

BH I/DD Tailored Plan Eligibility and Enrollment

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BH I/DD Tailored Plan Eligibility and Enrollment

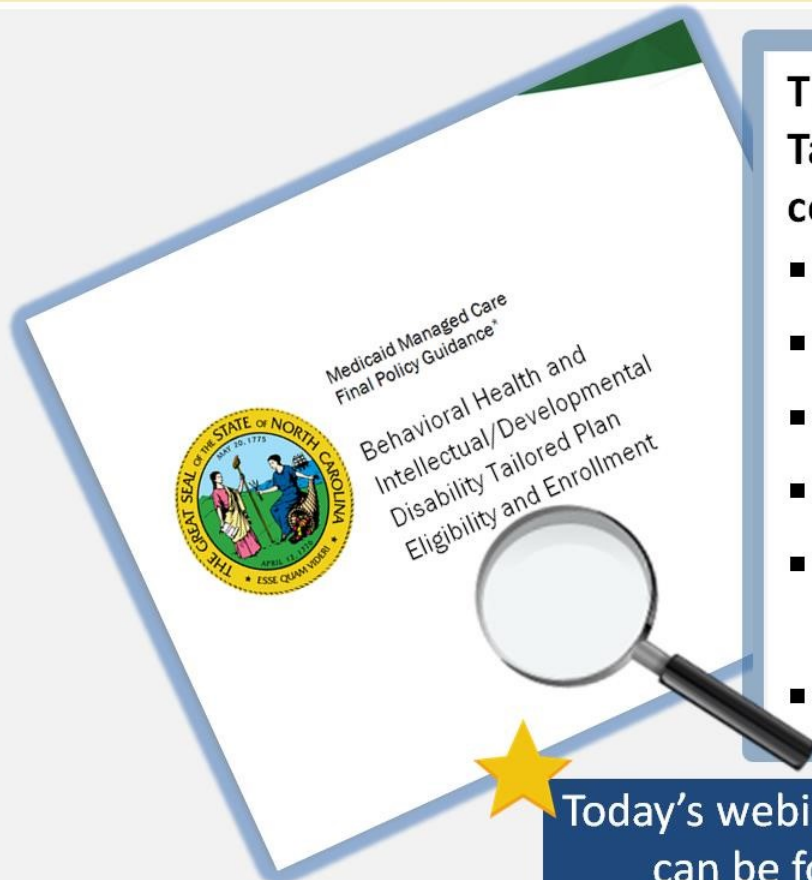
March 26, 2019

Agenda

- **Background and Guiding Principles**
- **Managed Care and BH I/DD Tailored Plan Eligibility Criteria**
- **BH I/DD Tailored Plan Enrollment Processes**
- **BH I/DD Tailored Plan Benefits**
- **Key Takeaways**

BH I/DD Tailored Plan E&E Paper

On March 18, North Carolina's Department of Health and Human Services released the Behavioral Health and Intellectual/Developmental Disability (BH I/DD) Tailored Plan Eligibility and Enrollment (E&E) Final Policy Guidance.



The paper provides an overview of the BH I/DD Tailored Plan E&E processes developed to date, covering topics including:

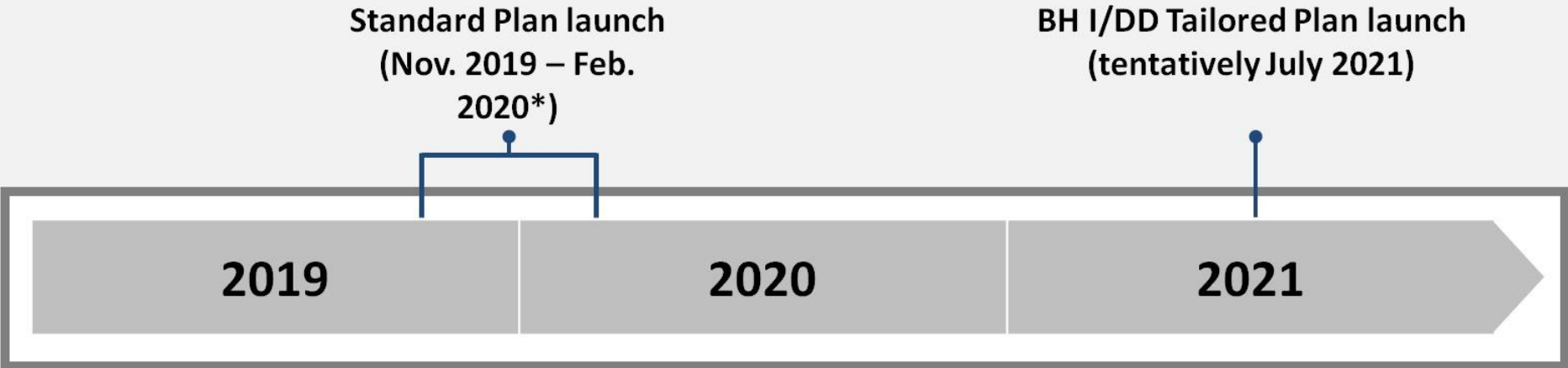
- Guiding principles
- Medicaid managed care eligibility
- BH I/DD Tailored Plan eligibility criteria
- Process for enrolling in a BH I/DD Tailored Plan
- Transitions between Standard Plans and BH I/DD Tailored Plans
- Benefits covered in BH I/DD Tailored Plans

