Meeting Behavioral Health Needs of North Carolinians

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Agenda

- Big Picture
- Medicaid Managed Care Status Update & Overview
- Overview of BH I/DD Tailored Plans
- Communications & Frequently Asked Questions
- Appendix
Big Picture
June 27: NC House and Senate agreed to a Budget (H966) & presented it to the Governor
  - NC House vote: 64-49
  - NC Senate vote: 33-15

June 28: Governor Cooper vetoed H966

July 1: State Government began operating on a continuing resolution

Requirement to override a veto: 3/5ths of members present and voting
  - NC House: 72 (if all present)
  - NC Senate 30 (if all present)

September 11: NC House voted to override the veto by a vote of 55-11

Veto override placed on the NC Senate calendar but never successfully acted upon (so far)

NC Senate leader Sen. Berger indicated Senate will leave by October 31, NC House followed suit. Both will return to focus on elections-related issues in November.
Big Picture – The Budget

Medicaid Expansion

- **500,000** New projected enrollees due to expansion, including a disproportionate number of rural North Carolinians
- **90%** Share of costs paid by the federal government – no new state appropriation needed to fund the state share
- **43,000+** Jobs created in the first five years of expansion

*Put downward pressure on premiums*
*Improve health in NC, reduce rural health disparities*
*Shore up rural hospitals*
*Combat the opioid epidemic*
Medicaid Managed Care
Status Update & Overview
Medicaid Transformation Vision

“
To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care which addresses both medical and non-medical drivers of health.
”
Overview of Medicaid Managed Care

The goal of managed care is to improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care.

- NC Medicaid providers will contract with and be reimbursed by prepaid health plans (PHPs) rather than the State directly.

  Three types of products:
  - **Standard Plans** for most Medicaid and NC Health Choice beneficiaries; scheduled to launch in February 2020.
  - **BH I/DD Tailored Plans** for qualifying high-need populations with a serious mental illness, serious emotional disturbance, substance use disorder, I/DD, or traumatic brain injury; tentatively scheduled to launch in July 2021.
  - **Statewide Foster Care Plan** for children in foster care; tentatively scheduled to launch shortly after the launch of BH I/DD Tailored Plans (*more information is forthcoming*).

- All three types of products will offer a robust set of physical health, behavioral health, and pharmacy benefits.
  - Certain more intensive behavioral health benefits will only be available through BH I/DD Tailored Plans.

- Continued focus on high-quality, local care management in all three types of products.

*Note:* Certain populations will continue to receive fee-for-service (FFS) coverage, also known as NC Medicaid Direct, on an ongoing basis. In addition, certain benefits, such as those provided by Children’s Developmental Services Agencies (CDSAs), will be carved out of managed care.
Managed Care Implementation

Managed Care Implementation:

- **2019**: Standard Plan (February 2020)
- **2020**: BH I/DD Tailored Plan (July 2021)
- **2021**: Statewide Foster Care Plan (TBD)

Medicaid Managed Care Health Plans:

- **NC Medicaid Direct**

Some people will not be eligible to enroll in a health plan; they will stay in NC Medicaid Direct.

Every person who is eligible to get Medicaid will still get Medicaid.
Impact of Managed Care on Beneficiaries

What’s New
• Beneficiaries eligible for Standard Plans will be able to choose their own health care plan*
• Most, but not all, people will be in Medicaid Managed Care
• An Enrollment Broker will assist with choice

What’s Staying the Same
• Eligibility rules will stay the same
• The same health services/treatments/supplies will be covered
• The beneficiary Medicaid co-pays, if any, will stay the same
• Beneficiaries still report changes to local DSS

*Beneficiaries eligible for TPs will be assigned to the TP in their region and have the option to switch to an SP
Managed Care Member Enrollments

MEMBER ENROLLMENTS

- THROUGH 10/6: 66,153
- THROUGH 10/13: 70,408
- THROUGH 10/20: 75,887
- THROUGH 10/28: 88,764
Deep Dive: BH I/DD Tailored Plan Implementation

DHHS is planning for BH I/DD Tailored Plan implementation, set to launch in July 2021

BH I/DD Tailored Plan Milestones
(tentative dates)

- **February 2020**: BH I/DD Tailored Plan RFA Released
- **May 2020**: Contracts Awarded
- **February 2021**: Readiness Reviews Begin
- **July 2021**: BH I/DD Tailored Plans Launch

**CURRENT ROLE**: LME-MCOs play a central role in the State’s BH I/DD system:
- Provide Medicaid behavioral health and I/DD managed care services
- Implement other public behavioral health and I/DD functions

**FUTURE ROLE**: LME-MCOs can become BH I/DD Tailored Plans:
- Manage physical *and* behavioral health services for Medicaid members
- Retain some of their local public health responsibilities
Overview of BH I/DD Tailored Plans
What is a BH I/DD Tailored Plan?

