

Cardinal Innovations Healthcare - Plan of Action

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<p>* Provider Network Concerns: <i>Underlying many of the issues experienced by county leaders is a general concern that Cardinal's provider network does not have sufficient capacity to provide ready access to services for eligible members, in particular for "high service need" individuals including foster youth, adult wards, and persons being discharged from emergency rooms.</i></p> <p><i>While no county has specifically requested an action plan regarding Cardinal's network, Cardinal recognizes that network capacity is a root issue for the Counties' concerns, and we are committed to addressing the concern.</i></p>	<p>With new leadership of its Network Management department, Cardinal Innovations is actively recruiting providers and seeking to add new services and new sites with the overall goal of increasing member choice and access to care. We are working with providers to reduce administrative burden so they can focus more on members, and we are looking at value-based initiatives to improve performance.</p> <p>Additionally, Cardinal is making impactful changes to its internal policies to ensure that we meet and achieve substantially higher access-to-care standards for our members than the State's minimum requirements and expand opportunities for providers to join Cardinal's network.</p> <p>Cardinal is updating its processes as part of a renewed effort to ensure that qualified, eligible, and billable services are available to our members. Cardinal is committed to sharing the addition of services, sites, and providers with counties on a regular basis. For example:</p> <ul style="list-style-type: none"> • Between 4/1/2020 and 10/31/2020, Cardinal added over 300 services/sites to its network. <p>Cardinal is participating in collaborative discussions with adult and child-welfare providers across its 20 counties to identify and address network accessibility barriers which include implementing creative reimbursement solutions. Cardinal is reviewing its provider accessibility needs across its entire service array, but is presently focused on the following areas:</p> <ul style="list-style-type: none"> • High-Fidelity Wraparound: Cardinal is working with key child welfare providers to add this service, anticipated in December 2020. • Assertive Community Treatment (ACT): Cardinal is expanding this service, beginning in Mecklenburg County. The addition of ACT Teams is intended to assist with the regulatory capacity limitations on each Team, which can only receive a regulated number of referrals per month. • Transitional Living (b)(3): Cardinal has recently expanded this service with additional providers. • State-funded (non-Medicaid) services: Cardinal continues to add non-Medicaid services to provider agreements to address the needs of uninsured or underinsured members who are not eligible for Medicaid. <p>In November 2020, Cardinal received its adult/child federal block grant allocation from NCDHHS, which can be used with certain non-profit providers that serve the indigent population. This allows for additional services to be provided within communities. Cardinal is also converting some of these funds to be more flexibly used to serve undocumented individuals and for additional specialty training. Cardinal will begin to make these funds available by the end of November 2020.</p> <p>In October 2020, Cardinal implemented a Value-Based Financial Incentive program for providers across its 20 counties. The goal of this value-based payment model is to get better health outcomes for our members and access to providers, and initially targeted community Intermediate Care Facilities (ICF), Residential Supports and Alternative Family Living (AFL), Direct Support Professionals, and Telehealth services.</p>

