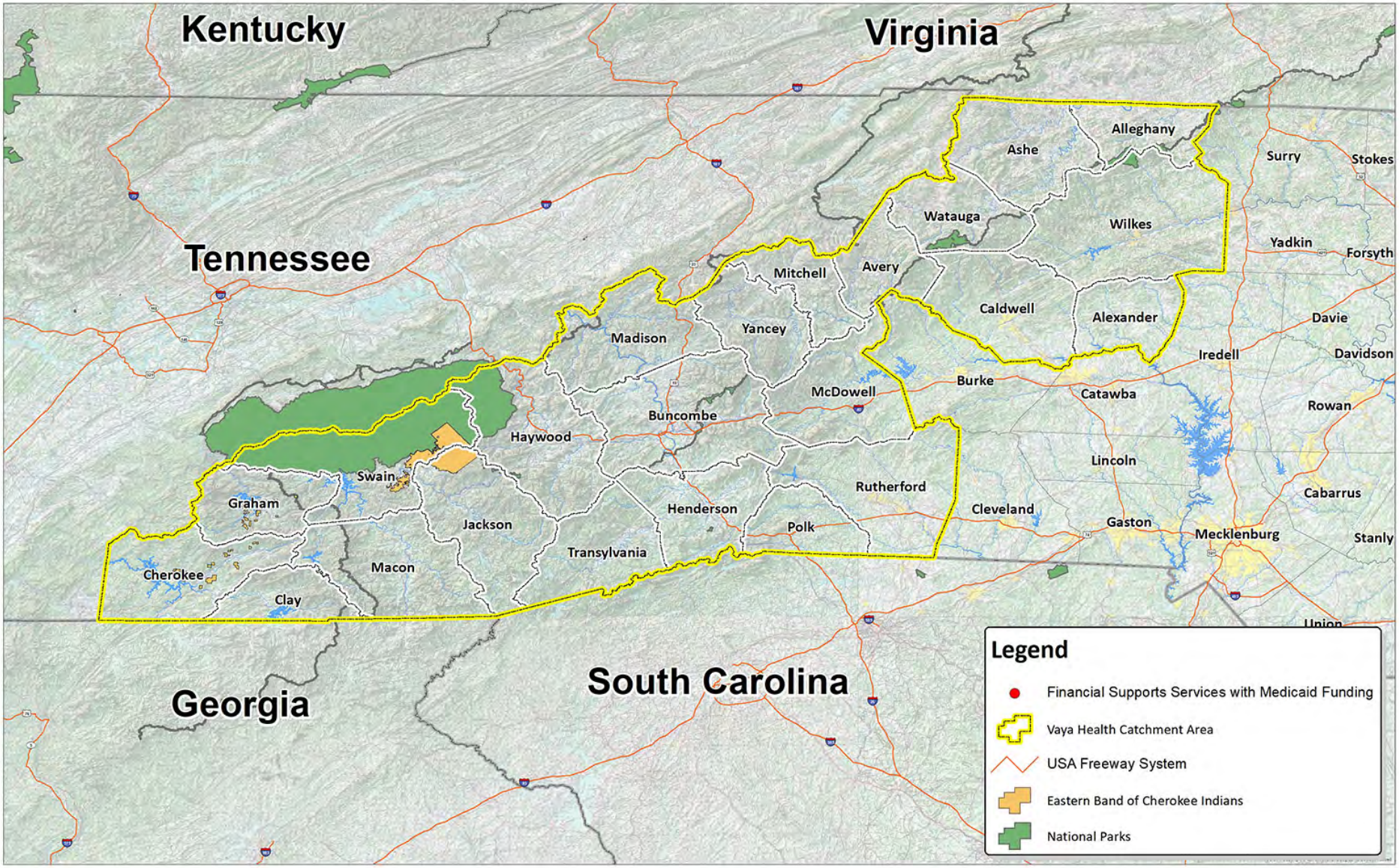
Vaya Health Out of Home Crisis Medicaid SFY18



