



Meeting Behavioral Health Needs of North Carolinians

Kody Kinsley

Deputy Secretary for Behavioral Health & I/DD

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Agenda

-  **Big Picture**
-  **Medicaid Managed Care Status Update & Overview**
-  **Overview of BH I/DD Tailored Plans**
-  **Communications & Frequently Asked Questions**
-  **Appendix**

Big Picture

Big Picture – The Budget

- June 27: NC House and Senate agreed to a Budget (H966) & presented it to the Governor
 - NC House vote: 64-49
 - NC Senate vote: 33-15
- June 28: Governor Cooper vetoed H966
- July 1: State Government began operating on a continuing resolution
- Requirement to override a veto: 3/5ths of members present and voting
 - NC House: 72 (if all present)
 - NC Senate 30 (if all present)
- September 11: NC House voted to override the veto by a vote of 55-11
- Veto override placed on the NC Senate calendar but never successfully acted upon (so far)
- NC Senate leader Sen. Berger indicated Senate will leave by October 31, NC House followed suit. Both will return to focus on elections-related issues in November.

Big Picture – The Budget

Medicaid Expansion

500,000

New projected enrollees due to expansion, including a disproportionate number of rural North Carolinians

90%

Share of costs paid by the federal government – no new state appropriation needed to fund the state share

43,000+

Jobs created in the first five years of expansion

Put downward pressure on premiums

•

Improve health in NC, reduce rural health disparities

•

Shore up rural hospitals

•

Combat the opioid epidemic

Medicaid Managed Care Status Update & Overview

Medicaid Transformation Vision

“

To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care which addresses both medical and non-medical drivers of health. ”

Overview of Medicaid Managed Care

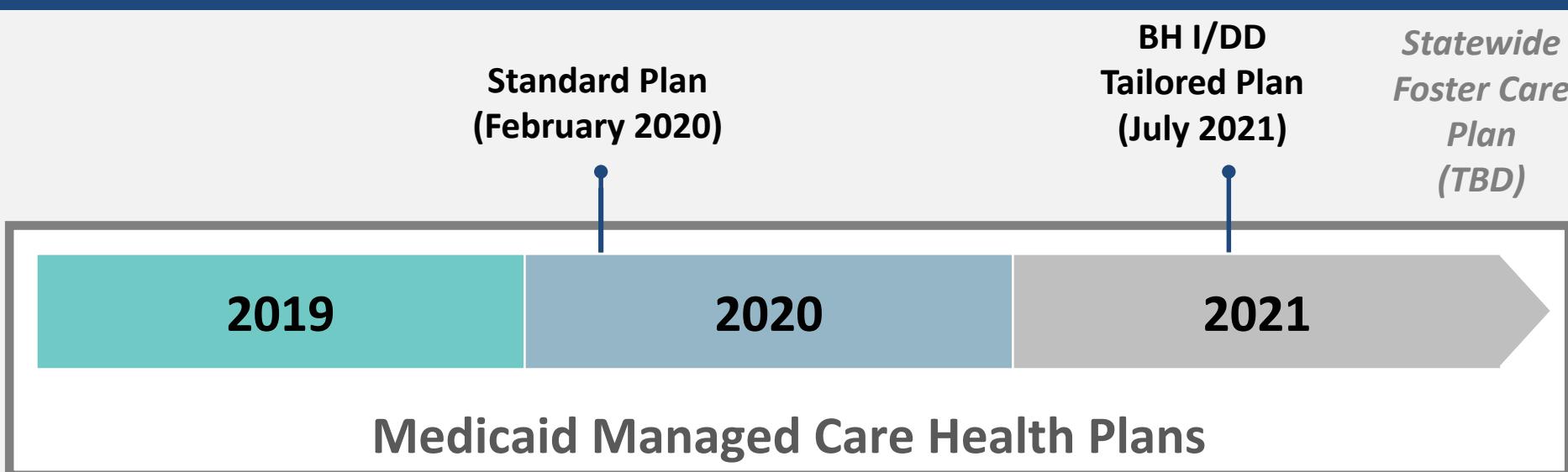
The goal of managed care is to improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care.