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		<p>In preparation for becoming a BH I/DD Tailored Plan, and to ensure a robust and integrated network of physical and behavioral health providers for our members, Cardinal is actively expanding our Value-Based Contracting programs to work with high quality providers to secure the best quality health outcomes for members.</p> <p>Additionally, Cardinal has been engaged in collaborative discussions with our providers, and, importantly, with providers who have chosen to leave our network or not to participate in our network, to identify barriers and solicit provider-driven solutions. Where appropriate, executive leadership sponsors are brought to the table to act upon identified solutions quickly and without “red tape.” Frequent follow-up touchpoints are scheduled with providers until all action items are complete. Recent examples include:</p> <ul style="list-style-type: none"> • We reviewed our procedures for processing provider requests to add sites and/or services and identified opportunities for improvement. We are revising our processes with a focus on ensuring fairness and ease for provider entry into the network. We are reviewing and seeking ways to relax non-mandated requirements with the goal of further decreasing provider administrative burden. • We are continuing our work with the Provider Barriers Workgroup. The goal is to support provider by working collaboratively in order to develop solutions for identified barriers that adversely impact member outcomes and barriers to optimal participation in the Cardinal network. Recently, a dedicated website page was launched, and a new Barrier Submission form is in development. • We are developing new rate structures with key child-serving providers so that children can move along the service continuum outside of the authorization process. This allows more immediate access to the exact right service at the exact right time, reducing or preventing hospitalizations and placement disruptions. <p>Finally, Cardinal remains sensitive and responsive to the evolving needs of providers with the unprecedented needs during the COVID-19 pandemic. Over the last several months, Cardinal identified 19 initiatives to ensure that during the pandemic, members still had access to high-quality care by listening to provider concerns, evolving service needs, and addressing social determinants of health. Since March, Cardinal has spent an additional \$78.1M across all 20 counties to support members and providers related to COVID-19. Cardinal responded, and continues to respond, to needs related to PPE and a decrease/shift in the utilization of services (and subsequent revenue/costs) experienced by providers during the pandemic.</p>
<p>1</p>	<p>Authorize or deny requests for enhanced behavioral health services within a time frame of 72 hours or less when medical necessity and/or a Comprehensive Clinical Assessment for “high service need” is submitted (adult wards, foster youth & Individuals with two or more occurrences in the ER within 60 days).</p>	<p>As part of Cardinal’s new Child Welfare Program, Cardinal is removing authorization requirements for a broad category of outpatient and community-based services. Cardinal will begin implementing this in the next 30 days.</p> <p>For services that still require a Treatment Authorization Request (TAR), Cardinal will issue approval/denial decisions in three business days for foster children/juveniles and for people with two or more Emergency Department visits in the last sixty (60) days.</p>

- By 12/31/2020, Cardinal will process ≥ 50% of such TARs received each month within 72 hours.
- By 2/1/2021, Cardinal will process ≥ 95% of such TARs received each month within 72 hours.

Cardinal will work with preferred providers to improve access to and quality of Comprehensive Clinical Assessments (CCAs) for juveniles in DSS or DJJ custody to better identify a juvenile’s current clinical needs and the appropriate service(s) to address those needs. Cardinal will implement enhanced access to high quality CCAs for such juveniles by 7/1/2021.

Cardinal will co-locate Cardinal staff at county DSS offices to identify high-needs cases sooner, help to resolve emerging issues, and assist in identifying care needs earlier. By 12/1/2020, Cardinal will begin to implement the co-location model with Union, Forsyth, and Mecklenburg Counties. Full implementation of this model across all 20 counties will occur by 3/1/2021.

The goal of our DSS co-location initiative is to help our county partners in the following ways:

- Helping people in need access services quickly
- Identifying MH, SUD, and community service needs early and assisting with implementing interventions to produce better outcomes
- Participating in the screening of children as they come into custody to determine supports needed and assignment to care management, if indicated
- Providing support to DSS staff during crisis situations
- Providing technical assistance in navigating systems and resources and offer training and education, as needed
- Staffing cases and participating in team meetings to facilitate cross-functional care planning
- Ensuring that all co-located staff are fully trained on the full continuum of care, and any initiatives or programs in relevant areas

Cardinal’s overarching aim is to modernize its approach in transition from a coordination of care model to a care management model for all populations served. The new care management infrastructure is grounded in the improvement and building of responsive relationships with internal and external partners; focus on linking interventions and initiatives to verifiable quality outcomes; and fostering a shared accountability approach to member care.

The new Child Welfare Program involves a partnership between DSS and Cardinal that focuses on building a comprehensive plan of care for members that includes shared goals between involved parties, wraparound supports for the members and families, and utilization of best practice approaches to better plan and address the needs of the members.

