

## Fact Sheet Transition of Care

### How does NC Medicaid Managed Care impact beneficiaries with disabilities and older adults?

Medicaid Transformation changed the way most people receive Medicaid services. In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services to transition Medicaid to primarily managed care.

NCDHHS transitioned most eligible beneficiaries to NC Medicaid Managed Care Standard Plan statewide on July 1, 2021.

Medicaid will soon launch NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans. On July 1, 2024, approximately 180,000 beneficiaries will enroll into Tailored Plans. Some beneficiaries will stay in NC Medicaid Direct.

This fact sheet provides details on the Managed Care Status for beneficiaries with disabilities and older adults. It will provide details on who will be mandatory, exempt, excluded or delayed from enrolling in NC Medicaid Managed Care.

For more information on Medicaid Transformation and the various programs (NC Medicaid Direct, Standard Plan and Tailored Plans) as well as Managed Care Status categories (mandatory, exempt, excluded), please refer to the fact sheet [Introduction to Medicaid Transformation: Part 1 – Overview](#).

Enrollment options may be different for beneficiaries eligible for the Eastern Band of Cherokee Indians (EBCI) Tribal Option. Beneficiaries eligible for the [Tribal Option](#) should contact the Enrollment Broker at 833-870-5500/TTY: 833-870-5588 for more information.

### WITH TAILORED PLANS LAUNCHING ON JULY 1, 2024, HOW WILL THAT AFFECT BENEFICIARIES?

For NC Medicaid will transition beneficiaries who may need certain services for a severe mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) to the **Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan (Tailored Plans)** beginning **July 1, 2024**

Beginning April 15, 2024, Beneficiaries who qualify for Tailored Plan will be auto-enrolled in Tailored Plans based on managed care status and administrative county. Beneficiaries will receive a notice from the Enrollment Broker with their enrollment and choices. Beneficiaries should contact the [Enrollment Broker](#) at 1-833-870-5500 (TTY: 711 or [RelayNC.com](#)) for assistance.

## **WILL A BENEFICIARY WHO RECEIVES BOTH MEDICARE AND MEDICAID REMAIN IN MEDICAID DIRECT OR MOVE TO A TAILORED PLAN ?**

Beneficiaries may contact the NC Medicaid Enrollment at 833-870-5500/TTY: 833-870-5588 with any questions.

Most beneficiaries who receive both Medicare and Medicaid are temporarily excluded from NC Medicaid Managed Care and will remain in NC Medicaid Direct. For those beneficiaries, the way they receive services will not change and they do not need to do anything at this time. Beneficiaries may contact their [local Department of Social Services with any questions.](#)

Dually eligible beneficiaries enrolled in the Innovations or Traumatic Brain Injury waivers will be enrolled in a Behavioral Health I/DD Tailored Plan. A dually eligible beneficiary enrolled in the Innovations or TBI waiver will receive a notice containing information from the Enrollment Broker. Beneficiaries may contact the Enrollment Broker at 833-870-5500/TTY: 833-870-5588 with any questions.

## **WILL A BENEFICIARY WHO RECEIVES SERVICES UNDER THE COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA) OR COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C) WAIVERS REMAIN IN NC MEDICAID DIRECT OR MOVE TO A TAILORED PLAN ?**

Beneficiaries receiving services under the CAP/DA or CAP/C waiver are temporarily excluded from NC Medicaid Managed Care and will remain in NC Medicaid Direct. The way they receive services will not change and they do not need to do anything at this time. Beneficiaries may contact their [local DSS](#) or their CAP/DA or CAP/C case management entity with questions

## **WILL A BENEFICIARY ON THE WAITING LIST FOR THE CAP/DA OR CAP/C WAIVER REMAIN IN NC MEDICAID DIRECT OR MOVE TO A TAILORED PLAN?**

Beneficiaries receiving only Medicaid who meet Tailored Plan criteria and who are on the waiting list for the CAP/DA or CAP/C waiver will likely enroll in a Tailored Plan unless they are part of another excluded group. Beneficiaries can remain on the waiver waiting list while enrolled in a Tailored Plan. Beneficiaries awarded a waiver slot while receiving services under NC Medicaid Managed Care will transition out of NC Medicaid Managed Care and back into NC Medicaid Direct. For more information, contact the NC Medicaid Enrollment Call Center at 833-870-5500/TTY: 833-870-5588.

