



# **MCAC Behavioral Health/IDD Tailored Plan Design Subcommittee**

**February 4, 2019**

# Behavioral Health/IDD MCAC Subcommittee Conference Call

**Conference Line 1-888-204-5984, code 8532608#**

- Participants on the line may email [Debra.Farrington@dhhs.nc.gov](mailto:Debra.Farrington@dhhs.nc.gov) to indicate participation in the call.
- All phone lines will be muted throughout the conference call
- Please press \*6 to unmute yourself

*For more information on Medicaid Transformation, please visit:*  
<https://www.ncdhhs.gov/assistance/medicaid-transformation>

# Agenda

**Welcome and Introductions**

**Purpose/Scope of Subcommittee**

**Logistics/Meetings**

**Managed Care Update**

**Tailored Plan Design and Engagement Plan**

**Key Questions- Decision Making & Feedback Approach**

**Public Comments**

**Next Steps**

# Key Questions for Today's Meeting



- How will group agree on recommendations?
- How does subcommittee want to formally approach design process and offer feedback to NCDHHS?
- Meeting frequency



# **Welcome**

**MCAC Representatives: Billy West, Paula Cox  
Fishman**

**NC DHHS Program Lead: Debra Farrington**

# **Subcommittee Member Introductions**

**Name, Organization, and Brief Introduction**

## Subcommittee – Charter

- **Review and provide feedback on Tailored Plans (TP) design elements**
  - **Care Management**
  - **Health Homes**
  - **Eligibility & Enrollment**
  - **Network Adequacy, Credentialing**
  - **State Plan services exclusively in Tailored Plans**
  - **Other services managed by Tailored Plans incl. State funded, TBI waiver, Innovations waiver, 1915(b)(3)**
  - **Roll out schedule**

# Logistics and Member Participation

- Meetings will be available in-person and by webcast or teleconference
- Meetings are open to the public
- Public will have time at the end of each meeting to comment
- Direct written comments to [Medicaid.Transformation@dhhs.nc.gov](mailto:Medicaid.Transformation@dhhs.nc.gov)

## MEMBERS:

Active participation during meetings will be key to informed input

Offer suggestions, information and perspective

Engage with other members

Ask questions



# Meetings

## February 4, 2019: Meeting 1

- Subcommittee Charge, Expectations Logistics, Schedule, Managed Care Update, Feedback Approach

## March 6, 2019: Meeting 2

- Agenda contingent upon selected feedback method

## Future Meetings

- Review and discuss DHHS policy recommendations
- Compile subcommittee recommendations
- Review status report for MCAC

# Key Upcoming Milestones

**Today**

Standard Plan PHP Award, Regions (Feb. 2019)

**17 weeks**

MAXIMUS Mails Welcome Packets (June 3, 2019)

**23 weeks**

[ PHP Call Centers will be open (July 2019)  
Phase 1 Open Enrollment Begins (July 2019)

**254 days**

Phase 2 Open Enrollment Begins (Oct. 2019)

**271 days**

Managed Care Go Live (Nov. 1, 2019)

**2+ years**

Tailored Plans Go Live (July 2021)

\*as of week 2/3/19

# 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 will develop parameters to support integration and minimize cost shifting
    - Jan. 24<sup>th</sup> integration of Care
- Legislative changes to support cross catchment board, Consumer Family Advocacy Committee participation
- Planning Efforts Initiated

\*. At the start of the first fiscal year that is one year after the implementation of the first contracts for Standard Benefit Plans

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

# Roles and Responsibilities: BH I/DD TPs

**BH I/DD TPs will carry out all functions typical of a health plan.**

## **BH I/DD TP Responsibilities Include:**

- Conducting utilization management;
- Overseeing member services (e.g. hotlines, member handbooks, provider directories) and provider services (e.g. provider manuals, online portal, trainings and technical assistance);
- Developing and managing the provider network;
- Managing the benefit package across the full continuum of physical and behavioral health, pharmacy, and I/DD and TBI services, including Innovations and TBI waiver services;
- Monitoring for fraud/waste/abuse;
- Conducting risk stratification to identify intensity of enrollees' needs;
- Paying care management organizations a tiered PMPM for care management based on assessment of level of care management services required to assist client in meeting care plan goals;
- Paying claims from providers and submitting encounter data to the State;
- Reporting process and quality measures to DHHS.

