

# NC Medicaid Managed Care Transformation: A Fact Sheet for CMARC and CMHRP Providers

March 21, 2023

## 1. What are Tailored Plans?

Tailored Plans (TPs) are NC Medicaid health plans that provide physical health, pharmacy, care management and behavioral health services for beneficiaries who may have significant mental health needs, severe substance use disorders, intellectual/developmental disabilities (I/DD) or traumatic brain injury (TBI). Tailored Plans operate similarly to the Standard Plans (AmeriHealth Caritas, Carolina Complete Health, Healthy Blue, UnitedHealthcare and WellCare), however Tailored Plans offer enhanced behavioral health services that are not available in Standard Plans, including Innovations and TBI Waiver services and State-funded services. There are six Tailored Plans: Alliance Health Tailored Plan, Eastpointe Tailored Plan, Partners Health Management Tailored Plan, Sandhills Center Tailored Plan, Trillium Health Resources Tailored Plan and Vaya Health Tailored Plan.

## 2. What is Tailored Care Management?

[Tailored Care Management](#) (TCM) is North Carolina's specialized care management model targeted toward individuals with a significant behavioral health condition (including both mental health and substance use disorders), I/DD, or TBI. Tailored Care Management is aimed at promoting whole-person care, fostering high-functioning integrated care teams and driving toward better health outcomes. Through Tailored Care Management, beneficiaries will have a care manager supported by a multidisciplinary care team to address their physical health, behavioral health, I/DD, TBI, pharmacy, long-term services and supports (LTSS) and unmet health-related resource needs.

## 3. Who provides Tailored Care Management services?

Members can get Tailored Care Management services through primary care providers certified as Advanced Medical Home Plus (AMH+); behavioral health, I/DD or TBI providers certified as Care Management Agency (CMA); or care manager based at a Local Management Entity/Managed Care Organization (LME/MCO). NC Medicaid developed an assignment algorithm, based on factors like existing provider relationships and medical complexity, that will pair eligible members with a care management organization that provides Tailored Care Management (i.e., AMH+, CMA or LME/MCO).

## 4. What is a Local Management Entities/Managed Care Organization (LME/MCO)?

LME/MCOs coordinate services for mental health disorder, substance use disorder, I/DD or TBI for NC Medicaid Direct members and EBCI Tribal Option members. There are six LME/MCOs: Alliance Health, Eastpointe, Partners Health Management, Sandhills Center, Trillium Health Resources and Vaya Health.

## **Eligibility**

### **5. Who is eligible for Tailored Care Management?**

Tailored Care Management is available to Medicaid beneficiaries who meet clinical eligibility criteria; this includes individuals with:

- Serious mental illness (SMI)
- Serious emotional disturbance (SED)
- Severe substance use disorders (SUD)
- Intellectual/Development Disabilities (I/DD)
- Traumatic Brain Injury (TBI)

Tailored Care Management will be available to all Tailored Plan and NC Medicaid Direct members continuously throughout their enrollment, including individuals enrolled under North Carolina's 1915(c) Innovations and TBI waivers. Individuals who are federally recognized tribal members or others eligible for Indian Health Service (IHS) will be exempt from managed care but can choose to enroll in a Tailored Plan if otherwise eligible.

### **6. Are children ages birth through 3 eligible for Tailored Care Management?**

Only children ages birth through three enrolled in the NC Innovations Waiver have started receiving Tailored Care Management since its launch in December 2022. All other children ages birth through 3 who meet Tailored Care Management eligibility will get Tailored Care Management beginning April 1, 2023. Until then, they will continue to receive care coordination/care management as they do today. For example, children in foster care who receive care management through the Care Management for At-Risk Children (CMARC) program provided by Local Health Departments (LHDs) will continue to receive CMARC. Members that are not Tailored Care Management eligible in CMARC will continue to receive CMARC from LHDs.

## **Transition of Care**

### **7. What is Transition of Care?**

Transition of Care (TOC) is a term that describes assisting a member to transition between health plans, between care management providers or between payment delivery systems (including transitions that result in the disenrollment from managed care). Transition of care also includes the process of assisting a member to transition between providers upon a provider's termination from the health plan's network.

