



CENTER for INTEGRATIVE HEALTH

insight to innovation



The Essentials NC MEDICAID TRANSFORMATION GLOSSARY OF TERMS & RESOURCES

Advanced Medical Home (AMH)

A model of care management that includes:

- Patient Engagement
- Comprehensive Care
- Enhanced access to the Care Delivery Team
- Coordinated Care
- Team-Based Approach
- Disease Registry
- Streamlined Electronic Medical Record Workflow
- Reduced Patient Idle Time/Improved Access with Virtual Contact
- Improved Quality with Decreased Costs

Five Steps to Build the Advanced Medical Home, Megan Clark, Managing Director, Advisory Board, January 5, 2014, available at: <https://www.advisory.com/research/health-care-advisory-board/studies/2013/5-steps-to-build-the-advanced-medical-home/executive-summary>

About the NC DHHS Medicaid Transformation AMH Model

DHHS has developed the AMH program as the primary vehicle for delivering care management as the State transitions its Medicaid program to managed care and to incentivize, over time, increased provider responsibility for population health and total cost of care. The AMH program requires PHPs to coordinate care management functions with enrolled providers, which may in some cases be performed directly by the practice,

or through an affiliated CIN or other partner. In general, practice requirements and Medical Home Fees will remain unchanged from Carolina ACCESS (the State’s current PCCM program). However, there will be opportunities for practices to take on additional care management responsibilities in exchange for higher reimbursement.

NC DHHS, “North Carolina Advanced Medical Home Program: Frequently Asked Questions”, February 2019, https://files.nc.gov/ncdma/AMH_FAQs_2.8.2019.pdf

Behavioral Health (BH)

Includes both mental illness and substance abuse disorders. It does NOT include Intellectual/Developmental-Disabilities.

Block Grant

Federal funding for services and supports that is not tied to Medicaid. Block grant funds are distributed to states and are a fixed amount unlike Medicaid that is based on the entitlement of an individual. Some block grants require matching dollars and others require States to maintain prior levels of expenditures of State funding, known as maintenance of effort.

Capitation

A uniform per capita payment or fee

<https://www.merriam-webster.com/dictionary/capita>

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GLOSSARY OF TERMS *Continued*



Care Management

NC DHHS has specified the following framework for care management:

- Medicaid enrollees will have access to appropriate care management and coordination support across multiple settings of care, including a strong basis in primary care and connections to specialty care and community-based resources.
- Enrollees with high medical, behavioral or social needs should have access to a program of care management that includes the involvement of a multidisciplinary care team and the development of a written care plan. Therefore, there will be a single care manager for every Medicaid beneficiary in the BH/IDD Tailored Plan.
- Local care management (care management performed at the site of care, in the home, or in the community where face-to-face interaction is possible) is the preferred approach, building on the strengths of the current care management structure.
- Care managers will have access to timely and complete enrollee-level information.
- Care managers are required to be certified by the State and may be Advanced Medical Homes that also serve individuals under both the Standard and BH/IDD Tailored Plans.
- As part of care management and care coordination, enrollees will have access to direct linkages to programs and services that address unmet health-related resource needs affecting social determinants of health, along with follow-up and ongoing planning.
- Care management activities will align with overall statewide priorities for achieving quality outcomes and value.
- The PHP or BH/IDD Tailored Plans will respond to questions regarding individual plans of care. There will be one toll-free statewide phone number for more general service questions
- There will be some services such as dental, local education agency and child developmental service agency work that will continue to be done under fee-for-service.

NC DHHS website: <https://medicaid.ncdhhs.gov/care-management>; i2i Center for Integrative Health, “Tailored Plan Care Management Becomes Clearer”, January 2019, <https://i2icenter.org/tailored-plan-care-management-becomes-clearer/>

CHIP

The Children’s Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government. The statutory parameters are found in Title XXI of the Social Security Act.

Commercial Plan

Any person, entity, or organization, profit or nonprofit, that undertakes to provide or arrange for the delivery of health care services to enrollees on a prepaid basis except for enrollee responsibility for copayments and deductibles and holds a PHP license issued by the Department of Insurance.

S.L. 2015-245: <https://www.ncleg.net/Sessions/2015/Bills/House/PDF/H372v8.pdf>

NC DHHS

North Carolina Department of Health and Human Services

Entitlement

Entitlement programs are rights granted to citizens and certain non-citizens by federal law. Examples include Medicaid, Medicare and Social Security.

Families First Prevention Services Act

The Family First Prevention Services Act signed into law by Congress on February 9, 2018, could drastically change the child welfare system by putting more of an emphasis on prevention and using a trauma-informed approach to develop service and support plans for children at-risk of entering foster care or children already placed in foster care.

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GLOSSARY OF TERMS *Continued*



Fee-for-Service

A method in which doctors and other health care providers are paid for each service performed.