Relevant details and progress within the Child Welfare Program include:

- The identification of four Cardinal employees who will serve as the DSS Liaisons for our initial three-county phased approach.
- The DSS liaisons will be knowledgeable of both adult and child resources and services, as they will be the point of contact for each of the respective

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		<p>counties. These identified liaisons will be able to speak to resources that are available in the community, provide support to DSS for all individuals in their care, expedite access to local resources for mental health, substance use, and intellectual or developmental disabilities assessment and treatment.</p> <ul style="list-style-type: none"> • The DSS Liaisons will complete the DLA-20, a mental health outcomes measurement, for members in DSS custody to determine needs of the members, along with completion of care management referrals for assignment of a Cardinal care manager. • By the week of 1/7/21, Cardinal will have a plan and staffing structure prepared for a phased approach of DSS Liaisons and Care Management staff to cover our 20-county geography. • The Care Management staff will be assigned to each child in custody of DSS and remain involved throughout the individuals time in custody. These staff will be responsible for building a holistic approach to managing member care and not just simply coordination of services. • Care Managers will work with families to build resource plans that will outline the following: who to contact in the event of an emergency, provider supports involved, community supports available, and a respite plan if needed. • Enhanced focus on addressing Social Determinants of Health (SDOH) by utilization of the NC Care 360 software platform. This statewide initiative will allow for healthcare screenings and identification of SDOH needs of our members. This platform also houses a state-wide resource repository and will allow for referrals based on member-identified needs. • Establish performance metrics linked to our quality priorities that will demonstrate our evidence-based, clinical effectiveness in addressing the needs of this special population. <p>The expanded Child Welfare Program supports the philosophy that all individuals involved with the social services system have a voice in what works best for them, that they have access to individualized, strength-based services within their communities, and that they have support in navigating all systems that impact their lives.</p>
<p>2</p>	<p>Provide seamless BH service provision for high-acuity circumstances to decrease the length of ED stays and the probability of failed discharge planning to appropriate services.</p>	<p>In Spring 2020, Cardinal began partnering with county DSS teams, starting with Mecklenburg DSS, to create flexibility to state criteria for child Facility-Based Crisis services, to help ensure seamless transitions for children in need of residential treatment. This partnership has continued to expand to include additional county DSSs.</p> <p>Cardinal has begun to develop a transition of care program, which will include both hospital inpatient and ED discharge planning with implementation planned for Forsyth and Mecklenburg Counties by 1/1/2021. The goal of this program is to reduce the length of stay in the ED and improve access to services post-discharge. Cardinal will continue to roll this program out throughout the 20 counties by 3/1/2021. Cardinal implemented an ED care initiative in late 2019 to reduce ED utilization. Since implementation, we have seen a 25% decrease in ED utilization. Cardinal will expand ED care initiative to perform targeted interventions on a county-by-county basis to reduced ED utilization by 12/1/2020.</p>

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<p>3</p>	<p>Increase provider accountability for timely authorization by tracking the date of treatment placement and sanctioning penalties when authorization submission is not timely.</p>	<p>Cardinal currently provides targeted provider education and outreach based on providers’ specific barriers to timely authorization submission, up to and including requiring plans of correction with providers.</p> <p>Effective immediately, Cardinal will expand its provider monitoring activities to include tracking the length of time between a provider’s receipt of a CCA and the date the provider submits a completed TAR.</p> <p>Cardinal will continue its work with providers to reduce incidents of submission of incomplete TARs (“Unable to Process” TARs).</p> <p>Cardinal reviews Unable to Process (UTP) percentages with providers during quarterly meetings, and collaboratively seeks solutions with the group.</p> <p>Cardinal partners with providers with high UTP percentages to identify process improvements and timely solutions each month.</p>
<p>4</p>	<p>Increase timely access to therapeutic foster home services by discontinuing the requirement for provider agencies to contract their individual therapeutic foster homes with Cardinal Innovations. This process is rigorous and delays these homes being available to provide services. Provider agencies should be able to submit foster homes when new homes are licensed by the agency instead of a</p>	<p>On 12/2019, Cardinal discontinued a value-based initiative for Therapeutic Foster Care (TFC) providers that was having the unintended consequence of creating barriers to adding new TFC homes.</p> <ul style="list-style-type: none"> • Since 6/1/2020, Cardinal has added six (6) new TFC provider agencies to its network. Beginning 9/1/2020, Cardinal proactively contacted all TFC agencies to add any new/additional sites to their contracts with Cardinal.