Today's webinar reviews key concepts in the paper. The full paper can be found at: <https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf>

Background and Guiding Principles

Timeline for Managed Care Transition

North Carolina is in the midst of large scale Medicaid transformation efforts, with two types of managed care products—Standard Plans and BH I/DD Tailored Plans—launching in the next two and a half years.



*Standard Plan launch date will vary by region and will be in either Nov. 2019 or Feb. 2020.

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 a robust set of 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

Managed Care and BH I/DD Tailored Plan Eligibility Criteria

Medicaid Managed Care Eligibility

Most Medicaid beneficiaries will enroll in Medicaid managed care— either in a Standard Plan or a BH I/DD Tailored Plan.

Status of Medicaid Managed Care Enrollment, Per Legislation	Populations
Included	<ul style="list-style-type: none"> ▪ Medicaid and NC Health Choice-enrolled children ▪ Parents and caretaker adults ▪ People with disabilities who are not dually eligible for Medicaid and Medicare
Exempt	<ul style="list-style-type: none"> ▪ Members of federally recognized tribes
Excluded	<ul style="list-style-type: none"> ▪ Medically needy beneficiaries (have a spend-down or deductible they must meet before benefits begin)* ▪ Health Insurance Premium Payment program* ▪ CAP/C waiver enrollees ▪ CAP/DA waiver enrollees ▪ Beneficiaries with limited Medicaid benefits— family planning, partial duals, qualified aliens subject to the five-year bar, undocumented aliens, refugees, and inmates ▪ PACE population
Delayed	<p>Until July 2021</p> <ul style="list-style-type: none"> ▪ BH I/DD Tailored Plan-eligible beneficiaries (choice to opt into Standard Plan) <i>Includes both Medicaid-only beneficiaries and dual eligibles. Dual eligibles will not have the choice to opt into a Standard Plan and will obtain only behavioral health and I/DD services through their BH I/DD Tailored Plan; they will receive all other Medicaid-covered services through Medicaid fee-for-service</i> ▪ Beneficiaries in foster care under age 21, children in adoptive placement, and former foster youth up to age 26 who aged out of care <p>Until 2023</p> <ul style="list-style-type: none"> ▪ Long-stay nursing home population ▪ Dual eligibles who are not BH I/DD Tailored Plan eligible

Managed care enrollment does not impact Medicaid eligibility.

*Beneficiaries enrolled in the Innovations or TBI waivers are not excluded from Medicaid managed care, and will default into BH I/DD Tailored Plans upon their launch.

Guiding Principles for BH I/DD Tailored Plan Eligibility

DHHS used the following guiding principles to develop BH I/DD Tailored Plan eligibility criteria and enrollment processes.



Enroll beneficiaries in the managed care product that best meets their needs



Minimize barriers to access



Comply with legislation



Be responsible stewards of public funds

Overview of BH I/DD Tailored Plan Eligibility

DHHS will conduct regular reviews of encounter, claims, and other data to identify beneficiaries who are eligible for a BH I/DD Tailored Plan.

