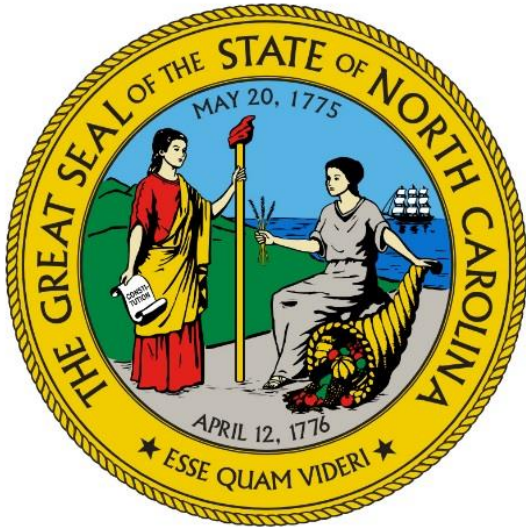




NC Department of Health and Human Services



Joint DMH/DD/SAS & DHB Consumer Webinar BH/IDD Consumers, Family Members and Community Stakeholders

October 24, 2022

Tailored Plan Launch Update

Tailored Plans will now go live on April 1, 2023.

- **The delayed start will allow Tailored Plans more time to contract with additional providers to support member choice and to validate that data systems are working appropriately.**
- **Some services will still begin on Dec. 1, 2022:**
 - **Tailored Care Management (TCM)**
 - **1915(i) option (requested a Dec. 1, 2022, start date from CMS)**
- **Beneficiaries eligible for Tailored Plan will receive a notice about the delay at the end of October**
- **Members still receive behavioral health services, I/DD and TBI supports through their LME/MCO and physical health and pharmacy services through NC Medicaid, just as they do today.**

Tailored Care Management

Tailored Care Management (TCM) will have a soft launch Dec. 1, 2022

- NC Medicaid and LME/MCOs will work closely with TCM providers to ensure a successful start of the service.
- AHEC coaches will continue to provide support to TCM providers
- NC Medicaid has published a list of certified TCM providers who are ready to provide TCM service on Dec. 1, 2022. The list is available on the Medicaid website and will be updated as new providers are added medicaid.ncdhhs.gov/media/11975/download?attachment
- LME/MCOs are currently contracting with Tailored Care Management providers (CMAs and AMH+s)
- **We are developing a network map of the TCM agencies in each LME/MCO region.**

Certified Tailored Care Management Agencies

A Caring Alternative, LLC

Alexander Youth Network

Appalachian Community Services

Autism Society of NC

B&D Integrated Health Services

Blue Ridge Health

Carobell, Inc.

Carolina Family Health Centers, Inc.

Carolina Outreach

Catawba Valley Behavioral

Cityblock Medical Practice NC, P.C.

Clay, Wilson & Associates dba The Cognitive Connection

Coastal Horizons Center

Coastal Southeastern United Care

Community Alternatives, Inc. dba Community Choices

- **Community Partnerships**
- **ComServ**

Corine's Care Management, Inc.

Crossnore Communities for Children

Cumberland County CommuniCare

Daymark Recovery Services

Dixon Social Interactive Services

Duke Health PCPs (5 Practices)

EasterSeals UCP

ECU Physicians

Family Preservation Services of North Carolina, LLC

Fellowship Health Resources

Fernandez Community Center, LLC

Freedom House Recovery Center

Genesis Project 1

Greater Vision Counseling and Consulting

Hope Services, LLC

InReachNC

Insight Human Services

Certified Tailored Care Management Agencies

Integrated Family Services

LeChris

Monarch

New Dimension Group

MedNorth Health Center

One to One with Youth, Inc.

Optimal Behavioral, PLLC

Outreach Management Services

Access Family Services

Phoenix Counseling Center

Pinnacle Family Services

PORT Human Services

PQA Healthcare

Primary Care Solutions, Inc.

