



**JUVENILE JUSTICE
CONTINUUM & PRACTICE
TIPS**



INTRODUCTIONS

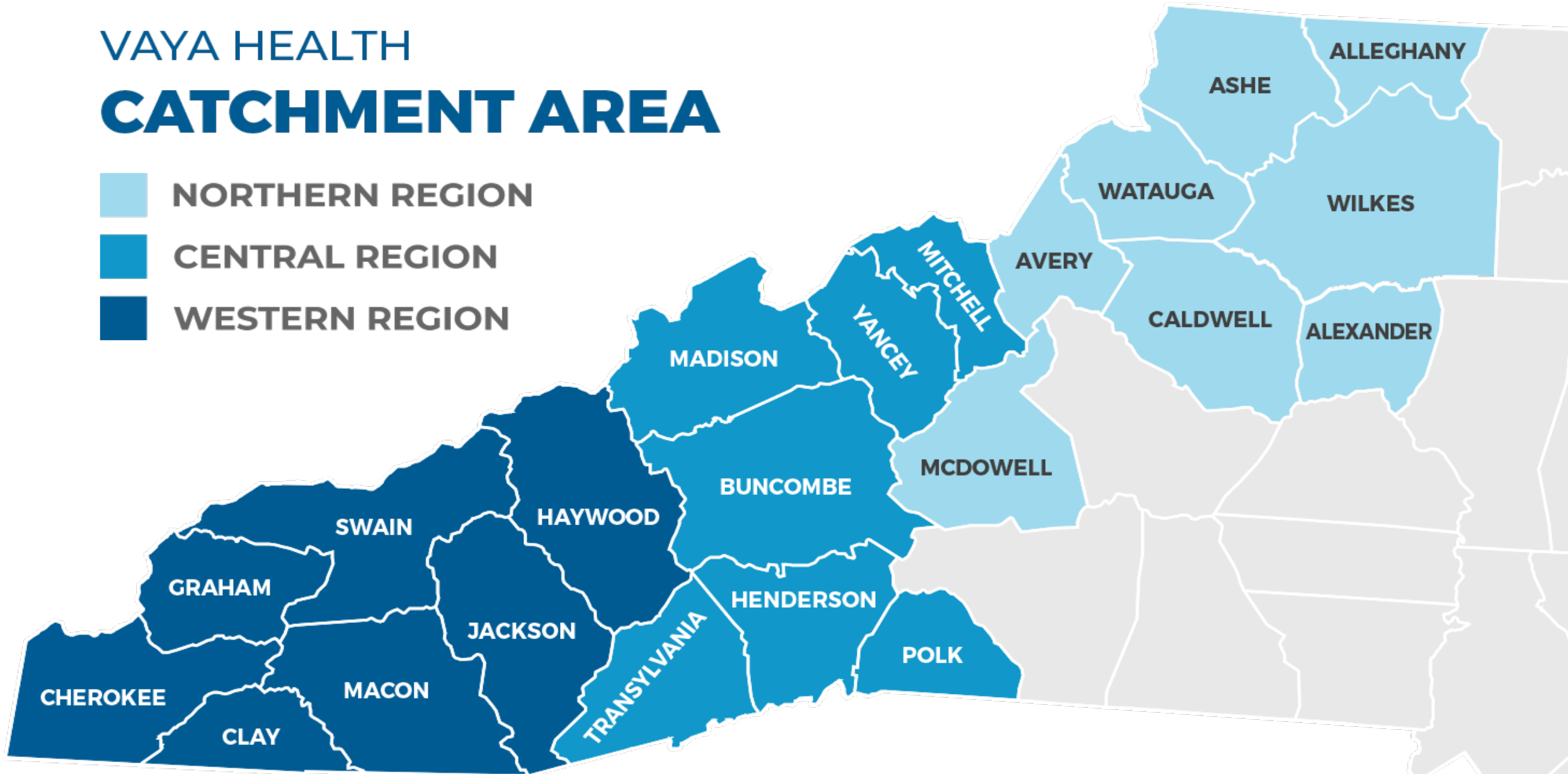
- Tracy Hayes, JD, CHC, General Counsel & Chief Compliance Officer
- Celeste Ordiway, MSW, LCSW, LCAS, Central Director of Complex Care Management