### **8. How is Transition of Care relevant to Care Management for At-Risk Children (CMARC) Program?**

According to the Centers for Medicare and Medicaid Services (CMS), CMARC and Tailored Care Management services are duplicative of each other and cannot be provided simultaneously. Children in CMARC who are eligible for Tailored Care Management will transition from CMARC through the Local Health Department to the LME/MCO for Tailored Care Management. These members will be disenrolled from CMARC on April 1, 2023.

**9. How will CMARC members know they are moving to LME/MCO for Tailored Care Management?**

Eligible members have started receiving enrollment packets via mail beginning Jan. 23, 2023. The enrollment packets contain information on transition notice (including how to choose TCM provider and primary care provider), description of TCM services, name and contact information of their TCM provider, disenrollment rights (how to opt-out of TCM), health care option guide, enrollment form and how to change their TCM provider by calling their LME/MCO.

**10. Can CMARC members opt-out of TCM?**

Members may choose to opt-out of Tailored Care Management services at any time. CMARC members who opt out of TP/TCM will **not** remain in CMARC and will not receive care management. CMARC members who opt-out of Tailored Care Management will receive care coordination from the LME/MCO. Members should be encouraged to enroll in TCM to receive the tailored care management services that they need.

**11. How will LHDs know which CMARC members are transitioning to LME/MCO?**

In early March 2023, LHDs received a list from DCFW of CMARC members who are transitioning to LME/MCO. This is to allow time to get ready for the warm handoff process which will begin on March 13, 2023. Members identified by Community Care of North Carolina (CCNC), AMHs, LME/MCOs or the Department as those with complex treatment circumstances or multiple service interventions will require a warm handoff (*Refer to page 16 of the [Transition of Care Policy](#)*).

**12. What is expected for CMHRP at NC Medicaid Direct: Behavioral Health and I/DD Services Launch (April 1, 2023)?**

Care Management for High-Risk Pregnancies (CMHRP) and Tailored Care Management services can be provided simultaneously. LME/MCOs must identify and refer high-risk pregnancies to LHDs for CMHRP services. For members receiving both CMHRP and Tailored Care Management, the CMHRP and TCM care managers must collaborate to coordinate care. LHDs will be paid for CMHRP services of new and existing members through Medicaid Direct payments through CCNC. There will be no new contracts between LME/MCOs and LHDs.

**13. What is expected for CMHRP at Tailored Plan Launch (Oct. 1, 2023)?**

CMHRP and Tailored Care Management services can be provided simultaneously. TPs must identify and refer high-risk pregnancies to LHDs for CMHRP services. For members receiving both CMHRP and Tailored Care Management, the CMHRP and TCM care managers must collaborate to coordinate care. LHDs must be contracted with TPs for members to be referred to them. TPs will compensate contracted LHDs at an amount similar to, but not less than funding levels they receive today for these services.

**14. What will happen after the 1-year contract for CMHRP services expires?**

At the conclusion of Contract Year 1 (October 2024), Tailored Plan shall have the option to continue to contract with LHDs for CMHRP or to include CMHRP services within Tailored Care Management for members experiencing high-risk pregnancy (whether provided by the organization responsible for

Tailored Care Management or by another organization under contract with the Behavioral Health I/DD Tailored Plan).

**15. If a member is in CMARC/CMHRP, TCM, complex care and pilot programs (e.g., InCK), how are they expected to keep up with multiple care managers?**

LME/MCO members will have a designated care manager supported by a multidisciplinary care team to provide whole-person centered care management that addresses all their needs including physical health, behavioral health, I/DD, traumatic brain injuries (TBI), pharmacy, long-term services and supports (LTSS) and unmet health-related resource needs. For members receiving both CMHRP and Tailored Care Management, members may have a Tailored Care Manager as well as a CMHRP Care Manager collaborating to coordinate care and to ensure member's needs are best met. Note: If an InCK member is eligible to receive Tailored Care Management, they will be transitioned to an LME/MCO.

**16. How will this transition affect the future of the CMARC program?**

CMARC members who do not meet eligibility for Tailored Care Management will remain with their respective LHDs where they will continue to receive care management or care coordination services.

**17. What happens if a child needs to transition from Tailored Plan to Medicaid Direct, due to foster care?**

A child who needs to transition from a Tailored Plan to Medicaid Direct due to the foster care member status will continue to receive TCM services from the LME/MCO.

