



MCAC BH/IDD Subcommittee Medicaid Managed Care Update

NC Medicaid

September 13, 2019

Request to Transition Form/Process Update

- Number of BH Eligibility Verifications made to date: 231
- Number of Request for TP forms submitted to date:
 - 473 unique individual requests
 - 18 requested 2-4 times
- Number of Exempt (individuals who may enroll but meet TP criteria) that have chosen SP: 489
- Follow up done as a result:
 - Weekly reporting on numbers
 - Review of call logs for QA
 - Additional training for EB Specialists
 - Follow up calls/letters by EB

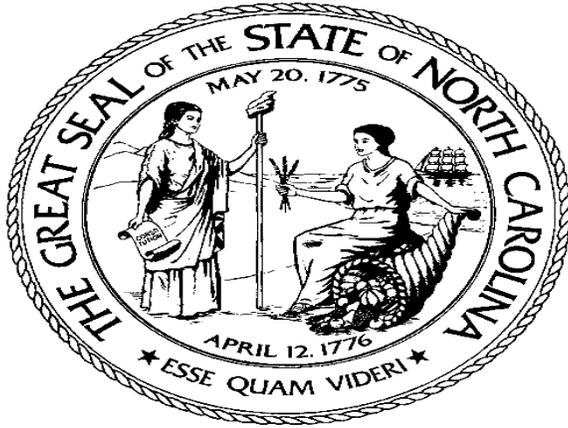
Request to Transition Form/Process Update

- Service requests
 - receipt of request to approval 24 hours
 - enrollment completed in 1 business day
- Non-service requests
 - 5-8 business days from receipt of request to eligibility services (5 for provider form and 8 for beneficiary form)
 - Enrollment first day of the following month
- SAIOP and SACOT will be treated like service request in that they are auto approved.

Request to Transition Form/Process Update

- Next Steps

- Beacon contract amendment in process, timeframes TBD based on movement of MCL
- Meeting with MCOs to discuss process and inform training
- Training to be developed for providers/beneficiaries/ other stakeholders



Care Management Update

MCAC- BH Subcommittee

September 13, 2019

Kelsi A. Knick, MSW LCSW

AGENDA

1

Discuss stakeholder comments

- **Case conferences**
- **Care manager/supervisor qualifications**
- **Training requirements**
- **Switching Care Management Approaches**

2

Becoming an AMH + or Certified Care Management Agency

Current Case Conference Policy

Current Policy

○ White paper: Care managers will be required to conduct regular case conferences with the full care team, spanning physical and behavioral health, I/DD and TBI supports, and pharmacy, where applicable. The Department will require all organizations performing care management to have information technology and policies and procedures in place to support such regular communication and information sharing.

○ RFA will contain additional guidance on members of the care team:

Multidisciplinary care team shall consist of the following , as applicable depending on Member needs:

- Member
- Care manager
- Supervising care manager
- Caretaker(s)/legal guardians
- AMH/PCP
- Behavioral health provider(s)
- I/DD and/or TBI providers, as applicable
- Other specialists
- Nutritionists
- Pharmacists and Pharmacy Techs
- The Member's obstetrician/gynecologist (for pregnant women)
- Peer supports (required for Members with behavioral health needs, optional otherwise)
- Other providers, as determined by the care manager and Member

Feedback on Case Conference Policy

Stakeholder Feedback

- Stakeholders seek guidance on
 - Required participants
 - Frequency of case conferences
 - Beneficiary/family member participation
- Some stakeholders are concerned with the feasibility of bringing the full care team together and suggested financial incentives to help ensure participation.