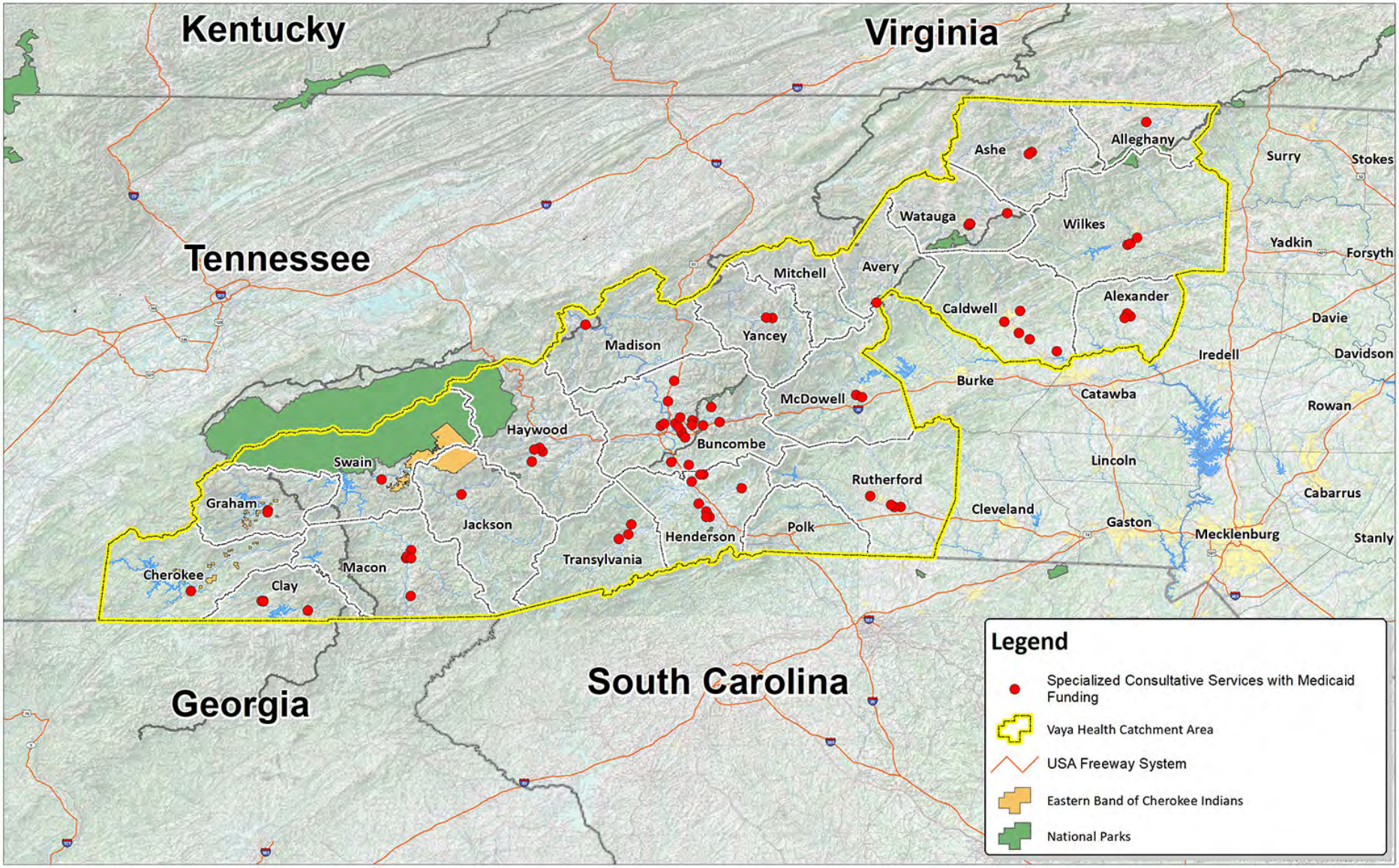
Vaya Health Respite Care - Community Facility Medicaid SFY18



