Medicaid Managed Care
Final Policy Guidance*

Behavioral Health and Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment

North Carolina Department of Health and Human Services

March 18, 2019

*The Department reserves the right to amend or update policy as needed.

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The Department welcomes questions about final policies, including those outlined in this document. Please send questions to Medicaid.Transformation@dhhs.nc.gov.

More information on the North Carolina transformation to Medicaid Managed Care is available at ncdhhs.gov/nc-medicaid-transformation.

This document outlines the final policies that will govern eligibility and enrollment for the North Carolina Department of Health and Human Services Behavioral Health and Intellectual and Developmental Disability Tailored Plans. The Department appreciates the input stakeholders provided, which helped shaped this final policy. The Department reserves the right to amend or update policy as needed.

Executive Summary

North Carolina is transforming its Medicaid program to managed care. Beginning in November 2019, the Department of Health and Human Services will enroll most Medicaid beneficiaries into integrated managed care products called Standard Plans that will cover physical health, behavioral health and pharmacy services.

In July 2021, individuals with significant behavioral health disorders, intellectual and developmental disabilities (I/DD) and traumatic brain injuries (TBI) will be enrolled into Behavioral Health and Intellectual and Developmental Disability (I/DD) Tailored Plans, which are specialized managed care products targeting the needs of these populations.

In November 2017, the Department released a Behavioral Health I/DD Tailored Plan Concept Paper that outlined the Department's vision for the establishment of the Behavioral Health I/DD Tailored Plans, including the populations that would be eligible for the plans, the benefits the plans would cover and enrollment processes. This final policy guidance provides additional information to interested stakeholders regarding the detailed eligibility criteria and processes that will guide enrollment into Behavioral Health I/DD Tailored Plans, including transitions of these beneficiaries across health plans and delivery systems.

The Department will ensure that any Medicaid beneficiary who meets the Behavioral Health I/DD Tailored Plan level of need have access to a Behavioral Health I/DD Tailored Plan. Before Standard Plans launch, the Department will conduct data reviews to identify beneficiaries who meet Behavioral Health I/DD Tailored Plan eligibility criteria.

Beneficiaries who are eligible for Behavioral Health I/DD Tailored Plans will not transition to Standard Plans, but will remain in their current delivery system, generally Medicaid Fee for Service and Local Management Entity-Managed Care Organizations (LME-MCOs), at Standard Plan launch.

When Behavioral Health I/DD Tailored Plans launch in 2021, beneficiaries who meet the eligibility criteria will be auto-enrolled in the Behavioral Health I/DD Tailored Plan in their region, unless they actively select a Standard Plan.

The Department 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 able to request a review to determine whether they are eligible to enroll in a Behavioral Health I/DD Tailored Plan.

The Department recognizes the importance of ensuring that Standard Plan beneficiaries who meet the Behavioral Health I/DD Tailored Plan level of need or need a service only covered by Behavioral Health I/DD Tailored Plans are transitioned as quickly and smoothly as possible. The Department will establish expedited review timelines for plan transitions between Standard Plans and Behavioral Health I/DD Tailored Plans.

Background

Since 2017, the Department has worked with the North Carolina General Assembly and other stakeholders to develop the Behavioral Health I/DD Tailored Plan design.

In November 2017, the Department released a Behavioral Health and I/DD Tailored Plan Concept Paper that outlined the Department's vision for the establishment of the Behavioral Health I/DD Tailored Plans, including the populations that would be eligible, the benefits the plans would cover and enrollment processes.

In June 2018, the state enacted legislation authorizing the creation of Behavioral Health I/DD Tailored Plans, and memorialized the Behavioral Health I/DD Tailored Plan eligibility criteria and benefit package.[1] Later that month, the Department released the Plan for Implementation of Behavioral Health and Intellectual/Developmental Disability Tailored Plans, a report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, which provided additional detail on the design of Behavioral Health I/DD Tailored Plans.

This final policy guidance is the first in a series related to Behavioral Health I/DD Tailored Plan design that will be released over the next year.

This Behavioral Health I/DD Tailored Plan eligibility and enrollment final policy guidance covers the following six areas:

I. Guiding Principles
II. Medicaid Managed Care Eligibility
III. Behavioral Health I/DD Tailored Plan Eligibility Criteria
IV. Process for Enrolling in a Behavioral Health I/DD Tailored Plan
V. Transitions Between Standard Plans and Behavioral Health I/DD Tailored Plans
VI. Benefits Covered in Behavioral Health I/DD Tailored Plans

I. Guiding Principles

The Department believes it is important that any Medicaid beneficiary who meets the Behavioral Health I/DD Tailored Plan level of need has access to a Behavioral Health I/DD Tailored Plan.

Standard Plan launch will begin in November 2019. Beneficiaries whom the Department has identified as eligible for a Behavioral Health I/DD Tailored Plan will be exempt from mandatory enrollment in comprehensive managed care until Behavioral Health I/DD Tailored Plans launch in July 2021 and will remain in their current delivery system until that time unless they choose to enroll in a Standard Plan.[2]

[1] Session Law (S.L.) 2015-245 as amended by S.L. 2018-48

[2] Certain populations, such as children under age 3 and children enrolled in NC Health Choice, are excluded from LME-MCOs. If a member of an excluded population is identified as eligible for a Behavioral Health I/DD Tailored Plan, that person will remain in Medicaid Fee for Service until Behavioral Health I/DD Tailored Plan launch. Beneficiaries eligible for a Behavioral Health I/DD Tailored Plan who choose to enroll in a Standard Plan will not have access to benefits offered through LME-MCOs that are not part of the Standard Plan benefit package. Accordingly, an Innovations or TBI Waiver beneficiary must disenroll from their waiver program to transition to a Standard Plan.

This final policy guidance describes detailed eligibility criteria and processes to guide enrollment into Behavioral Health I/DD Tailored Plans, including transitions of these beneficiaries across health plans and delivery systems. In developing these criteria and processes, the Department relied on the following key principles:

- **Enroll Beneficiaries in the Managed Care Product that Best Meets Their Needs.** Standard Plans and Behavioral Health I/DD Tailored Plans will offer integrated physical health, behavioral health and pharmacy services but Behavioral Health I/DD Tailored Plans will offer a more robust set of behavioral health, I/DD and TBI benefits, and specialized care management. The Department will leverage available data to enroll beneficiaries in the product best suited to meet their needs.

- **Minimize Barriers to Access.** The Department will strive to minimize barriers for beneficiaries who need to transition between plans to access a benefit only available in a Behavioral Health I/DD Tailored Plan. This includes making sure there is a clear process for beneficiaries who are not identified as meeting Behavioral Health I/DD Tailored Plan eligibility through available data.

- **Comply with Legislation.** The Department will ensure that Behavioral Health I/DD Tailored Plan eligibility criteria and benefits meet the North Carolina General Assembly's vision for Behavioral Health I/DD Tailored Plans as articulated in legislation.[3]

- **Be Responsible Stewards of Public Funds.** The Department will ensure that only beneficiaries who will benefit from more intensive behavioral health, I/DD, and TBI services and specialized care management enroll in a Behavioral Health I/DD Tailored Plan, and other beneficiaries who do not meet the level of need do not unnecessarily enroll in the higher cost Behavioral Health I/DD Tailored Plan.

II. Medicaid Managed Care Eligibility

Most Medicaid beneficiaries who are not also enrolled in Medicare will participate in Medicaid managed care, whether in a Standard Plan or a Behavioral Health I/DD Tailored Plan, including the following populations:

- Medicaid and NC Health Choice-enrolled children
- Parents and caretaker adults
- People with disabilities

Other beneficiaries are **exempt** from Medicaid managed care, meaning they will be able to choose whether to enroll in a plan or remain in Medicaid Fee for Service. Members of federally recognized tribes are exempt from Medicaid managed care.[4]

[3] S.L. 2015-245 as amended by S.L. 2018-48

[4] The Department is working with the Eastern Band of Cherokee Indians to develop a Tribal Option, which will be an Indian Managed Care Entity. Tribal members (including EBCI members) with full Medicaid benefits residing in the five-county region (Cherokee, Graham, Haywood, Jackson, and Swain Counties) will be auto-enrolled into the Tribal Option. The Department is working with the EBCI to extend eligibility for the Tribal Option to other individuals eligible for Indian Health Services residing in the five-county region.

Some beneficiaries are **excluded** from Medicaid managed care, meaning they will remain in fee-for-service and will not be permitted to enroll in Medicaid managed care[5], including the following populations:

- Beneficiaries with limited Medicaid benefits (e.g., beneficiaries enrolled in the Health Insurance Premium Payment program, beneficiaries enrolled in the family planning program; beneficiaries eligible for emergency services only; and partial dual eligibles)
- Medically needy beneficiaries who are subject to a deductible or spend-down; and
- Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) waiver enrollees.

