

**Thank you for joining. The Community Partners webinar will begin shortly.**

**Gracias por unirte. El seminario web para socios comunitarios comenzará en breve.**

A copy of today's slide deck and recording will be available on our website at [medicaid.ncdhhs.gov/transformation/more-information](https://www.medicicaid.ncdhhs.gov/transformation/more-information)

Una copia de la presentación y de la grabación de hoy estará disponible en nuestro sitio web

Quick tips on attending a Microsoft Teams Live Event / Consejos rápidos para asistir a un evento en vivo de Microsoft Teams

To view the webinar with captions/subtitles / Para ver el seminario web con subtítulos:

- Click the settings (gear icon) / Haga clic en el icono de configuración
- Click captions/subtitles / Haga clic en captions/subtitles

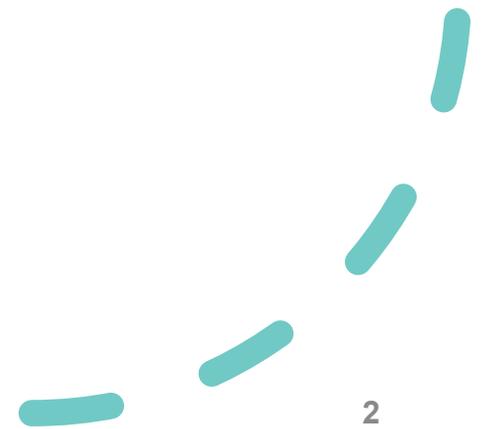


Use the Q&A feature at the top right of the screen to ask questions and provide comments, we will try to answer as many questions as possible in the Q&A session at the end of the webinar.



**Ericka  
Johnson**

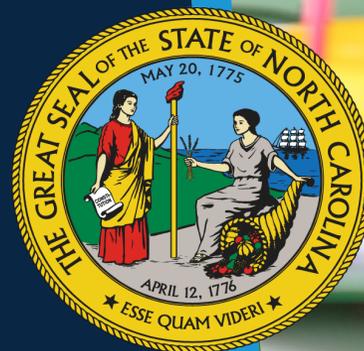
**Chief of Staff  
NC Medicaid**



**NCMEDICAID**  
FOR MORE **PEOPLE**

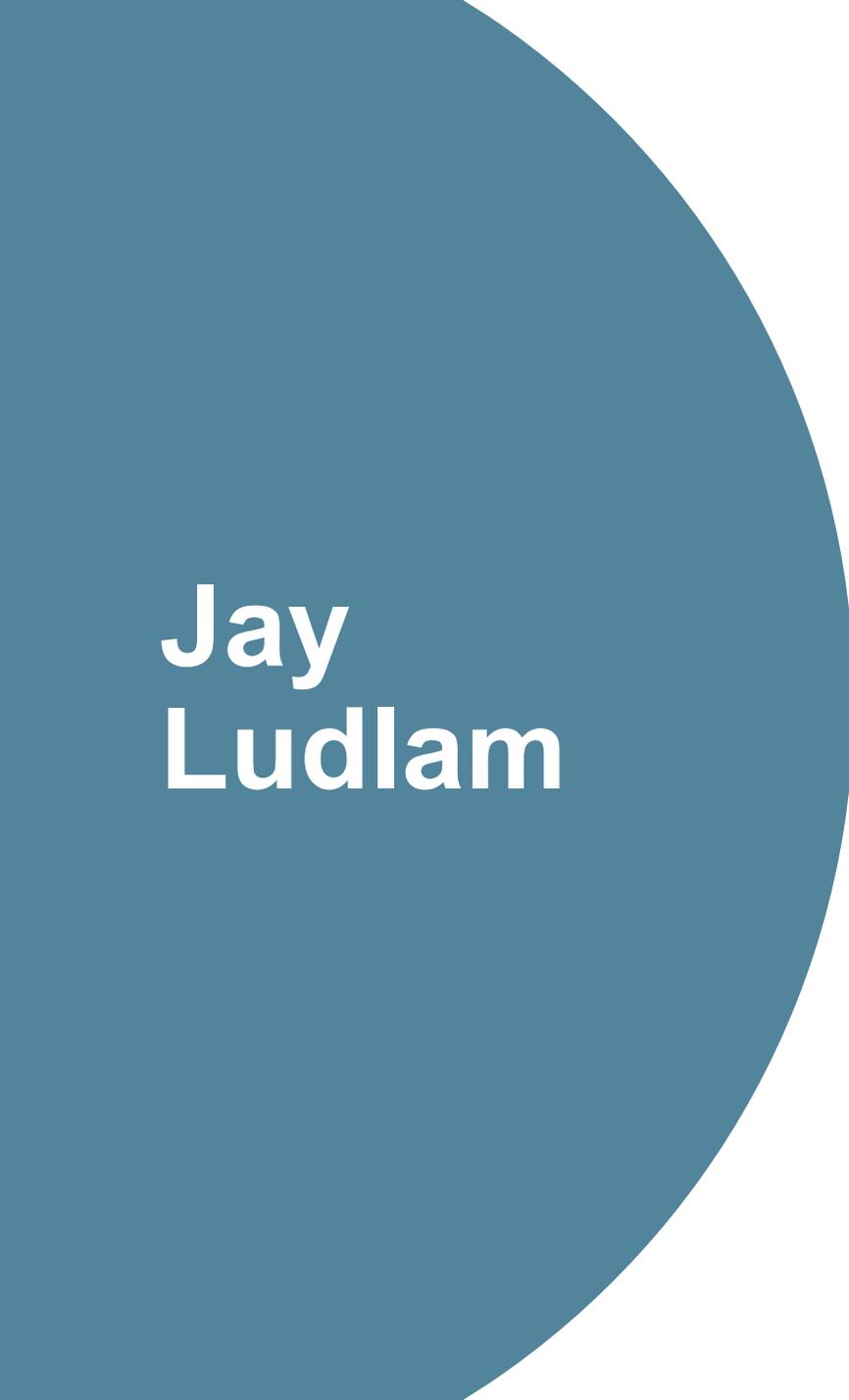
# NC Medicaid Community Partners Webinar

