Tailored Plan Update

Department of Health and Human Services

Deputy Secretary for Behavioral Health & IDD
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Chief of Staff, NC Medicaid
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June 10, 2019
Session Objectives

• Review the newest information on the Medicaid Tailored Plan
• Discuss Department progress on Tailored Plan implementation details
• Review key recommendations outlined in new Medicaid Transformation Policy Papers
• Review plan eligibility, benefits, care management
• Discuss the work related to service rates and governance
Agenda

• Overview of Tailored Plans
• Timeline
• Implementation
• Eligibility and Enrollment
• Benefits
• Care Management
• Provider Enrollment, Credentialing and Contracting
• Behavioral Health Network Adequacy
• Providing Feedback
• Question and Answer
Tailored Plans – Legislative Requirements

• Will be implemented 1+ year after Standard Plans go-live\(^1\)
  
• Only LME-MCOs may operate BH I/DD Tailored Plans\(^2\)
  
  - Responsible for total cost of care
  
  - Must contract with licensed PHP that covers services required under a Standard Plan contract
    
    • DHHS will develop parameters to support integration and the beneficiary and provider having a single point of contact for questions, concerns, assistance
  
• After the first four-year period, non-profit prepaid health plans (PHPs) may also operate BH I/DD TPs

• Serves specific populations

• Certain services only available in Tailored Plans

• Licensure and Solvency requirements will be developed

• Require additional revisions to GS 122-C to support success and transition of LME-MCOs to Tailored Plans

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\(^1\) At the start of the first fiscal year that is one year after the implementation of the first contracts for Standard Benefit Plans.

\(^2\) For four years beginning one year after launch of SP and who meet the criteria established by DHHS.
# Key Differences: LME-MCOs vs. Tailored Plans

<table>
<thead>
<tr>
<th></th>
<th>CURRENT</th>
<th>FUTURE</th>
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</thead>
<tbody>
<tr>
<td><strong>Scope</strong></td>
<td>Behavioral Health, IDD, TBI</td>
<td>Behavioral Health, IDD, TBI Physical Health, Pharmacy</td>
</tr>
<tr>
<td><strong>Entity</strong></td>
<td>Pre-paid Inpatient Health Plan</td>
<td>Prepaid Health Plan</td>
</tr>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(b)(c)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1115&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Health Home</strong></td>
<td>Does not exist in LME-MCOs</td>
<td>New Tailored Plan Health Home care management model</td>
</tr>
<tr>
<td><strong>Designation</strong></td>
<td>LME-MCOs as designed in current legislation</td>
<td>Tailored Plans selected based on requirements in RFA</td>
</tr>
<tr>
<td><strong>Organization Type</strong></td>
<td>Local political subdivisions</td>
<td>To be determined</td>
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<sup>3</sup> Includes Innovations, TBI waiver; with managed care implementation the (c) waiver will operate under the 1115.
## Side by Side

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

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

<sup>5</sup>After initial four-year contract term, competitive RFP for Tailored Plans

<sup>6</sup>unless beneficiary makes an informed choice to go to SP
Local Management Entity - Managed Care Organizations (LME-MCOs)
DHHS currently has -- Seven- LME-MCOs operating under the 1915 b/c Waiver

- Reflects LME-MCOs as of 7/1/19.
- Includes the Alliance Health name change (January 2019) and realignment of Rutherford County to Partners Behavioral Health Management on 7/1/19.
Regions

• No more than 7 and no fewer than 5 Tailored Plan regions

• NC Association of County Commissioners provided recommendations for establishing Tailored Plan regions
  – Must consider certain factors including financial sustainability

• After Tailored Plan contracts begin, counties will not be able to change regions

• Final recommendations to Secretary Cohen to be released this week
DHHS releases BH I/DD Tailored Plan RFA

June 2019

Standard Plan Phase 1 - Open Enrollment Begins

July 2019

Standard Plan Phase 1 - Open Enrollment End

Sept. 2019

BH I/DD TP design (present-2/2020)

Oct. 2019

RFA Development

Nov. 2019

Standard Plan Go Live

Feb. 2020

BH I/DD TP implementation planning (2/2020-7/2021)