Certain populations will be **delayed** from mandatory managed care enrollment at launch of Standard Plans:

- Beneficiaries identified as eligible for the Behavioral Health I/DD Tailored Plan will default to the current system until Behavioral Health I/DD Tailored Plans launch, but will have the option to enroll in a Standard Plan.
- Medicaid only beneficiaries in foster care under age 21, children in adoptive placements and former foster youth who aged out of care up to age 26 will continue in the current system until Behavioral Health I/DD Tailored Plans launch.
- Beneficiaries who reside in a nursing facility, or are likely to reside, for a period of 90 days or longer, and beneficiaries enrolled in Medicare and full Medicaid benefits, unless they are eligible for Behavioral Health I/DD Tailored Plan enrollment will continue in the current system until 2023.

Additional information about excluded, exempt and delayed populations can be found in the *Appendix.*

Most Medicaid beneficiaries who will participate in Medicaid managed care will be enrolled in a Standard Plan. In July 2021, Medicaid beneficiaries who meet the eligibility criteria relating to serious mental illnesses (SMI), serious emotional disturbances (SED), severe substance use disorders (SUD), I/DD and TBI will be enrolled in a Behavioral Health I/DD Tailored Plan to better meet their needs.

The Department will ensure that all Medicaid applicants and beneficiaries are informed of their managed care choices and understand the eligibility criteria and benefits unique to Behavioral Health I/DD Tailored Plans (or LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch). The Department has also contracted with an enrollment broker to support beneficiary plan selection and enrollment. The enrollment broker will send consumer notices that include information about Behavioral Health I/DD Tailored Plans and encourage applicants to contact the enrollment broker for choice counseling and additional information.

[5] Beneficiaries in an excluded group who are enrolled in the Innovations or TBI waiver will be enrolled in Behavioral Health I/DD Tailored Plans.

Exceptions for Selected Special Populations

The Department believes that certain members of groups that are otherwise excluded from Medicaid managed care will benefit from Behavioral Health I/DD Tailored Plan enrollment. In the limited circumstances described below, these beneficiaries will be auto-enrolled in Behavioral Health I/DD Tailored Plans at their launch, with the option of opting out:

- All Medicaid beneficiaries who are enrolled in the Innovations or TBI Waiver, regardless of other status (e.g., dual eligible, Health Insurance Premium Payment program (HIPP) or medically needy), must enroll in a Behavioral Health I/DD Tailored Plan to be able to receive waiver services.
- Beneficiaries enrolled in both Medicare and Medicaid (dually eligible) for whom Medicaid coverage is not limited to the coverage of Medicare premiums and cost sharing, and who are otherwise eligible for a Behavioral Health I/DD Tailored Plan (as described in more detail in *Section III*). These individuals will default to a Behavioral Health I/DD Tailored Plan for their Medicaid-covered behavioral health, I/DD, and TBI services only.[6] They will receive all other Medicaid-covered services through Medicaid fee-for-service (in coordination with Medicare).

Beginning with the launch of Behavioral Health I/DD Tailored Plans, non-dual eligible beneficiaries enrolled in the foster care system, formerly enrolled in foster care system up to age 26, or receiving Title IV-E adoption assistance, will have a choice between a Specialized Foster Care Plan, if available, a Standard Plan, and a Behavioral Health I/DD Tailored Plan if they meet the eligibility criteria for the Behavioral Health I/DD Tailored Plan. Prior to launch of Behavioral Health I/DD Tailored Plans, these beneficiaries will continue to be covered in the current system.

III. Behavioral Health I/DD Tailored Plan Eligibility Criteria[7]

Behavioral Health I/DD Tailored Plan Eligibility Criteria Identified Through Data Reviews

The Department will conduct regular data reviews to identify beneficiaries who are eligible for a Behavioral Health I/DD Tailored Plan. Beneficiaries will be eligible to enroll in a Behavioral Health I/DD Tailored Plan (or to move to Medicaid Fee for Service/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch) if they meet one of the following criteria:[8]

- Enrolled in the Innovations Waiver;
- Enrolled in the TBI Waiver;[9]
- Enrolled in the Transition to Community Living Initiative (TCLI);

[6] Dually eligible beneficiaries who are served through CAP/DA and medically needy beneficiaries (those with a spend-down or deductible they must meet before benefits begin) who are otherwise eligible for a BH I/DD Tailored Plan will be excluded from BH I/DD Tailored Plans.

[7] The eligibility criteria are consistent with the statutory requirements and are described using the Department's operational definitions.

[8] Federally recognized tribal members who meet one of the criteria listed here shall also have the option of enrolling in the Tribal Option to access most behavioral health services, in addition to having the options to enroll in a Standard Plan, Behavioral Health I/DD Tailored Plan or Medicaid Fee for Service. Tribal Option enrollees will continue to access limited behavioral health and I/DD services through the LME-MCO until the launch of Behavioral Health I/DD Tailored Plans.

[9] Currently, the TBI waiver is only available in the Alliance LME-MCO catchment area.

- On the waiting list for the Innovations Waiver;
- On the waiting list for the TBI Waiver;[10]
- Have used a Medicaid service that will only be available through a Behavioral Health I/DD Tailored Plan (See *Section VI* for additional detail on these services);
- Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds;[11]
- Children with complex needs, as that term is defined in the 2016 settlement agreement between the Department and Disability Rights of North Carolina;[12]
- Have a qualifying I/DD diagnosis code;[13]
- Have a qualifying SMI or SED diagnosis code who used a Medicaid-covered enhanced behavioral health service during the lookback period;[14]
- Have a qualifying SUD diagnosis code who used a Medicaid-covered enhanced behavioral health service during the lookback period;
- Have had two or more psychiatric hospitalizations or readmissions within 18 months;
- 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 episode in a State-owned facility;
- Have had two or more visits to the emergency department for a psychiatric problem within 18 months;[15] or
- Have had two or more episodes using behavioral health crisis services within 18 months.[16]

[10] Currently, there is no waiting list for the TBI waiver.

[11] For the purposes of establishing Behavioral Health I/DD Tailored Plan eligibility, the Department only has the ability to identify utilization of behavioral health, I/DD, or TBI services funded with state, local, federal or other non-Medicaid funds if the individual was known to the Medicaid eligibility system at the time of service use.

[12] The settlement defines children with complex needs as Medicaid eligible children ages 5-21 who are diagnosed with developmental disabilities (including intellectual disabilities and autism spectrum disorder) and a mental health disorder, and are at risk of not being able to return to the community. LME-MCOs maintain records of the children who meet this definition. Source: Services for Children with Mental Health and Intellectual/Developmental Disabilities and Complex Needs

[13] The complete list of qualifying I/DD, SED, SMI and SUD diagnoses is detailed in the final guidance policy's appendix.

[14] The Department classifies a subset of Medicaid-covered State Plan behavioral services as enhanced. The complete list of enhanced behavioral health services can be found in the Medicaid and Health Choice Clinical Coverage Policy No: 8-A.

[15] After Standard Plan implementation, beneficiaries who may meet this criterion will also need to go through the Standard Plan Exemption/Tailored Plan Eligibility Request process to be determined eligible for Standard Plan exemption and future enrollment in a Behavioral Health I/DD Tailored Plan.

[16] After Standard Plan implementation, beneficiaries who may meet this criterion will also need to go through the Standard Plan Exemption/Tailored Plan Eligibility Request process to be determined eligible for Standard Plan exemption and future enrollment in a Behavioral Health I/DD Tailored Plan.

Enrollment in Behavioral Health I/DD Tailored Plans will not be capped; however, enrollment caps will continue for the Innovations and TBI waivers. Based on a review of past data, the Department estimates that about 25,000-35,000 dual eligible beneficiaries and 80,000-100,000 Medicaid only beneficiaries will meet the eligibility criteria for enrollment in a Behavioral Health I/DD Tailored Plan.

Additional detail on eligibility criteria and qualifying diagnoses, including specific diagnosis codes that the Department plans to include in each category, is also found in the *Appendix*. For purposes of initial Behavioral Health I/DD Tailored Plan eligibility determination for identifying populations exempt from mandatory enrollment in Standard Plans, unless otherwise noted, the Department will review claims and encounters with dates of service on or after January 1, 2018.

Request for Individuals to be Identified Behavioral Health I/DD Tailored Plan Eligible

The Department recognizes that there will be individuals who will benefit from Behavioral Health I/DD Tailored Plan enrollment who will not be identified by available data. The Department is developing a process where new Medicaid beneficiaries and Standard Plan beneficiaries can request a review to determine whether they are eligible to enroll in a Behavioral Health I/DD Tailored Plan.