Feb. 28, 2024



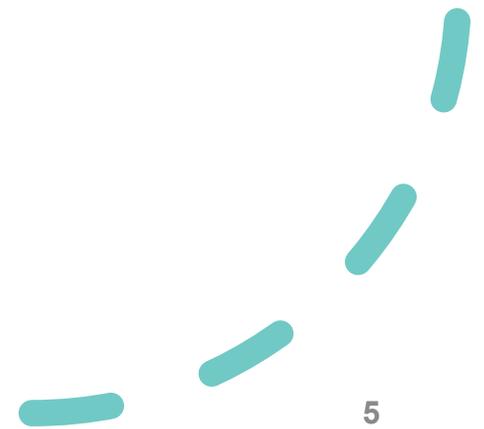
# AGENDA

- Welcome
- NC Medicaid Updates
- Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plan Update
- Overview of Tailored Care Management
- Medicaid Ambassador Initiative
- Questions & Answers



**Jay  
Ludlam**

**Deputy Secretary  
NC Medicaid**



# MEDICAID EXPANSION

## Where we are today

- At almost three months since launch, 369,203 adults have Medicaid thanks to expansion
- More than halfway to our two-year goal of adding 600,000 adults
- Track our progress each month on our [Medicaid Expansion dashboard](#)
  - For more information, see the [news release](#)



## NC Medicaid began accepting Federally-facilitated Marketplace Eligibility Determinations (FFM-D) Feb. 1, 2024

- This allows the Federal Marketplace to make the eligibility determination for individuals\* who apply for coverage through the Federal Marketplace at [HealthCare.gov](https://www.healthcare.gov)
- NC residents who apply for Medicaid through the Federal Marketplace ([HealthCare.gov](https://www.healthcare.gov)) and are determined fully eligible for Medicaid will no longer require an eligibility determination by their local Department of Social Services (DSS) caseworker