Key Features of BH I/DD Tailored Plans:

- BH I/DD Tailored Plans are designed for those with **significant behavioral health (BH) needs**—including both serious mental illness and severe substance use disorders—and **intellectual/developmental disabilities (I/DDs)**

- BH I/DD Tailored Plans will also serve other special populations, including **Innovations and Traumatic Brain Injury (TBI) waiver enrollees** and waitlist members

- BH I/DD Tailored Plan contracts will be **regional** (5-7 regions), not statewide

- **LME-MCOs are the only entities** that may hold a BH I/DD Tailored Plan contract during the first four years; after the first four years, any non-profit PHP may also bid for and operate a BH I/DD Tailored Plan

- LME-MCOs operating BH I/DD Tailored Plans **must contract with an entity that holds a PHP license** and that covers the same services that must be covered under a standard benefit plan contract

- BH I/DD Tailored Plans will manage **State-funded** behavioral health, I/DD, and TBI services for the uninsured and underinsured
Who is Eligible for a BH I/DD Tailored Plan?

Not everyone is eligible to enroll in a BH I/DD Tailored Plan. State law outlines who is eligible to enroll in a BH I/DD Tailored Plan.

People who need certain services to address needs for an intellectual/developmental disability (I/DD), traumatic brain injury, mental illness, or substance use disorder may be eligible to enroll in a BH I/DD Tailored Plan.

Please see appendix for managed care enrollment eligibility criteria
BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will offer a more robust behavioral health, I/DD, and TBI benefit package than Standard Plans.

BH I/DD Tailored Plan Benefits Include:

- Physical health services
- Pharmacy services
- State plan long-term services and supports (LTSS), such as personal care, private duty nursing, or home health services
- Full range of behavioral health services ranging from outpatient therapy to residential and inpatient treatment
- New SUD residential treatment and withdrawal services
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)*
- Current 1915(b)(3) waiver services*
- Innovations waiver services for waiver enrollees*
- TBI waiver services for waiver enrollees*
- State-funded behavioral health, I/DD, and TBI services for the uninsured and underinsured*

Applied behavior analysis (ABA) — services to assess and prevent or minimize adverse effects of Autism Spectrum Disorder (ASD) — are covered by Medicaid.

Supported employment will be included in the BH I/DD Tailored Plan benefit package and will be covered as a Medicaid and state-funded service.

Note: Dual eligible enrollees will receive behavioral health, I/DD, and TBI services through a BH I/DD Tailored Plan and other Medicaid services through NC Medicaid Direct.

*Services will only be offered through BH I/DD Tailored Plans; in addition, certain high-intensity behavioral health services, including some of the new SUD services, will only be offered through BH I/DD Tailored Plans.

Please see appendix for more information on BH I/DD Tailored Plan benefits.
BH I/DD Tailored Plan Network Adequacy

DHHS is developing network adequacy standards for all services that will be covered by BH I/DD Tailored Plans, with a particular focus on those that will only be covered by BH I/DD Tailored Plans. For services covered across both Standards Plans and BH I/DD Tailored Plans, network adequacy standards will largely be consistent.

**Division of State Operated Healthcare Facilities (DSOHF)**

BH I/DD Tailored Plans will be required to contract with all DSOHF facilities, including:

- ✓ Alcohol and Drug Abuse Treatment Centers (ADATCs)
- ✓ Developmental Centers
- ✓ Psychiatric Hospitals
- ✓ Residential Programs for Children

*Individuals residing in Neuro-Medical Treatment Centers are excluded from managed care*

**Rural Network Adequacy Standards**

- DHHS has established different network adequacy standards for urban and rural areas.
- In general, the Standard Plan time and distance standards require members in rural areas to be able to access services within 40 minutes or 40 miles.
- Standard Plan time and distance standards will be augmented where appropriate for BH I/DD Tailored Plan members.

*Standard Plans are required to contract with ADATCs and psychiatric hospitals, but not other types of DSOHF facilities.*
The care management model in BH I/DD Tailored Plans will be known as “Tailored Care Management.”