New Medicaid applicants will be allowed to submit an Tailored Plan eligibility request as part of the plan selection supplement to the Medicaid application. Both documents will be available online, by paper, by telephone and in-person.

Individuals who are enrolled in Standard Plans can download the Tailored Plan Eligibility Request form from the DHHS website or can make a request by contacting the enrollment broker at any time. The Department will default new Medicaid applicants who request a review into Standard Plans until the review is complete. Expedited procedures will be available for those with urgent needs.

The Tailored Plan Eligibility Request form will collect information to determine whether the beneficiary's health care needs meet Behavioral Health I/DD Tailored Plan eligibility criteria. At the request of the beneficiary, Medicaid-enrolled providers will have the authority to complete the Tailored Plan Eligibility Request form if they meet at a minimum the following criteria:

- Meet Medicaid or NC Health Choice qualifications for participation, and
- Perform within the scope of their clinical practice, as defined by the appropriate licensing entity.

The Department may establish additional criteria in the coming months.

Beneficiaries, with assistance from their behavioral health providers and care managers, will be responsible for submitting the form to the enrollment broker. Upon approval, the Department, working with the enrollment broker, will process the transfer to transition the beneficiary from the Standard Plan to the Behavioral Health I/DD Tailored Plan in his or her region (or Medicaid Fee for Service/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch) and will notify him or her of the transfer.

IV. Process for Enrolling in a Behavioral Health I/DD Tailored Plan

Below, the final policy guidance describes the enrollment process for beneficiaries identified as eligible for a Behavioral Health I/DD Tailored Plan during each of the following time periods:

1. Period prior to Standard Plan launch (before November 2019)
2. Period after Standard Plan launch (November 2019 and after)

Beneficiaries Identified as Eligible for a Behavioral Health I/DD Tailored Plan Prior to Standard Plan Enrollment

Prior to Standard Plan launch, the Department will conduct data reviews to identify beneficiaries who meet Behavioral Health I/DD Tailored Plan eligibility criteria. For criteria that cannot be identified through encounter and claims data, the Department will use other State data sources. Beneficiaries meeting the Behavioral Health I/DD Tailored Plan eligibility criteria prior to open enrollment will remain in their current system (generally Medicaid Fee for Service/LME-MCOs) at Standard Plan launch.[17] The Department will review claims and encounter data for dates of service as of January 1, 2018 or later.

Beneficiaries identified through the Department's analysis prior to open enrollment for Standard Plans will continue to receive physical health services and pharmacy through Medicaid Fee for Service and behavioral health, I/DD, and TBI services through LME-MCOs until Behavioral Health I/DD Tailored Plan launch. These individuals, however, may elect to enroll in a Standard Plan at any point during their coverage year by contacting the enrollment broker for choice counseling. Innovations and TBI Waiver beneficiaries who wish to enroll in Standard Plans must disenroll from their respective waivers prior to transitioning to a Standard Plan.

The enrollment broker will explain the differences in covered behavioral health, I/DD and TBI services between the Standard Plans and LME-MCOs, and that Standard Plan beneficiaries will not be able to access services covered only by the LME-MCOs. If the individual elects to enroll in a Standard Plan, the enrollment broker will transmit the beneficiary's plan selection to the Department, which will then process and transmit the enrollment data to the Standard Plan. The coverage will typically be effective on the first of the month, unless there is an urgent need that requires an expedited transition.

In the months leading up to Behavioral Health I/DD Tailored Plan launch, the Department will reassess Behavioral Health I/DD Tailored Plan eligibility for beneficiaries who were previously identified as meeting the Behavioral Health I/DD Tailored Plan eligibility criteria based on a more recent lookback period. Those beneficiaries who no longer meet the Behavioral Health I/DD Tailored Plan eligibility criteria (e.g., do not have the required diagnosis and/or service utilization in the relevant look-back period) will be auto-enrolled in Standard Plans.

Beneficiaries who continue to meet the Behavioral Health I/DD Tailored Plan eligibility criteria at the point of the reassessment will be auto-enrolled in the Behavioral Health I/DD Tailored Plan in their region, unless they actively select a Standard Plan. At Behavioral Health I/DD Tailored Plan launch, these beneficiaries will be

[17] Beneficiaries identified as eligible for a Behavioral Health I/DD Tailored Plan, but excluded from LME-MCOs (e.g., Medicaid beneficiaries up to age 3 and NC Health Choice), will remain in Medicaid Fee for Service (including for behavioral health benefits) until Behavioral Health I/DD Tailored Plan launch.

notified that they have been enrolled in a Behavioral Health I/DD Tailored Plan and have 90 days to elect to enroll in a Standard Plan.[18,19]

Beneficiaries Identified as Eligible for a Behavioral Health I/DD Tailored Plan After the Start of Standard Plan Enrollment

Ongoing, the Department will regularly review encounter, claims and other relevant and available data to identify beneficiaries enrolled in Standard Plans, new Medicaid beneficiaries, who meet Behavioral Health I/DD Tailored Plan eligibility criteria. Beneficiaries who are not identified through the Department's data analysis will have the option to request a review for Standard Plan Exemption/Tailored Plan Eligibility.

Beneficiaries who do not meet Behavioral Health I/DD Tailored Plan eligibility criteria prior to Standard Plan launch, but become eligible at a later date, will have the opportunity to transition to Medicaid Fee for Service/LME-MCO at any time prior to Behavioral Health I/DD Tailored Plan launch, or a Behavioral Health I/DD Tailored Plan after Behavioral Health I/DD Tailored Plan launch.[20] Depending on which of the Behavioral Health I/DD Tailored Plan criteria they meet, they will either be auto-enrolled or have the option of enrolling in a Behavioral Health I/DD Tailored Plan (or Medicaid Fee for Service/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch) as outlined below.

Eligibility Criteria for Auto-Enrollment in a Behavioral Health I/DD Tailored Plan
Individuals enrolled in a Standard Plan who are identified as meeting one of the eligibility criteria listed below **will be auto-enrolled** in a Behavioral Health I/DD Tailored Plan (or Medicaid Fee for Service/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch) with the option to re-enroll in a Standard Plan:

- Enrolling in the Innovations Waiver or joining the waiting list for the Innovations Waiver;
- Enrolling in the TBI Waiver or joining the waiting list for the TBI Waiver;
- Enrolling in TCLI;
- Using a Medicaid service that will only be available through a Behavioral Health I/DD Tailored Plan (See Section VI for additional detail on services that will only be covered through Behavioral Health I/DD Tailored Plans);
- Using a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds; or
- Being identified by LME-MCOs as meeting the definition of children with complex needs, as that term is defined in the 2016 settlement agreement between the Department and Disability Rights of North Carolina.

Eligibility Criteria for Optional Enrollment in Behavioral Health I/DD Tailored Plan
Individuals enrolled in a Standard Plan who are identified as Behavioral Health I/DD Tailored Plan eligible, but do not meet one of the auto-enrollment eligibility criteria listed above will remain enrolled in that Standard

[18] Behavioral Health I/DD Tailored Plan members will be locked-in to their plan following the 90-day period and will only be able to transfer mid-coverage year to Standard Plans for cause.

[19] Federally recognized tribal members are exempt from mandatory enrollment in managed care, and thus may change plans at any time.

[20] Beneficiaries excluded from LME-MCOs who meet Behavioral Health I/DD Tailored Plan criteria will have the opportunity to transition to Medicaid Fee for Service at any time prior to Behavioral Health I/DD Tailored Plan launch.

Plan with **the option of enrolling** in a Behavioral Health I/DD Tailored Plan (or Medicaid Fee for Service/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch).

Eligibility Criteria for Behavioral Health I/DD Tailored Plan Enrollment for New Medicaid Applicants
New Medicaid applicants who meet Behavioral Health I/DD Tailored Plan eligibility criteria based upon available data will be automatically enrolled in Behavioral Health I/DD Tailored Plans (or Medicaid Fee for Service/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch).

Ongoing Review of Enrollment in a Behavioral Health I/DD Tailored Plan

After Behavioral Health I/DD Tailored Plan launch, the Department will review the service utilization of Behavioral Health I/DD Tailored Plan beneficiaries, as well as Standard Plan beneficiaries who had been flagged in the past as eligible but chose to enroll in a Standard Plan, to determine whether they should continue to be enrolled, or eligible to enroll, in Behavioral Health I/DD Tailored Plans:

- Beneficiaries will continue to be eligible for a Behavioral Health I/DD Tailored Plan if they either have an I/DD diagnosis, have TBI needs or have used a Medicaid or state-funded behavioral health service other than outpatient therapy and medication management in the past 24 months; and
- Beneficiaries who do not meet one of the criteria above will be transferred to a Standard Plan at renewal and noticed accordingly.