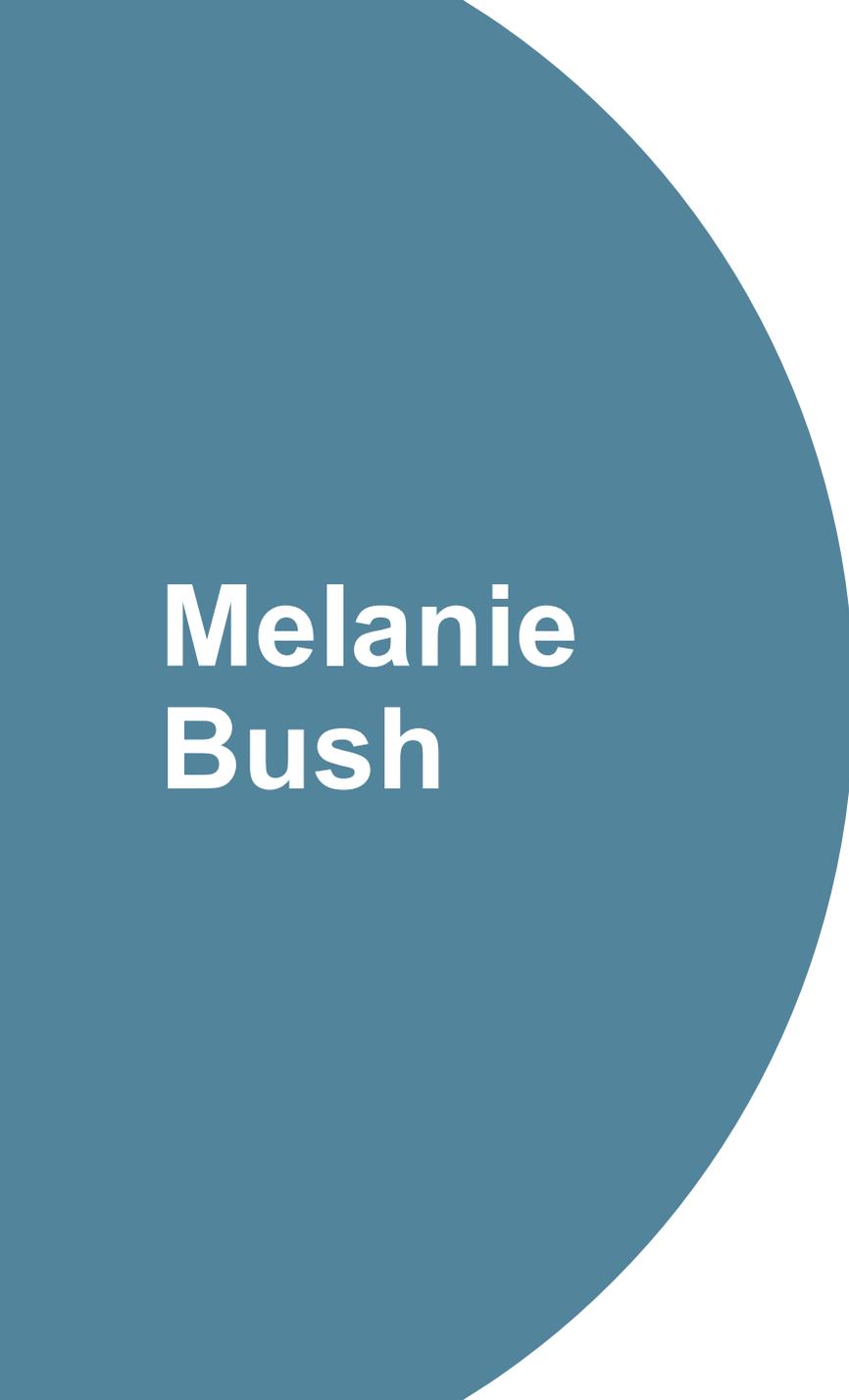
\* Whose eligibility is determined following modified adjusted gross income (MAGI) rules.

# PACE EXPANSION

The Program of All-Inclusive Care for the Elderly (PACE) is a national Medicare and Medicaid program that helps adults 55 years and older who need a nursing facility-level of care.

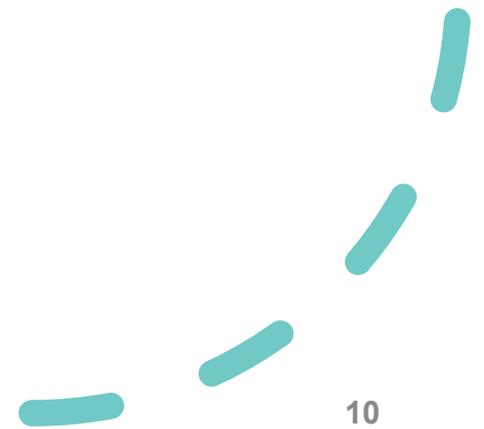
- PACE provides high-quality care by managing a beneficiary's health and medical needs to delay or avoid unnecessary hospitalization and provide a community-based alternative to long-term care placement.
- In NC, PACE serves 36 counties with plans to add more counties to their service area – bringing us closer to meeting our goal to offer PACE statewide.





**Melanie  
Bush**

**Deputy Medicaid Director**



# BEHAVIORAL HEALTH AND I/DD TAILORED PLAN

Tailored Plans are set to begin July 1, 2024

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Tailored Plans are a new kind of NC Medicaid health plan.

- They are designed to put you first – all of you.
  - That means looking at you as a whole person.
  - With a Tailored Plan, your physical and mental health needs are not separate.
  - Your care needs can be met with the help of a Tailored Care Manager.

# BEHAVIORAL HEALTH AND I/DD TAILORED PLAN

Tailored Plans are a new kind of NC Medicaid health plan.