BH I/DD Tailored Plan 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 SMI, SED, or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period
- 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

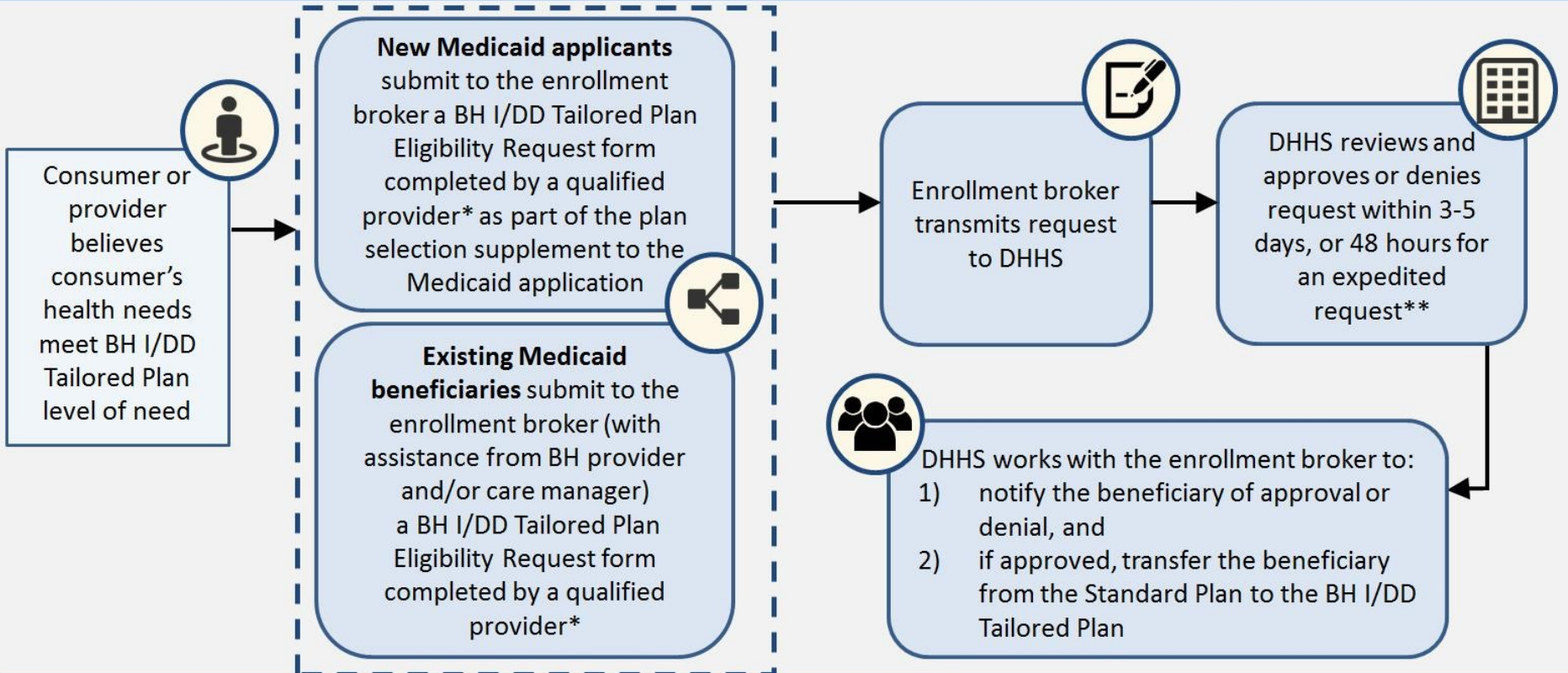
~30,000 dual eligible beneficiaries and ~85,000 Medicaid-only beneficiaries are expected to be eligible for a BH I/DD Tailored Plan

*Currently, there is no waiting list for the TBI waiver.

BH I/DD Tailored Plan Eligibility Request Process

New Medicaid applicants and Standard Plan beneficiaries not identified as BH I/DD Tailored Plan-eligible by DHHS data reviews can request a review of their BH I/DD Tailored Plan eligibility.

DHHS will develop a BH I/DD Tailored Plan Eligibility Request form to collect information to determine whether the beneficiary's health care needs meet BH I/DD Tailored Plan eligibility criteria.



