



# Stakeholder Update on Tailored Plan Design

November 28, 2018

# Overview of Materials

## ○ Overview of Tailored Plans

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## ○ TP Design and Stakeholder Engagement

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## **Overview of Tailored Plans**

# What is a Tailored Plan (TP)?

**North Carolina will launch specialized managed care plans, called Tailored Plans, starting in 2021; design of these plans is just beginning**

## Key Features of Tailored Plans:

- TPs are designed for those with significant behavioral health (BH) needs and intellectual/developmental disabilities (I/DDs)
- TPs will also serve other special populations, including Innovations and Traumatic Brain Injury (TBI) waiver enrollees and waitlist members
- TP contracts will be regional, not statewide
- LME-MCOs are the only entities that may hold a TP contract during the first four years; after the first four years, any non-profit PHP may also bid for and operate a TP
- LME-MCOs operating TPs must contract with an entity that holds a prepaid health plan (PHP) license and that covers the same services that must be covered under a standard benefit plan contract
- TPs will manage State-funded behavioral health, I/DD, and TBI services for the uninsured and underinsured



# 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



# How Plan Enrollment Works

There are two ways in which an individual will be identified for enrollment in a TP:

## DHHS Data Review

DHHS will review several sources of data to determine if an individual is TP-eligible:

- Medicaid claims and encounter data
- State-funded Behavioral Health (BH), Intellectual/Developmental Disabilities (I/DD), and Traumatic Brain Injury (TBI) data
- Innovations and TBI waiver enrollment and waitlists

These individuals will remain in their current delivery system (generally Fee-for-Service/LME-MCO) until TPs launch. When TPs launch, these individuals will be defaulted into TPs, but have the option to enroll in a SP.

## Self-Identification

Individuals can self-identify as potentially TP-eligible at any time:

- Individuals may request an assessment from a qualified provider to determine if their health needs meet TP eligibility criteria
- A qualified provider can also submit an assessment form for enrollees who need a TP-only service
- DHHS reviews and provides approval or denial of request within 3-5 days, or 48 hours for an expedited request

Each year, TP enrollees will be re-enrolled in their current plan, unless they have meet both of the following criteria:

- Have Serious Mental Illness (SMI) or Substance Use Disorder (SUD) diagnosis, and
- Have not used any Medicaid or State-funded behavioral health service in the 24 months besides outpatient therapy or medication management

Enrollees who meet these criteria will be transitioned to a Standard Plan (SP), but will have the opportunity to obtain an assessment to move back to a TP at any time.