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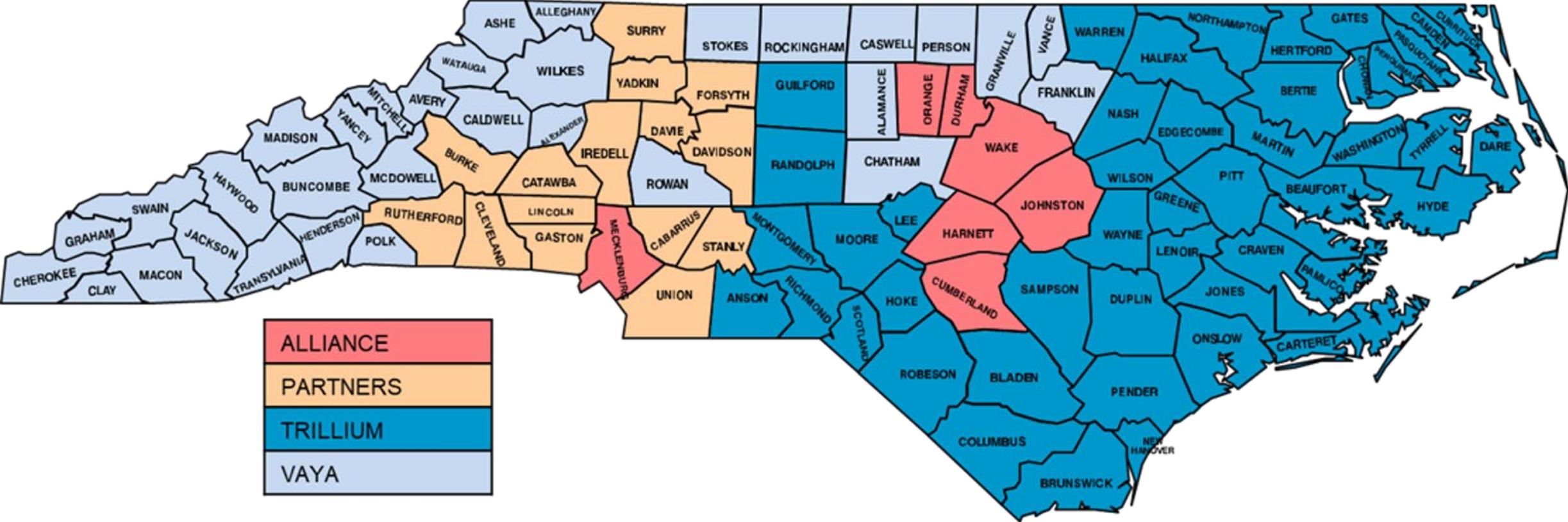
There will be four Tailored Plans:

- Alliance Health
- Partners Health Management
- Trillium Health Resources
- Vaya Health

The Tailored Plan that serves the county where you get your Medicaid will be your Tailored Plan.

- There is only one Tailored Plan in each county
- You can not choose a different Tailored Plan

# TAILORED PLAN MAP



# BEHAVIORAL HEALTH AND I/DD TAILORED PLAN

## Who will be in a Tailored Plan?

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If you are eligible for a Tailored Plan or need to move to a Tailored Plan to keep getting certain services, you will get a letter in the mail mid-April to let you know.

This includes medical needs related to:

- Intellectual or developmental disability
- Traumatic Brain Injury
- Severe or persistent mental illness
- Severe substance use disorder

