

# Fact Sheet

## Tailored Plan Enrollment Criteria

### County Playbook: NC Medicaid Managed Care

**Behavioral Health and Intellectual/Developmental (I/DD) Tailored Plans** are health plans that will offer integrated physical health, pharmacy, care management and behavioral health services for members who may have significant mental health needs, severe substance use disorders, intellectual/developmental disabilities (I/DDs) or traumatic brain injury (TBI).

NC Medicaid is responsible for managing and maintaining **Tailored Plan enrollment criteria**. Identification for Tailored Plan enrollment will continue to be an ongoing process.

This Fact Sheet provides details on Tailored Plan enrollment criteria for reference only. If beneficiaries have questions, they should contact the NC Medicaid Enrollment Broker:

- By calling **1-833-870-5500** (TTY: 711 or [RelayNC.com](https://www.relaync.com))
- Online at [ncmedicaidplans.gov](https://ncmedicaidplans.gov)

#### TAILORED PLAN ENROLLMENT CRITERIA

NC Medicaid will identify beneficiaries who qualify for Tailored Plan based on programs, diagnoses, admissions or visits and services only available through the Tailored Plans.

Beneficiaries will be assessed based on a 24-month lookback period\*.

PROGRAMS	TAILORED PLAN-ONLY SERVICES
<ul style="list-style-type: none"> <li>• Innovations Waiver (or waiting list)</li> <li>• TBI Waiver (or waiting list)</li> <li>• Transition to Community Living (TCL)</li> </ul>	<ul style="list-style-type: none"> <li>• Have used a Medicaid service that will be available only through the Tailored Plan</li> <li>• Have used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds</li> </ul>
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none"> <li>• Children with complex needs</li> <li>• Qualifying I/DD diagnosis code</li> <li>• Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period*</li> <li>• Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or receive electroconvulsive therapy (ECT) during the lookback period*</li> </ul>	<ul style="list-style-type: none"> <li>• Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility</li> <li>• Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*</li> </ul>

## WHAT DSS NEEDS TO KNOW

DSS staff can identify these beneficiaries in NC FAST using the “Managed Care Status” field. Identification for Tailored Plan enrollment is ongoing, and beneficiary records will continue to be updated.

Most beneficiaries who qualify for Tailored Plans will remain in NC Medicaid Direct until Dec. 1, 2022, unless they choose a Standard Plan (if applicable).

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## TAILORED PLAN CRITERIA REVIEW

Beneficiaries will be assessed for Tailored Plan enrollment on **August 1, 2022**. Beneficiaries who qualify for Tailored Plan will receive a notice in the mail letting them know about their choices.

For more information, visit the County Playbook [Fact Sheet – Managed Care Populations and Enrollment Notices](https://medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care/managed-care-overview) located here: [medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care/managed-care-overview](https://medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care/managed-care-overview).