- NC Medicaid providers will contract with and be reimbursed by prepaid health plans (PHPs) rather than the State directly
- Three types of products:
 - **Standard Plans** for most Medicaid and NC Health Choice beneficiaries; scheduled to launch in February 2020
 - **BH I/DD Tailored Plans** for qualifying high-need populations with a serious mental illness, serious emotional disturbance, substance use disorder, I/DD, or traumatic brain injury; tentatively scheduled to launch in July 2021
 - **Statewide Foster Care Plan** for children in foster care; tentatively scheduled to launch shortly after the launch of BH I/DD Tailored Plans (*more information is forthcoming*)
- All three types of products will offer a robust set of physical health, behavioral health, and pharmacy benefits
 - Certain more intensive behavioral health benefits will only be available through BH I/DD Tailored Plans
- Continued focus on high-quality, local care management in all three types of products

Focus of
today's
presentation

Note: Certain populations will **continue to receive fee-for-service (FFS) coverage, also known as NC Medicaid Direct, on an ongoing basis.** In addition, certain benefits, such as those provided by Children's Developmental Services Agencies (CDSAs), will be carved out of managed care.

Managed Care Implementation



NC Medicaid Direct

Some people will not be eligible to enroll in a health plan; they will stay in NC Medicaid Direct.

Every person who is eligible to get Medicaid will still get Medicaid

Impact of Managed Care on Beneficiaries

What's New



- Beneficiaries eligible for Standard Plans will be able to choose their own health care plan*
- Most, but not all, people will be in Medicaid Managed Care
- An Enrollment Broker will assist with choice