Care Manager/Supervisor Qualifications

Current Care Manager/Supervisor Qualifications Policy

Current Policy

| Position | Minimum Qualifications |
|--|--|
| <p>Care managers serving all beneficiaries</p> | <p>Bachelor’s degree in a field related to health, psychology, sociology, social work, nursing or another relevant human services area</p> <p>Two years of experience working directly with individuals with behavioral health conditions (if serving beneficiaries with behavioral health needs) or with I/DD or TBI (if serving beneficiaries with I/DD or TBI needs)</p> <p>(Best practice, but not required) For care managers serving beneficiaries using LTSS: two years of prior LTSS and/or HCBS coordination; care delivery monitoring and care management experience; and background in social work, geriatrics, gerontology, pediatrics or human services</p> |
| <p>Supervising care managers serving beneficiaries with behavioral health disorders</p> | <p>A licensed master’s-level clinical qualification, such as a Licensed Clinical Social Worker (LCSW), a Licensed Professional Counselor (LPC) or a licensed nurse with a Bachelor of Science in Nursing (BSN)</p> <p>Three years of supervisory experience working directly with complex individuals with a behavioral health condition</p> |
| <p>Supervising care managers serving beneficiaries with I/DD or TBI</p> | <p>Bachelor’s degree in a human services field</p> <p>Five years of applicable I/DD experience as a care coordinator or care/case manager, or an equivalent combination of education and experience</p> |

Feedback on Care Manager/Supervisor Qualifications

Some stakeholders are unsure whether the minimum qualifications listed are sufficient, with some suggesting additional years of experience and national care manager certification. There are also concerns that the qualifications may be too narrow.

Stakeholder Feedback

- North Carolina Community Health Center Association: “Minimum qualifications are good but someone with a bachelor’s and two years of experience may not have the knowledge these requirements outline.”
- Alliance: “Please confirm that list of master’s-level clinical qualifications is not intended to be an exhaustive list.”
- MCAC: “For supervising care managers with BH disorders, LCAS, LPAs, and LMFTs were not included in this list. Was this an oversight?”
- North Carolina Psychiatric Association: Minimum qualifications for care managers seem low; supervisors should be licensed professionals, including RNs; concerned whether the equivalent of a QP with 2 years of MH experience will be able to manage complex mental/physical health needs
- Children with Special Healthcare Needs Commission: “Supervising care managers serving beneficiaries with I/DD or TBI – We recommend a master’s level with three years of supervisory experience working with individuals with I/DD.”
- MCAC: “...must include certified care managers ...Most states with this model approach regard the certified care manager the gate keeper of the model; each agency should have at least 1 CMC per every 40 patients. ” Commenter, directed the Department to consider the National Academy of Certified Care Managers.
- I2I Center: “Will be difficult to find care manager trained in all areas of health; recommend language changed to "a care manager that understands how to access all areas of health"

Training Requirements

Current Policy

- The Department will set the required training domains for care managers and care manager supervisors, while BH I/DD Tailored Plans will be responsible for developing and implementing training curricula that meet the Department's requirements. Tailored Plans will be required to include training plans in their request for application (RFA) responses.
- Current RFA language: The BH I/DD Tailored Plan shall develop and implement (or delegate to a vendor) a care management training curriculum that includes at a minimum: (See appendix for recommendations from previous working session and list of training domains)

Stakeholder Feedback

- A range of stakeholders, including LME-MCOs, are concerned that the consistency, breadth, and quality of training will vary greatly, with some recommending that the Department standardize trainings to ensure consistency. Recommendations included,
 - Contracting with a vendor to develop and administer the trainings
 - Issuing more prescriptive guidance on curriculum and hour requirements
- LME-MCOs would like to know the extent to which the Department will have a role in funding curricula development and initial and ongoing trainings

Care Management Assignment

The workgroup discussed whether to update the care management assignment process, specifically with regards to individuals assigned to an AMH+ for primary care.