ABOUT VAYA HEALTH

- Area authority operating continuously since 1972
- Local political subdivision of State of North Carolina
- Originally known as Smoky Mountain Center in 7 western counties
- Merged with Foothills, New River, Western Highlands
- Now managing publicly-funded mental health, intellectual/developmental disabilities and substance use services in 22 counties of western North Carolina
- Area Director/ CEO is Brian Ingraham, MSW

VAYA HEALTH CATCHMENT AREA

-  NORTHERN REGION
-  CENTRAL REGION
-  WESTERN REGION



VAYA HEALTH ROLE

- Manager of care
 - *Care coordination*
 - *Utilization management*
 - *Provider monitoring*
- No longer deliver services directly
- Vaya staff clinicians cannot perform mental health assessments
- Contract with providers to deliver services (incl. assessments)
- We are NOT a “for-profit” insurance company – no shareholders
- One of our primary functions is to manage public taxpayer funds prudently – prevent fraud, preserve money for people who need it most, any savings go back to community

VAYA HEALTH BENEFIT PLANS

- Vaya operates **three different health benefit plans** pursuant to contracts with the NC Department of Health and Human Services (DHHS)
- All of Vaya's health benefit plans are 100% taxpayer funded
 - *The two Medicaid health plans managed by Vaya are funded on a capitated "per member, per month" (PMPM) basis with federal and state Medicaid appropriations*
 - *The non-Medicaid health plan is funded with a mix of limited federal block grant, state and county appropriations*

**MH/DD/SA 1915(b)
Health Plan for
Medicaid
beneficiaries**

**Medicaid 1915(c)
Innovations Waiver
Health Plan for
people with I/DD**

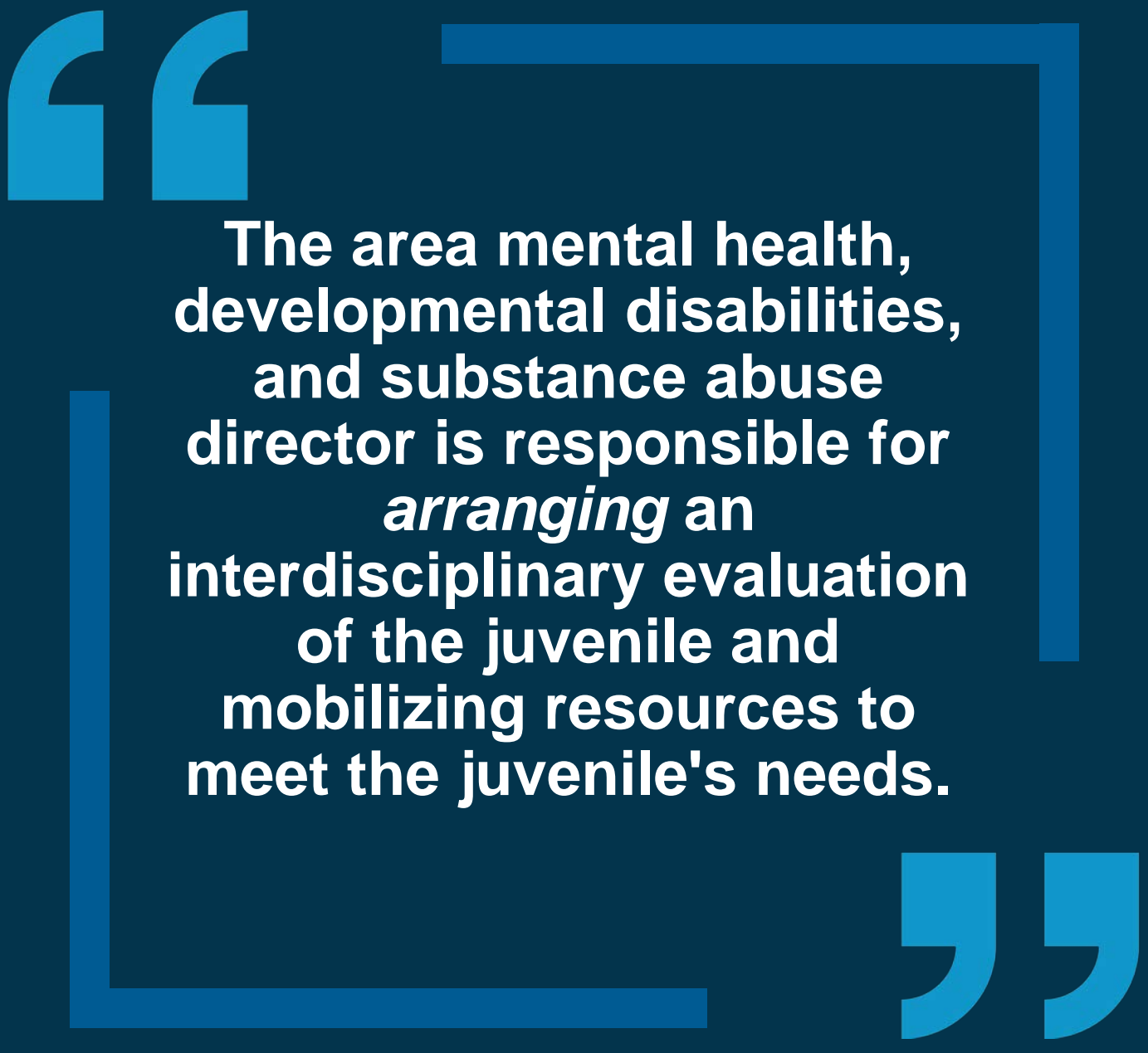
**Non-Medicaid
Health Plan for
uninsured/ under-
insured within
available resources**