Vaya Health Financial Supports Medicaid SFY18

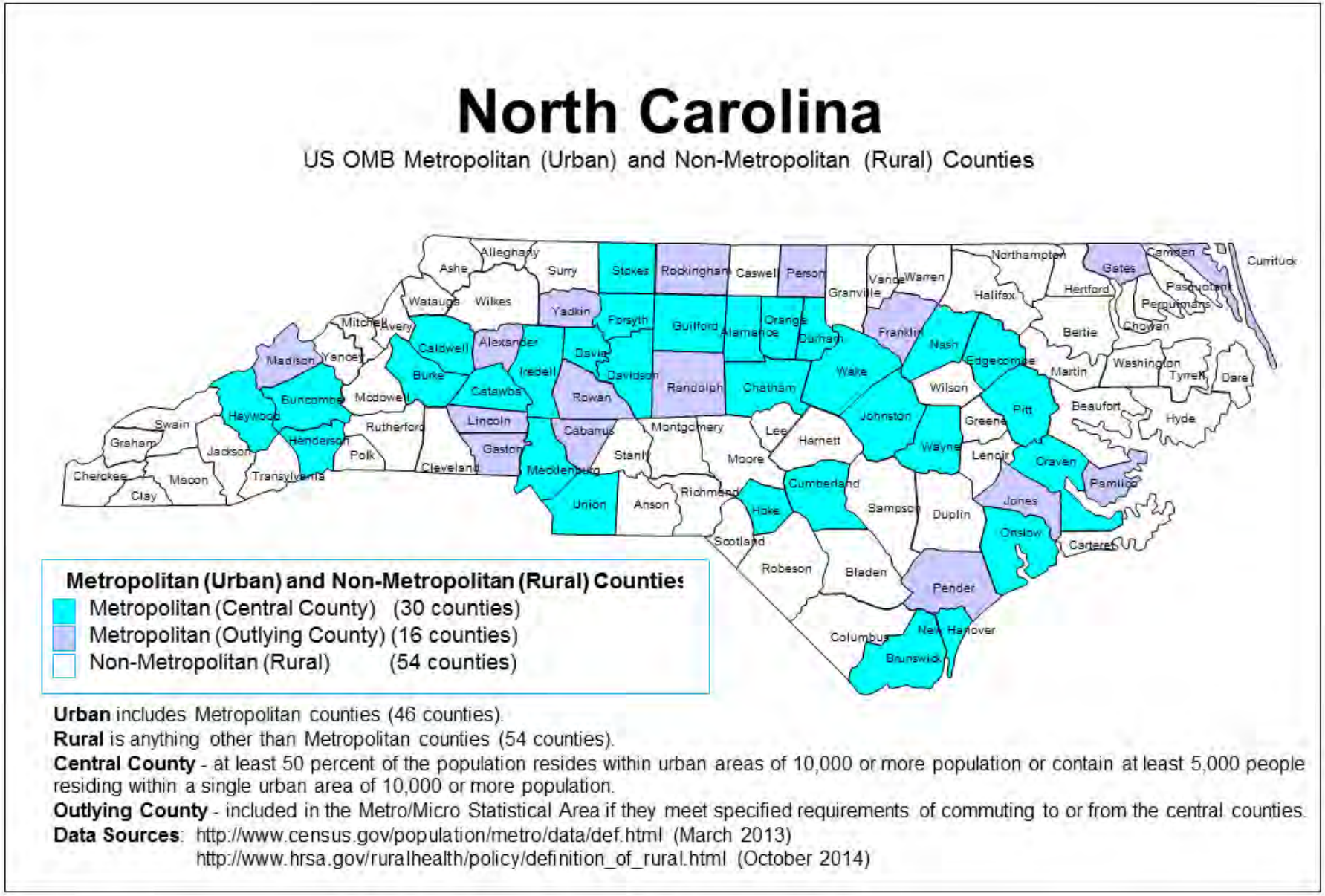


Vaya Health Specialized Consultative Services Medicaid SFY18



Appendix II

County Classification



Access and Choice Calculation Methods

For both Medicaid and Non-Medicaid funded services, the LME/MCO is provided with the access and choice standards as well as the access and choice calculation methods for each of the seven categories of services. Additionally, we are provided with the age groups and disabilities of each group of members that are eligible for any of these services.

Outpatient Services

Access and Choice Standards:

Medicaid-funded services standard

100% of eligible individuals must have a choice of two different outpatient services provider agencies within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences.

Non-Medicaid-funded services standard

100% of eligible individuals have a choice of two different outpatient services provider agencies within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences.

Access and Choice Calculation Method:

Medicaid-funded services

Calculate the percent of total Medicaid enrollees who had a choice of two providers within 30/45 miles/ minutes of their residences. Consider providers inside or outside the catchment area, but within 30/45 miles/minutes of residents' homes. The denominator is the number of total Medicaid enrollees for the reporting period. The numerator is the number of Medicaid enrollees during the reporting period with a choice of two outpatient services providers within 30/45 miles/minutes of their residences.

