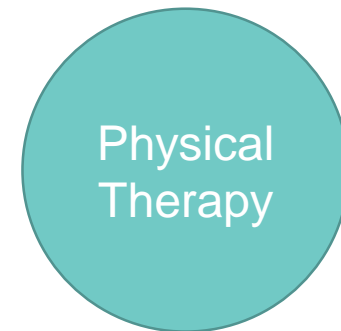
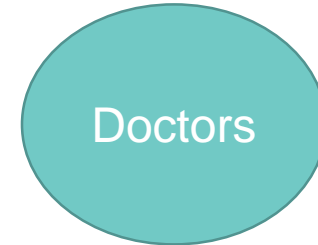


Tailored Plan Design and Update

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NC Medicaid**

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Current Behavioral Health and Primary Care System



Vision for NC Medicaid Managed Care

“ Improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health. ”

How will Tailored Plans Provide Integrated Care?

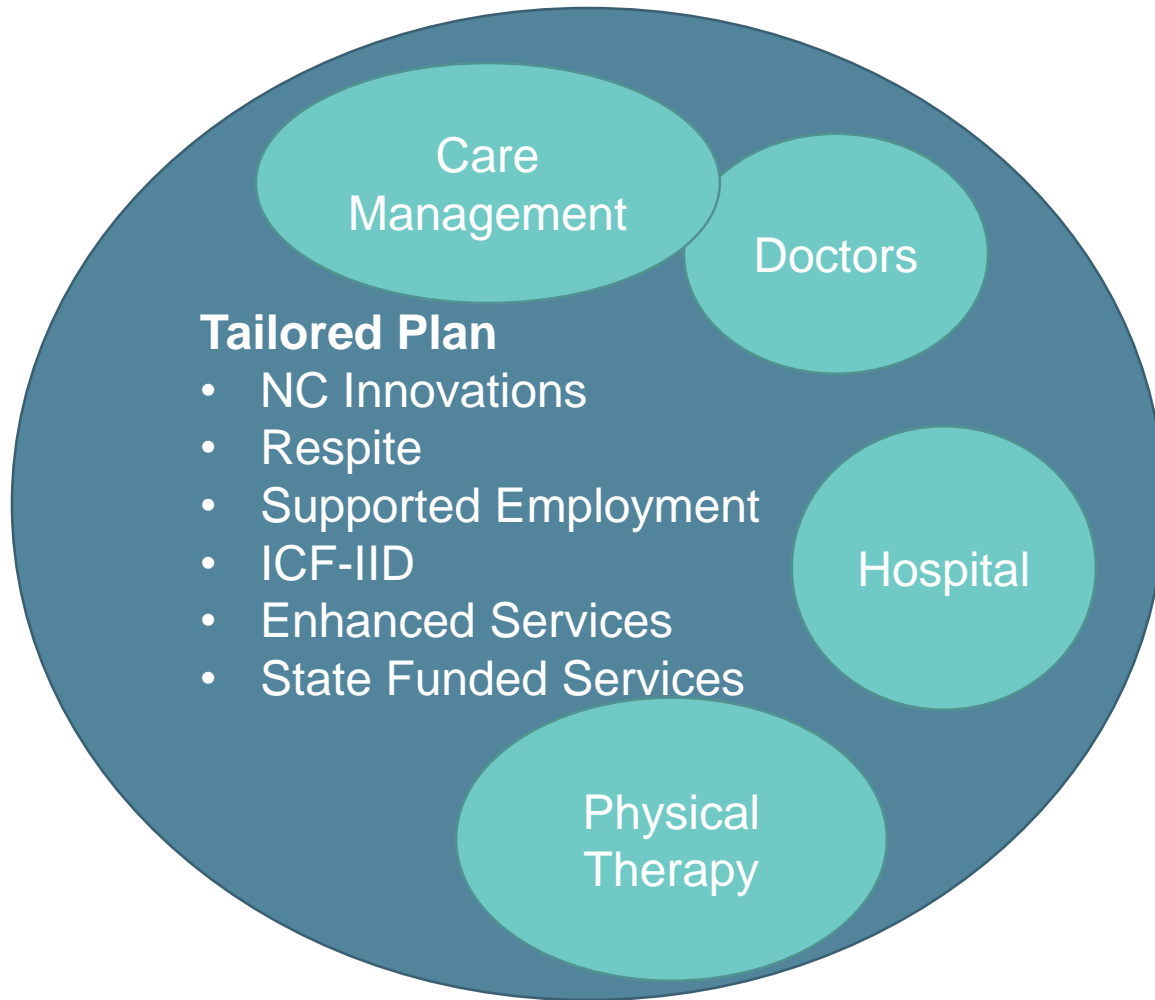
Tailored Plans will not be two separate insurance products (LME-MCOs and Standard Plans) separately providing physical health and behavioral health services in a region.