# 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*

# Building Responsive Care Management

**BH I/DD TPs will offer care management that will align with the following key principles:**

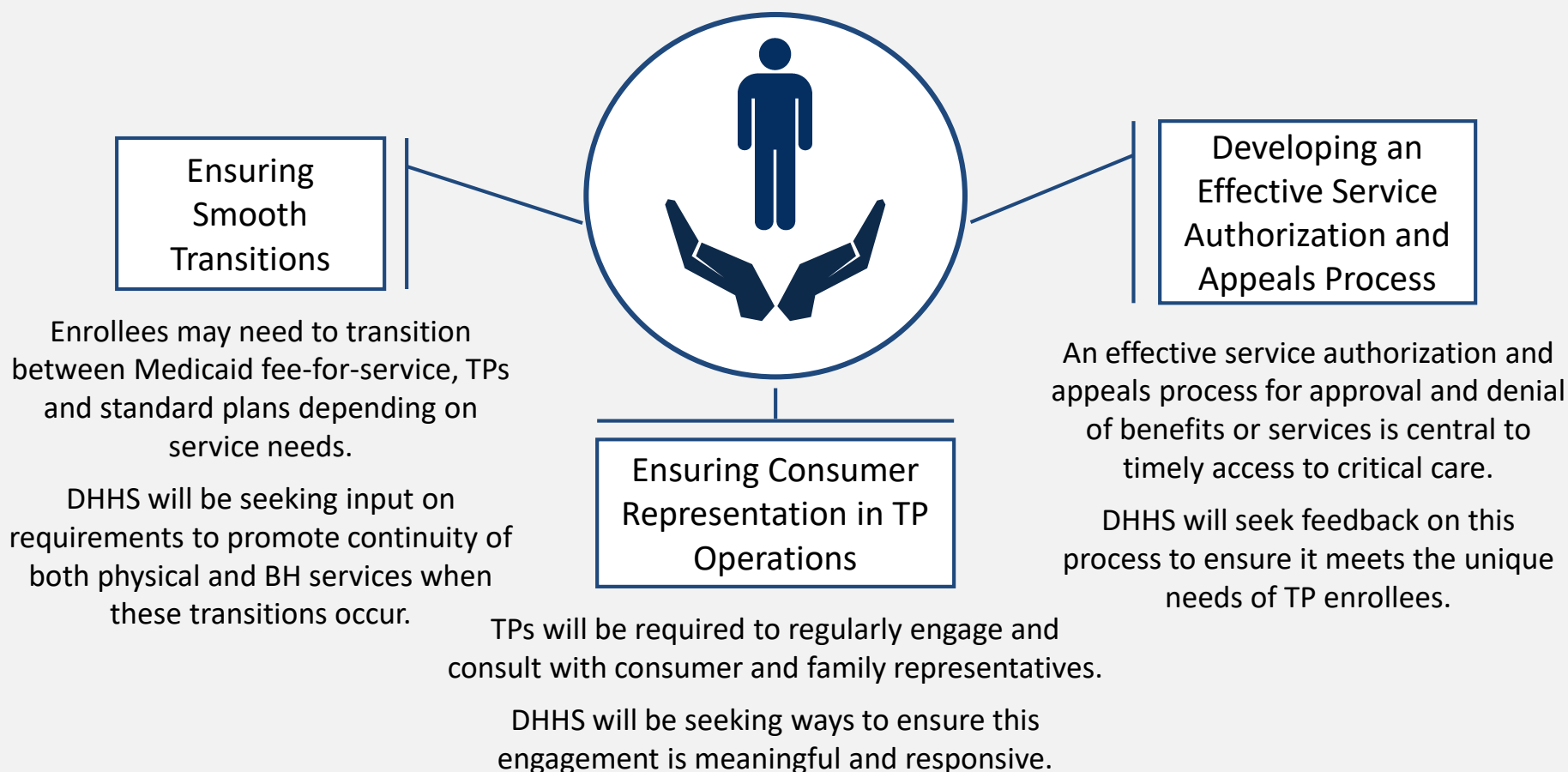
- All BH I/DD TP enrollees will be **eligible for care management**
- Every enrollee will have a **single assigned care manager** who will be responsible for ensuring **integrated and coordinated** physical health, behavioral health, I/DD, and TBI services
- BH I/DD TP care management will be more holistic and intensive than care coordination currently offered by LME-MCOs. It will be available for **longer periods of time** than care coordination and will have a greater focus on **transitions of care** and population health management
- Care management will be **community-based** to the maximum extent possible
  - BH I/DD TPs will be required to contract with tier 3 or 4 advanced medical homes and community-based care management agencies to provide local care management.
  - BH I/DD TPs will only be allowed to provide those services in house when DHHS determines that capacity of advanced medical homes and community-based care management agencies is a limiting factor.