# 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*

# 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.

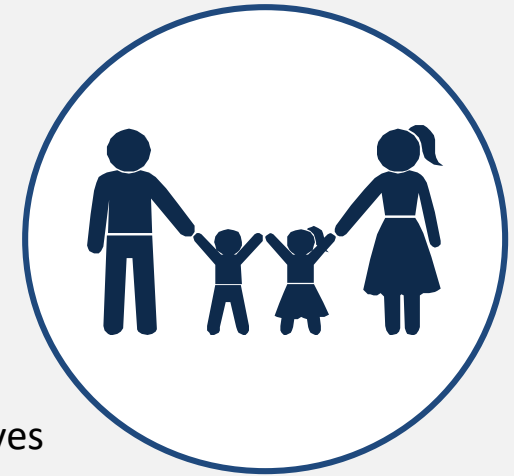


# Tailored Plan Engagement Approach

**DHHS values input and feedback from stakeholders and will make sure stakeholders have the opportunity to connect through a number of venues and activities**

## Ways DHHS will solicit feedback

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Questions, feedback: [Medicaid.Transformation@dhhs.nc.gov](mailto:Medicaid.Transformation@dhhs.nc.gov)



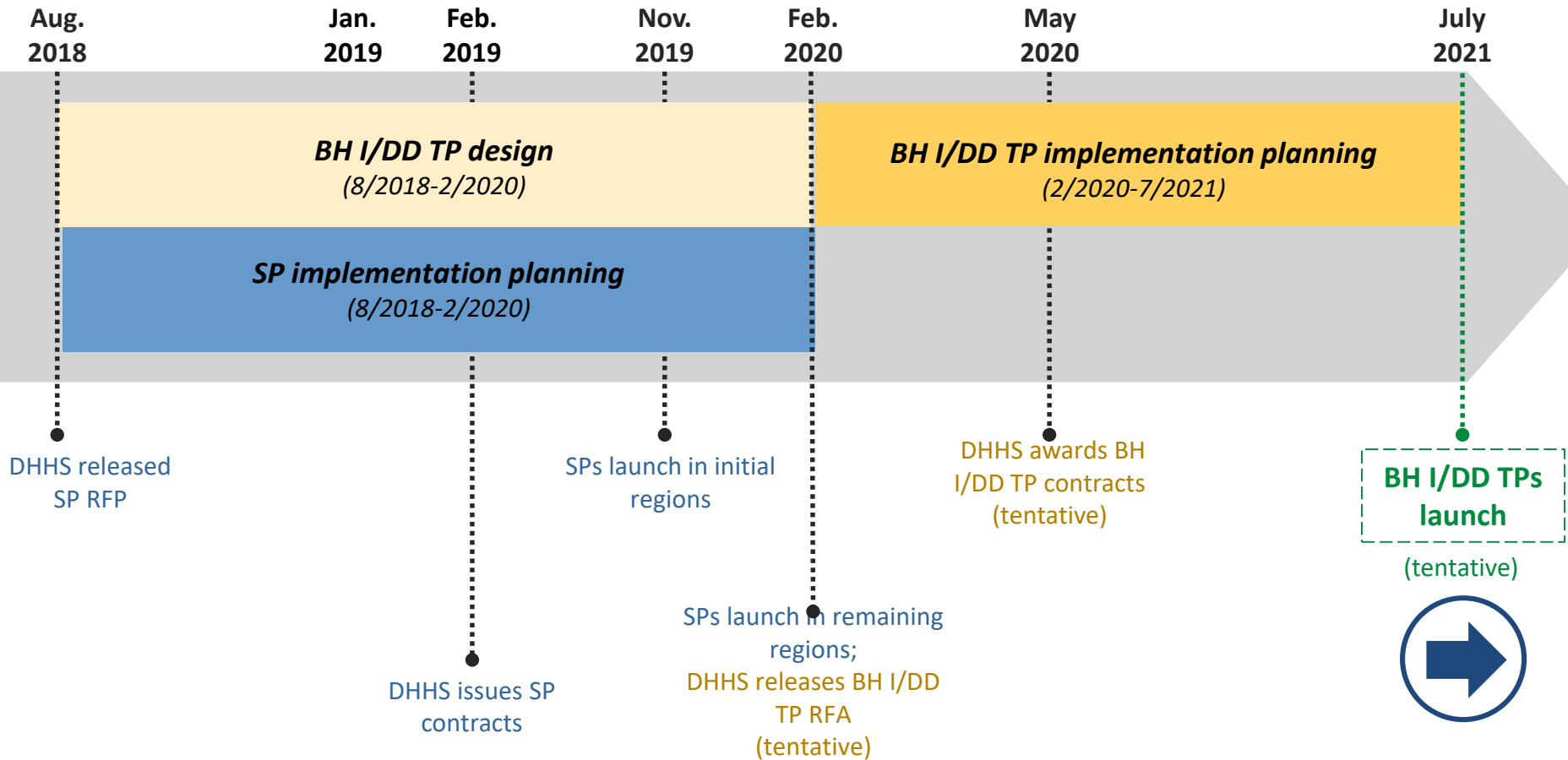
## Groups DHHS Will Engage

- Consumers, Families, Caregivers, SCFAC and Consumer Representatives
- MCAC BH/IDD Subcommittee
- Providers and Associations
- Health Plans and LME-MCOs
- Counties and Associations
- General Public

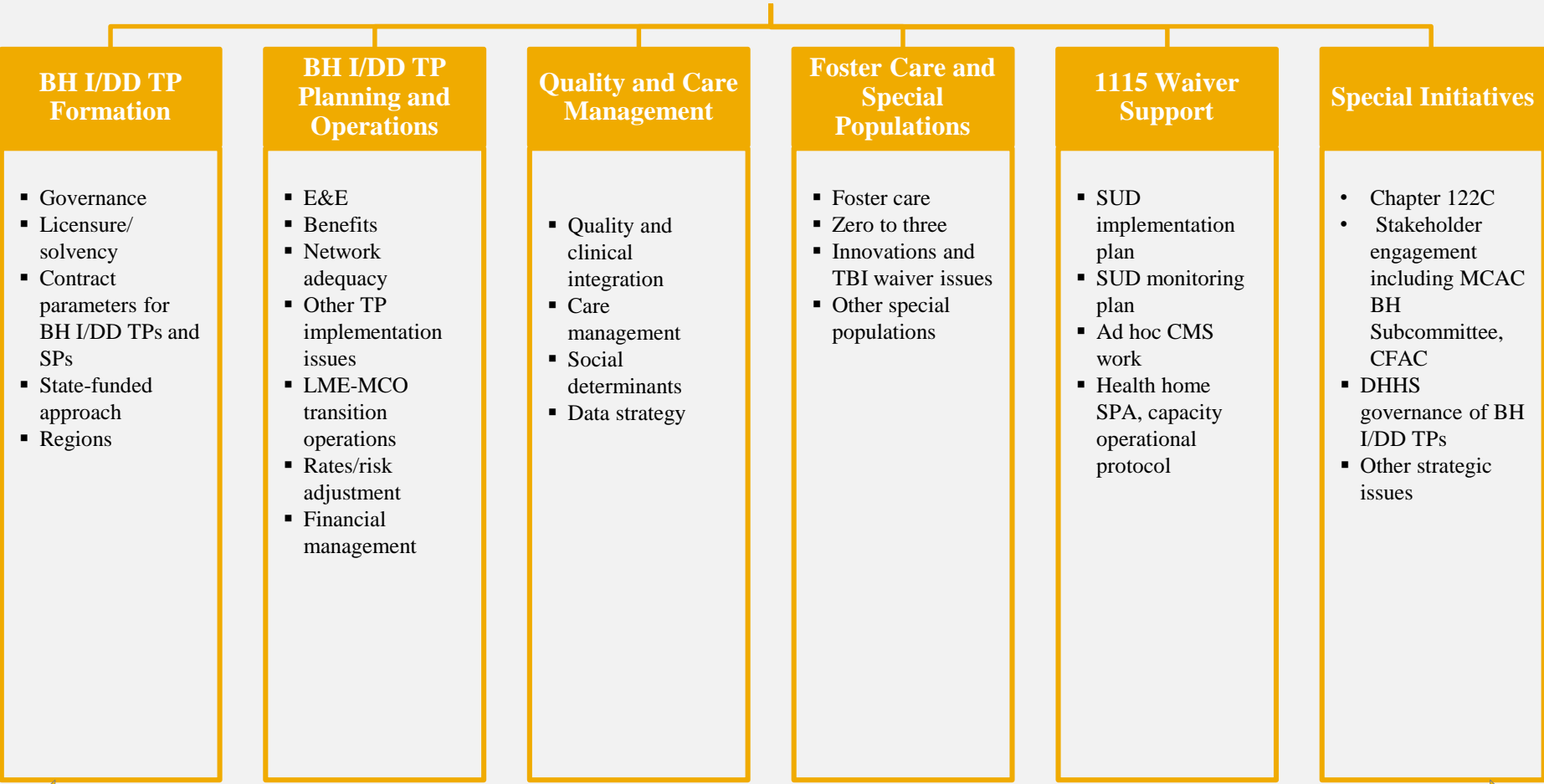


# Tailored Plan Design and Launch Timeline

Until early 2020, DHHS will be conducting intensive planning for both Standard Plans (SPs) and TPs. After SPs launch, DHHS will continue implementation planning for Tailored Plans.



