



NC Department of Health and Human Services

BEHAVIORAL HEALTH I/DD TAILORED PLANS

**Kelsi A. Knick, MSW, LCSW
Deputy Director, BH I/DD Tailored Plans**

**Medical Care Advisory Committee (MCAC) Meeting
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Managed Care Timeline

Standard Plans and BH I/DD Tailored Plans

Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide physical health, behavioral health, long-term services and supports, and pharmacy benefits.

Standard Plans

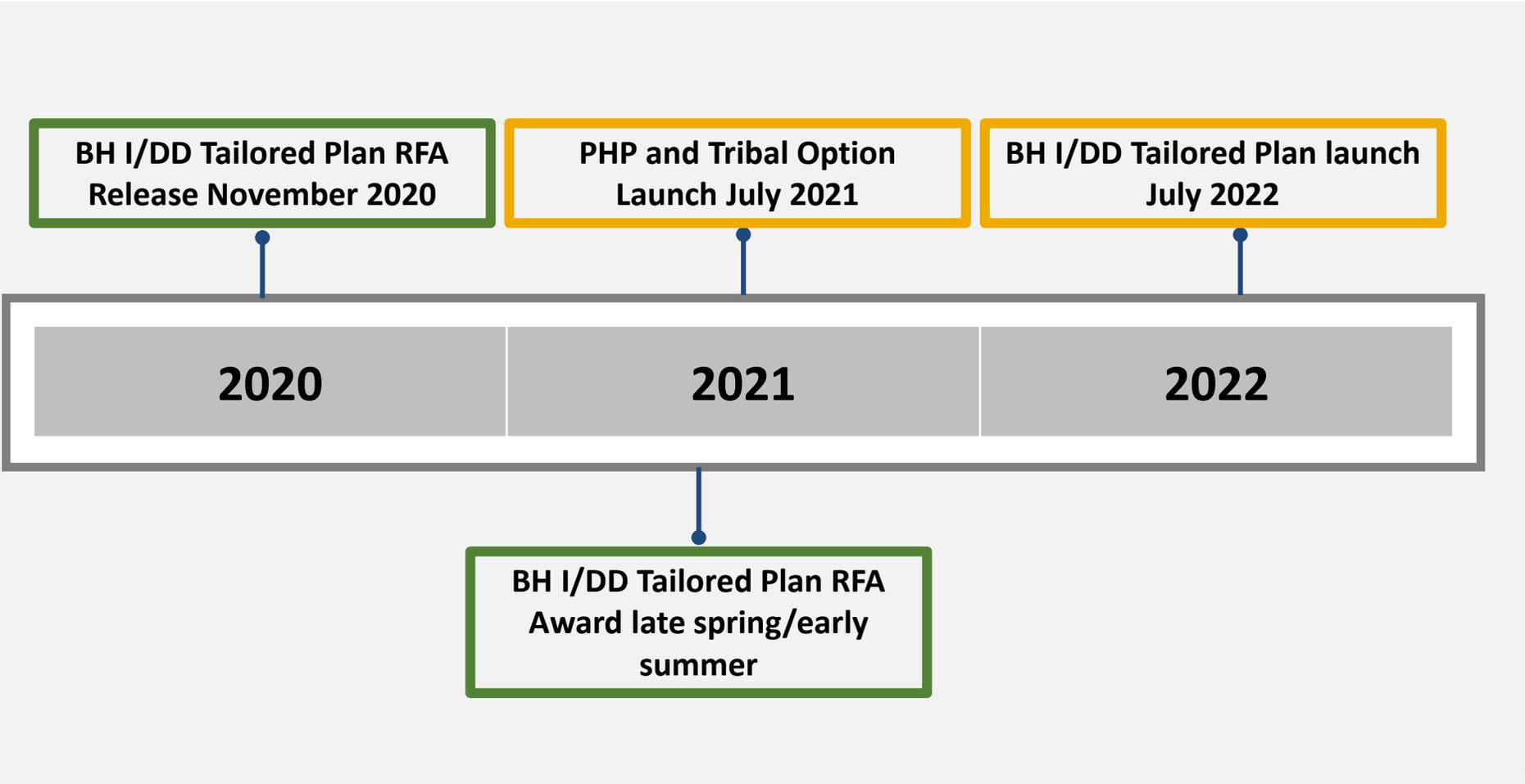
- Will serve the majority of the non-dual eligible Medicaid population

BH I/DD Tailored Plans

- Targeted toward populations with:
 - significant behavioral health conditions—including serious mental illness, serious emotional disturbance, and substance use disorders
 - intellectual and developmental disabilities (I/DD), and
 - traumatic brain injury (TBI)
- Will offer a more robust set of behavioral health and I/DD benefits than Standard Plans and will be the only plans to offer current 1915(b)(3), 1915(c) Innovations and TBI waiver, and State-funded services

Managed Care Timeline

The BH I/DD Tailored Plan Request for Applications (RFA) will be released in Fall 2020.