Primary Health Choice

Renew Counseling Center of NC

RHA

Riverbend Services, Inc.

S&H Youth and Adult Services, Inc.

Sanctuary House

Sigma Health Services, LLC

Southlight

SPARC Services & Programs

Stephens Outreach Center

Sunrise Clinical Associates

Support, Inc.

The ARC of NC

Threshold, Inc.

TLC OPERATIONS INC.

Triangle Comprehensive Health Services

UNC Center for Excellence

UNC Wakebrook Primary Care

VOCA Corp of NC Community Alternatives NC

VOICE Therapeutic Solutions

Yelverton's Enrichment Services, Inc.

What is Tailored Care Management (TCM)?

Tailored Care Management is a specialized care management model targeted toward individuals with significant behavioral health and substance use disorders, I/DD or TBI.

- Members receiving Tailored Care Management can be in NC Medicaid Direct or a Tailored Plan.
- Members are not required to accept Tailored Care Management; they can opt-out.
- Members in Tailored Care Management will have **one Care Manager** responsible for coordinating all services and supports (medical, behavioral, I/DD and TBI services and supports, pharmacy, social supports).
- Individuals who begin Tailored Care Management on Dec. 1, 2022, will stay in Tailored Care Management on April 1, 2023 - even if they move to a Tailored Plan on that date.

Who is Eligible for Tailored Care Management on Dec. 1? *

- Individuals 3+ in NC Medicaid Direct who **will enroll in a Tailored Plan on April 1, 2023**, including:
 - Innovations Waiver participants (including duals)
 - TBI Waiver participants (including duals)
 - Children and Adolescents with Serious Emotional Disorder (SED)
 - Adolescents with Severe Substance Use Disorder (SUD)
 - Adults with Serious Mental Illness (SMI) or Severe Substance Use Disorder (SUD)
 - Children (3+) and adults with intellectual/developmental disability (I/DD)
- Individuals 3+ in NC Medicaid Direct who **will stay in NC Medicaid Direct on April 1, 2023**, including:
 - Children and Adolescents in Foster Care with Serious Emotional Disorder (SED) or Severe Substance Use Disorder (SUD)
 - Dual- eligible Adults with Serious Mental Illness (SMI) or Severe Substance Use Disorder (SUD)
 - Dual-eligible Children and Adults with intellectual/developmental disability (I/DD) who are NOT on the Innovations or TBI waivers

Children in NC Health Choice and children (0-3) who meet the above criteria will be eligible for TCM April 1, 2023.

* We often describe this criteria as “clinically eligible for a Tailored Plan”

Dual-eligibles Members on the Innovations Waitlist

- Dual-eligible members on the Innovations Waitlist and **will NOT** be enrolled into a Tailored Plan, they will remain in NC Medicaid Direct.
- Dual-eligible members on the Innovations Waitlist **are eligible** for Tailored Care Management and 1915(i) option services (once approved by CMS).

Who Can Provide Tailored Care Management?

Tailored Care Management

Tailored Care Management is provided by three types of entities.



Approach 1:
**“AMH+” Primary Care
Practice**

Approach 2:
**Care Management Agency
(CMA)**

Approach 3:
**LME/MCO-based Care
Manager**

How Members will be Assigned a Tailored Care Management Provider

Members who did not choose a TCM provider during the choice period will be assigned one based on the following:

- Member's existing primary care provider (PCP) assignment to an AMH+ practice or an existing treatment relationship with a CMA
- Member's existing relationship with an LME/MCO Innovations waiver care coordinator
- Member's exceptional physical health and /or behavioral health needs – examples include:
 - A member receiving cancer treatment will be prioritized for AMH+ or LME/MCO
 - A member in child behavioral health residential services will be prioritized for CMA or LME/MCO
 - Members with **both** exceptional physical and exceptional behavioral health needs or those in certain institutional settings will be prioritized for the LME/MCO
- Member's geographic location
- The size capacity of the care management panel for AMH+ practice or CMA
- Federal conflict-free case management requirements for people using Home and Community-Based Services (HCBS), which prohibit a provider organization from delivering both HCBS and care management to one person

