Behavioral Health Services: Standard Plans and Transition Period

May 23, 2019

Overview of Materials

- Overview of Medicaid Managed Care Transition
- Medicaid Managed Care and BH I/DD Tailored Plan Eligibility and Enrollment
- Behavioral Health Benefits and Networks in Managed Care
- Standard Plan Care Management Approach
- More Provider Information

Overview of Medicaid Managed Care Transition

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."

Context for Medicaid Transformation

- In 2015, the **NC General Assembly enacted Session Law 2015-245**, directing the transition of Medicaid and NC Health Choice from predominantly fee-for-service to managed care.
- Since then, the North Carolina Department of Health and Human Services (DHHS) has **collaborated extensively** with clinicians, hospitals, beneficiaries, counties, health plans, elected officials, advocates, and other stakeholders to shape the program, and is committed to ensuring Medicaid managed care plans:
  - Deliver **whole-person care** through coordinated physical health, behavioral health, intellectual/developmental disability and pharmacy products and care models

    Focus for Today's Webinar
  - Address the **full set of factors** that impact health, uniting communities and health care systems
  - Perform **localized care management** at the site of care, in the home or community
  - Maintain broad **provider participation** by mitigating provider administrative burden

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
- Two types of products:
  - **Standard Plans** for most Medicaid and NC Health Choice beneficiaries; scheduled to launch in 2019–2020
  - **Behavioral Health and Intellectual/Developmental Disability (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
- Both Standard Plans and BH I/DD Tailored Plans will offer a robust set of behavioral health benefits; however, certain more intensive behavioral health benefits will only be available through a BH I/DD Tailored Plan
- Continued focus on high-quality, local care management in both types of products

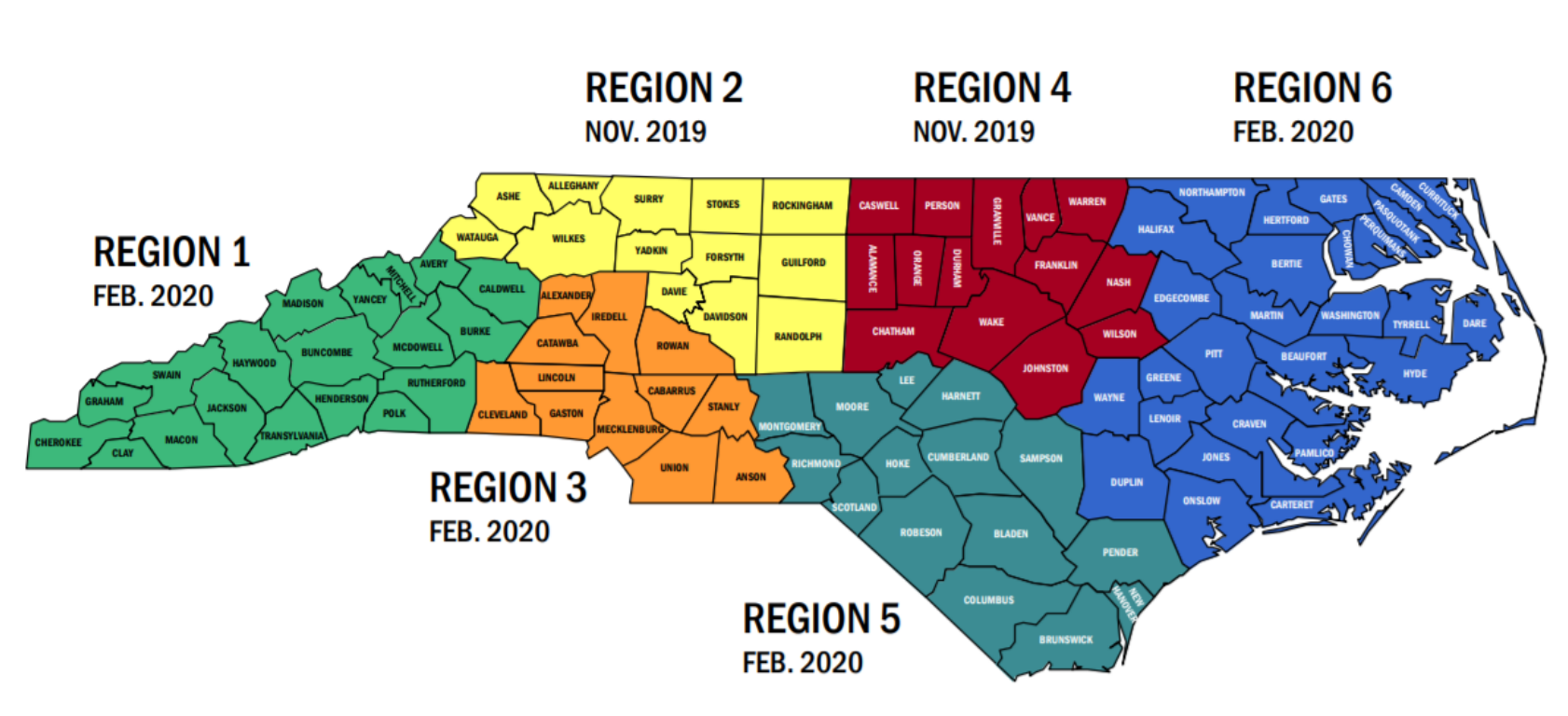
Note: Certain populations will **continue to receive fee-for-service (FFS) coverage** on an ongoing basis.