# BEHAVIORAL HEALTH AND I/DD TAILORED PLAN

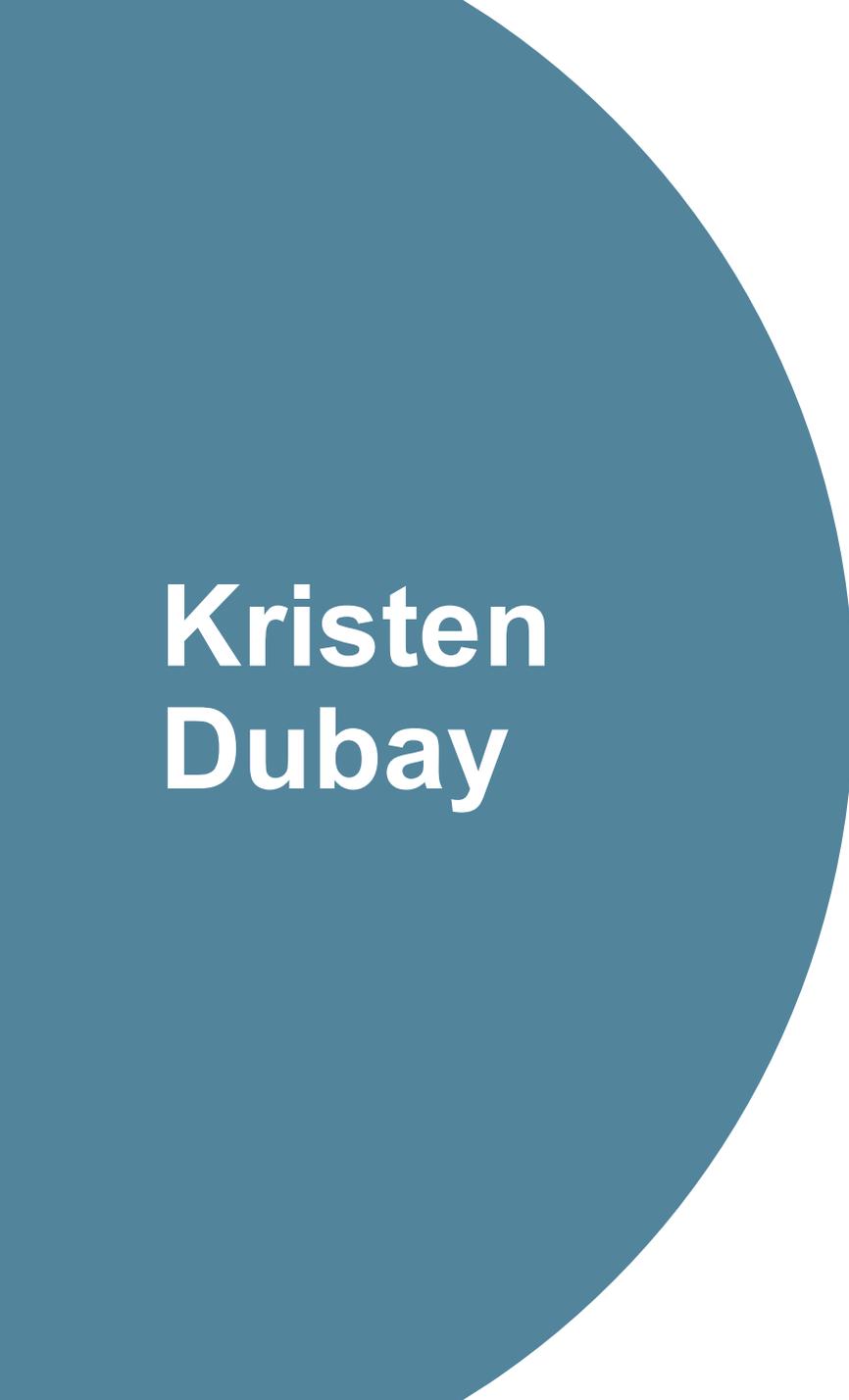
Can I stay with the health plan I have now?

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The letter being mailed mid-April will explain your options or if you have to move to a Tailored Plan.

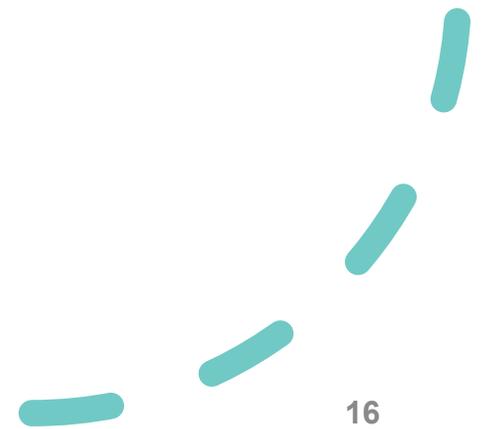
For most people:

- If your plan is changing to a Tailored Plan, you must use the Tailored Plan if you want to keep your current coverage.
- There is only one Tailored Plan per county.
- You may leave the Tailored Plan or refuse to join it, but certain services may not be available.