Tailored Care Management Notices and Member Choice

Members eligible to receive TCM will receive notices from Nov. 7-17, 2022

- The notice will:
 - Explain Tailored Care Management
 - Explain the member's ability to opt-out
 - Identify the member's assigned tailored care management agency
 - Give direction on how the member can **CHANGE** their assigned tailored care management agency by **CONTACTING THE LME/MCO**
- We have increased our efforts to ensure call scripts at LME/MCOs and information for the NC Medicaid Ombudsman and NC Medicaid Enrollment Broker is clear and call reps are properly trained

TCM Soft Launch: What to Expect Dec. 1, 2022, and after

- All eligible members will be assigned to a TCM provider
- TCM providers will have small panels; providers are staffing up
- LME/MCOs will have the bulk of the members assigned to them (75+%)
- Providers and LME/MCOs will prioritize outreach to members based on acuity/risk/need but all members should receive outreach within the first 90-120 days
- Early months will be spent doing outreach, engagement and assessments with members
- All members will not engage and can opt-out
- Over the course of the first year, we expect more engagement

- **NC Medicaid is developing a Question & Answer webpage as well as additional and information for providers, members and local DSS**

Tailored Care Management Choice: Beneficiaries on the Innovations/TBI Waiver

- Members on Innovations and TBI waivers will still be on the Innovations/TBI waiver and **must** get care coordination or tailored care management.
- A member who wants to keep their **current care coordinator does not need to do anything**.
 - The member will be assigned to the LME/MCO and can keep their care coordinator.
- The LME/MCO care coordinator will ask the member if they want to keep care coordination or get tailored care management instead.
- **EITHER WAY**, the member can still receive care coordination or tailored care management from their **CURRENT care coordinator**

What is the Difference Between Care Coordination and Tailored Care Management

Innovations & TBI Waiver Care Coordination

- Provided by LME/MCO
- Complete preliminary intake and screenings for the waiver
- Develop and update the person-centered assessment and ISP annually
- Facilitate provider choice and assignment process waiver enrollees
- Coordinate information and resources for self-directed services for Innovations waiver enrollees, as applicable.
- Monitor ISP implementation and complete required monthly and quarterly service monitoring

Tailored Care Management

- Member has choice of certified entity: LME/MCO, Care Management Agency (CMA) or Advanced Medical Home + (AMH+)
- All waiver care coordination services plus the following:
 - Coordinate/refer/monitor all services (medical, pharmacy, behavioral health, waiver services, food, housing, transportation, community resource supports)
 - Support your providers in a crisis (with planning supports)
 - Arrange for annual physical; help with medication monitoring
 - Support transitions out of hospital, nursing facilities
 - Educate on chronic health conditions and support self health management (eating healthier; helping you join a diabetes prevention program)

1915(i) Option

Services provided through the 1915(i) option are under review by CMS. We have requested a Dec. 1, 2022, start date.

These services are to help beneficiaries remain in their communities.

NC Medicaid is requesting the following services be approved by CMS under the (i) option:

- Respite
- Individual and Transitional Supports
- Community Living and Supports
- Community Transition
- Supported Employment

What is the difference between the 1915(i) option and the 1915(b)(3) waiver?

NC Medicaid uses 1915(b)(3) authority to cover a set of critical home and community-based services (HCBS) provided by LME/MCOs to Medicaid beneficiaries with significant behavioral health needs, I/DDs and TBI.

