NC Department of Health and Human Services

BEHAVIORAL HEALTH I/DD TAILORED PLANS

Kelsi A. Knick, MSW, LCSW
Deputy Director, BH I/DD Tailored Plans

Medical Care Advisory Committee (MCAC) Meeting
September 18, 2020
Managed Care Timeline
Standard Plans and BH I/DD Tailored Plans

Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide physical health, behavioral health, long-term services and supports, and pharmacy benefits.

Standard Plans

▪ Will serve the majority of the non-dual eligible Medicaid population

BH I/DD Tailored Plans

▪ Targeted toward populations with:
  • significant behavioral health conditions—including serious mental illness, serious emotional disturbance, and substance use disorders
  • intellectual and developmental disabilities (I/DD), and
  • traumatic brain injury (TBI)

▪ Will offer a more robust set of behavioral health and I/DD benefits than Standard Plans and will be the only plans to offer current 1915(b)(3), 1915(c) Innovations and TBI waiver, and State-funded services
The BH I/DD Tailored Plan Request for Applications (RFA) will be released in Fall 2020.

Managed Care Timeline

- BH I/DD Tailored Plan RFA Release November 2020
- PHP and Tribal Option Launch July 2021
- BH I/DD Tailored Plan launch July 2022
- BH I/DD Tailored Plan RFA Award late spring/early summer
Standard Plan and Behavioral Health I/DD
Tailored Plan Overview
<table>
<thead>
<tr>
<th>Side by Side</th>
<th>Standard Plans</th>
<th>Tailored Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope</td>
<td>Fully Integrated Care</td>
<td>Fully Integrated Care</td>
</tr>
<tr>
<td>Entity</td>
<td>Prepaid Health Plans</td>
<td>Prepaid Health Plan</td>
</tr>
<tr>
<td>Waiver Type</td>
<td>1115</td>
<td>1115&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Procurement</td>
<td>Competitive RFP</td>
<td>Request for Application (RFA) offered to existing LME-MCOs&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>Contracting</td>
<td>Accept any willing provider</td>
<td>Any willing provider- physical health Closed network – behavioral health</td>
</tr>
<tr>
<td>Plans available to beneficiaries</td>
<td>4 statewide &amp; 1 regional</td>
<td>1 per region&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Additional Services/Funding</td>
<td>In-lieu &amp; value added services</td>
<td>Innovations, TBI In-lieu, value added, State-funded, Federal and State Block Grants, current (b)(3), a subset of the more intensive behavioral health enhanced services</td>
</tr>
</tbody>
</table>

<sup>4</sup>The (c) waivers which currently operates under the 1915(b) waiver, will after Tailored Plan go live, operate under the 1115 waiver
<sup>5</sup>After initial four-year contract term, competitive RFP for Tailored Plans
<sup>6</sup>unless beneficiary makes an informed choice to go to SP
### Key Differences: LME-MCOs and BH/IDD Tailored Plans

<table>
<thead>
<tr>
<th></th>
<th>LME-MCOs</th>
<th>BH/IDD Tailored Plans</th>
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</thead>
<tbody>
<tr>
<td><strong>Scope</strong></td>
<td>Behavioral Health, IDD, TBI</td>
<td>Behavioral Health, IDD,TBI Physical Health, Pharmacy</td>
</tr>
<tr>
<td><strong>Entity</strong></td>
<td>Pre-paid Inpatient Health Plan</td>
<td>Prepaid Health Plan</td>
</tr>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(b)(c)</td>
<td>1115</td>
</tr>
<tr>
<td><strong>Health Home</strong></td>
<td>Does not exist in LME-MCOs</td>
<td>New Tailored Plan Health Home care management model</td>
</tr>
<tr>
<td><strong>Designation</strong></td>
<td>LME-MCOs as designed in current legislation</td>
<td>Tailored Plans selected based on requirements in RFA</td>
</tr>
<tr>
<td><strong>Organization Type</strong></td>
<td>Local political subdivisions</td>
<td>To be determined</td>
</tr>
</tbody>
</table>

3 Includes Innovations, TBI waiver; with managed care implementation the (c) waiver will operate under the 1115.
Eligibility and Benefits
Overview of BH I/DD Tailored Plan Eligibility

Certain beneficiaries with more intensive behavioral health needs, I/DDs, and TBI will be eligible to enroll in a BH I/DD Tailored Plan. Starting in 2021, DHHS will conduct regular data reviews to identify eligible beneficiaries. These beneficiaries will remain in NC Medicaid Direct/LME-MCOs at Standard Plan launch unless they choose to opt into a Standard Plan. *