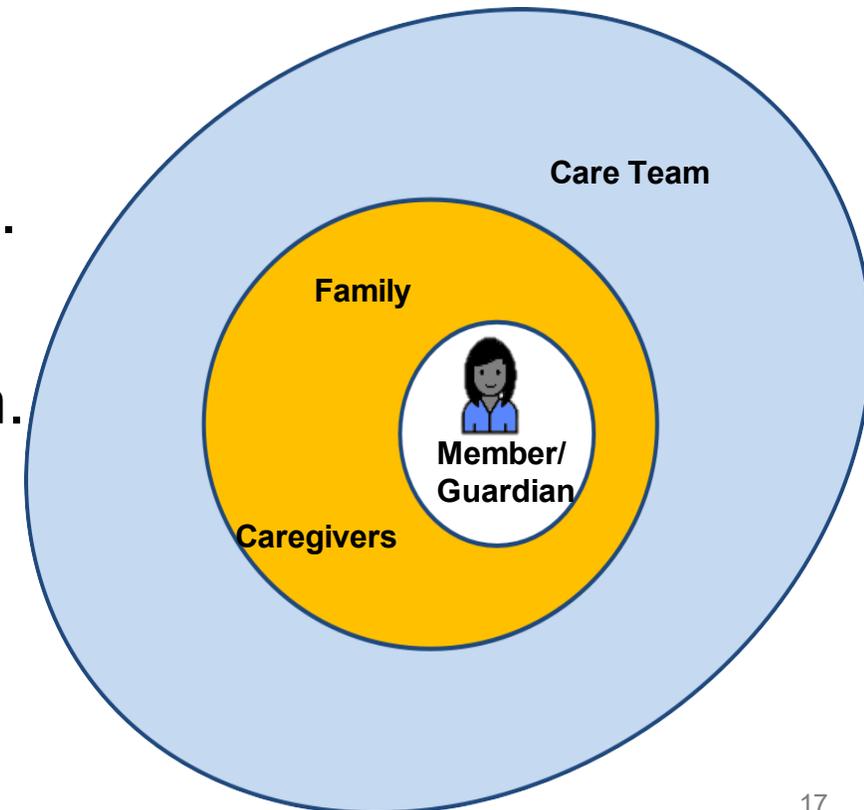
**Kristen  
Dubay**

**Chief of Population Health  
NC Medicaid**



# TAILORED CARE MANAGEMENT

- Tailored Care Management is a new type of care management that began Dec. 1, 2022, for eligible NC Medicaid beneficiaries.
- It is intended to provide whole person care management to support members in meeting their health goals by addressing all their needs including physical health, behavioral health, intellectual and developmental disabilities, traumatic brain injuries, pharmacy, long term services and supports and unmet resource needs.
- Individuals eligible for Tailored Care Management, are intended to have a single care manager and care team.



# TAILORED CARE MANAGEMENT

## Integrated care managers:

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- Coordinate a comprehensive set of services addressing all the member's needs.
- Provide holistic, person-centered planning.
  - Members receive a care management assessment that evaluates all their needs and drives the development of a care plan that identifies the member's goals.
- Address unmet health-related resource needs by connecting members to local programs and services.
- Are part of multidisciplinary care teams made up of clinicians and service providers who communicate and collaborate closely to efficiently address all the member's needs.
- Use technology that bridges data silos across providers and plans.

# TAILORED CARE MANAGEMENT

## NC Medicaid

Establishes care management standards for Tailored Plans in alignment with federal health home requirements

The Health Plan will act as the Health Home and will be responsible for meeting federal health home requirements

LME/MCO  
Health Home

### Care Management Approaches

TCM-eligible beneficiaries will have the opportunity to choose from the care management approaches; all must meet the Department's standards and be provided in the community to the maximum extent possible.

Approach 1:  
"AMH+" Primary Care Practice  
Practices must be certified by the  
Department to provide Tailored Care  
Management

Approach 2:  
Care Management Agency (CMA)  
Organizations eligible for  
certification by the Department as  
CMAs include those that provide  
Behavioral Health or I/DD services

Approach 3:  
Plan-Based Care  
Manager

The Department allows – but does not require – AMH+ practices and CMAs to work with a Clinically Integrated Network (CIN) or other partner to assist with the requirements of the Tailored Care Management model, within the Department's guidelines.

# TAILORED CARE MANAGEMENT

## Key Features of Tailored Care Management

Tailored Plan-eligible members have been assigned to one of three options to receive Tailored Care Management.

### Advanced Medical Home Plus (AMH+)

Primary care practices with providers that have experience delivering primary care services to Tailored Plan-eligible population

### Care Management Agency (CMA)

Provider organizations with experience delivering behavioral health, I/DD and/or TBI services to the Tailored Plan eligible population with a primary purpose the delivery care of NC Medicaid or State-funded services

### LME/MCO Care Management Team

LME/MCOs and Tailored Plans also provide care management with the same expectations as AMH+/CMA providers

Note: The Department strongly believes care management should be provider-based and performed at the site of care (e.g., at an AMH+/CMA) to the maximum extent possible.

# TAILORED CARE MANAGEMENT

## What Do Care Managers Do?

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- Work to close gaps in a member's physical and mental health care.
- Complete a full review of a member's care needs.
- Work with member and team to prepare care management comprehensive assessments and care plans/individual support plans that reflect the member's needs and goals.
- Help schedule appointments and transportation to and from Medicaid-covered providers.
- Follow-up with doctors or specialists about member's health care needs.
- Help with medication monitoring. Help get answers to questions about medicines and how to take them.
- Monitor hospital admission discharge and transfer alerts and assist with admissions discharges or transfers
- Help members transition out of hospitals and nursing facilities back home.
- Provide Innovations and TBI waiver care coordination (if applicable)
- Connect members to local programs / community resources to help address health-related resource needs, such as housing, food, transportation and employment.