**Standard Plan and Behavioral Health I/DD
Tailored Plan Overview**

Side by Side

Standard Plans

Tailored Plans

Scope	Fully Integrated Care	Fully Integrated Care
Entity	Prepaid Health Plans	Prepaid Health Plan
Waiver Type	1115	1115 ⁴
Procurement	Competitive RFP	Request for Application (RFA) offered to existing LME-MCOs ⁵
Contracting	Accept any willing provider	Any willing provider- physical health Closed network – behavioral health
Plans available to beneficiaries	4 statewide & 1 regional	1 per region ⁶
Additional Services/Funding	In-lieu & value added services	Innovations, TBI In-lieu, value added, State-funded, Federal and State Block Grants, current (b)(3), a subset of the more intensive behavioral health enhanced services

⁴The (c) waivers which currently operates under the 1915(b) waiver, will after Tailored Plan go live, operate under the 1115 waiver

⁵After initial four-year contract term, competitive RFP for Tailored Plans

⁶unless beneficiary makes an informed choice to go to SP

Key Differences: LME-MCOs and BH/IDD Tailored Plans

	LME-MCOs	BH/IDD Tailored Plans
Scope	Behavioral Health, IDD, TBI	Behavioral Health, IDD, TBI Physical Health, Pharmacy
Entity	Pre-paid Inpatient Health Plan	Prepaid Health Plan
Waiver Type	1915(b)(c) ³	1115 ³
Health Home	Does not exist in LME-MCOs	New Tailored Plan Health Home care management model
Designation	LME-MCOs as designed in current legislation	Tailored Plans selected based on requirements in RFA
Organization Type	Local political subdivisions	To be determined

³ Includes Innovations, TBI waiver; with managed care implementation the (c) waiver will operate under the 1115

Eligibility and Benefits

Overview of BH I/DD Tailored Plan Eligibility

Certain beneficiaries with more intensive behavioral health needs, 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 NC Medicaid Direct/LME-MCOs at Standard Plan launch unless they choose to opt into a Standard Plan.*

BH I/DD TP 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 mental illness or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period, such as enhanced crisis services
- 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

*Populations excluded from LME-MCOs today will continue to obtain behavioral health services through NC Medicaid Direct.

**Currently, there is no waiting list for the TBI waiver.

BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will cover additional services targeted toward individuals with significant behavioral health, I/DD, and TBI needs.*

Behavioral Health, I/DD, and TBI Services Covered by <u>Both</u> 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 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>

Individuals on the Waitlist for NC Innovations can be in the Standard Plan or the Tailored Plan.

*DHHS plans to submit a State Plan Amendment to add the following services to the State Plan:

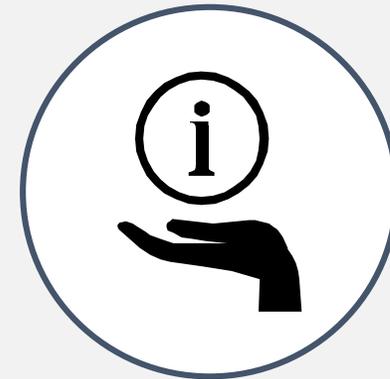
- Peer supports and clinically managed residential withdrawal (to be offered by both Standard Plans and BH I/DD Tailored Plans); and
- Clinically managed low-intensity residential treatment services and clinically managed population-specific high-intensity residential programs (to be offered by BH I/DD Tailored Plans only).

Tailored Care Management

Rationale for Tailored Care Management Model

The Tailored Care Management model is a pathway to ensuring BH I/DD Tailored Plan beneficiaries have access to the best whole-person care possible.

- All BH I/DD Tailored Plan beneficiaries need integrated, whole-person care management.
- **Provider-based care management** promotes **integrated care** and offers beneficiaries **choice** in how they receive care management.*
- **Community-based care management** facilitates frequent **face-to-face** interaction between beneficiaries and their care managers, who will live and work in the same communities as the individuals they serve.
- All BH I/DD Tailored Plan beneficiaries should have access to **consistent, high-quality care management** regardless of **geography** or where their care manager is employed.



*Beneficiaries will be able to switch care managers at any time.

BH I/DD Tailored Care Management Model

Key Principle: Behavioral and physical health are integrated through the care team.

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

Roles and Responsibilities of Care Managers

- Management of rare diseases and high-cost procedures
- Management of beneficiary needs during transitions of care
- High-risk care management
- Chronic care management
- Management of high-risk social environments
- Identification of beneficiaries in need of care management
- Development of care management assessments/care plans
- Development & deployment of prevention and population health programs
- Coordination of services

Stakeholder Engagement

Stakeholder Engagement

DHHS aimed to be transparent in designing the Behavioral Health I/DD Tailored Plans. During the design process, DHHS actively sought feedback from stakeholders and shared information with consumers, providers, LME/MCOs, and other stakeholders through several venues:

- Design papers and request for comments;
- Public webinars on design topics;
- Stakeholder meeting attendance (e.g. Consumer and Families Advisor Council); and
- Town hall meetings with DHHS officials and staff, among other avenues

Additional Resources

<https://medicaid.ncdhhs.gov/providers>

<https://medicaid.ncdhhs.gov/transformation>

<https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/behavioral-health-idd-tailored-plan#2019>