Number of enrollees from denominator with choice of two Outpatient Services providers within 30/45 miles/minutes

÷

Number of enrollees for the reporting period

Non-Medicaid-funded services

Calculate the percent of members of non-Medicaid-funded services who had a choice of two providers within 30/45 miles/minutes of their residences. Consider providers inside or outside the catchment area, but within 30/45 miles/minutes of residents' homes. The denominator is the total number of people who received at least one non-Medicaid-funded service (members) during the reporting period. The numerator is the number of members during the reporting

period with a choice of two outpatient services providers within 30/45 miles/ minutes of their residences.

Number of members from denominator with choice of two Outpatient Services providers within 30/45 miles/minutes of members' homes ÷ Total number of people who received at least one Non-Medicaid-funded Service (members) during reporting period

Location-Based Services

Access and Choice Standards:

Medicaid-funded services standard

100% of eligible individuals must have a choice of two different provider agencies for each location-based service within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences.

Non-Medicaid-funded services standard

100% of eligible individuals have access to at least one provider agency for each location-based service within 30 miles or 30 minutes (45 miles or 45 minutes in rural counties) of their residences.

Access and Choice Calculation Method:

Medicaid-funded services

Calculate the percent of adult, child or total enrollees who have a choice of two providers of each Medicaid location-based service within 30/45 miles/ minutes of their residences. Consider providers inside or outside the catchment area, but within 30/45 miles/minutes of residents' homes. The denominator is the number of adult, child or total enrollees for the reporting period who were age-appropriate for each location-based service. The numerator is the number of enrollees from the denominator with choice of two providers of each location-based service within 30/45 miles/minutes of their residences. See the chart below for age-disability groups for each service.

Number of adult, child or total enrollees from the denominator with choice of two providers for each Location-based Service within 30/45 miles/minutes

÷

Number of adult, child or total enrollees for the reporting period who were age-appropriate for each Location-based Service

Non-Medicaid-funded services instructions

Calculate the percent of members of non-Medicaid-funded services with access to at least one provider of each location-based service within 30/45 miles/minutes of their residences. Consider providers inside or outside the catchment area, but within 30/45 miles/minutes of residents' homes. The denominator is the total number of people in the same age-disability group(s) who received any non-Medicaid-funded service during the reporting period. The numerator is the number of members from the denominator with access to at least one provider for each location-based service within 30/45 miles/minutes of their residences. See the chart below for age-disability groups for each service.

Number of members from denominator with access to at least one provider of each Location-based Service within 30/45 miles/minutes

÷

Total number of people in the same age-disability group(s)who received any Non-Medicaid-funded Service during the reporting period

Eligible Populations by Funding Type

Location-based Services	DMA		DMHDDSAS					
	Adult ≥ 18	Child <18	Adult ≥18 MH	Child <18 MH	Adult ≥18 SUD	Child <18 SUD	Adult ≥18 I/DD	Child <18 I/DD
Psychosocial Rehabilitation	✓		✓					
Child and Adolescent Day Treatment		✓		✓		✓		
SA Comprehensive Outpatient Treatment Program	✓	✓			✓	✓		
SA Intensive Outpatient Program	✓	✓			✓	✓		
Opioid Treatment	✓				✓			
Day Supports							✓	✓

Community/Mobile Services

Access and Choice Standards:

Medicaid-funded services standard

100% of eligible individuals must have a choice of two provider agencies within the LME/MCO catchment area for each community/mobile service.

Non-Medicaid-funded services standard

100% of eligible individuals have access within the LME/MCO catchment area to at least one provider agency for each community/ mobile service.

Access and Choice Calculation Method:

Medicaid-funded services

For the reporting period, the denominator is the number of adult, child or total enrollees who were age-appropriate for each specific service according to the chart below for community/mobile services. The numerator is the number of enrollees from the denominator with choice of two providers within the LME/MCO catchment area for each specific service. See the chart below for age-disability groups for each service.

Number of adult, child or total enrollees from the denominator with choice of two Community/Mobile Services providers within LME/MCO catchment area for each service ÷ Number of adult, child or total enrollees during the reporting period who were age-appropriate for each specific service

Non-Medicaid-funded services

The denominator is the total number of people in the same age-disability group(s) who received any non-Medicaid-funded service during the reporting period. The numerator is the number of members from the denominator with access to at least one provider within the LME/MCO catchment area. See the chart below for age-disability groups for each service.