1915(i) Option	Description of Benefit	1915(b)(3) Benefit(s) to Incorporate in 1915(i) Option	New Elements of 1915(i) Option
Supported Employment	<ul style="list-style-type: none"> ▪ Includes initial job development, job training, and job support services ▪ For beneficiaries ages 16 and over with a serious mental illness (SMI), serious emotional disturbance (SED), severe substance use disorder (SUD), I/DD or TBI 	Supported employment	<ul style="list-style-type: none"> ▪ Benefit will be newly available to beneficiaries with severe SUD and TBI ▪ Separate service definitions for different disability groups
Individual and Transitional Supports	<ul style="list-style-type: none"> ▪ Support in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to be successful in employment, housing, education and community life and to reside successfully in the community ▪ Will be available to beneficiaries ages 16 and over with SMI 	Individual support and transitional living skills	<ul style="list-style-type: none"> ▪ Combines existing Individual Support and Transitional Living Skills services

What is the difference between the 1915(i) option and the 1915(b)(3) waiver?

1915(i) Option	Description of Benefit	1915(b)(3) Benefit(s) to Incorporate in 1915(i) Option	New Elements of 1915(i) Option
Respite	<ul style="list-style-type: none"> ▪ Provides periodic support/relief to the primary caregiver(s) from responsibility/stress of caring for beneficiaries ▪ For beneficiaries of any age and have an I/DD; ages 3 to 20 and have an SED; ages 3 to 20 and have a severe SUD; meet diagnostic criteria and reside in therapeutic foster care or other residential placement and at risk of losing their placement; or have a TBI 	Respite	<p>Benefit will be available to:</p> <ul style="list-style-type: none"> ▪ Children ages 3 to 20 with a severe SUD ▪ Children meeting diagnostic criteria who reside in therapeutic foster care or another residential placement and are at risk of losing their placement ▪ Adults with TBI
Community Living and Supports	<ul style="list-style-type: none"> ▪ Support in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to be successful in employment, housing, education and community life and reside successfully in the community ▪ Available to beneficiaries ages 16 and over with SMI 	In-home skill building	<ul style="list-style-type: none"> ▪ Service definition will be aligned with the Innovations and State-funded community living and supports benefit ▪ Benefit will be newly available to beneficiaries with a TBI
Community Transition	<ul style="list-style-type: none"> ▪ Provides funding for beneficiaries to move from an institutional setting to their own private residence in the community or divert beneficiary from entering an adult care home ▪ Qualifying institutional settings include adult care homes, IMDs, State psychiatric hospitals, ICF-IIDs, nursing facilities, psychiatric residential treatment facilities and alternative family living arrangements ▪ For beneficiaries ages 18 and older who have an SMI 	One-time transitional costs	No substantive changes

Member Resources

- **NC Medicaid Enrollment Broker**
 - Website ncmedicaidplans.gov
 - Call Center 1-833-870-5500 TTY: 711 or RelayNC.com
(Monday–Friday, 7 a.m. to 8 p.m., Saturday, 7 a.m. to 5 p.m.)
 - Tailored Plan webpage ncmedicaidplans.gov/learn/get-answers/tailored-plan-services
- **NC Medicaid Behavioral Health I/DD Tailored Plan webpage**
medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans
- **NC Medicaid Ombudsman**
 - Website ncmedicaidombudsman.org
 - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

Provider Resources

- NC Medicaid Website [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov)
 - Includes County and Provider Playbooks
- NC Medicaid Behavioral Health I/DD Tailored Plan webpage [medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans](https://www.medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans)
- NC Medicaid Tailored Care Management webpage [medicaid.ncdhhs.gov/tailored-care-management](https://www.medicaid.ncdhhs.gov/tailored-care-management)
- NC Medicaid Help Center [medicaid.ncdhhs.gov/helpcenter](https://www.medicaid.ncdhhs.gov/helpcenter)
- Practice Support ncahec.net/medicaid-managed-care
 - NC Medicaid Managed Care “Hot Topics” Webinar Series hosted by Dr. Dowler on the first and third Thursday of the month
- Medicaid Bulletins [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.medicaid.ncdhhs.gov/providers/medicaid-bulletin)