# TAILORED CARE MANAGEMENT

## Member requests to change Tailored Care Manager

- The beneficiary, their family or legally responsible person (LRP) can choose a different Tailored Care Management provider by calling their LME/MCO.
- Beneficiaries can change their Tailored Care Management provider twice per year “without cause” and unlimited number of times “with cause” per year.
- Beneficiaries can also opt out of Tailored Care Management, and it will not affect the other services they receive

### **LME/MCO Member Services Phone Numbers**

Alliance Health	1-800-510-9132
Partners Health Management	1-888-235-4673
Trillium Health Resources	1-877-685-2415
Vaya Health	1-800-962-9003

[LME/MCO Directory](#)

# TAILORED CARE MANAGEMENT

## Eligibility

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Individuals ages 3+ who are enrolled in NC Medicaid Direct including:

- Innovations Waiver participants (including duals)
- Traumatic brain injury (TBI) waiver participants (including duals)
- Children and adolescents with a serious emotional disorder (SED)
- Adolescents with a severe substance use disorder (SUD)
- Adults with a serious mental illness (SMI) or severe SUD
- Children ages 3+ and older and adults with I/DD
- Children and adolescents in foster care with SED or SUD
- Dual-eligible adults with SMI or SUD
- Dual-eligible children ages 3+ and older, adults with I/DD NOT on the Innovations or TBI waivers

Many beneficiaries will be enrolled in a Tailored Plan and will continue to receive TCM.

# TAILORED CARE MANAGEMENT

## Duplicative Services Impact on Eligibility

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Individuals cannot have both Tailored Care Management and the below duplicative services at the same time:

- Beneficiaries receiving ACT or Critical Time Intervention (CTI)
- Beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs) or Skilled Nursing Facilities
- Beneficiaries participating in CMARC
- Beneficiaries participating in the High-Fidelity Wraparound (HFW) program or Child ACT
- Community Alternatives Program for Children (CAP/C)
- Community Alternatives Program for Adults with Disabilities (CAP/DA)
- Program of All-inclusive Care for the Elderly (PACE)

# TAILORED CARE MANAGEMENT

How do I know if I am eligible for TCM?

- You got a letter letting you know who is your Tailored Care Management agency and your choice options
- If you do not remember receiving this letter and think you may be eligible for TCM, contact your primary care doctor or your LME/MCO.

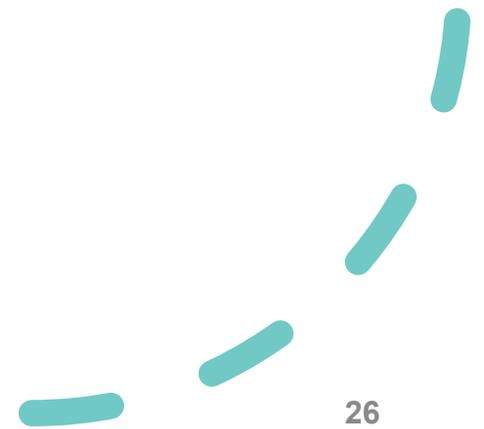
The letter:

- Explained Tailored Care Management
- Explained the member's ability to opt-out
- Identified the member's assigned Tailored Care Management agency
- Provided direction on how the member can CHANGE their assigned Tailored Care Management agency



**LaQuana  
Palmer**

**Deputy Director  
Communications & Engagement  
NC Medicaid**



# MEDICAID AMBASSADOR INITIATIVE

A network of organizations throughout the state to help potential beneficiaries with the Medicaid application process.