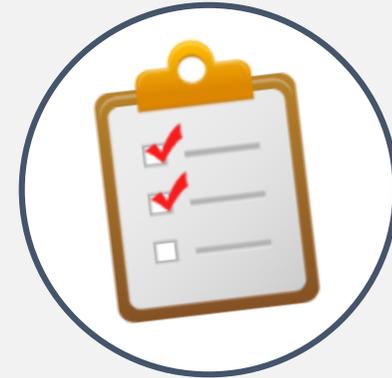
| | Initial Assignment | Switching Care Management Approach/Care Manager |
|------------------------------|---|---|
| Current Policy | The BH I/DD Tailored Plan will assign each beneficiary to care management through an AMH+, CMA, or BH I/DD Tailored Plan. The AMH+, CMA, or BH I/DD Tailored Plan will assign the beneficiary to a care manager. The Tailored Plan must take into account existing provider relationships at an AMH+ practice or CMA within the BH I/DD Tailored Plan’s region, and give preference to that provider, when making a care management assignment, unless there is a specific cause not to do so. | Beneficiaries will have the option to change care management approach and their care manager at any time after the Tailored Plans make the initial assignment, either within the same organization or across AMH+/CMA practices within the BH I/DD Tailored Plan network. |
| Proposed Changes (7/30 mtg.) | <p>Beneficiaries who have chosen to receive primary care through an AMH+ will default to care management through that practice, unless they change their primary care provider. The AMH+ will assign a care manager. The only exceptions to this policy are if the individual is:</p> <ul style="list-style-type: none"> • Enrolled in the Innovations Waiver or Traumatic Brain Injury Waiver • Enrolled in Transitions to Community Living Initiative • Enrolled in High-Fidelity Wrap-Around <p>Other beneficiaries will be assigned to a care management approach (BH I/DD Tailored Plan or CMA) by the BH I/DD Tailored Plan following enrollment in the plan, and the entity providing care management will assign a care manager.</p> | <p>Beneficiaries can switch their care management approach twice per year without cause and anytime with cause, but can only make the following switches:</p> <ul style="list-style-type: none"> • BH I/DD Tailored Plan to AMH+ or CMA • CMA to AMH+ (only with PCP switch) • CMA to CMA • AMH+ to AMH+ (only with PCP switch) • AMH+ to CMA (only with PCP switch to a practice that is not an AMH+) |

Becoming an AMH+ or CMA

Summary: AMH+/CMA Certification Process

To be certified as an AMH+/CMA a provider must:

- Meet eligibility definitions
- Show appropriate organizational standing or expertise
- Show appropriate staffing
- Demonstrate the ability to deliver all the required elements of whole-person, multidisciplinary, integrated care management
- Meet HIT and Population Health Data Requirements
- Participate in required training (after initial certification)



Eligibility



Advanced Medical Home Plus (AMH+)

Definition: Primary care practice certified by the Department as an AMH Tier 3 that has **experience delivering primary care services to the BH I/DD Tailored Plan eligible population in North Carolina, or can otherwise demonstrate strong competency to serve that population**, and will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model. Details on AMH Tier 3 attestation can be found in the [AMH Provider Manual](#).

Eligibility: To be eligible to become an AMH+, the practice must intend to become a network primary care provider for BH I/DD Tailored Plans.



Care Management Agency (CMA)

Definition: Provider organization with **experience delivering behavioral health, I/DD and/or TBI services** to the BH I/DD Tailored Plan eligible population in North Carolina that will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model.

Eligibility: To be eligible to become a CMA, an organization must have as its **primary purpose the delivery of NC Medicaid, NC Health Choice or state-funded services**, other than care management, to the BH I/DD Tailored Plan eligible population in North Carolina.

What is a CIN/Other Partner?

A “CINs or Other Partner” is an organization with which an AMH+ or CMA may be affiliated, that helps the AMH+ or CMA meet the requirements of the model. The AMH model under Standard Plans already incorporates CINs/Other Partners.

How can CINs/Other Partners Serve AMH+s/CMAs?