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<p>quarterly basis. These new homes should be immediately added to the Cardinal network and made available for children in need of therapeutic foster care services.</p>	<p>In an effort to increase access to care, Cardinal has partnered with preferred TFC providers to enhance the delivery of TFC by creating an emergency/transitional setting option, as well as pairing the service with evidence-based support and high-fidelity wrap-around services. Cardinal expects to have such an agreement with at least one large, multi-county TFC provider by 12/1/2020. Cardinal’s goal is to have agreements with at least 4 additional providers by 1/1/2021.</p> <p>Effective immediately, Cardinal will eliminate site-specific contracting with TFC provider agencies.</p> <p>Within 30 days, Cardinal will eliminate site-specific authorizations for Therapeutic Foster Care (TFC) or Level II Family Type homes.</p> <p>Within 90 days, Cardinal will have an established plan with provider partners to implement specialized foster care programs, able to serve more complex youth. This will be based on evidenced based practices, with the expectation of comprehensive long-term planning beginning from admission, and clear plans for crisis support to families as needed to prevent disruptions.</p> <p>Cardinal will engage in 1:1 conversations with the specific specialty providers to allow those specific authorizations to remain site specific for the TFC and the Therapeutic leave, to ensure these continue to be paid at the higher amounts for specialty care. These providers focus on members with MH and/or I/DD needs, as well as a specialty home for victims of sex trafficking.</p>
<p>5 Improve access to State-funded behavioral health services for people who are indigent and do not have Medicaid. These residents are often in need of services but are unable to access them due to a lack of income or health insurance. The amount of State funding available and how to access this resource remains unclear to many staff, service providers, and residents.</p>	<p>Cardinal has scheduled in-depth training for Forsyth and Mecklenburg County DSS staff in November 2020 around the adult service continuum, including:</p> <ul style="list-style-type: none"> • The state-funded registry and recent efforts to improve how the registry is managed and collaboration with providers on timely filling of open vacancies for residential treatment. • The Transitions to Community Living Initiative (TCLI) targeted at community housing placement and supports for adults with severe mental illness and/or severe and persistent mental illness (SMI/SPMI). • Strategies to connect people on the Registry of Unmet Needs (Innovations waitlist) with Medicaid services, including (b)(3) services, as well as non-Medicaid services. • Additional ways and services that Cardinal offers beyond the state service array, including for non-Medicaid residential placements. <p>Cardinal will coordinate with the other 18 counties to schedule these trainings by 12/31/2020.</p> <p>Cardinal will provide at least quarterly webinar trainings on the state-funded eligibility criteria and service array for DSS partners and other community stakeholders.</p> <ul style="list-style-type: none"> • Cardinal will conduct pre/post training surveys to assess level of understanding pre/post to adjust content as needed. • By 3/1/2021, Cardinal will update materials to be provided to members and stakeholders on eligibility and how to access state-funded benefits. Cardinal will work with its Consumer and Family Advisory