**BH I/DD TP Eligibility Criteria Identified via Data Reviews**

- Enrolled in the Innovations or TBI Waivers, or on the waiting lists**
- Enrolled in the Transition to Community Living Initiative (TCLI)
- Have used a Medicaid service that will only be available through a BH I/DD Tailored Plan
- Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Children with complex needs, as defined in the 2016 settlement agreement
- Have a qualifying I/DD diagnosis code
- Have a qualifying mental illness or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period, such as enhanced crisis services
- Have had an 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 episodes in a State-owned facility
- Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months

*Populations excluded from LME-MCOs today will continue to obtain behavioral health services through NC Medicaid Direct.
**Currently, there is no waiting list for the TBI waiver.
BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will cover additional services targeted toward individuals with significant behavioral health, I/DD, and TBI needs.*

<table>
<thead>
<tr>
<th>Behavioral Health, I/DD, and TBI Services Covered by Both Standard Plans and BH I/DD Tailored Plans</th>
<th>Behavioral Health, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Plan Behavioral Health and I/DD Services</strong></td>
<td><strong>State Plan Behavioral Health and I/DD Services</strong></td>
</tr>
<tr>
<td>• Inpatient behavioral health services</td>
<td>• Residential treatment facility services for children and adolescents</td>
</tr>
<tr>
<td>• Outpatient behavioral health emergency room services</td>
<td>• Child and adolescent day treatment services</td>
</tr>
<tr>
<td>• Outpatient behavioral health services provided by direct-enrolled providers</td>
<td>• Intensive in-home services</td>
</tr>
<tr>
<td>• Partial hospitalization</td>
<td>• Multi-systemic therapy services</td>
</tr>
<tr>
<td>• Mobile crisis management</td>
<td>• Psychiatric residential treatment facilities</td>
</tr>
<tr>
<td>• Facility-based crisis services for children and adolescents</td>
<td>• Assertive community treatment</td>
</tr>
<tr>
<td>• Professional treatment services in facility-based crisis program</td>
<td>• Community support team</td>
</tr>
<tr>
<td>• Outpatient opioid treatment</td>
<td>• Psychosocial rehabilitation</td>
</tr>
<tr>
<td>• Ambulatory detoxification</td>
<td>• Substance abuse non-medical community residential treatment</td>
</tr>
<tr>
<td>• Research-based intensive behavioral health treatment</td>
<td>• Substance abuse medically monitored residential treatment</td>
</tr>
<tr>
<td>• Diagnostic assessment</td>
<td>• Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)</td>
</tr>
<tr>
<td>• Early and periodic screening, diagnostic and treatment (EPSDT) services</td>
<td><strong>Waiver Services</strong></td>
</tr>
<tr>
<td>• Non-hospital medical detoxification</td>
<td>• Innovations waiver services</td>
</tr>
<tr>
<td>• Medically supervised or ADATC detoxification crisis stabilization</td>
<td>• TBI waiver services</td>
</tr>
</tbody>
</table>

Enhanced behavioral health services are italicized

State-Funded behavioral health and I/DD Services

State-Funded TBI Services

*DHHS plans to submit a State Plan Amendment to add the following services to the State Plan:
• Peer supports and clinically managed residential withdrawal (to be offered by both Standard Plans and BH I/DD Tailored Plans); and
• Clinically managed low-intensity residential treatment services and clinically managed population-specific high-intensity residential programs (to be offered by BH I/DD Tailored Plans only).

Individuals on the Waitlist for NC Innovations can be in the Standard Plan or the Tailored Plan.
Tailored Care Management
All BH I/DD Tailored Plan beneficiaries need integrated, whole-person care management.

Provider-based care management promotes integrated care and offers beneficiaries choice in how they receive care management.*

Community-based care management facilitates frequent face-to-face interaction between beneficiaries and their care managers, who will live and work in the same communities as the individuals they serve.

All BH I/DD Tailored Plan beneficiaries should have access to consistent, high-quality care management regardless of geography or where their care manager is employed.

*Beneficiaries will be able to switch care managers at any time.
BH I/DD Tailored Care Management Model

Key Principle: Behavioral and physical health are integrated through the care team.

**Overarching Principles**
- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources

**Roles and Responsibilities of Care Managers**
- Management of rare diseases and high-cost procedures
- Management of beneficiary needs during transitions of care
- High-risk care management
- Chronic care management
- Management of high-risk social environments
- Identification of beneficiaries in need of care management
- Development of care management assessments/care plans
- Development & deployment of prevention and population health programs
- Coordination of services
Stakeholder Engagement
DHHS aimed to be transparent in designing the Behavioral Health I/DD Tailored Plans. During the design process, DHHS actively sought feedback from stakeholders and shared information with consumers, providers, LME/MCOs, and other stakeholders through several venues:

- Design papers and request for comments;
- Public webinars on design topics;
- Stakeholder meeting attendance (e.g. Consumer and Families Advisor Council); and
- Town hall meetings with DHHS officials and staff, among other avenues.
Additional Resources

https://medicaid.ncdhhs.gov/providers

https://medicaid.ncdhhs.gov/transformation