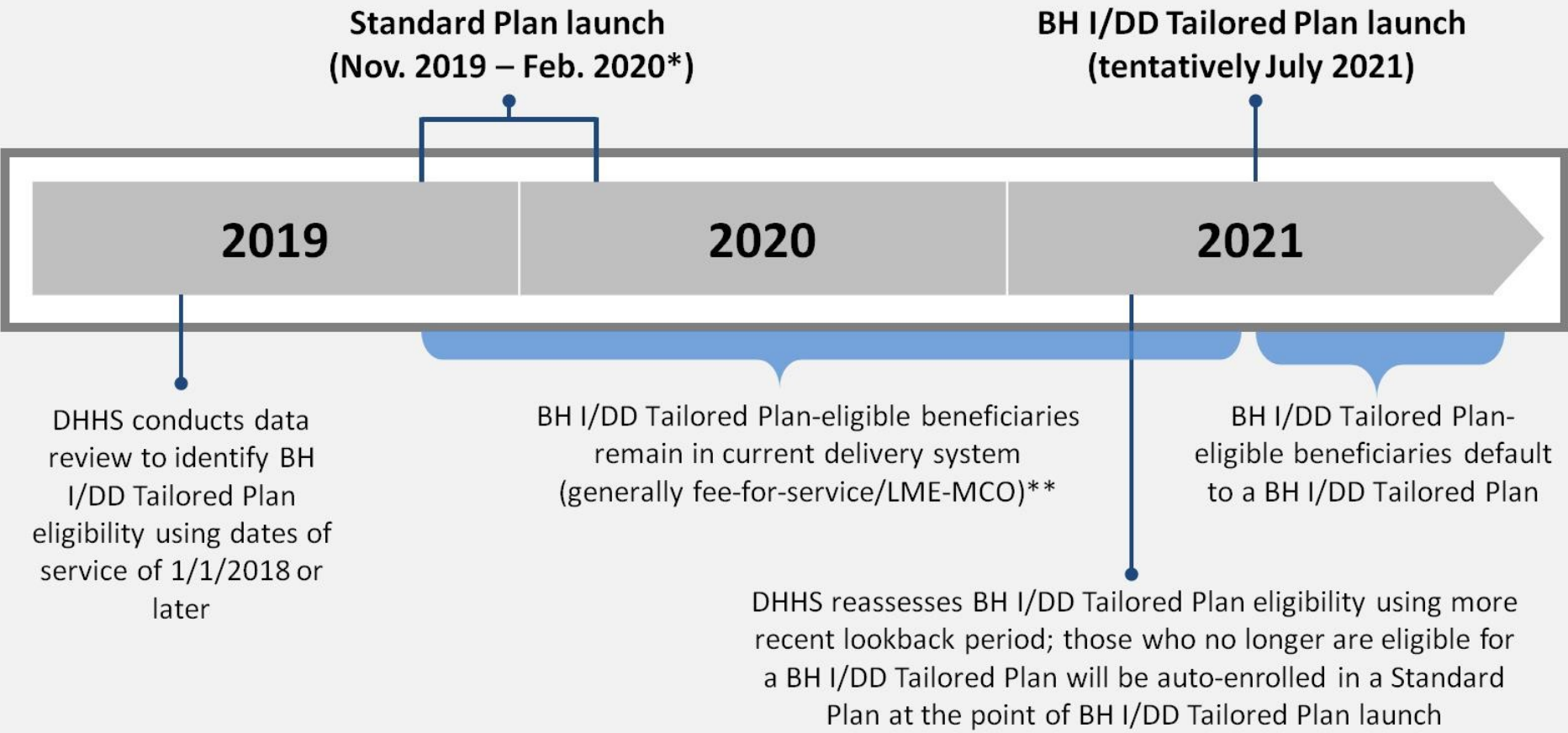
*The BH I/DD Tailored Plan Eligibility Request form will be available online, by paper, by telephone, and in-person.

**Expedited review will be available when a beneficiary has an urgent medical need.

BH I/DD Tailored Plan Enrollment Processes

BH I/DD Tailored Plan Enrollment Process: Eligibility Identified Pre-Standard Plan Launch

Beneficiaries may be identified as eligible for a BH I/DD Tailored Plan prior to or after Standard Plan launch. Beneficiaries identified prior to Standard Plan launch will remain in their current delivery system until BH I/DD Tailored Plan launch.