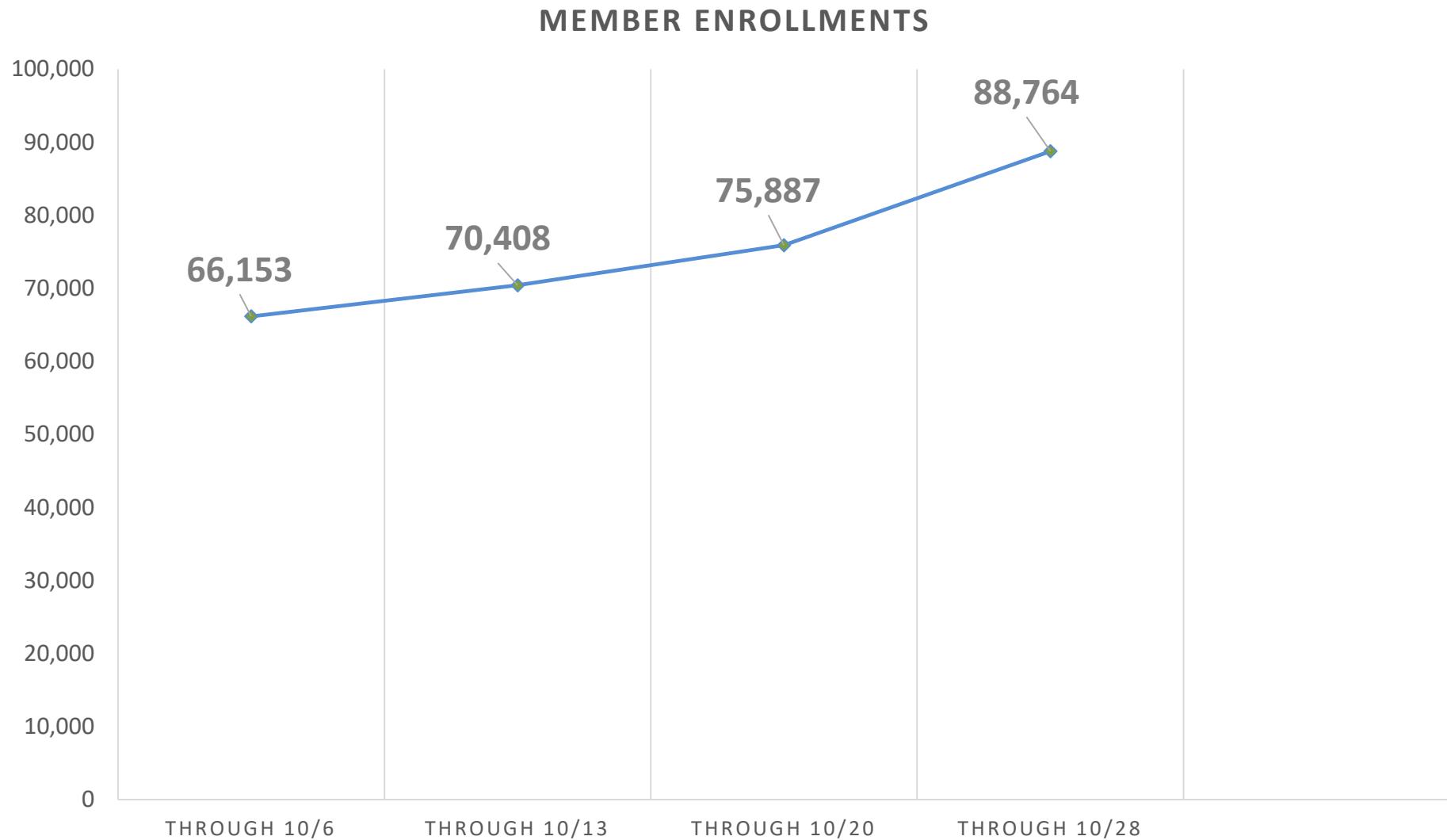
What's Staying the Same

- Eligibility rules will stay the same
- The same health services/treatments/supplies will be covered
- The beneficiary Medicaid co-pays, if any, will stay the same
- Beneficiaries still report changes to local DSS



*Beneficiaries eligible for TPs will be assigned to the TP in their region and have the option to switch to an SP

Managed Care Member Enrollments



Deep Dive: BH I/DD Tailored Plan Implementation

DHHS is planning for BH I/DD Tailored Plan implementation, set to launch in July 2021

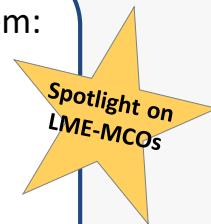


CURRENT ROLE: LME-MCOs play a central role in the State's BH I/DD system:

- Provide Medicaid behavioral health and I/DD managed care services
- Implement other public behavioral health and I/DD functions

FUTURE ROLE: LME-MCOs can become BH I/DD Tailored Plans:

- Manage physical and behavioral health services for Medicaid members
- Retain some of their local public health responsibilities



Overview of BH I/DD Tailored Plans

What is a BH I/DD Tailored Plan?

Key Features of BH I/DD Tailored Plans:

- BH I/DD Tailored Plans are designed for those with **significant behavioral health (BH) needs**—including both serious mental illness and severe substance use disorders—and **intellectual/developmental disabilities (I/DDs)**
- BH I/DD Tailored Plans will also serve other special populations, including **Innovations and Traumatic Brain Injury (TBI) waiver enrollees** and waitlist members
- BH I/DD Tailored Plan contracts will be **regional** (5-7 regions), not statewide
- **LME-MCOs are the only entities** that may hold a BH I/DD Tailored Plan contract during the first four years; after the first four years, any non-profit PHP may also bid for and operate a BH I/DD Tailored Plan
- LME-MCOs operating BH I/DD Tailored Plans **must contract with an entity that holds a PHP license** and that covers the same services that must be covered under a standard benefit plan contract
- BH I/DD Tailored Plans will manage **State-funded** behavioral health, I/DD, and TBI services for the uninsured and underinsured



Who is Eligible for a BH I/DD Tailored Plan?

**Not everyone is eligible to enroll in a BH I/DD Tailored Plan.
State law outlines who is eligible to enroll in a BH I/DD Tailored Plan.**

**People who need certain services to address
needs for an intellectual/developmental
disability (I/DD), traumatic brain injury, mental
illness, or substance use disorder may be
eligible to enroll in a BH I/DD Tailored Plan.**

BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will offer a more robust behavioral health, I/DD, and TBI benefit package than Standard Plans.

BH I/DD Tailored Plan 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)*
- Current 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*

Applied behavior analysis (ABA)—services to assess and prevent or minimize adverse effects of Autism Spectrum Disorder (ASD)—are covered by Medicaid.

Supported employment will be included in the BH I/DD Tailored Plan benefit package and will be covered as a Medicaid and state-funded service.

Note: Dual eligible enrollees will receive behavioral health, I/DD, and TBI services through a BH I/DD Tailored Plan and other Medicaid services through NC Medicaid Direct.

