

Behavioral Health I/DD Tailored Plan Memo on Eligibility and Enrollment Updates

Feb. 2, 2021

Purpose of This Memo

In March 2019, the North Carolina Department of Health and Human Services (DHHS) released policy guidance outlining its approach to Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plan Eligibility and Enrollment.¹ Updates to those policies were then published in Summer 2019.² This memo outlines additional updates to the detailed criteria that will be used to identify beneficiaries who will not be required to enroll in a Standard Plan starting July 1, 2021 because they have a serious mental illness (SMI), serious emotional disturbance (SED), severe substance use disorder, intellectual or developmental disability (I/DD), or traumatic brain injury (TBI). The detailed criteria reflecting the updates described in this document can be found in “Appendix B. Behavioral Health I/DD Tailored Plan Population Identification of the Policy Guidance” which is available at <https://www.ncdhhs.gov/assistance/medicaid-transformation/proposed-program-design/policy-papers>.

Overview of Behavioral Health I/DD Tailored Plans

North Carolina is transforming most of its Medicaid program to managed care. Beginning in July 2021, DHHS will enroll most Medicaid and NC Health Choice beneficiaries (not also enrolled in Medicare) into integrated managed care products called Standard Plans that will cover physical health, behavioral health and pharmacy services.

Behavioral Health I/DD Tailored Plans are specialized managed care products targeting the needs of individuals with significant behavioral health disorders, intellectual and developmental disabilities (I/DD), and traumatic brain injuries (TBI). These plans are scheduled to begin in July 2022 and will cover a more robust package of Behavioral Health, I/DD and TBI services compared to Standard Plans (see Appendix A for a comparison).

Prior to launch of the Behavioral Health I/DD Tailored Plans, beneficiaries meeting eligibility for the Behavioral Health I/DD Tailored Plans will continue to be covered through the current Medicaid fee-for-service/local management entity – managed care organization (LME-MCO) system, also referred to as NC Medicaid Direct. Some will have the choice to opt into a Standard Plan.

Core to DHHS’ approach to Medicaid managed care eligibility and enrollment is an ongoing commitment to ensuring that beneficiaries are enrolled in and transitioned as seamlessly as possible to the managed care plan or delivery system that is best suited to meet their needs.

DHHS will regularly review encounter, claims and other relevant and available data to identify beneficiaries enrolled in Standard Plans and new Medicaid beneficiaries who meet Behavioral Health I/DD Tailored Plan eligibility criteria defined in Appendix B. Additionally, new Medicaid beneficiaries and Standard Plan members who are not identified as eligible for Behavioral Health I/DD Tailored Plans will be able to request a review to determine whether they are eligible.

Topics Addressed in this Memo

This memo contains updates the following:

¹ <https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf>

² <https://files.nc.gov/ncdhhs/medicaid/BH-IDD-TP-Eligibility-Enrollment-Update-FINAL-20190716.pdf>

- I. Updates to the Behavioral Health I/DD Tailored Plan Eligibility Criteria Used for Claims/Encounter Data Reviews
- II. Process for Requesting Behavioral Health I/DD Tailored Plan Eligibility (no change)
- III. Process for Enrolling in a Behavioral Health I/DD Tailored Plan After Start of Standard Plan Enrollment (no change)

I. Behavioral Health I/DD Tailored Plan Eligibility Criteria Used for Claims/Encounter Data Reviews

DHHS has held ongoing discussions with stakeholders to refine the Behavioral Health I/DD Tailored Plan eligibility criteria used in claims/encounter data reviews. DHHS' consistent approach is to use encounter/claims data as a proxy for determining whether Medicaid beneficiaries with mental health conditions are functionally impaired in ways that indicate a SMI or SED. Through these discussions and with consultation from DHHS clinical leadership, additional encounter/claims data markers were identified as being indicative of functional impairment and have been added to the criteria used for identifying beneficiaries as eligible for Behavioral Health I/DD Tailored Plans.

Lookback Period Utilized for Identifying Beneficiaries Meeting Behavioral Health I/DD Tailored Plan Eligibility Criteria Based on Review of Claims / Encounters

DHHS has determined that claims and encounters with dates of service since Jan. 1, 2018 will continue to be utilized to identify beneficiaries with Behavioral Health I/DD Tailored Plan qualifying diagnoses and service utilization for purposes of identifying beneficiaries who will not be automatically enrolled in Standard Plans starting July 1, 2021. This will ensure that beneficiaries who received a notice in 2019 that they would remain in NC Medicaid Direct will receive similar communications prior to July 1, 2021 launch of Standard Plans. A different lookback period may be used for identifying beneficiaries who will enroll in Behavioral Health I/DD Tailored Plans when they launch in 2022.