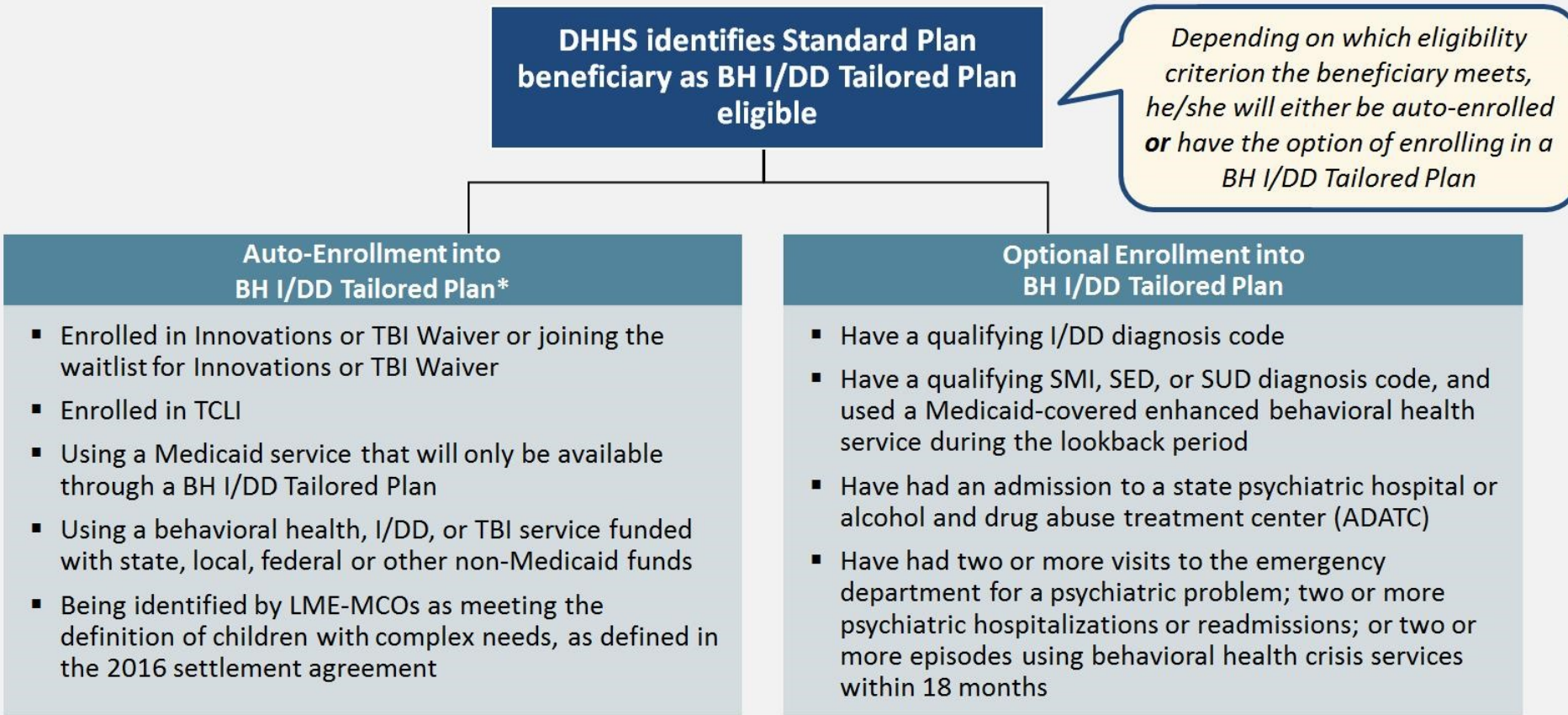


*Standard Plan launch date will vary by region and will be in either Nov. 2019 or Feb. 2020.

**Beneficiaries may choose to enroll in a Standard Plan. If they are in the Innovations or TBI waiver, they must disenroll from the waiver prior to transitioning.

BH I/DD Tailored Plan Enrollment Process: Eligibility Identified Post-Standard Plan Launch

On an ongoing basis, DHHS will review encounter, claims and other available data to identify Standard Plan beneficiaries who meet BH I/DD Tailored Plan eligibility criteria.



*Prior to BH I/DD Tailored Plan launch, these beneficiaries will be auto-enrolled in FFS/LME-MCO. They will have the option to move to a Standard Plan.

Ongoing Review of BH I/DD Tailored Plan Eligibility

After BH I/DD Tailored Plan launch, DHHS will review BH I/DD Tailored Plan beneficiaries' utilization to determine whether they should continue to be enrolled in a BH I/DD Tailored Plan.

Criteria for Ongoing Eligibility

- Beneficiaries will continue to be eligible for a BH I/DD Tailored Plan if they either:
 - Have an I/DD diagnosis,
 - Have TBI needs, or
 - Have used a Medicaid or state-funded behavioral health service other than outpatient therapy and medication management in the past 24 months.
- Beneficiaries who do not meet one of the criteria above will be transferred to a Standard Plan at renewal and noticed accordingly.