V. Transitions Between Standard Plans and Behavioral Health I/DD Tailored Plans

Timeline for Transitioning from a Standard Plan to a Behavioral Health I/DD Tailored Plan

The Department recognizes the importance of ensuring that Standard Plan beneficiaries who meet the Behavioral Health I/DD Tailored Plan level of need or need a service only covered by Behavioral Health I/DD Tailored Plans (or only by Medicaid Fee for Service/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch) are transitioned as quickly and smoothly as possible.

The Department will establish standard and expedited review timelines for mid-coverage year plan transitions between Standard Plans and Behavioral Health I/DD Tailored Plans (Medicaid Fee for Service/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch):

- **Standard.** The Department plans to process auto-enrollments and review, and approve or deny optional transfer requests within five to seven calendar days of receipt of the beneficiary request to the enrollment broker.
- **Expedited.** The Department plans to process auto-enrollments and review and approve or deny an expedited transfer for urgent medical needs within 24 to 48 hours from the date the request is received from the beneficiary to the enrollment broker. Requests for urgent medical need will be defined as a case where continued enrollment in the Standard Plan could jeopardize the beneficiary's life; physical or mental health; or ability to attain, maintain or regain maximum function.

For all transfer requests, the enrollment broker will receive the transfer request from the beneficiary, but the Department will have final decision-making authority on whether the beneficiary is eligible to transfer.

The Department understands the importance of establishing safeguards for the transition process across plans and service delivery systems to avoid disruptions in care. Standard Plan care managers will serve as the beneficiary's primary point of contact and accountability during a transfer from a Standard Plan to a Behavioral

Health I/DD Tailored Plan (or Medicaid Fee for Service/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch) or Tribal Option to ensure a smooth transition for beneficiaries. Standard Plans, Behavioral Health I/DD Tailored Plans, LME-MCOs and applicable Medicaid Fee for Service programs will be required to comply with transitions of care requirements that will be documented in the Department's forthcoming Transitions of Care Policy.

The Department will closely monitor transition and disenrollment activities, to include designating staff to oversee transitions from Standard Plans to Medicaid Fee for Service/LME-MCOs, Behavioral Health I/DD Tailored Plans, or the Tribal Option. For all transfers, the Standard Plan and the Behavioral Health I/DD Tailored Plan (or the Department's primary care case management programs and the beneficiary's LME-MCO prior to Behavioral Health I/DD Tailored Plan launch) will be required to coordinate the beneficiary's transition.

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

As displayed in Table 1, both Standard Plans and Behavioral Health I/DD Tailored Plans will cover a comprehensive array of behavioral health services, including inpatient, outpatient, crisis and SUD treatment services. Behavioral Health I/DD Tailored Plans (and LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch) will cover additional services that are targeted toward individuals with significant behavioral health, TBI and I/DD needs consistent with legislation.[21]

Table 1. Behavioral Health, TBI and I/DD Services Covered by Standard Plans and Behavioral Health I/DD Tailored Plans[22,23]

Behavioral Health, I/DD and TBI Services	
Covered by Both SPs and Behavioral Health I/DD Tailored Plans	**Covered Exclusively by Behavioral Health I/DD Tailored Plans (or LME-MCOs Prior To Launch)**
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 • Peer supports[24]	**State Plan Behavioral Health and I/DD Services[27]** • 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

[21] S.L. 2015-245 as amended by S.L. 2018-48

[22] To cover the full continuum of American Society of Addiction Medicine (ASAM) levels of care, the Department will add the following services to its State Plan: social setting detoxification (covered by both Standard Plans and BH I/DD Tailored Plans); clinically managed, low-intensity residential treatment services (covered by only BH I/DD Tailored Plans); and clinically managed, population-specific high-intensity residential services (covered by only BH I/DD Tailored Plans).

[23] The services in Table 1 will continue to be available to beneficiaries, including federally recognized tribal members who are enrolled in Medicaid Fee for Service or the Tribal Option.

[24] The Department is planning to submit a State Plan Amendment to add this service to the Medicaid State Plan as of July 1, 2019.

[27] After Behavioral Health I/DD Tailored Plan launch, these State Plan services will continue to be provided Medicaid Fee for Service for populations excluded or delayed from managed care.

Behavioral Health, I/DD and TBI Services	
Covered by Both SPs and Behavioral Health I/DD Tailored Plans	**Covered Exclusively by Behavioral Health I/DD Tailored Plans (or LME-MCOs Prior To Launch)**
• Outpatient opioid treatment • Ambulatory detoxification • Substance abuse comprehensive outpatient treatment program (SACOT) • Substance abuse intensive outpatient program (SAIOP)[25] • Clinically managed residential withdrawal (social setting detoxification services) • Research-based intensive behavioral health treatment • Diagnostic assessment • Early and periodic screening, diagnostic and treatment (EPSDT) services[26] • Non-hospital medical detoxification • Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization	• Substance abuse medically monitored residential treatment • Clinically managed low-intensity residential treatment services • Clinically managed population-specific high-intensity residential programs • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) **Waiver Services** • Innovations Waiver services • TBI Waiver services • 1915(b)(3) services[28] **State-Funded Behavioral Health and I/DD Services[29]** **State-Funded TBI Services**

Next Steps

The Department is eager to continue to engage with stakeholders as it continues planning to operationalize the Behavioral Health I/DD Tailored Plans. The Department recognizes the importance of incorporating providers, Standard Plans, LME-MCOs, beneficiaries and advocacy groups into the planning process to ensure a smooth Behavioral Health I/DD Tailored Plan implementation process. The Department is committed to supporting beneficiaries throughout the managed care implementation process and ensuring that they are in the plans best suited to meet their needs.

[25] The Department is planning to seek legislative approval to include SAIOP in the Standard Plan benefit package.

[26] Standard Plans will be required to provide State Plan behavioral health or I/DD services subject to EPSDT that are typically offered only by Behavioral Health I/DD Tailored Plans to children under age 21 who require a service. EPSDT does not cover habilitative services, respite services, or other services approved by CMS that can help prevent institutionalization. Those services will only be available in the Behavioral Health I/DD Tailored Plans.

[28] When Behavioral Health I/DD Tailored Plans launch, North Carolina's 1915(b) waiver will terminate. At that point, authority for 1915(b)(3) benefits will transition to the 1115 waiver.

[29] A full list of State-funded behavioral health and I/DD benefits can be found on the DMH/DD/SAS website here.

Appendix

Appendix A. Medicaid Delivery Systems Prior to and After Behavioral Health I/DD Tailored Plan Launch for Populations Exempt, Delayed and Excluded from Managed Care[30]

Populations	Medicaid Delivery System Prior to and After Behavioral Health I/DD Tailored Plan Launch	
	Prior to Behavioral Health I/DD Tailored Plan Launch (Nov. 2019 through June 2021)	**After Behavioral Health I/DD Tailored Plan Launch (July 2021 through June 2023)**
Populations that will be Auto-Enrolled in Behavioral Health I/DD Tailored Plans at Launch		
Innovations and TBI waiver enrollees	Medicaid Fee for Service/LME-MCO	Behavioral Health I/DD Tailored Plan
Medicaid-only and NC Health Choice beneficiaries meeting eligibility criteria for Behavioral Health I/DD Tailored Plans, (see *Section III* for list of eligible populations)[31]	*Default:* Medicaid Fee for Service/LME-MCO or Medicaid Fee for Service *Option:* Standard Plan	*Default:* Behavioral Health I/DD Tailored Plan *Option:* Standard Plan
"Full" dual eligibles who are eligible for Behavioral Health I/DD Tailored Plans, including Innovations and TBI waiver enrollees[32]	Medicaid Fee for Service/LME-MCO	Medicaid Fee for Service and Behavioral Health I/DD Tailored Plan[33]
Populations Exempt from Managed Care that Can Opt into Managed Care		
Members of federally recognized tribes, including the Eastern Band of Cherokee Indians (EBCI) residing in the five-county region[34]	*Default:* Tribal Option[35] *Option:* Medicaid Fee for Service/LME-MCO or Standard Plan	*Default:* Tribal Option *Option:* Medicaid Fee for Service, Standard Plan or Behavioral Health I/DD Tailored Plan for those eligible
Members of federally recognized tribes, including the Eastern Band of Cherokee Indians (EBCI) who do not reside in the five-county region	*Default:* Medicaid Fee for Service/LME-MCO (as applicable) *Option:* Tribal Option or Standard Plan	*Default:* Medicaid Fee for Service *Option:* Tribal Option, Standard Plan or Behavioral Health I/DD Tailored Plan for those eligible

[30] Unless otherwise noted, the Medicaid delivery system listed represents default enrollment.