**Services will only be offered through BH I/DD Tailored Plans; in addition, certain high-intensity behavioral health services, including some of the new SUD services, will only be offered through BH I/DD Tailored Plans.*

BH I/DD Tailored Plan Network Adequacy

DHHS is developing network adequacy standards for all services that will be covered by BH I/DD Tailored Plans, with a particular focus on those that will only be covered by BH I/DD Tailored Plans. For services covered across both Standards Plans and BH I/DD Tailored Plans, network adequacy standards will largely be consistent.

Division of State Operated Healthcare Facilities (DSOHF)

BH I/DD Tailored Plans will be required to contract with all DSOHF facilities, including:*

- ✓ Alcohol and Drug Abuse Treatment Centers (ADATCs)
- ✓ Developmental Centers
- ✓ Psychiatric Hospitals
- ✓ Residential Programs for Children

**Individuals residing in Neuro-Medical Treatment Centers are excluded from managed care*

Rural Network Adequacy Standards

- DHHS has established different network adequacy standards for urban and rural areas.
- In general, the Standard Plan time and distance standards require members in rural areas to be able to access services within 40 minutes or 40 miles.
- Standard Plan time and distance standards will be augmented where appropriate for BH I/DD Tailored Plan members.

*Standard Plans are required to contract with ADATCs and psychiatric hospitals, but not other types of DSOHF facilities.

Tailored Care Management Model

The care management model in BH I/DD Tailored Plans will be known as
“Tailored Care Management.”

Overarching Principles

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources

- Care Management Will Be Delivered By:**
- Advanced Medical Home Plus (AMH+)
Primary Care Practices
 - Care Management Agencies (CMAs)
 - BH I/DD Tailored Plan-Employed Care Managers

Roles and Responsibilities of Care Managers

- Completion of care management assessments/care plans
- Coordination of services, including those addressing unmet health-related resource needs
- Management of beneficiary needs during transitions of care
- High-risk care management
- Chronic care management
- Management of rare diseases and high-cost procedures
- Management of high-risk social environments

State-Funded Services and Federal Block Grant

DHHS will transfer responsibility for managing State-funded and federal block grant non-Medicaid services from LME-MCOs to the regional BH I/DD Tailored Plans.

BH I/DD Tailored Plan Functions Include:

- Overseeing the provider network authorizing services
- Paying providers
- Submitting “shadow claims” for state-funded services through NCTracks
- Monitoring provider performance
- Authorizing medically necessary services
- Care coordination
- Managing local health functions (e.g., crisis systems, disaster response, community relationship and prevention efforts)
- Member services

Local Health Functions

- Work is underway to develop an approach for the future provision of “local health functions,” which generally focus on health promotion and prevention to improve the health of the population
- Continued collaboration and coordination across DHHS divisions will be critical to ensuring the smooth transition of these functions at managed care launch

Additional Details & Frequently Asked Questions from Consumers & Families

NEW: Research Based – Behavioral Health Treatment

- August 2016: Autism Spectrum Disorder (ASD) Statewide Stakeholder
- Envisioned the Research Based – Behavioral Health Treatment (RB-BHT) service definition allows applied behavior analysis (ABA) to be covered under the Medicaid state plan.

New Service for Individuals with ASD

- Services to assess and prevent or minimize the adverse effects of ASD and promote, to the extent practical, the functioning of a beneficiary
 - Adapting environments to promote positive behaviors and learning while reducing negative behaviors;
 - Applying treatment procedures to change behaviors and promote learning;
 - Teaching techniques to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills;
 - Using typically developing peers to teach and interact with children with ASD;
 - Applying technological tools to change behaviors and teach skills;
 - Training of parents, guardians, and caregivers on interventions
 - Services to assess and prevent or minimize the adverse effects of ASD and promote, to the extent practical, the functioning of a beneficiary

FAQs from Consumers and Families

Will I (or my loved one) be able to keep my doctor?

- Both Standard Plans and BH I/DD Tailored Plans will have open networks for physical health providers and specialists. Any willing provider who wants to participate in a plan can enroll to do so.
- BH I/DD Tailored Plans will have a closed network for behavioral health and I/DD providers. This is similar to the process used today by LME-MCOs.
- You will be able to pick a primary care provider (PCP) that is enrolled in your plan.

Why is my doctor is not listed as a part of any plan?

- Standard Plans are continuing to enroll providers. Talk to your provider to learn what plans she/he will enroll with, or reach out to the Enrollment Broker for support and choice counseling.
- BH I/DD Tailored Plans will also contract with providers closer to the launch of BH I/DD Tailored Plans tentatively scheduled for July 2021.