- Providing **local care management** staffing, functions and services
- Supporting **AMH analytics and data integration** from multiple PHPs and other sources, and providing actionable reports to AMH+s/CMAs
- **Assisting in the contracting process or directly contracting with BH I/DD Tailored Plans** on behalf of AMH+s/CMAs

- CINs/other partners may include hospitals, health systems, integrated delivery networks, IPAs, care management organizations and technology vendors
- **The Department is considering adding guardrails around care management staff organized at the CIN/Other Partner level:**
 - Majority of membership/board must be providers
 - AMH+ or CMA must have managerial control of staff

AMH+/CMA Certification Process

The CMA certification process will be designed to ensure that DHHS can obtain a comprehensive view of each organization’s ability to provide care management .

| Date | Action |
|---------------------------------------|--|
| Fall 2019 | DHHS publishes CMA manual containing full certification requirements and application questions |
| ~ January 2020 | DHHS opens online application for providers |
| Spring 2020 | DHHS conducts onsite reviews and grants provisional certification to organizations |
| May 2020– April 2021 | BH I/DD Tailored Plans contract with provisionally certified CMAs/AMHs for HH care management |
| By April 2021, 90 days before go-live | Final certification of CMAs and AMHs for HH care management (conducted by BH I/DD Tailored Plans) |
| July 2021 | BH I/DD Tailored Plan launch |

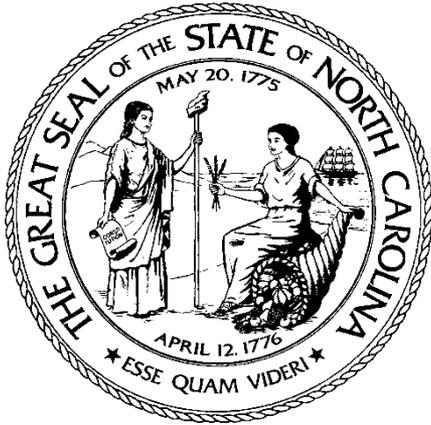
Provisional certification will occur a year before launch to allow AMH+s/CMAs to prepare for the role

Forthcoming Statement of Interest Process

The Department will publish a non binding Statement of Interest to understand provider interest in Tailored Care Management as well as to ensure that questions are adequately covered in the forthcoming Manual.

The Statement of Interest will ask potential AMH+s and CMAs to provide:

- Location/region
- Experience/expertise (I/DD, Behavioral Health/SUD or both)
- Anticipated patient/client volume
- Questions for the Department



MCAC BH/IDD Subcommittee Medicaid Managed Care Update

**NC Medicaid
Debra C. Farrington
Chief of Staff**

September 13, 2019

Medicaid Managed Care Status Report

1. Standard Plan Update

A. Timeline

B. Communication

2. Enrollment Metrics

A. Enrolled individuals

B. Call Center

3. Resource Update

4. Tailored Plan Update

5. Questions

6. Next Steps

Standard Plan Update

Moving toward Statewide Go-Live 2/1/20

- Open Enrollment Extended for Phase 1 beneficiaries
- Statewide implementation of managed care
- Encourage beneficiaries to choose a health plan and primary care provider.
 - NC Medicaid Managed Care call center at 833-870-5500
 - NC Medicaid Manage Care website, ncmedicaidplans.gov
- Finalize contracts between doctors and health systems and managed care companies.

Open Enrollment Extension Beneficiary Communication

- Notice will be mailed to beneficiaries in coming weeks
- Key Messages
 - Open Enrollment has been extended to 12-24-19
 - If you have not chosen a plan
 - You have additional time to choose plan
 - If no choice, we will assign
 - You can start using new health plan 2-1-2020
 - Contact EB to choose or get information
 - Not Everyone Has to Choose- call EB
 - If you have selected a plan
 - You start using new health plan 2-1-2020
 - If you want to keep chosen plan, you do not have to do anything

Open Enrollment Extension Beneficiary Communication

- Key Messages cont.
 - If you have selected a plan (cont.)
 - Your health plan will send you a new ID card before 2-1-2020
 - You can use the new card to get health services beginning 2-1-2020
 - For Everyone
 - You can change plans until April 30, 2020
 - Important Dates
 - December 13, 2019 – Choose a health plan before this date
 - February 1, 2020 – Start using your new health plan on this date
 - April 30, 2020 – Deadline to change your health plan
 - Contact information for questions