**Overarching Principles**
- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources

**Roles and Responsibilities of Care Managers**
- Completion of care management assessments/care plans
- Coordination of services, including those addressing unmet health-related resource needs
- Management of beneficiary needs during transitions of care
- High-risk care management
- Chronic care management
- Management of rare diseases and high-cost procedures
- Management of high-risk social environments

**Care Management Will Be Delivered By:**
- Advanced Medical Home Plus (AMH+)
- Primary Care Practices
- Care Management Agencies (CMAs)
- BH I/DD Tailored Plan-Employed Care Managers
State-Funded Services and Federal Block Grant

DHHS will transfer responsibility for managing State-funded and federal block grant non-Medicaid services from LME-MCOs to the regional BH I/DD Tailored Plans.

BH I/DD Tailored Plan Functions Include:

- Overseeing the provider network authorizing services
- Paying providers
- Submitting “shadow claims” for state-funded services through NCTracks
- Monitoring provider performance
- Authorizing medically necessary services
- Care coordination
- Managing local health functions (e.g., crisis systems, disaster response, community relationship and prevention efforts)
- Member services

Local Health Functions

- Work is underway to develop an approach for the future provision of “local health functions,” which generally focus on health promotion and prevention to improve the health of the population
- Continued collaboration and coordination across DHHS divisions will be critical to ensuring the smooth transition of these functions at managed care launch
Additional Details & Frequently Asked Questions from Consumers & Families
NEW: Research Based – Behavioral Health Treatment

- August 2016: Autism Spectrum Disorder (ASD) Statewide Stakeholder
- Envisioned the Research Based – Behavioral Health Treatment (RB-BHT) service definition allows applied behavior analysis (ABA) to be covered under the Medicaid state plan.

New Service for Individuals with ASD

Services to assess and prevent or minimize the adverse effects of ASD and promote, to the extent practical, the functioning of a beneficiary

- Adapting environments to promote positive behaviors and learning while reducing negative behaviors;
- Applying treatment procedures to change behaviors and promote learning;
- Teaching techniques to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills;
- Using typically developing peers to teach and interact with children with ASD;
- Applying technological tools to change behaviors and teach skills;
- Training of parents, guardians, and caregivers on interventions
- Services to assess and prevent or minimize the adverse effects of ASD and promote, to the extent practical, the functioning of a beneficiary
FAQs from Consumers and Families

Will I (or my loved one) be able to keep my doctor?

- Both Standard Plans and BH I/DD Tailored Plans will have open networks for physical health providers and specialists. Any willing provider who wants to participate in a plan can enroll to do so.
- BH I/DD Tailored Plans will have a closed network for behavioral health and I/DD providers. This is similar to the process used today by LME-MCOs.
- You will be able to pick a primary care provider (PCP) that is enrolled in your plan.

Why is my doctor not listed as a part of any plan?

- Standard Plans are continuing to enroll providers. Talk to your provider to learn what plans she/he will enroll with, or reach out to the Enrollment Broker for support and choice counseling.
- BH I/DD Tailored Plans will also contract with providers closer to the launch of BH I/DD Tailored Plans tentatively scheduled for July 2021.

Will Medicaid transformation decrease the Innovations waitlist?

- Innovations waiver slots are still determined by legislative action from the General Assembly.

Where can I get help if I have questions or am unsure about what to do next?

- The Enrollment Broker can help you navigate the changes in your Medicaid health care.
- Help is free and beneficiaries can call toll-free at 1-833-870-5500.

What if I am supposed to enroll in a Standard Plan, but think I am eligible for a BH I/DD Tailored Plan?

- If you think you are eligible for the BH I/DD Tailored Plan and/or need a service only offered by a BH I/DD Tailored Plan, you or your provider can ask for an eligibility review.
- More information available on the next slide.
Requesting a BH I/DD Tailored Plan Eligibility Review

There are two ways beneficiaries can request to stay in NC Medicaid Direct and LME-MCOs (and be considered for a BH I/DD Tailored Plan in 2021).

1. **Beneficiary Form**

   ![Beneficiary Form Image]

   **Request to Stay in NC Medicaid Direct (Fee-for Service Medicaid) and LME-MCO: Beneficiary Form**

   1. **Contact Information** for person enrolled in NC Medicaid
      - Name (First, Middle, Last)
      - Date of Birth (Month/Day/Year)
      - NC Medicaid ID Number
      - Phone number

   2. **Check all the boxes below that apply to you:**
      - Intellectual/developmental disability (IDD)
      - Mental Illness
      - Traumatic Brain Injury
      - Substance Use Disorder

   If you checked off a need above, tell us more about the support you need because of your disability condition.