Number of adult, child or total members from denominator with access within the LME/MCO catchment area to at least one provider for each Community/Mobile Service ÷ Number of people in the same age-disability group(s) who received any Non-Medicaid-funded Service during the reporting period

Eligible Populations by Funding Type

Community/Mobile Services	DMA		DMHDDSAS					
	Adult ≥18	Child <18	Adult ≥18 MH	Child <18 MH	Adult ≥18 SUD	Child <18 SUD	Adult ≥18 I/DD	Child <18 I/DD
Assertive Community Treatment Team	✓		✓					
Community Support Team	✓		✓		✓			
Intensive In-Home		✓		✓		✓		
Mobile Crisis	✓	✓	✓	✓	✓	✓	✓	✓
Multi-systemic Therapy		✓		✓		✓		
(b)(3) MH Supported Employment Services	✓	✓						
(b)(3) I/DD Supported Employment Services	✓	✓						
(b)(3) Waiver Community Guide	✓	✓						
(b)(3) Waiver Individual Support (Personal Care)	✓	✓						
(b)(3) Waiver Peer Support	✓	✓						
(b)(3) Waiver Respite	✓	✓						
I/DD Supported Employment Services (non-Medicaid-funded)							✓	✓
Long-term Vocational Supports (non-Medicaid-funded)							✓	
MH/SA Supported Employment Services (IP-SE; non-Medicaid-funded)			✓		✓			
I/DD Non-Medicaid-funded Personal Care Services							✓	✓
I/DD Non-Medicaid-funded Respite Community Services							✓	✓
I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility							✓	✓
Developmental Therapies (non-Medicaid-funded)							✓	✓

Crisis Services

Access and Choice Standards:

Medicaid-funded services standard

100% of eligible individuals must have access within the LME/MCO catchment area to at least one provider agency for each crisis service.

Non-Medicaid-funded services standard

100% of eligible individuals must have access within the LME/MCO catchment area to at least one provider agency for each crisis service.

Access and Choice Calculation Method:

Medicaid-funded services

For the reporting period, the denominator is the number of adult, child or total enrollees who were age-appropriate for each specific service according to the chart below for crisis services. The numerator is the number of enrollees from the denominator with access to at least one provider within the LME/MCO catchment area for each specific service. See the chart below for age-disability groups for each service.

Number of adult, child or total enrollees from the denominator with access to at least one provider within the LME/MCO catchment area for each Crisis Service ÷ Number of adult, child or total enrollees during the reporting period who were age-appropriate for each Crisis Service

Non-Medicaid-funded services

Calculate the percent of members of non-Medicaid-funded services with access within the LME/MCO catchment area to at least one provider of each crisis service. The denominator is the total number of people in the same age-disability group(s) who received any non-Medicaid-funded service during the reporting period. The numerator is the number of members from the denominator with access within the LME/MCO catchment area to at least one provider for each crisis service. See the chart below for age-disability groups for each service.

Number of adult, child or total members from the denominator with access within the LME/MCO catchment area to at least one provider for each Crisis Service ÷ Total Number of people in the same age-disability group(s) who received any Non-Medicaid-funded Service during the reporting period

Eligible Populations by Funding Type

Crisis Services	DMA		DMHDDSAS					
	Adult ≥18	Child <18	Adult ≥18 MH	Child <18 MH	Adult ≥18 SUD	Child <18 SUD	Adult ≥18 I/DD	Child <18 I/DD
Facility-Based Crisis - adults	✓		✓		✓		✓	
Facility-Based Respite	✓	✓	✓	✓	✓	✓	✓	✓
Detoxification (non-hospital)	✓	✓			✓	✓		
Facility-Based Crisis - children		✓		✓		✓		✓

Inpatient Services

Access and Choice Standards:

Medicaid-funded services standard

100% of eligible individuals must have access within the LME/MCO catchment area to at least one provider agency for each inpatient service.

Non-Medicaid-funded services standard

100% of eligible individuals must have access within the LME/MCO catchment area to at least one provider agency for each inpatient service.

Access and Choice Calculation Method:

Medicaid-funded services

For the reporting period, the denominator is the number of adult, child or total enrollees who were age-appropriate for each specific service for inpatient services. The numerator is the number of enrollees from the denominator with access to at least one provider within the LME/MCO catchment area for each specific service.