- Legislation requires LME-MCOs operating a Tailored Plan to contract with a Standard Plan, however the Department will establish requirements that ensure these contracts are consistent with the principles of integrated care on the previous slide.
- Every aspect of Tailored Plan design will aim to promote integrated care in line with these principles, and stakeholders will have opportunities to engage with the Department on these design topics to ensure integration remains central to the planning effort.

Integration should be evident in PHP functions;

Benefits
Enrollment
Member Services
Utilization Management
Care Management
Advanced Medical Homes
Claims Payment
Financial Accountability

Future and Tailored Plans



Behavioral Health and Intellectual/Developmental Disability Tailored Plans

- Will be implemented 1 year after SP go-live
- LME-MCOs will be the only entity type operating BH/IDD TPs*
 - Responsible for total cost of care
 - 5 - 7 regions
 - Must contract with licensed PHPs operating SPs
 - DHHS has developed parameters to support integration and minimize cost shifting
- Planning Efforts Initiated

*See SL2018-48, lasting for four years beginning one year after launch implementation of contracts for SP

Enrollment

Enrollment Features Promoting Integration

- TP-eligible beneficiaries will be enrolled in a single managed care plan for physical, behavioral health, I/DD, TBI, and Innovations Waiver services and will go through one plan enrollment process and receive notices from one plan
- Enrollees will use one insurance card to access all these TP services
- Enrollees will reference one plan's member handbook, provider directory and coverage policies
- Enrollees will interface with one enrollment broker, which will be trained to meet the specific needs of the TP population. The enrollment broker will also support outreach and education to TP enrollees to help ensure a smooth transition.

As required by state statute, some limited services (e.g. dental services or Children's Developmental Service agency services) will be carved out of the Tailored Plan and offered through Medicaid fee-for-service.



How Plan Enrollment Works

There are two ways in which an individual will be identified for enrollment in a TP:

DHHS Data Review

DHHS will review:

- Medicaid claims and encounter data
- State-funded Behavioral Health (BH), Intellectual/Developmental Disabilities (I/DD), and Traumatic Brain Injury (TBI) data
- Innovations and TBI waiver enrollment and waitlists

At launch these individuals will remain in their current system . When TPs launch, these individuals will be defaulted into TPs, but have the option to enroll in a SP.

Self-Identification

Individuals can self-identify as potentially TP-eligible at any time:

- Can submit request to be considered
- Others can submit on their behalf
- DHHS reviews and provides approval or denial of request within 3-5 days, or 48 hours for an expedited request

Each year, TP enrollees will be re-enrolled in their current plan, unless they have meet both of the following criteria:

- Have Serious Mental Illness (SMI) or Substance Use Disorder (SUD) diagnosis, and
- Have not used any Medicaid or State-funded behavioral health service in the 24 months besides outpatient therapy or medication management

Enrollees who meet these criteria will be transitioned to a Standard Plan (SP), but will have the opportunity to obtain an assessment to move back to a TP at any time.

How are SPs and BH I/DD TPs different?

Similar

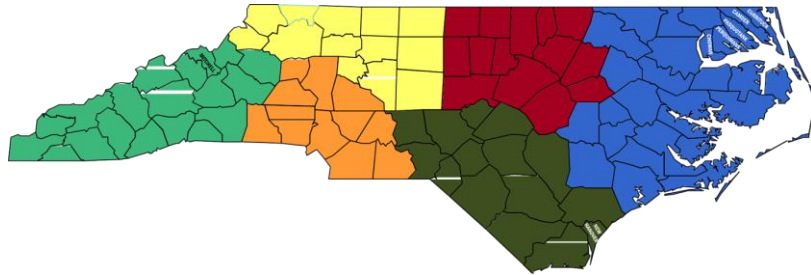
- Both require physical health and behavioral health.
- Both offer comprehensive array behavioral health services