WHO IS ELIGIBLE FOR VAYA SERVICES?

- Medicaid Beneficiaries
- Uninsured/ Under-insured and meet state-funded eligibility criteria “within available resources”
- NOT Health Choice
- NOT Medicare only
- NOT Private Insurance

JUVENILE JUSTICE CONTINUUM AT VAYA

- Brings together DJJ, providers, Vaya care management and the CFT
- Child & Family Teams (CFT) are composed of family members and community supports who come together (on a routine basis and as requested) to create, implement, and update a plan with the child, youth, and family
- Established collaborative relationships with court counselors in all 22 counties
- **One stop assessment program** – Vaya contracts with Youth Villages to perform assessments

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**The area mental health,
developmental disabilities,
and substance abuse
director is responsible for
arranging an
interdisciplinary evaluation
of the juvenile and
mobilizing resources to
meet the juvenile's needs.**

COMPREHENSIVE COMMUNITY-BASED MODEL OF SERVICES FOR CHILDREN

THIS TREATMENT CONTINUUM IS DESIGNED TO

HELP maintain success in the home and with the family

BUILD stronger families and foster resiliency

PROVIDE access to the right services at the right time

REDUCE residential and inpatient admissions

DEPARTMENT OF JUVENILE JUSTICE

DEPARTMENT OF SOCIAL SERVICES

SINGLE POINT ASSESSMENTS

Clinician is co-located in DJJ or DHHS office. Global Appraisal of Individual Needs (GAIN) assessment completed on children referred by DJJ to assess for substance use disorder. Referral is made to appropriate service:

OUTPATIENT

Adolescent Community Reinforcement Approach (ACRA)

Seven Challenges

Substance-abuse specific treatment

Trauma-focused Cognitive Behavior Therapy (TF-CBT)

Parent-Child Interactive Therapy (PCIT)

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

TREATMENT ALTERNATIVE FOR SEXUALIZED KIDS (TASK)

Array of outpatient services providing evidence-informed treatment for youth who have committed offenses and require sexual harm-specific treatment

All youth receive a Comprehensive Evaluation of Sexual Harm (CESH), which includes a trauma screening

YOUTH VILLAGES LIFESIT

Designed to help former foster youth and other vulnerable young people develop the life skills needed to become responsible citizens