2. **Provider Form**

   ![Provider Form Image]

   **Request to Stay in NC Medicaid Direct (Fee-for Service Medicaid) and LME-MCO: Provider Form**

   1. **Beneficiary Demographic Information**
      - Name (Last, First, M.I.)
      - Date of Birth
      - NC Medicaid ID Number
      - Guardian/Legally Responsible Person
      - Guardian/Legally Responsible Person Phone Number

   2. **Provider Submitting this Form**
      - Provider Name (Last, First, M.I.)
      - Telephone Number
      - Provider Agency (if applicable)
      - NPI/Provider Identifier
      - Provider Email

To get these forms:

1. Call 1-833-870-5500
2. Go to [www.ncmedicaidplans.gov/learn/get-answers](http://www.ncmedicaidplans.gov/learn/get-answers)
Ways to Inform DHHS of Issues

We want to hear from you. What is working? What is not?

Start here:
- Providers: NCTracks: 800-688-6696
- Beneficiaries: Medicaid Contact Center: 833-870-5500
- Counties: NC FAST: 919-813-5400

Staff can escalate issues to internal SWAT team focused on problem identification and resolution

When needed, issues can be escalated to our SWAT team by calling (919) 527-7460 or emailing MedicaidSWAT@dhhs.nc.gov
Appendix
# Medicaid Managed Care Eligibility

Most Medicaid beneficiaries will enroll in Medicaid managed care—either in a Standard Plan or a BH I/DD Tailored Plan. There will be beneficiaries with behavioral health needs in both Standard Plans and BH I/DD Tailored Plans.

<table>
<thead>
<tr>
<th>Status of Medicaid Managed Care Enrollment*</th>
<th>Populations</th>
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</thead>
<tbody>
<tr>
<td><strong>Included</strong></td>
<td></td>
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<tr>
<td>• Medicaid and NC Health Choice-enrolled children</td>
<td></td>
</tr>
<tr>
<td>• Parents and caretaker adults</td>
<td></td>
</tr>
<tr>
<td>• <strong>People with disabilities who are not dually eligible for Medicaid and Medicare</strong></td>
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</tr>
</tbody>
</table>

| **Exempt**                               |             |
| • Members of federally recognized tribes |

| **Excluded**                              |             |
| • Medically needy beneficiaries (have a spend-down or deductible they must meet before benefits begin)* |
| • Health Insurance Premium Payment program** |
| • CAP/C waiver enrollees                   |
| • CAP/DA waiver enrollees                  |
| • Beneficiaries with limited Medicaid benefits—family planning, partial duals, qualified aliens subject to the five-year bar, undocumented aliens, refugees, and inmates |
| • PACE population                         |

| **Delayed**                               |             |
| **Until July 2021**                       |             |
| • BH I/DD Tailored Plan-eligible beneficiaries |
|   • **Medicaid-only beneficiaries not enrolled in the Innovations/traumatic brain injury (TBI) waivers can opt into a Standard Plan. Dual eligibles will obtain only behavioral health and I/DD services through their BH I/DD Tailored Plan; they will receive all other Medicaid-covered services through NC Medicaid Direct until 2023** |
|   • Beneficiaries in foster care under age 21, children in adoptive placement, and former foster youth up to age 26 who aged out of care |

| **Until 2023**                             |             |
| • Long-stay nursing home population        |
| • **Dual eligibles who are not BH I/DD Tailored Plan eligible** |

*Managed care enrollment does not impact Medicaid eligibility. DSS will continue to be responsible for Medicaid eligibility determinations.

*Per legislation; **Beneficiaries enrolled in the Innovations or TBI waivers are not excluded from Medicaid managed care, and will default into BH I/DD Tailored Plans upon their launch.

To ensure a smooth transition to managed care, DHHS has strategically considered the timing of the managed care transition for all populations.
Behavioral Health, I/DD, and TBI Benefits

- Some services are available in both plans
- Other services available only in BH I/DD Tailored Plans

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

- DHHS plans to add the following services to the State Plan:
  - Peer supports and clinically managed residential withdrawal (to be offered by both Standard Plans and BH I/DD Tailored Plans) and
  - Clinically managed low-intensity residential treatment services and clinically managed population-specific high-intensity residential programs (to be offered by BH I/DD Tailored Plans only)

State-Funded Behavioral Health and I/DD Services
State-Funded TBI Services