[31] HIPP and medically needy beneficiaries who are enrolled in the Innovations and TBI waivers will be enrolled in Behavioral Health I/DD Tailored Plans.

[32] "Full" dual eligibles refers to beneficiaries dually eligible for Medicare and Medicaid for whom Medicaid coverage is not limited to the coverage of Medicare premiums and cost sharing.

[33] Dual eligibles who are enrolled in a Behavioral Health I/DD Tailored Plan will obtain only behavioral health and I/DD services through their Behavioral Health I/DD Tailored Plan; they will receive all other Medicaid-covered services through Medicaid Fee for Service.

[34] The Department is working with the EBCI to develop a Tribal Option, which will be an Indian Managed Care Entity. Tribal members (including EBCI members) with full Medicaid benefits residing in the five-county region (Cherokee, Graham, Haywood, Jackson, and Swain Counties) will be auto-enrolled into the Tribal Option. The Department is working with the EBCI to extend eligibility for the Tribal Option to other individuals eligible for Indian Health Services residing in the five-county region.

[35] Tribal Option enrollees will go through the Tribal Option for most behavioral health services. Tribal Option enrollees will continue to access limited behavioral health and I/DD services through the LME-MCO until the launch of Behavioral Health I/DD Tailored Plans.

Populations	Medicaid Delivery System Prior to and After Behavioral Health I/DD Tailored Plan Launch	
	Prior to Behavioral Health I/DD Tailored Plan Launch (Nov. 2019 through June 2021)	After Behavioral Health I/DD Tailored Plan Launch (July 2021 through June 2023)
Populations Delayed from Managed Care[36]		
Medicaid only beneficiaries in foster care under age 21, children in adoptive placements and former foster youth who aged out of care up to age 26[37]	Medicaid Fee for Service/LME-MCO	Specialized Plan for Children in Foster Care, Standard Plan or Behavioral Health I/DD Tailored Plan for those eligible
"Full" dual eligibles excluding those eligible for Behavioral Health I/DD Tailored Plans[38]	Medicaid Fee for Service/LME-MCO	Medicaid Fee for Service
Medicaid only beneficiaries who reside in a nursing facility and have so resided, or are likely to reside, for a period of 90 days or longer	Medicaid Fee for Service/LME-MCO	Medicaid Fee for Service
Populations Excluded from Managed Care		
Beneficiaries that do not receive full Medicaid benefits, including: • "Partial" dual eligibles;[39] • Family planning program beneficiaries; • Qualified aliens subject to the five-year bar for means tested public assistance under 8 U.S.C. § 1613 who qualify for emergency services; • Undocumented aliens who qualify for emergency services under 8 U.S.C. § 1611; and • Beneficiaries who are inmates of prisons	Medicaid Fee for Service	Medicaid Fee for Service
NC HIPP beneficiaries except for those enrolled in the Innovations or TBI Waivers	Medicaid Fee for Service/LME-MCO	Medicaid Fee for Service
Presumptively eligible beneficiaries, during the period of presumptive eligibility	Medicaid Fee for Service	Medicaid Fee for Service
Program of All-Inclusive Care for the Elderly (PACE) beneficiaries	PACE	PACE
Medically needy beneficiaries (beneficiaries with a spend-down or deductible they must meet before benefits begin) except for those enrolled in the Innovations or TBI Waivers	Medicaid Fee for Service/LME-MCO	Medicaid Fee for Service
CAP/C Waiver beneficiaries	Medicaid Fee for Service/LME-MCO	Medicaid Fee for Service
CAP/DA Waiver beneficiaries	Medicaid Fee for Service/LME-MCO	Medicaid Fee for Service

[36] The Department anticipates enrolling populations (other than the foster care population) beginning in 2023 and will work to ensure that these populations are enrolled in the managed care product that is best suited to meet their needs.

[37] Children and youth in this population who are also eligible for the Tribal Option shall be defaulted to the Tribal Option at and following the launch of the Tribal Option.

[38] "Full" dual eligibles refers to beneficiaries dually eligible for Medicare and Medicaid for whom Medicaid coverage is not limited to the coverage of Medicare premiums and cost sharing.

[39] Partial dual eligibles refers to beneficiaries dually eligible for Medicare and Medicaid for whom North Carolina Medicaid coverage is limited to the coverage of Medicare premiums and cost sharing

Appendix B. Behavioral Health I/DD Tailored Plan Population Identification

Pursuant to Session Law 2015-245, as amended by Session Law 2018-48[40], populations meeting eligibility requirements for Behavioral Health I/DD Tailored Plans shall be exempt from Medicaid managed care under Standard Plans until such point that Behavioral Health I/DD Tailored Plans are available. Prior to implementation of Behavioral Health I/DD Tailored Plans, beneficiaries meeting Behavioral Health I/DD Tailored Plan eligibility criteria will continue to receive coverage through their current delivery system (Medicaid Fee for Service and LME-MCOs for most beneficiaries). Those who are not otherwise excluded from Standard Plans will have the option to enroll in a Standard Plan.

Per Session Law 2018-48, beneficiaries eligible for Behavioral Health I/DD Tailored Plans include: those with a SMI, SED, a severe SUD, and I/DD, or who have survived a TBI and who are receiving TBI services, who are on the waiting list for the TBI waiver, or whose TBI otherwise is a knowable fact. The Department identified specific data criteria, as outlined in this document, for populations described in Session Law 2018-48 that will be used to identify beneficiaries eligible for Behavioral Health I/DD Tailored Plans.

Along with meeting Behavioral Health I/DD Tailored Plan eligibility criteria, beneficiaries must also be eligible for Medicaid managed care through a Behavioral Health I/DD Tailored Plan. The following populations will be eligible to enroll and receive services through a Behavioral Health I/DD Tailored Plan if they also meet one of the eligibility criteria defined in this Appendix.

- Populations eligible for a Standard Plan, as outlined in RFP 30-190029-DHB Section V.B.1(d).[41]
- Beneficiaries enrolled in both Medicare and Medicaid (dual eligible) for whom Medicaid coverage is not limited to the coverage of Medicare premiums and cost sharing, excluding beneficiaries served through CAP/DA, will be eligible to receive **Behavioral Health, I/DD and TBI services, including Innovations and TBI waiver services, only** through a Behavioral Health I/DD Tailored Plan.
- Non-dual eligible beneficiaries enrolled in the foster care system, formerly enrolled in foster care system up to age 26, or receiving Title IV-E adoption assistance, will have a choice between a Specialized Foster Care Plan, if available, a Standard Plan, and a Behavioral Health I/DD Tailored Plan.

Behavioral Health I/DD Tailored Plan Criteria
This section outlines the criteria used prior to Standard Plan implementation to identify beneficiaries eligible for a Behavioral Health I/DD Tailored Plan. The Behavioral Health I/DD Tailored Plan criteria below will be used to determine Behavioral Health I/DD Tailored Plan eligibility based on application to the Medicaid Fee for Service claims, LME-MCO encounters, State eligibility system, and/or other sources. DHHS will evaluate data based on dates of service from January 2018 forward to determine the population meeting the Behavioral Health I/DD Tailored Plan criteria. Beneficiaries who are not identified based on one of the criteria below but need the services or level of care available only through the Behavioral Health I/DD Tailored Plans can request a review for Standard Plan exemption.

1. **Innovations Waiver** — Beneficiaries with a Special Coverage Code of "IN" or "CM." Although the "IN" Special Coverage Code is the predominant indicator of Innovations Waiver enrollment, since this exercise evaluates a historical study period, the data logic also leverages the historical "CM" Special Coverage Code to identify Innovations Waiver participants.

[40] https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H403v6.pdf
[41] https://files.nc.gov/ncdhhs/30-19029-DHB-1.pdf

2. **TBI Waiver** — Beneficiaries with a Special Coverage Code of "BH" or "BN." DHHS maintains a list of these beneficiaries as reported by Alliance.

3. **TCLI** — DHHS maintains a list of all beneficiaries targeted per the TCLI as reported by the LME-MCOs. Certain beneficiaries on the TCLI list have an applicant status indicating that they were "removed" from TCLI, and thus these beneficiaries will not be considered eligible for a Behavioral Health I/DD Tailored Plan per the TCLI criteria.

4. **Innovations Waiver Waitlist** — DHHS maintains a list of beneficiaries on the Innovations Waiver Waitlist as reported by the LME-MCOs.

5. **TBI Waiver Waitlist** — This is not currently applicable as there are no individuals on the TBI Waiver Waitlist.

6. **Utilization of Medicaid service only available in Behavioral Health I/DD Tailored Plan** — Utilization within the historical Medicaid Fee for Service claims and/or LME-MCO encounters of a service listed in Table 1.