May 2020

DHHS awards BH I/DD TP contracts (tentative)

Feb. 2021

DHHS begins BH I/DD TP readiness review (Tentative)

July 2021

BH I/DD TPs launch (Tentative)
Tailored Plan Implementation

• Financing
  – Current model fiscally sound
  – Rate setting process with launch of Standard Plan Launch
  – Care Management PMPM

• Request for Application
  • Development in Oct 2019
  • Minimum standards
  • Detailed requirements for E&E, Contract with SPs, Uninsured/State Funded, Care Management, Financial Requirements
  • Release Feb. 2020 (Tentative)

• Tailored Plan Onboarding
• Implementation Plans
• Readiness Review
  – Consider Standard Plan readiness review components (desktop review, onsite review, Tailored Plan interviews)
Tailored Plan Eligibility

- Eligibility determined by SL 2018-48
- Enrollment estimates
  - ~ 30,000 who are dually eligible
  - ~ 85,000 who are Medicaid only
- How identified?
  - Claims review
  - Data Reconciliation with LME-MCOs
  - Self Identification (*process under development*)
- Policy decision- once individuals are in Tailored Plans, no one automatically moved out for 1st two years
- Assignments will occur before and after launch of Standard Plans
Notices Regarding Managed Care Transition

In late June, DHHS will send notices to individuals in Regions 2 and 4 regarding November 2019 managed care enrollment.

There will be different notices for beneficiaries who will be required to enroll in a Standard Plans v. those eligible for a BH I/DD Tailored Plan who will by default remain in Medicaid FFS/LME-MCOs.

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

- Enrollment Timeline
- Selecting a primary care provider and a health plan
- Steps to take if beneficiary believes they need Tailored Plan services
- Contact information for enrollment broker

**Notices for beneficiaries who are eligible for a BH I/DD Tailored Plan will include information about:**

- Beneficiary’s continued enrollment in FFS/LME-MCO
- Option to enroll in a Standard Plan with explanation that Standard Plans will offer a more limited set of benefits
- Contact information for enrollment broker
What if a person believes they should not be in a Standard Plan?

• Request to Stay in NC Medicaid Direct and LME-MCO

Who should use this form

People who have been asked to choose a health plan but want to stay in NC Medicaid Direct. Some services for people with a developmental disability, mental illness, traumatic brain injury, and/or substance use disorder are only available in NC Medicaid Direct and LME-MCOs and not in the new Health Plans.

A list of services is online at XXX

How to use this form

This form has two parts:

- Part 1 can be filled out by the person enrolled in NC Medicaid, or their legally responsible person, or care manager. Part 1 must be signed by the person enrolled in NC Medicaid, guardian, or legally responsible person.
- Part 2 is only needed if the person enrolled in NC Medicaid is providing the information requested in Part 1. Part 2 must be filled out by the provider or therapist.

Send this form to NC Medicaid by mail, fax, or email:

Mall
NC Medicaid
PO Box 613
Morrisville, NC 27560

Fax
1-833-870-5500

Email
EB receives
State (or vendor reviews)
Qualifying reasons
Appeal Rights
### Benefit Packages

Only BH I/DD TPs will cover a subset of high-intensity State Plan BH services; TBI, Innovations and 1915(b)(3) waiver services; and State-funded BH, I/DD, and TBI services.

<table>
<thead>
<tr>
<th>BH, TBI and I/DD Services Covered by Both SPs and BH I/DD Tailored Plans</th>
<th>BH, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)</th>
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<tbody>
<tr>
<td>Enhanced behavioral health services are italicized</td>
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#### State Plan BH 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 (move from (b)(3) to state plan)*
- Outpatient opioid treatment
- Ambulatory detoxification
- Substance abuse comprehensive outpatient treatment program (SACOT)
- Substance abuse intensive outpatient program (SAIOP)** pending legislative change
- Clinically managed residential withdrawal (aka social setting detox)*
- Research-based intensive behavioral health treatment
- Diagnostic assessment
- EPSDT
- Non-hospital medical detoxification
- Medically supervised or ADATC detoxification crisis stabilization

