PRESS RELEASE

April 1 Marks Anniversary of Major Milestone for Behavioral Health

On April 1, 2013, the last of the state’s 100 counties came under public managed care for Medicaid’s mental health, developmental disability and substance abuse services. One year later, there have been tremendous gains in budget predictability and accountability for consumers.

"While we are continually working to make public managed care even better, this past year has been incredible for North Carolina," said Mary Hooper, Executive Director of North Carolina Council of Community Programs (NCCCP). "We have taken a system that was fully fee-for-service and created a system that manages costs, focuses on the consumer, and works with providers to prioritize outcomes."

In 2011, the North Carolina General Assembly mandated statewide expansion of public managed care for mental health, developmental disabilities and substance abuse services by Local Management Entities-Managed Care Organizations (LME-MCOs). To date, public managed care has saved the state more than $153 million dollars.

"We are the first state in the country to manage these services through public managed care organizations," Hooper said. "This statewide innovation in behavioral healthcare represents an expansion that built on the success of a well-established pilot program developed by Cardinal Innovations Healthcare Solutions. The legislature recognized the success of that pilot and took the bold step of expanding to all 100 counties."

Hooper went on to say, "One of the biggest advantages to public managed care is our ability to ensure consumers get the care they need by collaborating with other agencies, such as Social Services, public health, schools, law enforcement, homeless shelters, and hospitals. I am proud of the leadership that the state’s LME-MCOs have shown in these efforts."

LME-MCOs are continuing to build strong provider networks that prioritize outcomes and stability for consumers as they continue their collaborations with providers, consumers, families, hospitals, and healthcare agencies to integrate behavioral and primary healthcare.

"Today in North Carolina, public management of behavioral healthcare ensures that the cost of these services is predictable, that the LME-MCOs are accountable, and that collaboration is alive and well and growing. Perhaps the most exciting aspect as we move forward, is the ability of LME-MCOs to invest savings back into their communities," Hooper said. "This reinvestment will increasingly allow LME-MCOs to fill service gaps and spur innovation."

# # #