Additional Eligibility Criteria Indicative of Functional Impairment for SMI/SED

DHHS has added the following criteria to those outlined in the Summer 2019 update to identify beneficiaries eligible for the Behavioral Health I/DD Tailored Plans based on claims/encounter data reviews:

- All beneficiaries with a claim or encounter since Jan. 1, 2018, that includes a schizophrenia spectrum or schizoaffective disorder diagnosis in any diagnostic position, regardless of service utilization. Prior to this update, beneficiaries ages 18 and older with one of these diagnoses in the primary position were identified as Behavioral Health I/DD Tailored Plan eligible if they also had utilized an enhanced Behavioral Health service.
- All beneficiaries with a claim or encounter since Jan. 1, 2018, that includes a bipolar with psychotic features, or a major depressive disorder diagnosis with psychotic features in any diagnostic position, regardless of service utilization. Prior to this update, all beneficiaries with one of these diagnoses in the primary position were identified as Behavioral Health I/DD Tailored Plan eligible if they also had utilized an enhanced Behavioral Health service.
- Beneficiaries with a suicide attempt diagnosis in any diagnostic position on an emergency department facility claim or encounter since Jan. 1, 2018. DHHS will use available data to identify beneficiaries meeting this criterion once prior to Standard Plan launch and once prior to Behavioral Health I/DD Tailored Plan launch (other claims/encounter based criteria are included in ongoing reviews).

Expanded Eligibility Criteria for Two or More Visits to the Emergency Department for a Psychiatric Problem

Prior guidance indicated that DHHS would identify beneficiaries meeting this criterion by reviewing for

claims and encounters for emergency department visits with a qualifying psychiatric diagnosis in the first diagnostic position. DHHS is expanding this criterion to also include the second diagnostic position in its reviews of emergency department facility claims and encounters.

Additional Eligibility Criteria for I/DD

DHHS has expanded the list of qualifying I/DD diagnoses included in its claim/encounter data reviews to include the following:

- E75.00 GM2 gangliosidosis, unspecified
- E75.01 Sandhoff disease
- E75.09 Other GM2 gangliosidosis
- E75.10 Unspecified gangliosidosis
- E75.11 Mucopolipidosis IV
- G80.0 Spastic quadriplegic cerebral palsy
- G80.3 Athetoid cerebral palsy
- Q90.0 Trisomy 21, nonmosaicism (meiotic nondisjunction)
- Q90.1 Trisomy 21, mosaicism (mitotic nondisjunction)
- Q90.2 Trisomy 21, translocation
- Q91.0 Trisomy 18, nonmosaicism (meiotic nondisjunction)
- Q91.1 Trisomy 18, mosaicism (mitotic nondisjunction)
- Q91.2 Trisomy 18, translocation
- Q91.4 Trisomy 13, nonmosaicism (meiotic nondisjunction)
- Q91.5 Trisomy 13, mosaicism (mitotic nondisjunction)
- Q91.6 Trisomy 13, translocation

Additionally, the following I/DD diagnosis codes are being added to the list of qualifying I/DD diagnoses in advance of Standard Plan launch and will be re-evaluated in advance of Behavioral Health I/DD Tailored Plan launch based on stakeholder feedback, service utilization and other relevant clinical factors.

- F84.5 (Asperger's syndrome)
- F84.8 (Other pervasive developmental disorders)
- F84.9 (Pervasive developmental disorder, unspecified)

II. Process for Requesting Behavioral Health I/DD Tailored Plan Eligibility

As noted in the previous guidance, DHHS recognizes that data reviews will not identify all beneficiaries eligible for enrollment in the Behavioral Health I/DD Tailored Plans, including some with behavioral health or I/DD diagnoses causing significant functional impairment. To address this concern, DHHS has developed a request process as an alternative pathway for determining Behavioral Health I/DD Tailored Plan eligibility.

Beneficiaries who are not identified as meeting Behavioral Health I/DD Tailored Plan eligibility criteria as part of the DHHS data review process but meet one of the criteria outlined in legislation can submit to DHHS a request to stay in NC Medicaid Direct/LME-MCO. The request can be made using one of the following forms:

- 1) [Request to Stay in NC Medicaid Direct and LME-MCO: Beneficiary Form](#) - The beneficiary (or guardian/legally responsible person) can submit a form that indicates whether the beneficiary has needs related to developmental disability, mental illness, TBI and/or substance use disorder. The beneficiary must provide either documentation of their needs or contact information for their provider. The beneficiary must sign the form providing permission for DHHS to contact the provider and indicating an understanding that if the request is approved,

the beneficiary will be moved to NC Medicaid Direct/LME-MCO.

- 2) [Request to Stay in NC Medicaid Direct and LME-MCO: Provider Form](#) - The beneficiary (or guardian/legally responsible person) can work with their provider to complete a form indicating the reason(s) the beneficiary is believed to be eligible for the Behavioral Health I/DD Tailored Plan. The provider must sign the form, attesting that the request is accurate and is in the best interest of the beneficiary. Unless the beneficiary is incapacitated, the beneficiary must sign the form providing permission for DHHS to contact the provider and indicating an understanding that if the request is approved, the beneficiary will be moved to NC Medicaid Direct/LME-MCO.