7. **Utilization of Behavioral Health, I/DD or TBI Services Funded with State, Local, Federal or Other Non-Medicaid Funds** — Identification logic leveraged State-funded claims experience based on data available through NCTracks.

8. **Children with Complex Needs (CWCN)** — DHHS maintains a list of all beneficiaries identified as CWCN as reported by the LME-MCOs.

9. **I/DD Diagnosis** — Medicaid Fee for Service claim or LME-MCO encounter with a qualifying I/DD diagnosis code(s) (all diagnosis positions) as listed in Table 2.

10. **SMI/SED Diagnosis + Enhanced Behavioral Health Service** — Medicaid Fee for Service claim or LME-MCO encounter with a qualifying SMI/SED diagnosis code(s) (primary diagnosis position only) as listed in Table 3 (SED) or Table 4 (SMI) along with utilization within the Medicaid Fee for Service and LME-MCO encounter information of an enhanced behavioral health service as listed in Table 6. The SMI diagnosis list is applied to beneficiaries ages 18+ and the SED diagnosis list is applied to beneficiaries ages <18. The diagnosis and enhanced behavioral health utilization qualifying event do not need to occur on the same claim.

11. **SUD Diagnosis + Enhanced Behavioral Health Service** — Medicaid Fee for Service claim or LME-MCO encounter with a qualifying SUD diagnosis code(s) (primary diagnosis position only) as listed in Table 5 along with utilization within the Medicaid Fee for Service and LME/Encounter information of an enhanced behavioral health service as listed in Table 6. The diagnosis and enhanced behavioral health utilization qualifying event do not need to occur on the same claim.

12. **Two or More Psychiatric Hospitalizations or Readmissions within 18 months** — Identified in the Medicaid Fee for Service claims based on DRGs 876, 880-887, 894–897, and in the LME-MCO encounters based on Revenue Codes 101– 182,184–219.

13. **Admission to State Psychiatric Hospitals or Alcohol and Drug Abuse Treatment Centers (ADATCs)** — This includes, but is not limited to, individuals known to DHHS to have had one or more involuntary treatment episode in a State-owned facility.

14. **Two or More Visits to the Emergency Department for a Psychiatric Problem within 18 months** — Identified in the Medicaid Fee for Service claims based on Revenue Code 450 and a qualifying diagnosis

per Tables 3–5 (on the same claim), and in the LME-MCO encounters based on Revenue Code 450 alone.

15. **Two or More Episodes using Behavioral Health Crisis Services within 18 months** — Identified in both the Medicaid Fee for Service claims and LME-MCO encounters based on utilization of the procedure codes listed below.
    - 90839 and 90840 (psychotherapy for crisis)
    - H0010 (non-hospital medical detox)
    - H2011 (mobile crisis management)
    - H2036 (medically supervised detox crisis stabilization)
    - S9484 (facility-based crisis service)

Table 1: Services Only Available in Behavioral Health I/DD Tailored Plans[42]

Description	Code[43]	Applicable Dataset[44]
Medicaid State Plan Services		
Substance Abuse (SA) Non-Medical Community Residential Treatment	H0012	Medicaid Fee for Service Claims and/or LME-MCO Encounters
SA Medically Monitored Community Residential Treatment	H0013	
High Risk Intervention (HRI) Residential	H0019	
Assertive Community Treatment Team	H0040	
HRI Residential	H0046	
Child/Adolescent Day Treatment	H2012	
Community Support	H2015	
Psychosocial Rehabilitation	H2017	
HRI Residential	H2020	
Intensive In-Home Services	H2022	
Multi-Systemic Therapy	H2033	

[42] Standard Plans will be required to provide State Plan behavioral health or I/DD services subject to EPSDT that are typically offered only by Behavioral Health I/DD Tailored Plans to children under age 21 who require a service. EPSDT does not apply to habilitative services, respite services, or other services approved by CMS that can help prevent institutionalization. Those services will only be available in the Behavioral Health I/DD Tailored Plans.

[43] Unless otherwise noted, identification logic does not leverage the modifier field

[44] In some instances, the Behavioral Health I/DD Tailored Plan service criteria was only run against the LME/MCO encounters (and not the Medicaid Fee for Service claims) as certain services are only offered through the LME/MCOs and procedure code detail may double as another State Plan/1915(c) waiver service in the Medicaid Fee for Service claims.

Description	Code[45]	Applicable Dataset[46]
Medicaid State Plan Services		
HRI Residential	S5145	
ICF/IID	State Category of Service (SCOS)[47] 021 OR 0047	Medicaid Fee for Service Claims
	Revenue Code 100 OR 183	LME-MCO Encounters
PRTF	SCOS 0017 OR 0041	Medicaid Fee for Service Claims
	Revenue Code 911	LME-MCO Encounters
1915(b)(3) Services[48]		
Physician Consultation	99241 U4 99242 U4 99244 U4	LME-MCO Encounters
Transitional Living Skills (Cardinal Only)	H2022 U4	
Intensive Recovery Supports	T1012	
Personal Care/Individual Support	T1019	
Respite	H0045	
One Time Transitional Cost	H0043	
Supported Employment	H2023	
Innovations Waiver Services	See List Below	
Innovations Waiver Services		
Crisis Intervention & Stabilization Supports	H2011	LME-MCO Encounters
Community Networking	H2015	
Residential Supports (modifier differentiates Levels 1 and 4)	H2016	
Supported Employment	H2025	
Natural Supports Education	S5110	
Natural Supports Education — Conference	S5111	
Personal Care	S5125	
Respite Care	S5150	
Home Modifications	S5165	
Respite Care Nursing	T1005	
In-Home Intensive Supports	T1015	
Individual Goods and Services	T1999	
Community Living and Supports	T2013	

[45] Unless otherwise noted, identification logic does not leverage the modifier field

[46] In some instances, the Behavioral Health I/DD Tailored Plan service criteria was only run against the LME/MCO encounters (and not the Medicaid Fee for Service claims) as certain services are only offered through the LME/MCOs and procedure code detail may double as another State Plan/1915(c) waiver service in the Medicaid Fee for Service claims.

[47] The State-defined SCOS field is based on provider taxonomy.

[48] Note that DHHS plans to submit a State Plan Amendment to add Peer Supports (currently a 1915(b)(3) service) to the State Plan. Once approved, this service will be offered via the Standard and Behavioral Health I/DD Tailored Plans. As such, this service was not used to qualify beneficiaries as eligible for the Behavioral Health I/DD Tailored Plan. If changes are made to cover other (b)(3) services through the State Plan and under Standard Plans, they will similarly be removed from the Behavioral Health I/DD Tailored Plan eligibility criteria.

Description	Code[45]	Applicable Dataset[46]
Residential Support Level 2	T2014	
Residential Support Level 3	T2020	
Day Supports	T2021	
Specialized Consultative Services	T2025	
Day Supports — Developmental Day	T2027	
Assistive Technology — Equipment and Supplies	T2029	
Supported Living	T2033	
Crisis Services — Out of Home	T2034	
Community Transition Supports	T2038	
Vehicle Adaptations	T2039	
Community Navigator	T2041	
In-Lieu-Of Services (ILOS)[49]		
ILOS utilization was included in the eligibility criteria, with exceptions for the following ILOS that were <u>not</u> included in the Behavioral Health I/DD Tailored Plan eligibility criteria as DHHS has pre-approved these ILOS to be offered through the Standard Plan: • Behavioral Health Urgent Care • Outpatient Plus • Rapid Care Services • Behavioral Health Crisis Assessment and Intervention • Child First Outpatient		LME-MCO Encounters

Table 2: I/DD Diagnosis Code List

The following diagnosis code list was applied to both the Medicaid Fee for Service claims and LME-MCO encounters.

Code	Description	Code	Description
D82.1	Di George's syndrome	F73	Profound intellectual disabilities
E70.0	Classical phenylketonuria	F84.0	Autistic Disorder
E75.02	Tay-Sachs disease	F84.2	Rett's Syndrome
E75.19	Other Gangliosidosis	F84.3	Other childhood disintegrative disorder
E75.23	Krabbe disease	G31.81	Alpers disease
E75.25	Metachromatic Leukodystrophy	G31.82	Leigh's Disease
E75.29	Other Sphingolipidosis	Q05.4	Unspecified Spina Bifida With Hydrocephalus
E75.4	Neuronal ceroid lipofuscinosis	Q05.8	Sacral spina bifida without hydrocephalus
E76.01	Hurler's syndrome	Q07.02	Arnold-Chiari Syndrome with Hydrocephalus
E76.1	Mucopolysaccharidosis, type II	Q07.03	Arnold-Chiari Syndrome With Spina Bifida And Hydrocephalus
E76.22	Sanfilippo Mucopolysaccharidoses	Q85.1	Tuberous sclerosis
E76.29	Other Mucopolysaccharidoses	Q86.0	Fetal Alcohol Syndrome
E76.3	Mucopolysaccharidosis, unspecified	Q90.9	Down Syndrome, Unspecified

[49] Please refer to the various LME/MCO rate schedules for a list of ILOS and corresponding procedure codes as this varies by LME/MCO.