## **WILL A BENEFICIARY WHO RECEIVES SERVICES UNDER THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) REMAIN IN NC MEDICAID DIRECT OR MOVE TO A TAILORED PLAN?**

Beneficiaries receiving services under PACE will not transition into NC Medicaid Managed Care because their services are already provided in a managed care program. The way they receive services will not change and they do not need to do anything at this time. Beneficiaries may contact their [PACE organization](#) or [local DSS with questions.](#)



## IF A BENEFICIARY HAS BEEN IN A NURSING FACILITY FOR MORE THAN 90 DAYS WILL THEY REMAIN IN NC MEDICAID DIRECT OR MOVE TO A TAILORED PLAN ?

Beneficiaries receiving Medicaid services and who have been in a nursing facility for more than 90 consecutive days will not transition into NC Medicaid Managed Care. The way they receive services will not change and they do not need to do anything at this time. Beneficiaries may contact their [local DSS with questions.](#)

## WILL BENEFICIARIES WHO HAVE A DEDUCTIBLE OR SPEND DOWN REMAIN IN NC MEDICAID DIRECT OR MOVE TO A TAILORED PLAN ?

Beneficiaries who have a deductible, sometimes called a “spend down,” are part of a Medicaid category called “Medically Needy” and qualify for Medicaid because of their high medical expenses. Beneficiaries in this category will not transition into NC Medicaid Managed Care unless they are on the Innovations or TBI waiver. The way beneficiaries get services will not change and they do not need to do anything at this time. Beneficiaries may contact their [local DSS with questions.](#)

Beneficiaries who are enrolled in the Innovations or TBI waiver will be enrolled in a Tailored Plan, regardless of their “spend down.” Beneficiaries enrolled in the Innovations or TBI waiver will receive a notice containing information from the Enrollment Broker. Beneficiaries may contact the Enrollment Broker at 833-870-5500/TTY: 833-870-5588 with questions.

## WILL BENEFICIARIES WHO GET SERVICES UNDER THE INNOVATIONS WAIVER REMAIN IN NC MEDICAID DIRECT OR MOVE TO A TAILORED PLAN ?

Beneficiaries who get services and supports under the Innovations waiver will transition into a Tailored Plan when Tailored Plans launch July 1, 2024. Federally recognized tribal members or Indian Health Services members who are on the Innovations waiver are not required to enroll in a Tailored Plan to receive Innovations services. Beneficiaries on the Innovations waiver will get a notice containing information from the Enrollment Broker. **Important: if beneficiaries are on the waiver, they may not change to another health plan unless they give up their waiver slot.** Beneficiaries may contact their [LME/MCO with questions.](#) After July 1, 2024, beneficiaries should contact their Tailored Plan for service and support questions.

Beneficiaries who get services and supports under the TBI waiver will transition into a Tailored Plan when Tailored Plans launch July 1, 2024, unless they are part of another excluded group.

Beneficiaries on the TBI waiver will get a notice containing information from the Enrollment Broker. **Important: Beneficiaries on the waiver may not change to another health plan unless they give up their waiver slot.** Beneficiaries may contact their [LME/MCO with questions.](#)

## WHAT IF I HAVE QUESTIONS ?

More information about Medicaid Managed Care, including Standard Plans and Tailored Plans is available in the Provider Playbook.



For general inquiries and complaints regarding health plans, NC Medicaid has created a Provider Ombudsman to represent the interests of the provider community. The Ombudsman will: Provide resources and assist providers with issues through resolution.

Assist providers with Health Information Exchange (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov), or received through the Provider Ombudsman line at 919-527-6666. The Provider Ombudsman contact information is also published in each health plan's provider manual.