DHHS has developed the forms in collaboration with stakeholders. DHHS is also clarifying that involvement in the Juvenile Justice system will be sufficient to demonstrate functional impairment, and can be indicated as such on the request forms.

Once received, DHHS (or its contractors) will review the forms and follow up with the beneficiary and/or their provider for more information as needed. If the request is approved, DHHS will send a letter to the beneficiary to let them know that they will continue getting, or begin getting, their Medicaid services through NC Medicaid Direct/LME-MCO. If the request is not approved, DHHS will send a letter to the beneficiary to let them know that they will continue to be enrolled in their Standard Plan. The letter will also tell them how they can appeal if they do not agree with the decision.

Prior to July 2022, the forms will be updated to reflect the launch of Behavioral Health I/DD Tailored Plans.

III. Process for Enrolling in a Behavioral Health I/DD Tailored Plan After Start of Standard Plan Enrollment

DHHS has defined enrollment pathways for Standard Plan enrollees to better ensure that those who urgently need a service covered only by Behavioral Health I/DD Tailored Plans (or only by NC Medicaid Direct/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch) are transitioned as quickly and smoothly as possible.

Automatic Enrollment for All Beneficiaries

DHHS will auto-enroll all Standard Plan beneficiaries who are identified as eligible into Behavioral Health I/DD Tailored Plans (or NC Medicaid Direct/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch) on the first of the month following the date they are identified as eligible.

DHHS will notify these beneficiaries that they are being transferred, and that they can request to transfer back to any Standard Plan at any point during the coverage year (effective the first of the next month). Standard Plan beneficiaries with an urgent need for a service available only in Behavioral Health I/DD Tailored Plans (or LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch) will have an expedited path to enrolling in a Behavioral Health I/DD Tailored Plan, as described in the next section.

Service Associated Transfer Request for a Beneficiary Enrolled in a Standard Plan Needing a Service Only Available in the Behavioral Health I/DD Tailored Plans (NC Medicaid Direct/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch)

Beneficiaries enrolled in a Standard Plan who have an urgent need for a service only available in the Behavioral Health I/DD Tailored Plans (or NC Medicaid Direct/LME-MCOs prior to Behavioral Health I/DD Tailored Plans) can use the following process to request a transfer:

- Provider submits request for beneficiary to move to Medicaid Direct/Tailored Plan with

a service authorization request for the needed service to DHHS on behalf of the Standard Plan beneficiary.

- Unless they are incapacitated, Standard Plan beneficiary must sign the request. The DHHS approved vendor will review and enroll the Standard Plan beneficiary in Behavioral Health I/DD Tailored Plans (or NC Medicaid Direct/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch) effective retroactive to the date of the request.
- If the beneficiary chooses to return to the Standard Plan, they may do so by contacting the enrollment broker.

More details on this process and the applicable form will be available prior to July 1, 2021, when Standard Plan coverage will begin for beneficiaries.

More Information

For more information about Behavioral Health I/DD Tailored Plans, please visit medicaid.ncdhhs.gov/behavioral-health-idd-tailored-plans.

For more information about North Carolina’s Medicaid Transformation, please visit ncdhhs.gov/medicaid-transformation.

About the Appendix

DHHS also updated “[Appendix B. Behavioral Health I/DD Tailored Plan Population Identification of the Policy Guidance](#)” to reflect the updates outlined in this memo.

Appendix A: Comparison of Behavioral Health, I/DD, and TBI Benefits Covered by Standard Plans and Behavioral Health I/DD Tailored Plans

Behavioral Health, I/DD, and TBI Services Covered by <u>Both</u> Standard Plans and Behavioral Health I/DD Tailored Plans	Behavioral Health, I/DD and TBI Services Covered <u>Exclusively</u> by Behavioral Health 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 • Psychological services in health departments and school-based health centers sponsored by health departments • Peer supports • <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> • Research-based intensive Behavioral Health treatment for Autism Spectrum Disorder • Diagnostic assessment • <i>Non-hospital medical detoxification</i> • <i>Medically supervised or ADATC detoxification crisis stabilization</i> <p>EPSDT</p>	<p>State Plan Behavioral Health and I/DD Services</p> <ul style="list-style-type: none"> • <i>Residential treatment facility services</i> • <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 (PRTFs)</i> • <i>Assertive community treatment (ACT)</i> • <i>Community support team (CST)</i> • <i>Psychosocial rehabilitation</i> • <i>Substance abuse non-medical community residential treatment</i> • <i>Substance abuse medically monitored residential treatment</i> • <i>Substance abuse intensive outpatient program (SAIOP)</i> • <i>Substance abuse comprehensive outpatient treatment program (SACOT)</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>