Medicaid Transformation Milestones

| Milestone | Regions 2, 4 | Regions 1, 3, 5, 6 |
|-----------------------------------|---------------------|---------------------------|
| Enrollment Packets Mailed | 6/28/2019 | 10/1/2019 |
| Open Enrollment Begins | 7/15/2019 | 10/14/2019 |
| Open Enrollment Ends | 12/13/19 | |
| Auto-Assignment | 12/16/19 | |
| Health Plan Effective Date | 2/1/2020 | |

Dates are approximate and subject to change.

Enrollment Statistics



NC Medicaid Managed
Enrollments

~40,000

As of September 9, 2019

Transition Milestones

**EB Call Center
Opened**



Over 40,000 calls

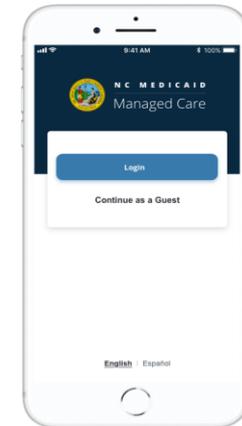


**300,000+
Mailings**



**Online enrollments &
Website**

Over 69,000 visits



**NC Medicaid Managed
Care Mobile App**

Over 15,500 visits

Resources

Resources- EB video

You Tube

EB Link

<https://www.youtube.com/watch?v=9xJyeXkypI8&t>

<https://www.ncmedicaidplans.gov/learn>

Most people will get the same
Medicaid services in a new way
– from health plans



A screenshot of the NCDHHS website's 'Learn' page. The page features the NCDHHS logo and navigation links for 'Learn', 'Choose', and 'Enroll'. The main heading is 'Learn' with a sub-heading 'There is a new way to get Medicaid health care'. The text explains that most people will get the same Medicaid services through health plans, while some will stay in NC Medicaid Direct. It also mentions that certain groups, such as those with behavioral health or intellectual disabilities, may stay in NC Medicaid Direct. A 'Watch the video?' button is visible at the bottom right of the page.

Health Plan Comparison Chart page 1



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

Health Plan Comparison Chart

All plans are required to have the same type of Medicaid services you get now. These include:

- Doctor visits
- Hospital visits
- Behavioral health care
- Prescriptions
- Eye care
- Medical supplies
- Lab tests and X-rays
- Therapies
- Hospice

To see the full list of NC Medicaid covered services provided by the health plans, go to ncmedicaidplans.gov. Health plans also have added services. To compare added services, see the other side.

| | | | | |
|---|---|---|--|---|
|  <p>WellCare Beyond Healthcare. A Better You.</p> |  <p>UnitedHealthcare Community Plan</p> |  <p>HealthyBlue</p> |  <p>AmeriHealth Caritas North Carolina</p> |  <p>carolina complete health</p> |
| <p>1-866-799-5318 TTY: 711 wellcare.com/nc 7 a.m. to 6 p.m., Monday through Saturday</p> | <p>1-800-349-1855 TTY: 711 uhccommunityplan.com/nc 7 a.m. to 6 p.m., Monday through Saturday</p> | <p>1-844-594-5070 TTY: 711 healthybluenc.com 7 a.m. to 6 p.m., Monday through Saturday</p> | <p>1-855-375-8811 TTY: 1-866-209-6421 amerihealthcaritasnc.com 24 hours a day, 7 days a week</p> | <p>1-833-552-3876 TTY: 711 or 1-800-735-2962 carolinacompletehealth.com 7 a.m. to 6 p.m., Monday through Saturday</p> |
|  |  |  |  |  |
| <p>Statewide (all 100 counties)</p> | <p>Statewide (all 100 counties)</p> | <p>Statewide (all 100 counties)</p> | <p>Statewide (all 100 counties)</p> | <p>Only available in these counties: Alexander, Anson, Bladen, Brunswick, Cabarrus, Catawba, Cleveland, Columbus, Cumberland, Gaston, Harnett, Hoke, Iredell,</p> |