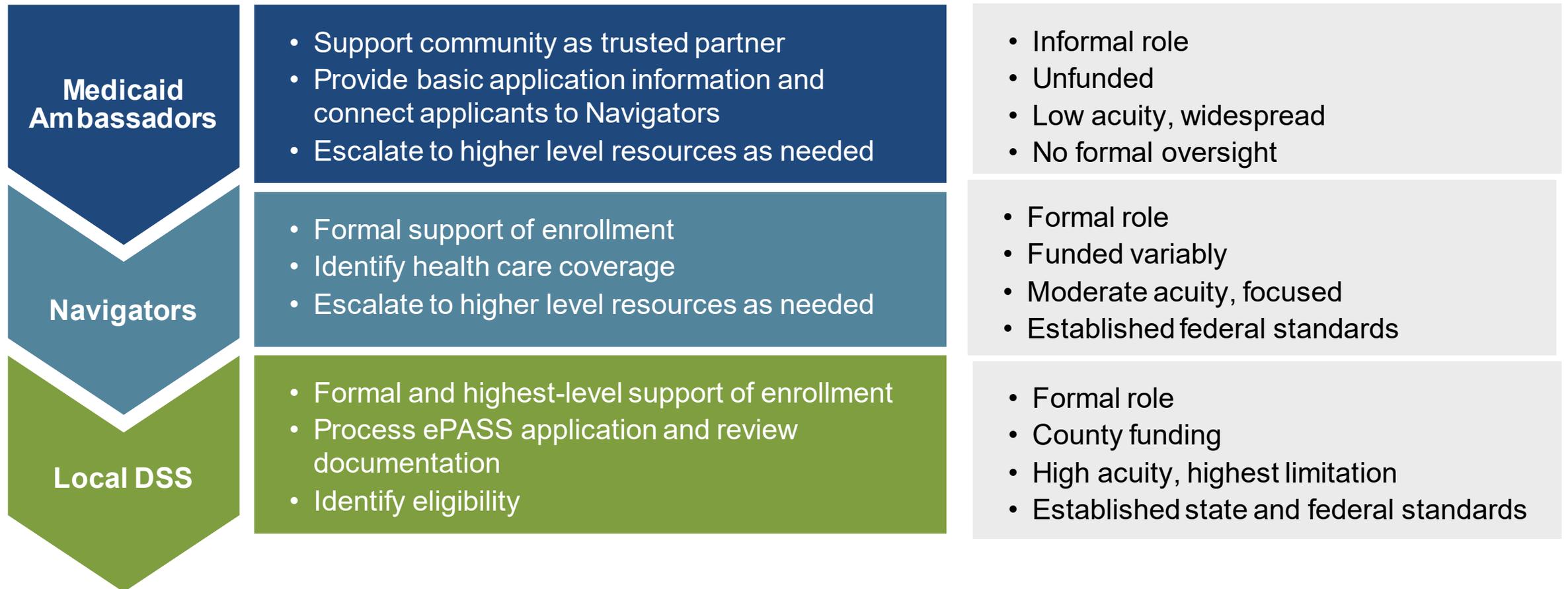
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## Goals

- Lessen the workload for local Departments of Social Services
- Identify Enrollment Ambassadors in all 100 North Carolina counties
- Connect potential beneficiaries to a trusted community partner

# MEDICAID AMBASSADOR INITIATIVE

## Comparing roles: Enrollment Ambassador, Navigator and local DSS



# MEDICAID AMBASSADOR INITIATIVE

The Medicaid Ambassador initiative will help:

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## Potential Beneficiaries

- Provide expanded resources to help complete the application process (computers, tech services etc.) and answer related questions
- Serve as interactive resource to Medicaid Ambassador locations and share contact information to connect them to support

## Local Departments of Social Services

- Support beneficiaries and reduce some of the increased application assistance requested of local DSS with Medicaid expansion
- Increase the number of applications processed "straight through" without DSS touches
- Provide DSS with more complete applications, reducing the number of requests for additional information

# MEDICAID AMBASSADOR INITIATIVE

## How to become a Medicaid Ambassador?

- Send an email stating your interest in becoming a Medicaid Ambassador to [Medicaid.NCEngagement@dhhs.nc.gov](mailto:Medicaid.NCEngagement@dhhs.nc.gov)
- Complete the Medicaid Essentials training
- Complete ePASS navigation training either by attending a live ePASS demo or watching the recording posted to the Medicaid expansion website
- Have an established confidentiality agreement with your organization
- Sign the Attestation form with NC Medicaid that you meet all the requirements

# EPASS RESOURCES

- ePASS Fact Sheet [English](#) | [Spanish](#)
- [ePASS website](http://epass.nc.gov) (epass.nc.gov)
- Local DSS Directory [ncdhhs.gov/localdss](http://ncdhhs.gov/localdss)

# PROVIDER RESOURCES

- NC Medicaid Website [medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid)
  - Includes County and Provider Playbooks
- NC Medicaid Help Center [medicaid.ncdhhs.gov/helpcenter](https://www.ncdhhs.gov/medicaid/helpcenter)
- Regular Medicaid Bulletins  
[medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.ncdhhs.gov/providers/medicaid-bulletin)

# QUESTIONS & ANSWERS

A copy of today's slide deck and recording will be available  
on our website at

[medicaid.ncdhhs.gov/transformation/more-information](https://medicaid.ncdhhs.gov/transformation/more-information)

If we couldn't get to your question, feel free to email it to

[Medicaid.NCEngagement@dhhs.nc.gov](mailto:Medicaid.NCEngagement@dhhs.nc.gov)