Transitions Between BH I/DD Tailored Plans and Standard Plans

DHHS will establish processes to ensure that Standard Plan beneficiaries who meet the BH I/DD Tailored Plan level of need or need a service only covered by BH I/DD Tailored Plans* can transition as quickly and smoothly as possible mid-coverage year.

Standard and expedited review timelines will be available depending on whether the beneficiary has an urgent medical need.

Standard Review

- DHHS will process auto-enrollments and approve or deny optional transfer requests within **5 - 7 calendar days** of receipt of the beneficiary request to the enrollment broker.

Expedited Review

- DHHS will process auto-enrollments and approve or deny expedited transfers for urgent medical needs within **24 - 48 hours** from the date the enrollment broker receives the beneficiary request.
- **A request for urgent medical need** is defined as a case where continued enrollment in the Standard Plan could jeopardize the beneficiary's life; physical or mental health; or ability to attain, maintain or regain maximum function.

BH I/DD Tailored Plan Benefits

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.*

Behavioral Health, I/DD, and TBI Services Covered by <u>Both</u> Standard Plans and BH I/DD Tailored Plans	Behavioral Health, I/DD and TBI Services Covered <u>Exclusively</u> by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
<i>Enhanced behavioral health services are italicized</i>	
<p>State Plan Behavioral Health and I/DD Services</p> <ul style="list-style-type: none"> • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • <i>Partial hospitalization</i> • <i>Mobile crisis management</i> • <i>Facility-based crisis services for children and adolescents</i> • <i>Professional treatment services in facility-based crisis program</i> • <i>Outpatient opioid treatment</i> • <i>Ambulatory detoxification</i> • <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i> • <i>Substance abuse intensive outpatient program (SAIOP)**</i> • <i>Research-based intensive behavioral health treatment</i> • <i>Diagnostic assessment</i> • Early and periodic screening, diagnostic and treatment (EPSDT) services • <i>Non-hospital medical detoxification</i> • <i>Medically supervised or ADATC detoxification crisis stabilization</i> 	<p>State Plan Behavioral Health and I/DD Services</p> <ul style="list-style-type: none"> • Residential treatment facility services for children and adolescents • <i>Child and adolescent day treatment services</i> • <i>Intensive in-home services</i> • <i>Multi-systemic therapy services</i> • <i>Psychiatric residential treatment facilities</i> • <i>Assertive community treatment</i> • <i>Community support team</i> • <i>Psychosocial rehabilitation</i> • <i>Substance abuse non-medical community residential treatment</i> • <i>Substance abuse medically monitored residential treatment</i> • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) <p>Waiver Services</p> <ul style="list-style-type: none"> • Innovations waiver services • TBI waiver services • 1915(b)(3) services <p>State-Funded behavioral health and I/DD Services</p> <p>State-Funded TBI Services</p>

*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).

**DHHS plans to seek legislative approval to add SAIOP to the Standard Plan benefit package.

Key Takeaways

Key Takeaways

- Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide a robust set of physical health, behavioral health, long-term services and supports, and pharmacy benefits.
 - BH I/DD Tailored Plans will cover additional services targeted toward individuals with significant behavioral health, I/DD, and TBI needs.
- DHHS will conduct regular reviews of encounter, claims, and other data to identify beneficiaries who are eligible for a BH I/DD Tailored Plan. New Medicaid applicants and Standard Plan beneficiaries not identified by DHHS data reviews can request a review of their BH I/DD Tailored Plan eligibility.
- Beneficiaries may be identified as eligible for a BH I/DD Tailored Plan prior to or after Standard Plan launch.
 - Prior to Standard Plan launch, beneficiaries identified as eligible for a BH I/DD Tailored Plan will remain in their current delivery system until BH I/DD Tailored Plan launch.
 - Post-Standard Plan launch, DHHS will review encounter, claims and other available data on an ongoing basis to identify Standard Plan beneficiaries who meet BH I/DD Tailored Plan eligibility criteria.
- DHHS will establish processes to ensure that Standard Plan beneficiaries who meet the BH I/DD Tailored Plan level of need or need a service only covered by BH I/DD Tailored Plans can transition as quickly and smoothly as possible mid-coverage year.

Reminder: 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