#### State Plan BH and I/DD Services
- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services
- Psychiatric residential treatment facilities
- Assertive community treatment
- Community support team
- Psychosocial rehabilitation
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- 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 (excluding peer supports if moved to state plan)

**State-Funded BH and I/DD Services**

**State-Funded TBI Services**

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*DHHS will submit a State Plan Amendment to add this service to the State Plan, ** Pending legislative approval
BH/IDD Tailored Plan Care Management

• Available to all members*
• Throughout duration of enrollment
• Delivered by plans, Certified CMA, Behavioral HealthTier 3 AMH +
• 4-year Glide Path to build workforce
• Minimum Qualifications for care managers
• Tiered Payments
• Quality Measures
• Technology Requirements

*limited exceptions i.e. person does not want care management, individual in ICF
### Overview of Tailored Care Management Approach

**DHHS Establishes care management standards for BH I/DD Tailored Plans aligning with federal Health Home requirements**

- The BH I/DD Tailored Plan will act as the Health Home and will be responsible for meeting federal Health Home requirements.

#### Care Management Approaches

BH I/DD Tailored Plan beneficiaries will have the opportunity to choose among the care management approaches; all must meet the Department’s standards and be provided in the community to the maximum extent possible.

<table>
<thead>
<tr>
<th>Approach 1: “Tier 3 AMH+” Primary Care Practice</th>
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<tr>
<td>Practices must be certified by the Department to provide Tailored Care Management.</td>
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<tr>
<th>Approach 2: Certified Care Management Agency (CMA)</th>
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<tbody>
<tr>
<td>Organizations eligible for certification by the Department as CMAs include those that provide BH or I/DD services.</td>
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<table>
<thead>
<tr>
<th>Approach 3: BH I/DD Tailored Plan-Employed Care Manager</th>
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The Department anticipates allowing—but not requiring—CMAs and AMH+ practices to work with a **CIN or other partner** to assist with the requirements of the Tailored Care Management model, within the Department’s guidelines.
Provider Enrollment, Credentialing & Contracting

- Providers must be enrolled with Medicaid or NC Health Choice to be paid for services to beneficiary*
- Credentialing is a crucial part of federally regulated screening and enrollment process
- Centralized credentialing approach will be used to maximize efficiency among plans

- Behavioral health providers will need to contract with both SPs and LME-MCOs until launch of BH I/DD Tailored Plans to be in-network with both plans.
- Enrollment process similar to today
- Centralized credentialing and recredentialing policies uniformly applied
- Nationally recognized, third-party credentials verification organization (CVO)
- Providers will bill the appropriate payor for services.

*Source: 2016 Medicaid Managed Care Final Rule; 21st Century Cures Act
Behavioral Health Network Requirements

- Tailored Plans will have closed networks for BH/IDD and TBI services, other network adequacy standards have not been developed
- Network adequacy standards for Standard Plan developed to ensure beneficiaries’ have access to behavioral health services. Standard Plans will maintain an open network for all services, including behavioral health services.

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

* SP Network Adequacy standards, full requirements can be found at [https://files.nc.gov/ncdhhs/30-19029-DHB-2.pdf](https://files.nc.gov/ncdhhs/30-19029-DHB-2.pdf)
Important Links

• Care Management Paper

• County Fact sheets

• Provider Trainings
  – https://medicaid.ncdhhs.gov/provider-transition-managed-care
Providing Feedback

- **Meetings**
  - Medical Care Advisory Committee - Behavioral Health and Intellectual and Developmental Disability Subcommittee June 13th

- **Policy Papers**
  - Care Management Feedback June 28th
  - Data Strategy released pending June 2019

**Additional Ways to Participate**

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Regular updates to website: [https://www.ncdhhs.gov/assistance/medicaid-transformation](https://www.ncdhhs.gov/assistance/medicaid-transformation)

Comments? Questions? Let’s hear from you!

Comments, questions, and feedback are all very welcome at Medicaid.Transformation@dhhs.nc.gov
Questions & Answers

NC MEDICAID TRANSFORMATION WEBSITE
www.ncdhhs.gov/medicaid-transformation