HART ENG 19 0725

Health Plan Comparison Chart page 2

Added services: Use this chart to compare the added services that each health plan offers. Some services may be only for members who qualify.
For questions, call **1-833-870-5500** (TTY: 1-833-870-5558)

|  <p>WellCare Beyond Healthcare. A Better You.</p> |  <p>UnitedHealthcare Community Plan</p> |  <p>HealthyBlue</p> |  <p>AmeriHealth Caritas North Carolina</p> |  <p>carolina complete health</p> |
|---|---|---|---|--|
| <p>Education</p> <ul style="list-style-type: none"> ▪ \$120 GED voucher <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$450 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 20% CVS discount card ▪ 24-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boy Scouts, Girl Scouts or 4-H Club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Hearing aid (up to \$300 value) ▪ Up to \$120 yearly value for over-the-counter drugs ▪ Cell phone with 1,000 monthly minutes, free texts and 1GB of data ▪ Rides to classes and events | <p>Education</p> <ul style="list-style-type: none"> ▪ Life skills training <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Free breast pump ▪ Up to \$100 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$100 yearly value in alternative healing, acupuncture, massage therapy ▪ Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma ▪ Cell phone with 350 monthly minutes, free texts ▪ Free meal delivery up to 14 days, if qualify | <p>Education</p> <ul style="list-style-type: none"> ▪ \$50 annual gift card for school supplies ▪ GED exam voucher (up to \$160 value) ▪ 24 hours of online tutoring for members ages 6-18, if qualify <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly rewards for doctor visits <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Yearly adult dental exam and cleaning ▪ \$40 a month for groceries, if qualify ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Cell phone with monthly data, minutes and bonus minutes ▪ \$20 Uber or Lyft gift card for college students for grocery stores, local events | <p>Education</p> <ul style="list-style-type: none"> ▪ GED exam voucher <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Home visits for high-risk pregnancy <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership at participating locations for members under 19 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Acupuncture, massage therapy, biofeedback ▪ Extra pair of glasses and eye exam every 2 years for members ages 21 and older ▪ Free meal delivery up to 7 days after hospital stay, if qualify ▪ Home visits and supplies such as pillow case covers for asthma ▪ Cell phone with 1,000 monthly minutes, free texts | <p>Education</p> <ul style="list-style-type: none"> ▪ GED exam practice supplies <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Virtual care visits ▪ \$75 yearly value in rewards ▪ \$20 monthly for approved foods ▪ YMCA membership ▪ 10-week voucher for Weight Watchers® with 14 weeks of online tools <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership for members ages 6-18 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$125 yearly for vision items for members ages 21 and older ▪ \$30 quarterly value per household for over-the-counter drugs ▪ Home visits and supplies such as air filters and mattress covers for asthma |

Tailored Plan Update

Pending Policy Documents

- **Benefits, Network Adequacy, Utilization Management**
- **State Funded Services**
- **Special Populations**
- **Tailored Plan RFA Information**
- **Request for Application still planned 2/2020**

Ombudsman Programs

- Beneficiary Ombudsman
 - Independent, Third Party vendor to assist beneficiaries with resolving issues
 - Procurement Continues
 - Silent Period in force
 - <https://www.ncdhhs.gov/request-information>
 - Numerous updates to RFP
 - Most recent
 - <https://files.nc.gov/ncdhhs/20190724-Omb-RFP-30-190485-DHB-Addendum-5-Revisions-to-the-RFP.pdf>
 - Award Pending
- Provider Ombudsman
 - DHHS will operate ombudsman office for providers
 - Timeline TBD

Questions/Discussion

Next Steps

- Next Meeting October (potential 10/11 or 10/18)
- Pending Topics
 - Transitions of Care
 - Network Adequacy for Standard Plans
 - Telemedicine
 - Children in Foster Care
 - Report to MCAC