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		<p>Committee (CFAC) partners to ensure that materials are responsive to member needs and concerns.</p> <ul style="list-style-type: none"> • By 3/1/2021 Cardinal will increase internal training for Care Coordination and Community Operations staff on state funded eligibility and service array to ensure adequate community communication. • By 6/1/2021, Cardinal will develop a member-friendly online training about state funded benefits through its website. • By 6/1/2021, Cardinal will develop a stakeholder online training about state funded benefits through its website. <p>Cardinal is also reviewing its non-Medicaid service continuum to determine if there are any opportunities for service expansion, service improvement, and/or service development.</p>
<p>6</p>	<p>Improve the ease of navigation of behavioral health services for community members and consumers who do not have case-management support. This includes raising awareness of the services that are available, simplifying the process for residents to issue and resolve complaints and ensuring that residents have access to services that are clinically recommended.</p>	<p>By 12/15/2020, Cardinal will develop updated member resources to improve ease of navigation and raise awareness of the service array offered by Cardinal.</p> <p>Beginning 1/1/2021, Cardinal will begin implementation of a new service model that raises awareness of the Cardinal service array, simplifying the process for members to issue and resolve complaints and ensuring that residents have access to services, including but not limited to:</p> <ul style="list-style-type: none"> • Telephonic care coordination support • Service coordination through Cardinal’s Access call center • New member welcome calls and orientations <p>In the Triad region, Cardinal implemented a pilot program where Cardinal screens all children/juveniles entering custody to assess their level of need and quickly authorize appropriate services. For children/juveniles with low support needs, Cardinal puts in place a support team that includes a family partner who can provide support, engage, and ensure connection to services and provide case management for other needs in collaboration with DSS. For children/juveniles with higher levels of need, Cardinal pairs High-Fidelity Wraparound services with residential treatment, such as Foster Care or Group Homes to ensure comprehensive discharge planning beyond just service needs. Cardinal will evaluate the results of the pilot to determine its effectiveness and whether to expand it across the other regions.</p>
<p>**</p>	<p>Staffing Concerns for Innovations Members: <i>Address concerns raised by families of Innovations members regarding availability of staff at provider agencies to provide the services authorized in a member’s annual Individual Support Plan.</i></p>	<p>Some impacted members of Cardinal’s Triad Consumer Family Advisory Committee (CFAC) have raised this concern in their own plans of care, and more systemically on behalf of Innovations members. Cardinal has explored system improvements, including technology changes, to better identify and address the issue.</p> <p>In January 2021, Cardinal will be implementing Electronic Visit Verification (EVV), a software tool to track the time and location of certain Innovations services provided in a member’s or family’s home. EVV will provide Cardinal with data at the individual provider/staff member level on when and where these services are provided. This technology will enable Cardinal to more readily identify gaps in the delivery of care, and then address the gaps with providers and members in more real time.</p>

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<p>*** <i>Work with County DSS teams to secure emergency placements for juveniles in DSS custody, including resolving existing list of cases.</i></p>	<p>Effective immediately, Cardinal established a cross-functional Child Welfare DSS Clinical Support Team. Through daily huddles, Care Coordination, Network, Community Engagement and Clinical Ops will address the aging and staging of members with critical or complex operational planning needs.</p> <p>Additionally, through co-location of Cardinal staff at County DSS offices, Cardinal DSS liaisons will work closely with DSS to:</p> <ul style="list-style-type: none"> • Assist with educating on community-based supports and services for children of all ages and their families/caregivers. • Partner with DSS Workers to identify children and families in need of mental health, SUD, and community services and supports. • Expedite referrals and access to Care Coordination for linkages to local resources for mental health and SUD assessment and treatment, and the Cardinal provider network. <ul style="list-style-type: none"> ▪ Attend Child and Family Team Meetings for children who DSS believes are likely to enter DSS Custody. This is an active intervention to anticipate the needs of the most vulnerable members, engage sooner in the intervention cycle, and support the development of wraparound services for the family or potential foster family ▪ Help avoid foster care placements, minimize moves, and support readiness for transition to adulthood. <p>Further, with the sub-capitation agreement that Cardinal is offering to the county, DSS will be able to use these Medicaid funds to cover the cost of some preliminary or transitional care, or to address social determinants of health (e.g., housing, transportation, food insecurity).</p>
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