# Tailored Plan Design Areas



Approach to state-funded services will be integrated across all design areas as appropriate.

# Upcoming Tailored Plan Policy Papers (mid Feb- Sept.)

<b>Tailored Plan Eligibility</b>
<b>Governance, Licensure, Solvency and Contract</b>
<b>Care Management</b>
<b>Data Strategy</b>
<b>Foster Care</b>
<b>Uninsured, State Funded Only Approach</b>
<b>Quality Summary</b>

# Key Questions for Today's Session

## Key Questions

- How will subcommittee make decisions?



## Options

- Consensus Building
- Majority voting



# Key Questions for Today's Session

## Key Questions

- How does subcommittee want to formally approach design process and offer feedback to NCDHHS?



## Context

- Standard Plan design serves as foundation for Tailored Plan development
- Tailored Plan design is broad and detailed
- DHHS will release policy papers, host meetings and webinars outlining recommendations for the Tailored Plan
- SMEs will be available to discuss policy recommendations and address questions
- Subcommittee recommendations will be compiled and shared with DHHS design team and MCAC
- MCAC reports will include recommendations by subcommittee and DHHS response to recommendation where possible.



# Options for Providing Feedback

## Large group meetings



- Subcommittee meets jointly reviewing design areas
- Review and provide comments in response to policy papers or
- Develop list of priorities, questions, recommendations prior to release of policy papers
- Reconvene after release of policy paper for final recommendations and report to MCAC

## Small Group Meetings by Population or Design Area

- Organize by I/DD, SA, MH groups to develop list of priorities, questions, recommendations prior to release of policy papers
- Reconvene as larger group to consolidate lists and formulate recommendations for DHHS and MCAC
- Reconvene after release of policy paper for final recommendations, final report to MCAC



# Public Comments

# Next Steps

- Memorialize the subcommittee recommendations, approach to offering feedback.
- Next Meeting: Wednesday, March 6<sup>th</sup>, 10:00 am – 12:00 pm





# Behavioral Health/IDD Subcommittee

Slot Represented	Proposed Individual	Company/Affiliation
MCAC Co-Chair	Paula Cox Fishman	IDD Advocate & Legal Guardian of Medicaid Recipient
MCAC Co-Chair	Billy West	Daymark Recovery
Family member	Jean Anderson	Family member of individual with TBI
Family member/Advocate	Mark Fuhrmann	State CFAC
Member	Jonathan Ellis	State CFAC
Advocate/Provider	Ruth Singer Strunck	The Arc
Consumer advocate	Lucy Wilmer	NAMI
Advocacy organization	Corye Dunn	Disability Rights NC
Consumer Association	Susan Baker	Brian Injury Association
Advocacy Organization	David Ingram	NC Council on Developmental Disabilities

# Behavioral Health Recommendations

Slot Represented	Proposed Individual	Company
Provider Association	Martha Turner Quest	NC Psychological Association
Provider Association	Robin Huffman	Psychiatric Association
Provider Association	Sheryl Zerbe	NC Providers Council
Provider Association	Blake Martin	Benchmarks
Provider Association	Kay Castillo	NC NASW
Individ. Practice/Group	Jennie Bryne	CCNC
Academic/University	Marvin Schwartz	Duke University
LME MCO	Christina Dupuch	Vaya
LME MCO	Rhett Melton	Partners Behavioral Health
LME MCO	Beth Melcher	Alliance Behavioral Health
LME MCO	Cindy Ehlers	Trillium Health Resources
LME MCO	Trey Sutton	Cardinal Innovations Healthcare
LME MCO	Anthony Ward	Sandhills Center
LME MCO	Victoria Jackson	Eastpointe
Public Health	Curt Martin	Division of Public Health
Other interested parties	Kerri Erb	Autism Society