# Key Design Questions on TP Protections

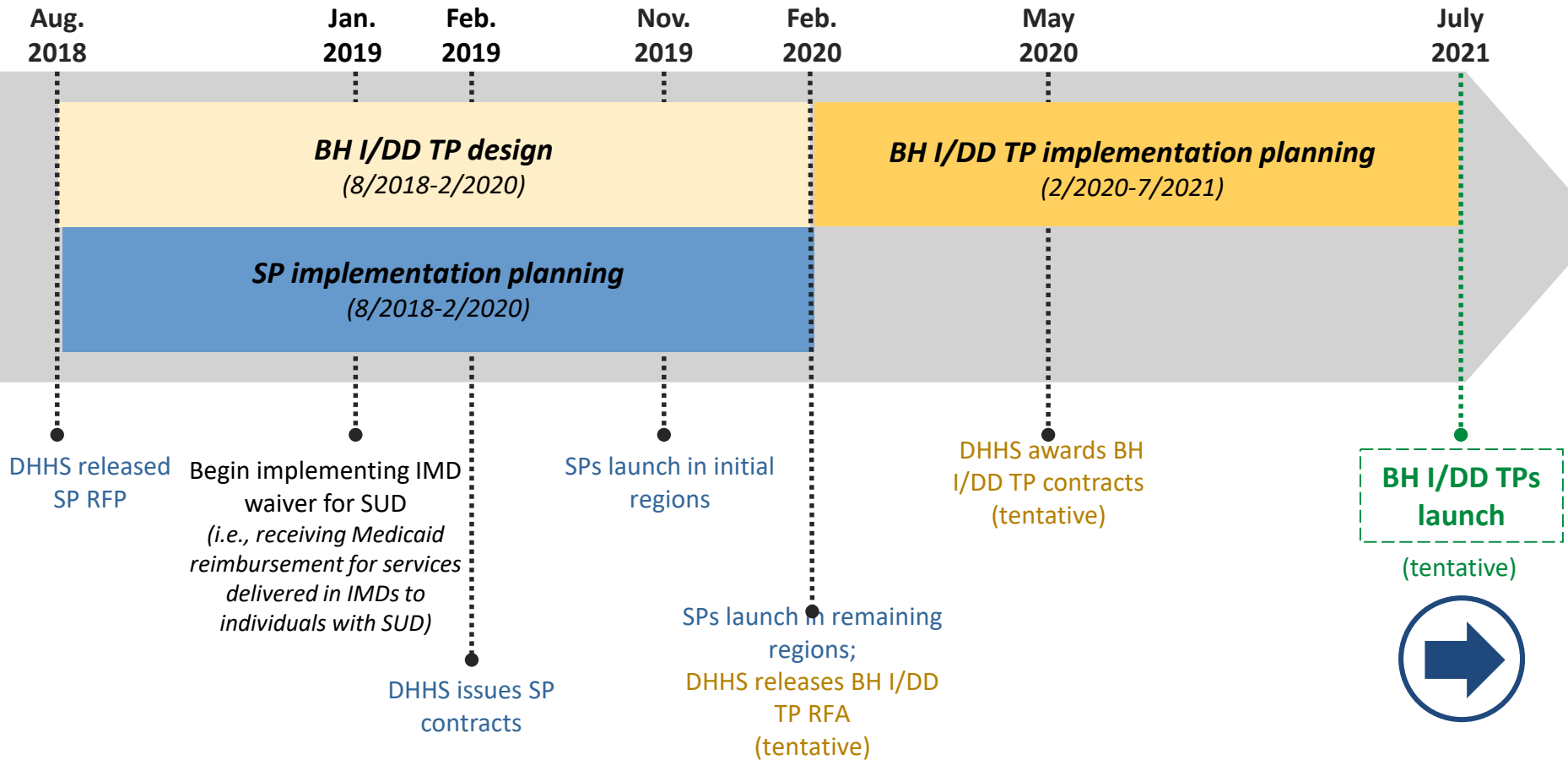
DHHS is working to design responsive TPs that consider the varied and specialized needs of their populations, and will be seeking stakeholder input on how to best ensure enrollee protections are in place, and that enrollees have a positive experience.



# **TP Design and Stakeholder Engagement**

# TP Design and Launch Timeline

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 TPs.



# Opportunities to Engage

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 to Participate

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Regular updates to website:  
<https://www.ncdhhs.gov/assistance/medicaid-transformation>



## Groups DHHS Will Engage

- Consumers, Families, Caregivers, and Consumer Representatives
- Providers
- Health Plans and LME-MCOs
- Counties
- General Public

**Comments? Questions? Let's hear from you!**

Comments, questions, and feedback are all very welcome at  
[Medicaid.Transformation@dhhs.nc.gov](mailto:Medicaid.Transformation@dhhs.nc.gov)