Medicaid Transformation Timeline

Timeline	Milestone
October 2018	1115 waiver approved
February 2019	Standard Plan contracts awarded
June - July 2019	Enrollment broker sends enrollment package for initial regions; open enrollment begins
Summer 2019	Standard Plans contract with providers and meet network adequacy
November 2019	Standard Plans launch in selected regions; open enrollment for remaining regions
February 2020	Standard Plans launch in remaining regions; BH I/DD Tailored Plan request for applications released *(tentative)*
May 2020	BH I/DD Tailored Plan contracts awarded *(tentative)*
Fall-Winter 2020	BH I/DD Tailored Plans contract with providers and meet network adequacy *(tentative)*
July 2021	BH I/DD Tailored Plans launch *(tentative)*

Standard Plan Launch by Region

Standard Plans will launch in Regions 2 and 4 in November 2019 and in the remaining regions in February 2020.



Medicaid Managed Care and BH I/DD Tailored Plan Eligibility and Enrollment

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	▪ Medicaid and NC Health Choice-enrolled children ▪ Parents and caretaker adults ▪ People with disabilities who are not dually eligible for Medicaid and Medicare
Exempt	▪ Members of federally recognized tribes
Excluded	▪ 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	***Until July 2021*** ▪ BH I/DD Tailored Plan-eligible beneficiaries ▪ *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 Medicaid FFS until 2023* ▪ Beneficiaries in foster care under age 21, children in adoptive placement, and former foster youth up to age 26 who aged out of care ***Until 2023*** ▪ Long-stay nursing home population ▪ Dual eligibles who are not BH I/DD Tailored Plan eligible

Managed care enrollment does not impact Medicaid eligibility.

*Per legislation; **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.

Overview of BH I/DD Tailored Plan Eligibility

Certain beneficiaries with more intensive behavioral health needs (including mental health and substance use), I/DDs, and TBI will be eligible to enroll in a BH I/DD Tailored Plan. Starting in 2021, DHHS will conduct regular data reviews to identify eligible beneficiaries. These beneficiaries will remain in FFS/LME-MCOs at Standard Plan launch unless they choose to opt into a Standard 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

*Populations excluded from LME-MCOs today will continue to obtain behavioral health services through Medicaid FFS.
**Currently, there is no waiting list for the TBI waiver.

Notices Regarding Managed Care Transition

In late June, DHHS will send notices to individuals in Regions 2 and 4 regarding November 2019 managed care enrollment. DHHS will send a similar set of notices to individuals in the remaining regions in September.

There will be different notices for beneficiaries who will be required to enroll in a Standard Plans v. those eligible for a BH I/DD Tailored Plan who will by default remain in Medicaid FFS/LME-MCOs. DHHS anticipates that beneficiaries may reach out to providers with questions about these notices, and as a result, will provide more detailed information to providers in the coming months.

Notices for beneficiaries slated to enroll in Standard Plans will include information about:

- Timeline that the beneficiary will enroll in managed care
- Process for selecting a primary care provider and a health plan
- Steps to take for beneficiaries who believe they need certain services to address needs related to developmental disability, mental illness, TBI, or substance use disorder
- Contact information for enrollment broker for choice counseling