Will Medicaid transformation decrease the Innovations waitlist?

- Innovations waiver slots are still determined by legislative action from the General Assembly.

Where can I get help if I have questions or am unsure about what to do next?

- The Enrollment Broker can help you navigate the changes in your Medicaid health care.
- Help is free and beneficiaries can call toll-free at 1-833-870-5500.

What if I am supposed to enroll in a Standard Plan, but think I am eligible for a BH I/DD Tailored Plan?

- If you think you are eligible for the BH I/DD Tailored Plan and/or need a service only offered by a BH I/DD Tailored Plan, you or your provider can ask for an eligibility review.
- *More information available on the next slide.*

Requesting a BH I/DD Tailored Plan Eligibility Review

There are two ways beneficiaries can request to stay in NC Medicaid Direct and LME-MCOs (and be considered for a BH I/DD Tailored Plan in 2021).

1. Beneficiary Form

 NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Benefits

Questions? Go to ncmedicaidplans.gov.
Or call us at **1-833-870-5500** (TTY: 1-833-870-5588),
7 a.m. to 5 p.m., Monday through Saturday.
We can speak with you in other languages.

Request to Stay in NC Medicaid Direct (Fee-for Service Medicaid) and LME-MCO: Beneficiary Form

1. Contact information for person enrolled in NC Medicaid
Fill out contact information for the person with NC Medicaid

Name (First, Middle, Last)	
Date of Birth (Month/Day/Year)	
NC Medicaid ID Number	
Phone number	

2. Check all the needs below that apply to you:

Check if the need is related to developmental disability, mental illness, traumatic brain injury, or substance use disorder. Please check all that apply. Tell us more about these needs. You may submit your most recent documents (such as psychological evaluations, hospital discharge summaries, or other assessments) to support this request. This will help us review your request quicker. If you do not have documentation, we will reach out to your provider.

Intellectual/developmental disability (I/DD)
 Mental Illness
 Traumatic Brain Injury
 Substance Use Disorder

If you checked off a need above, tell us more about the support you need because of your disability/condition:

2. Provider Form

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Request to Stay in NC Medicaid Direct (Fee for Service) and LME-MCO: Provider Form

1. Beneficiary Demographic Information
Fill out the beneficiary demographic information and guardian/legally responsible person contact information.

Beneficiary Name (Last, First, M.I.)	
Date of Birth	NC Medicaid ID Number
Guardian/Legally Responsible Person	Guardian/Legally Responsible Person Phone Number

2. Provider Submitting this Form
Fill out the provider information

Provider Name (Last, First, M.I.)	Telephone Number
Provider Agency (if Applicable)	NPI/Provider Identifier
Provider email	

To get these forms:

1. Call **1-833-870-5500**
2. Go to www.ncmedicaidplans.gov/learn/get-answers

Ways to Inform DHHS of Issues

- We want to hear from you. What is working? What is not?
- Start here:
 - Providers: NCTracks: 800-688-6696
 - Beneficiaries: Medicaid Contact Center: 833-870-5500
 - Counties: NC FAST: 919-813-5400
- Staff can escalate issues to internal SWAT team focused on problem identification and resolution
- When needed, issues can be escalated to our SWAT team by calling (919) 527-7460 or emailing MedicaidSWAT@dhhs.nc.gov

Appendix

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. There will be beneficiaries with behavioral health needs in both Standard Plans and BH I/DD Tailored Plans.

Status of Medicaid Managed Care Enrollment*	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<ul style="list-style-type: none">• <i>Medicaid-only beneficiaries not enrolled in the Innovations/traumatic brain injury (TBI) waivers can opt into a Standard Plan. Dual eligibles 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 NC Medicaid Direct until 2023</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

To ensure a smooth transition to managed care, DHHS has strategically considered the timing of the managed care transition for all populations.

Managed care enrollment does not impact Medicaid eligibility. DSS will continue to be responsible for Medicaid eligibility determinations.

Behavioral Health, I/DD, and TBI Benefits

- Some services are available in both plans
- Other services available only in BH I/DD Tailored Plans

Behavioral Health, I/DD, and TBI Services Covered by Both 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>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 comprehensive outpatient treatment program (SACOT)</i> • <i>Substance abuse intensive outpatient program (SAIOP)</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 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)