

Behavioral Health I/DD Tailored Plan Memo on State-Funded Services Design Updates

August 20, 2020

Purpose of This Memo

In December 2019, the North Carolina Department of Health and Human Services (Department) released a [policy paper](#) for stakeholder comment that detailed its vision for the delivery of State-funded behavioral health, intellectual and developmental disability (I/DD) and traumatic brain injury (TBI) services under Behavioral Health I/DD Tailored Plans. This memo includes updates to eligibility for State-funded Services, the set of core and non-core State-funded Services that will be offered within available funding limits following Behavioral Health I/DD Tailored Plan launch, the eligibility for care management for recipients with I/DD and TBI based upon stakeholder feedback, and considerations for maximizing the impact of limited state funds available to support these services.

Overview of State-Funded Services

State-funded Services refer to non-Medicaid behavioral health, I/DD and TBI services managed by local management entities-managed care organizations (LME/MCOs) and provided to uninsured and underinsured individuals. State-funded behavioral health, I/DD, and TBI services are non-entitlement services that are supported by limited funding authorized by the General Assembly and a variety of federal grants, including Substance Abuse and Mental Health Services Administration (SAMHSA) block grants. In addition to managing Medicaid services, Behavioral Health I/DD Tailored Plans will also be responsible for managing State-funded behavioral health, I/DD, and TBI services as the LME/MCOs are today.

Overview of Behavioral Health I/DD Tailored Plans

North Carolina is transitioning its Medicaid and NC Health Choice programs' care delivery system from predominately fee-for-service (FFS) to Medicaid managed care. Standard Plans will launch first and serve the majority of Medicaid and NC Health Choice beneficiaries enrolling in Medicaid managed care. Behavioral Health I/DD Tailored Plans will serve populations with more significant behavioral health conditions—including serious mental illness and severe substance use disorders (SUD)—I/DD, and TBI. Behavioral Health I/DD Tailored Plans will be integrated Medicaid managed care products and will offer certain high-intensity behavioral health, I/DD, and TBI services to meet the needs of the population served by these plans.

Eligibility for State-Funded Services

The Department received numerous comments from stakeholders requesting that the Department consider additional factors, as well as the unique needs of local communities for determining eligibility for State-funded Services. Considering this feedback, the eligibility criteria presented in the State-funded Services Policy Paper will serve as eligibility *guidelines* and Behavioral Health I/DD Tailored Plans will have flexibility to propose eligibility criteria for their regions for access to State-funded Services. Behavioral Health I/DD Tailored Plans will be required to solicit feedback from their Consumer and Family Advisory Committee (CFAC) on their proposed State-funded Services eligibility criteria, and their eligibility criteria will be subject to Department review and approval. The Department reserves the right to require standard eligibility criteria for State-funded Services across the State in the future.

Services

State-funded Services remain non-entitlements and are available subject to legislatively appropriated funding. In light of limited State funding, and considering the historical LME/MCO spending on services, the unique resources available in each region, as well as feedback received from stakeholders, the Department evaluated the array of State-funded Services that will be offered by the Behavioral Health I/DD Tailored Plans. The Department determined the set of “core services” and “non-core services.” Core services are standard services offered to recipients prioritized by medical necessity and subject to available funding limits across all Behavioral Health I/DD Tailored Plans. Non-core services are services that Behavioral Health I/DD Tailored Plans may or may not choose to offer. Table 1 below lists the set of core and non-core services by disability group.

Disability Group	Core Services	Non-Core Services
All-Disability	<ol style="list-style-type: none"> 1. Diagnostic assessment¹ 2. Facility based crisis for adults² 3. Inpatient BH services, including 3-way contract beds 4. Mobile crisis management 5. Outpatient services 	<ol style="list-style-type: none"> 1. BH urgent care 2. Facility based crisis for children and adolescents
Adult Mental Health	<ol style="list-style-type: none"> 1. Assertive community treatment (ACT) 2. Assertive engagement 3. Case management³ 4. Community support team (CST) 5. Peer supports⁴ 6. Psychosocial rehabilitation 7. Mental health recovery residential services⁵ 8. Individual placement and support-supported employment (IPS-SE) 9. Transition management service 	<ol style="list-style-type: none"> 1. Partial hospitalization
Child Mental Health	<ol style="list-style-type: none"> 1. High fidelity wraparound (HFW)⁶ 2. Respite 	<ol style="list-style-type: none"> 1. Intensive in-home 2. Mental health day treatment 3. Multi-systemic therapy

¹ Diagnostic assessment includes assessments delivered through telemedicine.

² This service is referred to as Professional Treatment Services in a Facility-Based Crisis Program in the North Carolina Medicaid program.

³ This service may include critical time intervention, case management, and resource intensive case management.

⁴ Peer supports include individual and group services.

⁵ This category of services may include group living and supervised living among other services.

⁶ The Department intends to provide slots for HFW services.

Table 1: State-funded BH, I/DD, and TBI Services		
Disability Group	Core Services	Non-Core Services
I/DD and TBI ⁷	<ol style="list-style-type: none"> 1. Meaningful day and prevocational services⁸ 2. Residential services⁹ 3. TBI long term residential rehabilitation services 4. Supported employment¹⁰ 5. Respite 	N/A
Substance Use Disorder	<ol style="list-style-type: none"> 1. Ambulatory detoxification 2. Assertive engagement 3. Case management¹¹ 4. Clinically managed population specific high intensity residential services¹² 5. Outpatient opioid treatment 6. Non-hospital medical detoxification 7. Peer supports¹³ 8. Substance use residential services and supports¹⁴ 9. Substance abuse halfway house 10. Substance abuse comprehensive outpatient treatment 11. Substance abuse intensive outpatient program 12. Substance abuse medically monitored community residential treatment 13. Substance abuse non-medical community residential treatment 14. Individual placement and support (supported employment) 	<ol style="list-style-type: none"> 1. Social setting detoxification services

⁷ Care management will be only be provided by the BH I/DD Tailored Plan.

⁸ This category of services may include day supports, adult developmental vocational program, personal assistance and developmental day among other services.

⁹ This category of services may include group living, family living, and supervised living among other services.

¹⁰ This service may include long-term vocational supports.

¹¹ This service may include critical time intervention, case management, and resource intensive case management.

¹² The Department is working to add this service to its array by BH I/DD Tailored Plan launch. The BH I/DD Tailored Plan will be required to cover this service upon notification from the Department.

¹³ Peer supports include individual and group services.

¹⁴ This category of services will be covered an interim basis until the Department completes its implementation of the 1115 SUD waiver and updates to the service definitions for SUD services to completely align with the ASAM criteria.

Care Management for Recipients with I/DD and TBI

Following stakeholder feedback, the Department has extended eligibility for State-funded care management to include a subset of uninsured or non-Medicaid eligible, high-needs child recipients with I/DD or TBI, in addition to eligible uninsured or non-Medicaid adult recipients with I/DD or TBI. Factors that will be considered for child and adult recipients include: a need for coordination between two or more agencies without other available supports to provide coordination; having difficulty engaging in treatment services without additional support; and/or being at high risk of entry into institutional settings (e.g., State developmental facilities, ICF-IIDs and State psychiatric facilities). As with all state-funded resources, state-funded care management for I/DD or TBI recipients will be prioritized according to need and available only as legislatively appropriated funding allows.

More Information

For more information about Behavioral Health I/DD Tailored Plans, please visit <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/behavioral-health-idd-tailored-plan>

For more information about North Carolina's Medicaid Transformation, please visit <https://medicaid.ncdhhs.gov/transformation>.