



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: - -

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:



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Describe program below:

Through its Section 1115 demonstration, the State has approval to implement comprehensive managed care using a combination of plans:

(1) Standard plans for most enrollees, except those in excluded populations, individuals in exempt populations who choose not to enroll, or enrollees in BH I/DD Tailored Plans or Specialized Plans. Standard plans cover physical health and most behavioral health services, other than those specialized behavioral health services only available through a BH I/DD Tailored Plan.

(2) BH I/DD Tailored Plans for individuals with complex behavioral health needs, I/DD and TBI, covering all benefits, including specialized behavioral health services.

(3) Specialized Foster Care Plan for individuals in foster care and former foster youth.

See the State's 1115 demonstration for more details on eligibility, benefits, and timelines for when products will take effect.

Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

PIHP: Prepaid Inpatient Health Plan

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

Individuals not enrolled in an MCO receive their behavioral health services and 1915(c) waiver services (if eligible) through a PIHP, administered by Local Management Entity Managed Care Organizations (LME MCOs). There is one LME MCO available per region. See approved 1915(b) waiver for additional details

Additional Information: PIHP (Optional)

Provide any additional details regarding this service delivery system (optional):

PCCM: Primary Care Case Management

The PCCM delivery system is the same as an already approved PCCM program.

Yes

The PCCM program is operating under (select one):

- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.



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Identify the date the managed care program was approved by CMS: 10/22/2021(CCNC), 9/1

Describe program below:

The State has two PCCM programs:

- (1) Community Care of North Carolina (CCNC). CCNC serves as the primary care case management entity for all populations not currently enrolled in an MCO, other than those enrolled in the Tribal Option.
- (2) Tribal Option. The Eastern Band of Cherokee Indians (EBCI) has created a primary care case management entity (referred to as the EBCI Tribal Option) available for all IHS eligibles and federally recognized tribal members residing within a defined service area.

For additional details on enrollment and eligibility, please see the approved SPAs.

Additional Information: PCCM (Optional)

Provide any additional details regarding this service delivery system (optional):

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Individuals who are not currently enrolled in an MCO receive their physical health services through fee-for-service.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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