**Transition of Care Expectations**

**18. What is a warm handoff?**

A warm handoff is a member-specific meeting or knowledge transfer session between the transferring entity and the receiving entity. The warm handoff process is in place for members who have been identified as high need and warrants a verbal briefing between the transition entity and the receiving entity. This high-needs group is identified on the DHHS "High Need Member List."

**19. Are all members enrolled in CMARC considered high needs?**

Yes, CMARC members are considered a high-needs population.

**20. What is the process to handoff CMARC members transitioning from LHDs to LME/MCOs for Tailored Care Management?**

For all CMARC members transitioning from the LHD, the LHD shall transfer the information necessary to ensure continuity of care, including appropriate Transition of Care (TOC) data files and member-specific socio-clinical information. A TOC Summary Page for each CMARC member will be transmitted to the receiving LME/MCO. This summary page includes minimally:

- List current providers;
- List of current authorized services;

- List of current medications;
- Active diagnoses;
- Known allergies;
- Existing or prescheduled appointments, including Non-Emergency Medical Transportation (NEMT), as known;
- Any urgent or special considerations about a member's living situation, caregiving supports, communication preferences or other member-specific dynamics that impact the member's care and may not be readily identified in other transferred documents; and
- Additional information as needed to ensure continuity of care.

Note: For members out of county, the serving county will coordinate the warm handoff.

### **21. What are the expectations for CMARC Care Managers?**

CMARC care managers serving members who are transitioning to LME/MCO should follow the NC Medicaid [Transition of Care policy](#) to ensure that members receive the appropriate warm handoff to the LME/MCO.

### **Payment**

#### **22. How will LHDs be reimbursed for CMARC services after NC Medicaid Direct: Behavioral Health and I/DD Services Launch?**

After NC Medicaid Direct: Behavioral Health and I/DD Services launch (April 1, 2023), LHDs will not be reimbursed for members who are enrolled in Tailored Care Management. For CMARC members enrolled in Tribal Option or Standard Plan, LHDs will continue to be reimbursed at an amount similar to, but not less than the amount paid in the existing program: \$4.56 per member per month for all enrolled children ages 0 through 5.

#### **23. What is the LME/MCO Reimbursement Rate to LHDs for CMHRP? Is this negotiable?**

The LME/MCO shall pay LHDs they are contracted with for CMHRP services at an amount not less than \$4.96 per each female ages 14 through 44 who are attributed to that county and TP. This reimbursement method is considered a per member per month (PMPM) payment as it is based upon a specific population and not a fee-for-service model. The contract terms (including PMPM) may be negotiated between the LHD and LME/MCO.

### **Others**

#### **24. Will LME/MCO care managers have access to Virtual Health?**

Yes, LME/MCOs will have 'VH Provider Portal' read-only access to Virtual Health if requested. Care Managers will be able to use the information in Virtual Health to determine if a member is receiving CMHRP services in order to coordinate care with LHDs.

## **25. What information will be visible in NCTracks?**

Member information in NCTracks includes, among other things, identifiers for managed care status: whether a member is in Standard Plan or Tailored Plan, Medicaid status (active/inactive).

## **26. How can I learn more?**

For more information or questions on Transition of Care, contact [Medicaid.TOC@dhhs.nc.gov](mailto:Medicaid.TOC@dhhs.nc.gov).

Additional resources are here:

- Care Management for At-Risk Children: <https://medicaid.ncdhhs.gov/care-management/care-management-risk-children-cmarc>
- Care Management for High-Risk Pregnancies: <https://medicaid.ncdhhs.gov/care-management/care-management-high-risk-pregnancies-cmhrp>
- Tailored Plan Service Area Map: <https://medicaid.ncdhhs.gov/tailored-plan-service-area-map>
- Transition of Care Website: <https://medicaid.ncdhhs.gov/care-management/transition-care>
- Transition of Care Policy: <https://medicaid.ncdhhs.gov/media/12260/download?attachment>
- Sample enrollment packet: <https://medicaid.ncdhhs.gov/media/10340/download?attachment>
- Health care enrollment guide: <https://medicaid.ncdhhs.gov/media/11888/download?attachment>