Number of adult, child or total enrollees from the denominator with access to at least one provider within the LME/MCO catchment area for each inpatient service

÷

Number of adult, child or total enrollees who were age-appropriate for each inpatient service

Non-Medicaid-funded services

Calculate the percent of members of non-Medicaid-funded services with access within the LME/MCO catchment area to at least one provider of each inpatient service. The denominator is the total number of people in the same age-disability group(s) who received any non-Medicaid-funded service during the reporting period. The numerator is the number of members from the denominator with access within the LME/MCO catchment area to at least one provider for each inpatient service.

Number of adult, child or total members from the denominator with access within the LME/MCO catchment area to at least one provider for each inpatient service

÷

Number of people in the same age-disability group(s) who received any Non-Medicaid-funded service during the reporting period

Eligible Populations by Funding Type

Inpatient Services	DMA		DMHDDSAS					
	Adult ≥18	Child <18	Adult ≥18 MH	Child <18 MH	Adult ≥18 SUD	Child <18 SUD	Adult ≥18 I/DD	Child <18 I/DD
Inpatient Hospital – Adult	✓		✓		✓			
Inpatient Hospital – Adolescent /Child		✓		✓		✓		

Specialized Services

Access and Choice Standards:

Medicaid-funded services standard

100% of eligible individuals must have access to at least one provider agency for each specialized service.

Non-Medicaid-funded services standard

100% of eligible individuals must have access to at least one provider agency for each specialized service.

Access and Choice Calculation Method:

Medicaid-funded services

Count only parent agencies with current contracts with the LME/MCO as of **1/1/2018**, to provide the Medicaid-funded services.

Non-Medicaid-funded services

Count only parent agencies with current contracts with the LME/MCO as of **1/1/2018**, to provide the non-Medicaid-funded services.

C-Waiver Services

Access and Choice Standards - Service Group 1:

100% of eligible individuals must have a choice of two provider agencies within the LME/MCO catchment area for each service.

Access and Choice Calculation Method - Service Group 1:

For the reporting period, the denominator is the number of adult, child or total C-Waiver enrollees who were age-appropriate for each specific service according to the chart below. The numerator is the number of enrollees from the denominator with choice of two providers within the LME/MCO catchment area for each specific service.

Number of enrollees from the denominator with choice of two providers within the LME/MCO catchment area for each C-Waiver service in Group One

÷

Number of adult, child or total C-Waiver enrollees during the reporting period who were age-appropriate for each C-Waiver service

Access and Choice Standards - Service Group 2:

100% of eligible individuals must have access within the LME/MCO catchment area to at least one provider agency for each service.

Access and Choice Calculation Method - Service Group 2:

For the reporting period, the denominator is the number of adult, child or total C-Waiver enrollees who were age-appropriate for each specific service according to the chart below. The numerator is the number of enrollees from the denominator with access within the LME/MCO catchment area to at least one provider for each specific service.

Number of enrollees from the denominator with access within the LME/MCO catchment area to at least one provider for each C-Waiver service in Group Two

÷

Number of adult, child or total C-Waiver enrollees during the reporting period who were age appropriate for each C-Waiver service

Appendix III

Types of Network Providers

Types of Network Providers	Total
Agencies and Professional Practices	297
Physician Groups	34
Licensed Independent Practitioners (LIPs)	117
Hospitals and Hospital Systems	46 *
State Facilities	11
Total Credentialed Practitioners	2,967 **

*** Contracted hospitals with behavioral health inpatient services**

**** Includes LPs, LIPs, and LP/LIP Practitioners**

Catchment Area Members Receiving Services by Disability

(Primary Diagnosis Group over all Claims; State Fiscal Year 2018)

Insurance Plan	Age Group	Mental Health	Substance Use Disorder	Intellectual / Development and Disabilities	Catchment Area Total
Medicaid	**Adult**	13,766	4,720	2,263	18,440
	Child	16,148	464	784	16,778
Non-Medicaid Funded	**Adult**	9,730	6,069	679	15,150
	Child	733	38	69	833
Unduplicated Catchment Area Total		**38,405**	**10,797**	**3,215**	**48,099**

Appendix IV

Community Needs Assessment Surveys

Copies of the Member and Family member survey and the Community Stakeholder and Network Provider surveys are included as a part of the submission of this report to NC Medicaid and DMHDDSAS on June 28, 2019.