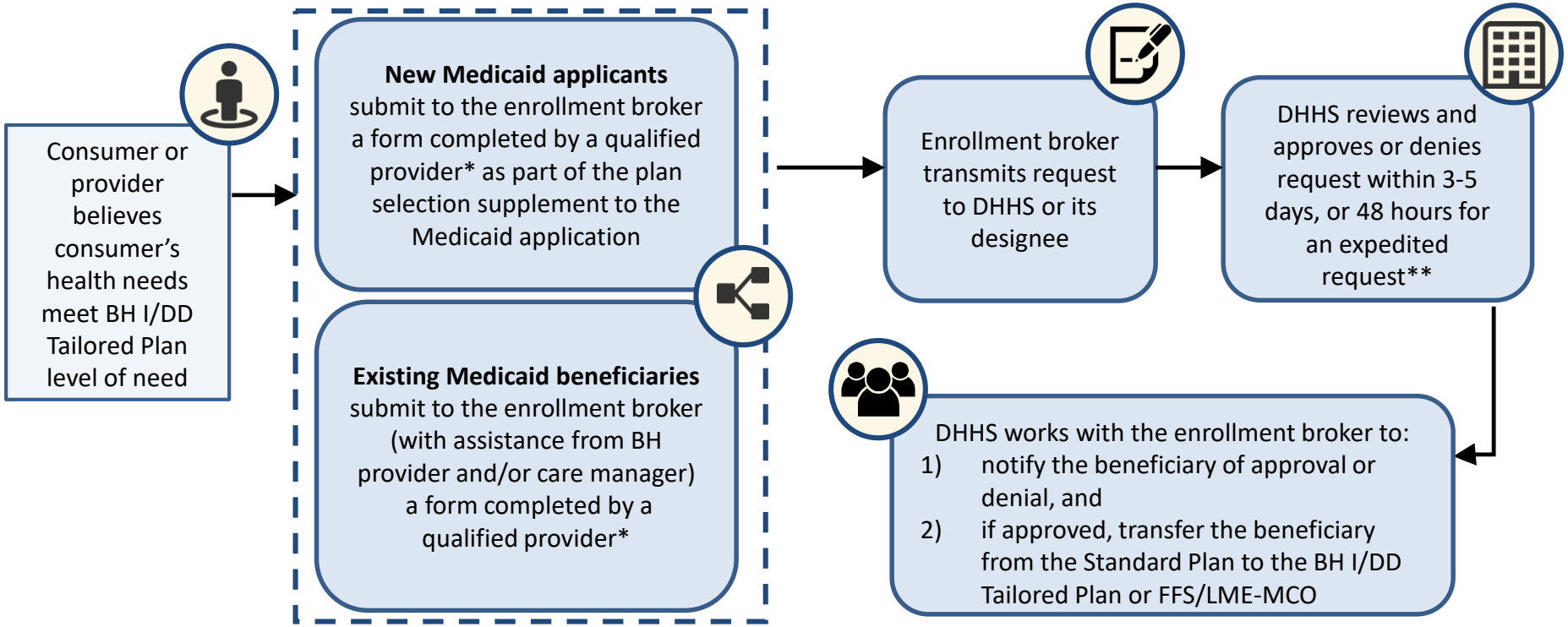
Notices for beneficiaries who are eligible for a BH I/DD Tailored Plan and will remain in FFS/LME-MCOs will include information about:

- Beneficiary's continued enrollment in FFS/LME-MCO
- Option to enroll in a Standard Plan with explanation that Standard Plans will offer a more limited set of benefits for developmental disability, mental illness, TBI, or substance use disorder
- Contact information for enrollment broker for choice counseling

Transitions Between Standard Plans and BH I/DD Tailored Plans

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 at any time. Prior to BH I/DD Tailored Plan launch, individuals found BH I/DD Tailored Plan-eligible through this process will obtain physical health services through FFS and behavioral health, I/DD, and TBI services through their current LME-MCO.

DHHS is developing a form to collect information to determine whether the beneficiary's health care needs meet BH I/DD Tailored Plan eligibility criteria. Beneficiaries will likely reach out to providers for assistance in completing this form and in providing documentation for this process.



*The 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.

Key Takeaways: Eligibility and Enrollment

- Most beneficiaries, including those with mild to moderate behavioral health needs, will enroll in Standard Plans.
- Beneficiaries may come to their provider to understand their options with regards to the managed care transition and the differences between Standard Plans and BH I/DD Tailored Plans (or FFS/LME-MCOs prior to BH I/DD Tailored Plan launch).
- Providers will play a key role in helping beneficiaries who believe they may be eligible for a BH I/DD Tailored Plan or need a service only offered in BH I/DD Tailored Plans to complete the process to transition to a BH I/DD Tailored Plan (or FFS/LME-MCO prior to BH I/DD Tailored Plan launch).
- Providers can refer any beneficiaries with questions to the enrollment broker.
- BH I/DD Tailored Plans will not launch until 2021. Providers should stay tuned for additional information regarding their launch.