Different

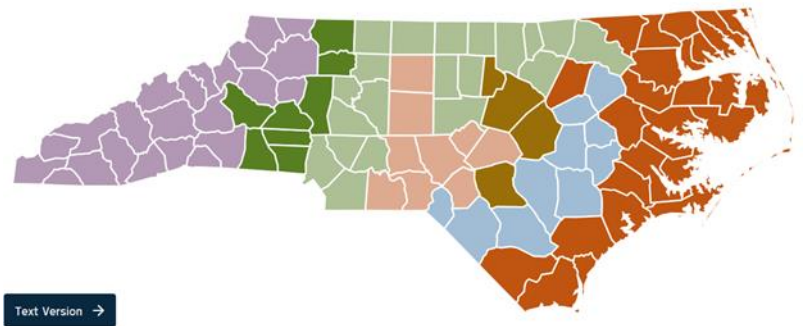
- Regions
- Eligibility
- State Funded and Waivers
- Care management
- Network Entry

Plans are tailored to meet the needs of members

Standard Plan



Tailored Plan



Overview of Eligible Population

TP Populations:

- Qualifying I/DD diagnosis
- Innovations and TBI Waiver enrollees and those on waitlists
- Qualifying Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) diagnosis who have used an enhanced service
- Those with two or more psychiatric inpatient stays or readmissions within 18 months
- Qualifying Substance Use Disorder (SUD) diagnosis and who have used an enhanced service Medicaid enrollees requiring TP-only benefits
- Transition to Community Living Initiative (TCLI) enrollees Children with complex needs settlement population
- Children ages 0-3 years with, or at risk for, I/DDs who meet eligibility criteria
- Children involved with the Division of Juvenile Justice of the Department of Public Safety and Delinquency Prevention Programs who meet eligibility criteria
- NC Health Choice enrollees who meet eligibility criteria

Plan Benefits

TPs will provide comprehensive benefits, including physical health, LTSS, pharmacy, and a more robust behavioral health, I/DD, and TBI benefit package than Standard Plans.

TP Benefits Include:

- Physical health services
- Pharmacy services
- State plan long-term services and supports (LTSS), such as personal care, private duty nursing, or home health services
- Full range of behavioral health services ranging from outpatient therapy to residential and inpatient treatment
- New SUD residential treatment and withdrawal services
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)*
- 1915(b)(3) waiver services*
- Innovations waiver services for waiver enrollees*
- TBI waiver services for waiver enrollees*
- State-funded behavioral health, I/DD, and TBI services for the uninsured and underinsured*



Note: Dual eligible enrollees will receive behavioral health, I/DD, and TBI services through the TP and other Medicaid services through FFS
**Services will only be offered through TPs; in addition, certain high-intensity behavioral health services, including some of the new SUD services, will only be offered through TPs*

Services only available in NC Medicaid Direct & LME/MCOs

Medicaid Services

- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services (MST)
- Psychiatric residential treatment facilities (PRTF)
- Assertive community treatment (ACT)
- Community support team (CST)
- Psychosocial rehabilitation (PSR)
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Substance Abuse Intensive Outpatient (SAIOP)
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- **Innovations Waiver services*** ←
- **Traumatic Brain Injury Waiver services***
- State-Funded Behavioral Health and Intellectual and Developmental Disability Services

1915 (b)(3) Services

- Respite
- Supported Employment/Employment Specialist
- Individual Support
- One-time Transitional Costs
- NC Innovations Waiver Services (funded by (b)(3)) (Deinstitutionalization Services)
- Community Navigator
- In-home Skill Building
- Transitional Living Skills
- Intensive Recovery Support

NOTE:

***Waiver services are only available to individuals enrolled in the waiver.**

TP Care Management

NC DHHS has established care management standards that align with Federal Health Home requirements.

In North Carolina, the BH I/DD TP will act as the Health Home and will be responsible for meeting federal health home requirements.

Care Management will be available to all TP eligible individuals

Care Management can be delivered by Tailored Plans, Care Management Agencies or AMH+

<https://www.medicaid.gov/medicaid/ltss/health-homes/index.html>

Questions

NC MEDICAID TRANSFORMATION WEBSITE

www.ncdhhs.gov/medicaid-transformation