Participants on the line may email 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

<table>
<thead>
<tr>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>Purpose/Scope of Subcommittee</td>
</tr>
<tr>
<td>Logistics/Meetings</td>
</tr>
<tr>
<td>Managed Care Update</td>
</tr>
<tr>
<td>Tailored Plan Design and Engagement Plan</td>
</tr>
<tr>
<td>Key Questions- Decision Making &amp; Feedback Approach</td>
</tr>
<tr>
<td>Public Comments</td>
</tr>
<tr>
<td>Next Steps</td>
</tr>
</tbody>
</table>
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
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

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

17 weeks

23 weeks

254 days

271 days

2+ years

- Standard Plan PHP Award, Regions (Feb. 2019)
- MAXIMUS Mails Welcome Packets (June 3, 2019)
- PHP Call Centers will be open (July 2019)
- Phase 1 Open Enrollment Begins (July 2019)
- Phase 2 Open Enrollment Begins (Oct. 2019)
- Managed Care Go Live (Nov. 1, 2019)
- 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. 24th 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 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

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
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

**BH I/DD TP Formation**
- Governance
- Licensure/solvency
- Contract parameters for BH I/DD TPs and SPs
- State-funded approach
- Regions

**BH I/DD TP Planning and Operations**
- E&E
- Benefits
- Network adequacy
- Other TP implementation issues
- LME-MCO transition operations
- Rates/risk adjustment
- Financial management

**Quality and Care Management**
- Quality and clinical integration
- Care management
- Social determinants
- Data strategy

**Foster Care and Special Populations**
- Foster care
- Zero to three
- Innovations and TBI waiver issues
- Other special populations

**1115 Waiver Support**
- SUD implementation plan
- SUD monitoring plan
- Ad hoc CMS work
- Health home SPA, capacity operational protocol

**Special Initiatives**
- Chapter 122C
- Stakeholder engagement including MCAC BH Subcommittee, CFAC
- DHHS governance of BH I/DD TPs
- Other strategic issues

Approach to state-funded services will be integrated across all design areas as appropriate.
## Upcoming Tailored Plan Policy Papers (mid Feb- Sept.)

<table>
<thead>
<tr>
<th>Topic</th>
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<tbody>
<tr>
<td>Tailored Plan Eligibility</td>
</tr>
<tr>
<td>Governance, Licensure, Solvency and Contract</td>
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<td>Care Management</td>
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<tr>
<td>Data Strategy</td>
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<tr>
<td>Foster Care</td>
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<tr>
<td>Uninsured, State Funded Only Approach</td>
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<tr>
<td>Quality Summary</td>
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</tbody>
</table>
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 6th, 10:00 am – 12:00 pm
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<tr>
<th>Slot Represented</th>
<th>Proposed Individual</th>
<th>Company/Affiliation</th>
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<tbody>
<tr>
<td>MCAC Co-Chair</td>
<td>Paula Cox Fishman</td>
<td>IDD Advocate &amp; Legal Guardian of Medicaid Recipient</td>
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<tr>
<td>MCAC Co-Chair</td>
<td>Billy West</td>
<td>Daymark Recovery</td>
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<tr>
<td>Family member</td>
<td>Jean Anderson</td>
<td>Family member of individual with TBI</td>
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<tr>
<td>Family member/Advocate</td>
<td>Mark Fuhrmann</td>
<td>State CFAC</td>
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<tr>
<td>Member</td>
<td>Jonathan Ellis</td>
<td>State CFAC</td>
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<td>Advocate/Provider</td>
<td>Ruth Singer Strunck</td>
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<td>Consumer advocate</td>
<td>Lucy Wilmer</td>
<td>NAMI</td>
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<td>Advocacy organization</td>
<td>Corye Dunn</td>
<td>Disability Rights NC</td>
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<td>Susan Baker</td>
<td>Brian Injury Association</td>
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<td>David Ingram</td>
<td>NC Council on Developmental Disabilities</td>
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<td>Provider Association</td>
<td>Martha Turner Quest</td>
<td>NC Psychological Association</td>
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<td>Robin Huffman</td>
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<td>Sheryl Zerbe</td>
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<td>Blake Martin</td>
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<td>Kay Castillo</td>
<td>NC NASW</td>
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<td>Individ. Practice/Group</td>
<td>Jennie Bryne</td>
<td>CCNC</td>
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<td>Academic/University</td>
<td>Marvin Schwartz</td>
<td>Duke University</td>
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<tr>
<td>LME MCO</td>
<td>Christina Dupuch</td>
<td>Vaya</td>
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<td>Rhett Melton</td>
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<td>Victoria Jackson</td>
<td>Eastpointe</td>
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<td>Public Health</td>
<td>Curt Martin</td>
<td>Division of Public Health</td>
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<tr>
<td>Other interested parties</td>
<td>Kerri Erb</td>
<td>Autism Society</td>
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