MULTI-SYSTEMIC THERAPY (MST)

Intensive family- and community-based treatment program addressing all environmental systems that impact chronic and violent juvenile offenders

Targeted toward offenders ages 12 to 17 with long histories of arrests

HIGH FIDELITY WRAP AROUND

Pilot program connecting at-risk families and their children with services

Ultimate goal is reduced number of children in foster care

INTENSIVE IN-HOME (IIH)

Home- and community-based treatment to assist families having difficulty managing the behavior of a child with a diagnosed mental health need

INTERCEPT

Community-based service that diverts youth from out-of-home placements and reunites children with their families

RESIDENTIAL

Swain Recovery Center

Child Cross-area Substance Abuse Programs

Sex-offender specific programs

Therapeutic Foster Care (TFC)

Psychiatric Residential Treatment Facility (PRTF)



- After intake with DJJ, each Medicaid/ state-funded eligible youth is referred to Youth Villages
- YV completes a comprehensive clinical assessment (CCA) with the youth and family. This process takes around 2 hours and includes assessment of behavioral health needs, trauma history, strengths and interests.
- Youth could also complete a drug screen and may be referred for additional testing (e.g. developmental)
- YV makes clinical recommendations for level of care, **subject to medical necessity review**
- The CFT will create a Person Centered Plan (PCP) and a Crisis Plan, which are the road map for services, supports and 24/7/365 crisis response



ONE STOP ASSESSMENT PROGRAM

MEDICAL NECESSITY

- **Under contract with DHHS, Vaya Health can only pay for medically necessary services**

- N.C.G.S. § 58-3-200 (b) – An insurer that limits its health benefit plan coverage to medically necessary services and supplies shall define "medically necessary services or supplies" in its health benefit plan as those covered services or supplies that are:

- (1) Provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease; and, except as allowed under G.S. 58-3-255, not for experimental, investigational, or cosmetic purposes.
- (2) Necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease, or its symptoms.
- (3) Within generally accepted standards of medical care in the community.
- (4) Not solely for the convenience of the insured, the insured's family, or the provider.

Nothing in this subsection precludes an insurer from comparing the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered.

MEDICAL NECESSITY CONT'D

- Service Authorization Request
- Individualized determination
- NC Medicaid Clinical Coverage Policies
- DMH/DD/SAS Service Definitions
- Clinical Practice Guidelines
- Institutional Placement?

WHAT IF JUDGE DISAGREES WITH UM DECISION?

- Member or legally responsible person can appeal
- N.C.G.S. Chapter 108D
- 42 CFR 438, Subpart F
- LME/MCO reconsideration review first
- Second level:
 - *Medicaid cases can be appealed to OAH, includes opportunity for mediation*
 - *Non-Medicaid appealed to DMH/DD/SAS*

- CFT, including court counselor, work together to match youth with provider – this may take time
- Note that just because there is a vacancy at a PRTF doesn't mean it is right fit for individual youth
- Based on specific factors including nature of offense, clinical profile, treatment offered by the facility



FINDING A PROVIDER

PRACTICAL TIPS – KNOW WHO TO CONTACT

- Start with Court Counselor – part of continuum and generally understands Vaya process
- Subpoenas should be sent to legalandcompliance@vayahealth.com
- Vaya is always willing for its clinical staff to testify when necessary in hearings
- Subpoena necessary due to confidentiality requirements
- Care Manager is best in most cases but if there is concern about a Vaya UM decision, clinical staff (e.g. Chief Medical Officer) may be better option
- CEO will not be able to address clinical specifics of any individual case

PRACTICAL TIPS – KNOW THE FUNDING SOURCE

- Medicaid
- Health Choice (NOT VAYA)
- Uninsured/ Under-insured and meet state-funded eligibility
- Medicare (NOT VAYA)
- Private Insurance (NOT VAYA)
- Juvenile Crime Prevention Council has limited county-specific resources that can be used to support individuals who don't qualify for Vaya funding or can supplement services Vaya can offer





VAYAHEALTH