Code	Description	Code	Description
E77.1	Defects In Glycoprotein Degradation	Q91.3	Trisomy 18, unspecified
E78.71	Barth syndrome	Q91.7	Trisomy 13, unspecified
E78.72	Smith-Lemli-Opitz Syndrome	Q93.4	Deletion of short arm of chromosome 5
F70	Mild intellectual disabilities	Q98.4	Klinefelter syndrome, unspecified
F71	Moderate intellectual disabilities	Q99.2	Fragile X Chromosome
F72	Severe intellectual disabilities		

Table 3: SED Diagnosis Code List

The following diagnosis code list was applied to both the Medicaid Fee for Service claims and LME-MCO encounters.

Code	Description	Code	Description
F06.30	Mood disorder due to known physiological condition, unspecified	F32.3	Major depressive disorder, single episode, severe with psychotic features
F06.31	Mood disorder due to known physiological condition with depressive features	F32.4	Major depressive disorder, single episode, in partial remission
F06.32	Mood disorder due to physiological condition with major depressive-like episode	F32.5	Major depressive disorder, single episode, in full remission
F06.8	Other mental disorders due to known physiological condition	F32.8	Other depressive episodes
F09	Unspecified mental disorder due to known physiological condition	F32.9	Major depressive disorder, single episode, unspecified
F20.0	Paranoid schizophrenia	F33.0	Major depressive disorder, recurrent, mild
F20.1	Disorganized schizophrenia	F33.1	Major depressive disorder, recurrent, moderate
F20.2	Catatonic schizophrenia	F33.2	Major depressive disorder, recurrent severe without psychotic features
F20.3	Undifferentiated schizophrenia	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F20.5	Residual schizophrenia	F33.40	Major depressive disorder, recurrent, in remission, unspecified
F20.81	Schizophreniform disorder	F33.41	Major depressive disorder, recurrent, in partial remission
F20.89	Other schizophrenia	F33.42	Major depressive disorder, recurrent, in full remission
F20.9	Schizophrenia, unspecified	F33.8	Other recurrent depressive disorders
F22	Delusional disorders	F33.9	Major depressive disorder, recurrent, unspecified
F23	Brief psychotic disorder	F34.1	Dysthymic disorder
F24	Shared psychotic disorder	F34.8	Other persistent mood [affective] disorders
F25.0	Schizoaffective disorder, bipolar type	F34.9	Persistent mood [affective] disorder, unspecified
F25.1	Schizoaffective disorder, depressive type	F39	Unspecified mood [affective] disorder
F25.8	Other schizoaffective disorders	F40.00	Agoraphobia, unspecified
F25.9	Schizoaffective disorder, unspecified	F40.01	Agoraphobia with panic disorder

Code	Description	Code	Description
F28	Other psychotic disorder not due to a substance or known physiological condition	F40.02	Agoraphobia without panic disorder
F29	Unspecified psychosis not due to a substance or known physiological condition	F40.10	Social phobia, unspecified
F30.10	Manic episode without psychotic symptoms, unspecified	F40.11	Social phobia, generalized
F30.11	Manic episode without psychotic symptoms, mild	F40.8	Other phobic anxiety disorders
F30.12	Manic episode without psychotic symptoms, moderate	F41.0	Panic disorder without agoraphobia
F30.13	Manic episode, severe, without psychotic symptoms	F41.1	Generalized anxiety disorder
F30.2	Manic episode, severe with psychotic symptoms	F41.3	Other mixed anxiety disorders
F30.3	Manic episode in partial remission	F41.8	Other specified anxiety disorders
F30.4	Manic episode in full remission	F41.9	Anxiety disorder, unspecified
F30.8	Other manic episodes	F42	Obsessive-compulsive disorder
F30.9	Manic episode, unspecified	F43.10	Post-traumatic stress disorder, unspecified
F31.0	Bipolar disorder, current episode hypomanic	F43.12	Post-traumatic stress disorder, chronic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified	F44.89	Other dissociative and conversion disorders
F31.11	Bipolar disorder, current episode manic without psychotic features, mild	F50.00	Anorexia nervosa, unspecified
F31.12	Bipolar disorder, current episode manic without psychotic features, mod	F50.01	Anorexia nervosa, restricting type
F31.13	Bipolar disorder, current episode manic without psychotic features, severe	F50.02	Anorexia nervosa, binge eating/purging type
F31.2	Bipolar disorder, current episode manic severe with psychotic features	F50.2	Bulimia nervosa
F31.30	Bipolar disorder, current episode depressed, mild or mod severity, unspecified	F50.8	Other eating disorders
F31.31	Bipolar disorder, current episode depressed, mild	F50.82	Avoidant/restrictive food intake disorder
F31.32	Bipolar disorder, current episode depressed, moderate	F50.9	Eating disorder, unspecified
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	F63.1	Pyromania
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	F63.3	Trichotillomania
F31.60	Bipolar disorder, current episode mixed, unspecified	F63.81	Intermittent explosive disorder
F31.61	Bipolar disorder, current episode mixed, mild	F63.89	Other impulse disorders
F31.62	Bipolar disorder, current episode mixed, moderate	F84.0	Autistic disorder

Code	Description	Code	Description
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	F84.5	Asperger's syndrome
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified	F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic	F90.2	Attention-deficit hyperactivity disorder, combined type
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic	F90.8	Attention-deficit hyperactivity disorder, other type
F31.73	Bipolar disorder, in partial remission, most recent episode manic	F90.9	Attention-deficit hyperactivity disorder, unspecified type
F31.74	Bipolar disorder, in full remission, most recent episode manic	F91.0	Conduct disorder confined to family context
F31.75	Bipolar disorder, in partial remission, most recent episode depressed	F91.1	Conduct disorder, childhood-onset type
F31.76	Bipolar disorder, in full remission, most recent episode depressed	F91.2	Conduct disorder, adolescent-onset type
F31.77	Bipolar disorder, in partial remission, most recent episode mixed	F91.3	Oppositional defiant disorder
F31.78	Bipolar disorder, in full remission, most recent episode mixed	F91.8	Other conduct disorders
F31.81	Bipolar II disorder	F91.9	Conduct disorder, unspecified
F31.89	Other bipolar disorder	F94.1	Reactive attachment disorder of childhood
F31.9	Bipolar disorder, unspecified	F94.2	Disinhibited attachment disorder of childhood
F32.0	Major depressive disorder, single episode, mild	F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F32.1	Major depressive disorder, single episode, moderate	F99	Mental disorder, not otherwise specified
F32.2	Major depressive disorder, single episode, severe without psychotic features		

Table 4: SMI Diagnosis Code List

The following diagnosis code list was applied to both the Medicaid Fee for Service claims and LME-MCO encounters.

Code	Description	Code	Description
F20.0	Paranoid schizophrenia	F31.74	Bipolar disorder, in full remission, most recent episode manic
F20.1	Disorganized schizophrenia	F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F20.2	Catatonic schizophrenia	F31.76	Bipolar disorder, in full remission, most recent episode depressed
F20.3	Undifferentiated schizophrenia	F31.77	Bipolar disorder, in partial remission, most recent episode mixed