Behavioral Health Benefits and Networks in Managed Care

Managed Care Transformation Integrates Physical and Behavioral Health

Under managed care transformation, both Standard Plans and BH I/DD Tailored Plans will be integrated managed care plans that will cover physical health, behavioral health, and pharmacy services for most Medicaid and NC Health Choice enrollees.

Behavioral Health Benefits

- In addition to physical health and pharmacy services, both Standard Plans and BH I/DD Tailored Plans will offer a robust set of behavioral health benefits, including outpatient and inpatient behavioral health services, crisis services, and withdrawal management services.
- Certain higher-intensity behavioral health, I/DD, and TBI benefits—including Innovations, TBI, and 1915(b)(3) waiver services, will only be offered under BH I/DD Tailored Plans (or LME-MCOs prior to BH IDD Tailored Plan launch).

Rationale for Integration

Currently, behavioral health benefits are administered though LME-MCOs, while physical health benefits are administered separately through Medicaid fee-for-service.

Integrating behavioral and physical health benefits will enable plans, care managers, and providers to deliver **coordinated, whole-person care**.

Behavioral Health, I/DD, and TBI Benefits

If a beneficiary needs a service that is only offered in a BH I/DD Tailored Plan/LME-MCO, he/she will need to transition to a BH I/DD Tailored Plan (or LME-MCO prior to BH I/DD Tailored Plan launch) to obtain the service using the BH I/DD Tailored Plan Eligibility Request process.

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 Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
Enhanced behavioral health services are italicized	
State Plan Behavioral Health and I/DD Services • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • *Partial hospitalization* • *Mobile crisis management* • *Facility-based crisis services for children and adolescents* • *Professional treatment services in facility-based crisis program* • *Outpatient opioid treatment* • *Ambulatory detoxification* • *Substance abuse comprehensive outpatient treatment program (SACOT)* • *Substance abuse intensive outpatient program (SAIOP)*** • *Research-based intensive behavioral health treatment* • *Diagnostic assessment* • Early and periodic screening, diagnostic and treatment (EPSDT) services • *Non-hospital medical detoxification* • *Medically supervised or ADATC detoxification crisis stabilization*	**State Plan Behavioral Health and I/DD Services** • Residential treatment facility services for children and adolescents • *Child and adolescent day treatment services* • *Intensive in-home services* • *Multi-systemic therapy services* • *Psychiatric residential treatment facilities* • *Assertive community treatment* • *Community support team* • *Psychosocial rehabilitation* • *Substance abuse non-medical community residential treatment* • *Substance abuse medically monitored residential treatment* • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) **Waiver Services** • Innovations waiver services • TBI waiver services • 1915(b)(3) services **State-Funded behavioral health and I/DD Services** **State-Funded TBI Services**

*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 is seeking legislative approval to add SAIOP to the Standard Plan benefit package.

Behavioral Health Network Requirements

DHHS has developed robust behavioral health network adequacy standards to ensure Standard Plan beneficiaries' access to behavioral health services. Standard Plans will maintain an open network for all services, including behavioral health services.*

#	Service Type	Urban Standard	Rural Standard
1	Outpatient Behavioral Health Services	2 providers of each outpatient behavioral health service within 30 minutes or 30 miles of residence for at least 95% of Members	2 providers of each outpatient behavioral health service within 45 minutes or 45 miles of residence for at least 95% of Members
2	Location-Based Services (Behavioral Health)	2 providers of each service within 30 minutes or 30 miles of residence for at least 95% of Members	2 providers of each service within 45 minutes or 45 miles of residence for at least 95% of Members
3	Crisis Services (Behavioral Health)	1 provider of each crisis service within each PHP region	
4	Inpatient Behavioral Health Services	1 provider of each inpatient BH crisis service within each PHP region	
5	Partial Hospitalization (Behavioral Health)	1 provider of partial hospitalization within 30 minutes or 30 miles for at least 95% of Members	1 provider of partial hospitalization within 30 minutes or 30 miles for at least 95% of Members

***Open Provider Network:** Any willing provider that meets specific quality standards and accepts the rates offered by the plan

Full SP network adequacy requirements can be found at https://files.nc.gov/ncdhhs/30-19029-DHB-2.pdf

