

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

July 16, 2019

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 This memo outlines several updates to both processes in response to stakeholder feedback and considerations in operationalizing efficient and effective processes for Behavioral Health I/DD Tailored Plan eligibility and enrollment. This memo also provides an update to the substance use disorder service packages for Standard Plans.

Overview of Behavioral Health I/DD Tailored Plans

North Carolina is transforming its Medicaid program to managed care. Beginning in November 2019, DHHS will enroll most Medicaid beneficiaries 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 2021.

Prior to launch, 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.

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. Additionally, new Medicaid beneficiaries and Standard Plan beneficiaries 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 and clarifications on four topics:

- I. 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
- III. Process for Enrolling in a Behavioral Health I/DD Tailored Plan After Start of Standard Plan Enrollment
- IV. Benefits Covered in Behavioral Health I/DD Tailored Plans

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

DHHS has held ongoing discussions with a variety of stakeholders to refine the Behavioral Health I/DD Tailored Plan eligibility criteria used in claims/encounter data reviews. DHHS' consistent approach is to

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

use encounter/claims data as a proxy for determining whether Medicaid beneficiaries with qualifying diagnoses of serious mental illness (SMI) or serious emotional disturbance (SED) are functionally impaired. 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.

Additional Eligibility Criteria Indicative of Functional Impairment for SMI/SED

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

- Beneficiaries under 18 years of age with a claim or encounter since January 1, 2018, that includes a schizophrenia or schizoaffective disorder, regardless of service utilization.
- Beneficiaries with a claim/encounter demonstrating use of electroconvulsive therapy since January 1, 2018, regardless of diagnosis.
- Beneficiaries who have used clozapine or long acting injectable anti-psychotics since January 1, 2018, regardless of diagnosis.

Additional Eligibility Criteria for I/DD

Additionally, DHHS has expanded the list of I/DD diagnoses included in its claim/encounter data reviews to include Williams Syndrome, Angelman Syndrome and Prader-Willi Syndrome.

Other Clarifications

DHHS has clarified several criteria used for data reviews to ease the transition for Standard Plan beneficiaries to Behavioral Health I/DD Tailored Plans. DHHS will use two emergency visit claims (primarily related to behavioral health problems) or crisis services as evidence of functional impairment for beneficiaries with SMI and Behavioral Health I/DD Tailored Plan eligibility.

In addition to flagging beneficiaries with two crisis episodes as noted above, DHHS has also clarified that beneficiaries with any claim for an enhanced crisis service (e.g., facility-based crisis, mobile crisis) during the look-back period is a qualifier for Behavioral Health I/DD Tailored Plan eligibility if the beneficiary has a qualifying primary mental health or substance use disorder diagnosis as outlined in the March 2019 guidance.

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

As noted in the March 2019 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 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, traumatic brain injury 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. The beneficiary must also 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.

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 2021, 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 updated the 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.

Updated Policy: 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.

New Policy: Urgent 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)

DHHS has clarified the process for 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). Transfers can be requested as follows:

- Provider submits request for an urgent transfer to DHHS on behalf of the Standard Plan beneficiary.
- Standard Plan beneficiary must sign the urgent request, which acknowledges the request and that approval will lead to immediate disenrollment from Standard Plan and enrollment in a Behavioral Health I/DD Tailored Plan (or NC Medicaid Direct/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch).
- DHHS 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.

More details on this process and the applicable form will be available prior to November 1, 2019, when Standard Plan coverage will begin for beneficiaries in the first two of six regions in the state.

IV. Benefits Covered in Behavioral Health I/DD Tailored Plans

Original Policy

DHHS had proposed that both substance abuse intensive outpatient program (SAIOP) and substance abuse comprehensive outpatient treatment program (SACOT) would be covered by both Standard Plans and Behavioral Health I/DD Tailored Plans.

Updated Policy

Both SAIOP and SACOT services will only be covered by the Behavioral Health I/DD Tailored Plans (or Medicaid Direct/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch). Standard Plan beneficiaries who urgently require SAIOP or SACOT will be transferred to a Behavioral Health I/DD Tailored Plan immediately following DHHS' review and approval of the request for an urgent transfer as described in Section III above.

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.