Code	Description	Code	Description
F20.5	Residual schizophrenia	F31.78	Bipolar disorder, in full remission, most recent episode mixed
F20.8	Other schizophrenia	F31.81	Bipolar II disorder
F20.81	Schizophreniform disorder	F31.89	Other bipolar disorder
F20.89	Other schizophrenia	F31.9	Bipolar disorder, unspecified
F20.9	Schizophrenia, unspecified	F32.0	Major depressive disorder, single episode, mild
F21	Schizotypal disorder	F32.1	Major depressive disorder, single episode, moderate
F22	Delusional Disorder Unspecified	F32.2	Major depressive disorder, single episode, severe without psychotic features
F25.0	Schizoaffective disorder, bipolar type	F32.3	Major depressive disorder, single episode, severe with psychotic features
F25.1	Schizoaffective disorder, depressive type	F32.4	Major depressive disorder, single episode, in partial remission
F25.8	Other schizoaffective disorders	F32.9	Major depressive disorder, single episode, unspecified
F25.9	Schizoaffective disorder, unspecified	F33.0	Major depressive disorder, recurrent, mild
F29	Unspecified psychosis not due to a substance or known physiological condition	F33.1	Major depressive disorder, recurrent, moderate
F30.13	Manic episode, severe, without psychotic symptoms	F33.2	Major depressive disorder, recurrent severe without psychotic features
F30.2	Manic episode, severe with psychotic symptoms	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F31.0	Bipolar disorder, current episode hypomanic	F33.41	Major depressive disorder, recurrent, in partial remission
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified	F33.9	Major depressive disorder, recurrent, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild	F40.00	Agoraphobia, unspecified
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate	F40.01	Agoraphobia with panic disorder
F31.13	Bipolar disorder, current episode manic without psychotic features, severe	F41.0	Panic disorder without agoraphobia
F31.2	Bipolar disorder, current episode manic severe with psychotic features	F41.1	Generalized anxiety disorder
F31.30	Bipolar disorder, current episode depressed, mild or mod severity, unspecified	F42	Obsessive-compulsive disorder
F31.31	Bipolar disorder, current episode depressed, mild	F42.3	Hoarding disorder
F31.32	Bipolar disorder, current episode depressed, moderate	F43.10	Post-traumatic stress disorder, unspecified
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	F43.11	Post-traumatic stress disorder, acute

Code	Description	Code	Description
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	F43.12	Post-traumatic stress disorder, chronic
F31.60	Bipolar disorder, current episode mixed, unspecified	F44.2	Dissociative stupor
F31.61	Bipolar disorder, current episode mixed, mild	F44.81	Dissociative identity disorder
F31.62	Bipolar disorder, current episode mixed, moderate	F44.9	Dissociative and conversion disorder, unspecified
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	F50.00	Anorexia nervosa, unspecified
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	F50.01	Anorexia nervosa, restricting type
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified	F50.02	Anorexia nervosa, binge eating/purging type
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic	F50.2	Bulimia nervosa
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic	F53	Puerperal psychosis
F31.73	Bipolar disorder, in partial remission, most recent episode manic	F60.3	Borderline Personality Disorder

Table 5: SUD Diagnosis Code List

The following diagnosis code list was applied to both the Medicaid Fee for Service claims and LME-MCO encounters.

Code	Description	Code	Description
F10.10	Alcohol abuse, uncomplicated	F14.220	Cocaine dependence with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium	F14.23	Cocaine dependence with withdrawal
F10.20	Alcohol dependence, uncomplicated	F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F10.22	Alcohol dependence with intoxication, uncomplicated	F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F10.221	Alcohol dependence with intoxication delirium	F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F10.23	Alcohol dependence with withdrawal, uncomplicated	F15.10	Other stimulant abuse, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium	F15.20	Other stimulant dependence, uncomplicated
F10.232	Alcohol dependence with withdrawal with perceptual disturbance	F15.220	Other stimulant dependence with intoxication, uncomplicated
F10.239	Alcohol dependence with withdrawal, unspecified	F15.23	Other stimulant dependence with withdrawal
F10.25	Alcohol dependence with alcohol-induced psychotic disorder with delusions	F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations

Code	Description	Code	Description
F10.29	Alcohol dependence with unspecified alcohol-induced disorder	F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F10.921	Alcohol use, unspecified with intoxication delirium	F15.929	Other stimulant use, unspecified with intoxication, unspecified
F11.10	Opioid abuse, uncomplicated	F15.93	Other stimulant use, unspecified with withdrawal
F11.120	Opioid abuse with intoxication, uncomplicated	F16.10	Hallucinogen abuse, uncomplicated
F11.129	Opioid abuse with intoxication, unspecified	F16.20	Hallucinogen dependence, uncomplicated
F11.20	Opioid dependence, uncomplicated	F16.220	Hallucinogen dependence with intoxication, uncomplicated
F11.22	Opioid dependence with intoxication, uncomplicated	F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F11.23	Opioid dependence with withdrawal	F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F11.25	Opioid dependence with opioid-induced psychotic disorder with delusions	F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations	F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified	F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder	F18.10	Inhalant abuse, uncomplicated
F11.90	Opioid use, unspecified, uncomplicated	F18.20	Inhalant dependence, uncomplicated
F11.93	Opioid use, unspecified with withdrawal	F18.220	Inhalant dependence with intoxication, uncomplicated
F12.10	Cannabis abuse, uncomplicated	F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F12.20	Cannabis dependence, uncomplicated	F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F12.220	Cannabis dependence with intoxication, uncomplicated	F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F12.250	Cannabis dependence with psychotic disorder with delusions	F19.10	Other psychoactive substance abuse, uncomplicated
F12.251	Cannabis dependence with psychotic disorder with hallucinations	F19.20	Other psychoactive substance dependence, uncomplicated
F12.288	Cannabis dependence with other cannabis-induced disorder	F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F12.29	Cannabis dependence with unspecified cannabis-induced disorder	F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F12.90	Cannabis use, unspecified, uncomplicated	F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated	F19.231	Other psychoactive substance dependence with withdrawal delirium

Code	Description	Code	Description
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated	F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated	F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated	F19.24	Other psychoactive substance dependence with mood disorder
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium	F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturb	F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified	F19.259	Other psychoactive substance dependence with psychotic disorder, unspecified
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions	F19.26	Other psychoactive substance dependence with persist amnestic disorder
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations	F19.280	Other psychoactive substance dependence with anxiety disorder
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder	F19.281	Other psychoactive substance dependence with sexual dysfunction
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder	F19.282	Other psychoactive substance dependence with sleep disorder
F14.10	Cocaine abuse, uncomplicated	F19.288	Other psychoactive substance dependence with other disorder
F14.20	Cocaine dependence, uncomplicated	F19.29	Other psychoactive substance dependence with unspecified disorder

Table 6: Enhanced Behavioral Health Services

The following service code list was applied to both the Medicaid Fee for Service claims and LME-MCO encounters.

Description	Code[50]
Non-Hospital Medical Detoxification	H0010
SA Non-Medical Community Residential Treatment	H0012
SA Medically Monitored Community Residential Treatment	H0013
Ambulatory Detoxification	H0014
SA Intensive Outpatient Program	H0015
HRI Residential	H0019
Opioid Treatment	H0020

[50] Behavioral Health I/DD Tailored Plan data logic did not rely on the modifier field.

Description	Code[50]
Partial Hospital	H0035
Assertive Community Treatment Team	H0040
HRI Residential	H0046
Mobile Crisis Management	H2011
Child/Adolescent Day Treatment	H2012
Community Support	H2015
Psychosocial Rehabilitation	H2017
HRI Residential	H2020
Intensive In-Home Services	H2022
Multi-Systemic Therapy	H2033
SA Comprehensive Outpatient Treatment Program	H2035
Medically Monitored or ADATC Detoxification/Crisis Stabilization	H2036
HRI Residential	S5145
Facility-Based Crisis	S9484

Eligibility and Enrollment Procedures after Standard Plan Implementation

Prior to the Standard Plan launch, beneficiaries identified based on the criteria listed above will be automatically identified for continued enrollment in the legacy system (prior to Behavioral Health I/DD Tailored Plan launch). However, after Standard Plan launch, beneficiaries meeting Behavioral Health I/DD Tailored Plan criteria will be categorized into different groups with eligibility and enrollment decisions depending on the group.

- **Auto-Enrollment Group** (criteria 1-8 above) — Beneficiaries meeting this criterion will be auto-enrolled into the legacy system (prior to Behavioral Health I/DD Tailored Plan launch) at the time they are identified eligible, but will retain the option to enroll in the Standard Plan (unless they want to remain in the Innovations or TBI waiver). Note that in addition to these eight criteria, DHHS is also developing a process where beneficiaries not otherwise identified as eligible for a Behavioral Health I/DD Tailored Plan can request a review for Standard Plan exemption. If Standard Plan exemption criterion is met the beneficiary will be auto-enrolled in the legacy system.

- **Notification of Option to Enroll in Legacy System Group** (criteria 9-13 above) — Beneficiaries meeting these criteria and enrolled in a Standard Plan will be notified of their Behavioral Health I/DD Tailored Plan eligibility and given the option to enroll in the legacy system (prior to Behavioral Health I/DD Tailored Plan launch).

- **Emergency Department/Crisis Group** (criteria 14-15 above) — After Standard Plan implementation, beneficiaries who may meet these criteria will not qualify as eligible for a Behavioral Health I/DD Tailored Plan based on these criteria alone. Beneficiaries meeting these criteria will also need to go through the review for Standard Plan exemption process to assess Behavioral Health I/DD Tailored Plan eligibility. Note that beneficiaries can also request a review for Standard Plan exemption without meeting the criteria above.