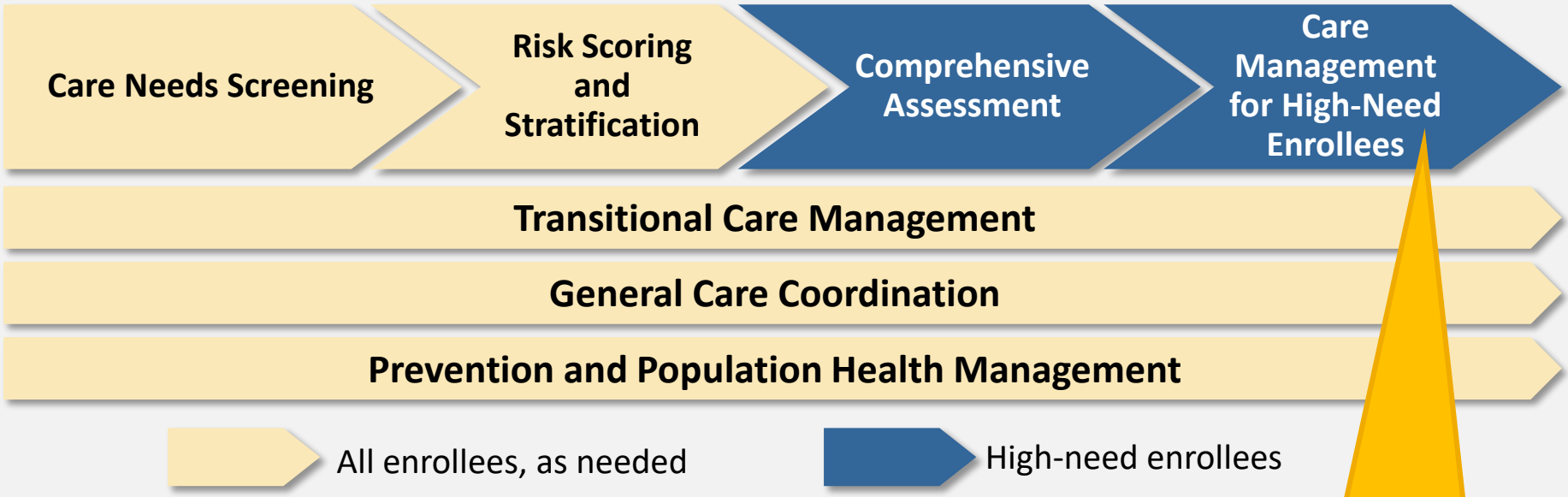
Key Takeaways: Benefits and Networks

- A subset of high-intensity behavioral health, I/DD, and TBI benefits will only be offered in BH I/DD Tailored Plans (LME-MCOs prior to BH I/DD Tailored Plan launch). It will be important for providers to understand which benefits are offered in which type of product to provide guidance to their patients.
- Behavioral health providers will need to contract with both SPs and LME-MCOs until BH I/DD Tailored Plan launch to be in-network for both types of plans. When BH I/DD Tailored Plans launch, providers will need to contract with both SPs and BH I/DD Tailored Plans.
- Once managed care launches, providers will bill the appropriate payor (FFS, LME-MCO, or Standard Plan) for services.

Standard Plan Care Management Approach

Standard Plan Care Management Approach

Standard Plan beneficiaries with behavioral health needs are a priority population for care management.



- **Standard Plans must also implement processes to identify priority populations, including:**
  - Children and adults with special health care needs*
  - Individuals in need of long term services and supports (LTSS)
  - Enrollees with rising risk
  - Individuals with high unmet resource needs

Care management performed in standard plans must uniquely account for mental health/substance needs, or other needs the beneficiaries may have

*Including behavioral health, substance use, increased risk for chronic conditions, and foster care populations

More Provider Information

More Opportunities to Engage

DHHS values input and feedback and is making 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
- Comments, questions, and feedback are all very welcome at Medicaid.Transformation@dhhs.nc.gov

Providers will receive education and support during and after the transition to managed care.

Upcoming Events

Upcoming Managed Care Webinar Topics

- **AMH Contracting with PHPs** (5/30)
- **Clinical Policies** (6/13)
- **Healthy Opportunities in Medicaid Managed Care** (6/27)

Other Upcoming Events

- **Virtual Office Hours (VOH):** Running bi-weekly, as of April 26th
- **Provider/PHP Meet and Greets:** Regularly hosted around the State

Schedule for VOH and Meet & Greets available on the Provider Transition to Managed Care Website

Look out for more information on upcoming events and webinars distributed regularly through special provider bulletins

Q&A