Health Choice

North Carolina's Children's Health Insurance Program (CHIP) is called Health Choice.

Home and Community Based Waivers (HCBS)

Medicaid waivers under Section 1915(c) of the Social Security Act that permit State's to offer an array of services in community settings in lieu of an institutional level of care.

Innovations Waiver

A HCBS Medicaid Waiver for people with intellectual or other developmental disabilities who would otherwise be entitled to services in an Intermediate Care Facility for individuals with I-DD.

Integrated Care

The systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple health care needs.

SAMHSA-HRSA Center for Integrated Health Solutions, available at: <https://www.integration.samhsa.gov/about-us/what-is-integrated-care>

Intellectual-Developmental Disabilities (I-DD)

"Developmental Disabilities" is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood.

Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as

cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome.

Intellectual disability encompasses the "cognitive" part of this definition, that is, a disability that is broadly related to thought processes. Because intellectual and other developmental disabilities often co-occur, intellectual disability professionals often work with people who have both types of disabilities.

American Association on Intellectual and Developmental Disabilities and is available at: <https://aidd.org/intellectual-disability/definition/faqs-on-intellectual-disability#.Wpb6t-jwZPY>

LME/MCO

Local Management Entity/Managed Care Organization means a local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the Social Security Act. They are public entities with statutory authority under North Carolina General Statute, Chapter 122C.

North Carolina General Statute, Chapter 122C: <https://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=122c>

Managed Care

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

Centers for Medicare and Medicaid, available at: <https://www.medicare.gov/medicaid/managed-care/index.html>

MCO

Managed Care Organization combines the functions of health insurance, delivery of care, and administration. They are general for-profit or non-profit private entities.

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GLOSSARY OF TERMS *Continued*



Medicaid

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is means-tested and funded jointly by states and the federal government. The statutory parameters are found in Title XIX of the Social Security Act.

Adapted from Centers for Medicare and Medicaid definition, available at: <https://www.medicaid.gov/medicaid/index.html>

Medicaid Transformation through State Law 2015-245 (HB 372)

<https://www.ncleg.net/Sessions/2015/Bills/House/PDF/H372v8.pdf>

entitled Medicaid Transformation and Reorganization. Other NC laws related to Medicaid Transformation are:

S.L. 2016-121

<https://www.ncleg.net/enactedlegislation/sessionlaws/html/2015-2016/sl2016-121.html>

S.L. 2017-57

<https://www.ncleg.net/enactedlegislation/sessionlaws/html/2017-2018/sl2017-57.html>

S.L. 2018-49

<https://www.ncleg.gov/BillLookUp/2017/H156>

Medicaid Transformation Webpage

NC DHHS utilizes this website to publish all changes, updates and news related to the implementation of Medicaid Transformation to managed care in NC. <https://www.ncdhhs.gov/assistance/medicaid-transformation>

Medicaid Transformation Policy Papers

DHHS Medicaid managed care policy papers focus on specific subjects related to the NC Medicaid Managed Care design. Policy papers include a public comment period. Although these technical papers are primarily written for providers and health plans that want to participate in Medicaid Managed Care, all comments are welcome

and encouraged. Send an email to Medicaid.Transformation@dhhs.nc.gov by the date listed next to the policy paper. <https://www.ncdhhs.gov/assistance/medicaid-transformation/proposed-program-design/policy-papers>

NC TRACKS

the multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS).

Prepaid Health Plan (PHP)

Prepaid health plan or PHP-- A commercial plan or provider-led entity holding a license under this Article for the purposes of operating a capitated contract for the delivery of services under the North Carolina Medicaid and NC Health Choice programs. For the purposes of 11 U.S.C. § 109(b)(2) and 11 U.S.C. § 109(d) only, a PHP is a domestic insurance company.

In February 2019, NC DHHS announced that the following Commercial Plans received the awards for the Standard Plan:

- AmeriHealth Caritas of North Carolina
- Blue Cross Blue Shield of North Carolina
- United Healthcare of North Carolina
- WellCare of North Carolina

S.L. 2018-49

<https://www.ncleg.gov/BillLookUp/2017/H156>

Provider-Led Entity (PLE)

An entity that meets all of the following criteria: 1. A majority of the entity's ownership is held by an individual or entity that has as its primary business purpose the ownership or operation of one or more Medicaid and NC Health Choice providers. 2. A majority of the entity's governing body is composed of physicians, physician assistants, nurse practitioners, or psychologists. 3. Holds a PHP license issued by the Department of Insurance.

S.L. 2015-245

<https://www.ncleg.net/Sessions/2015/Bills/House/PDF/H372v8.pdf>

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GLOSSARY OF TERMS *Continued*



Raise the Age of Juvenile Jurisdiction

On December 1, 2019 the age of juvenile jurisdiction will be increased. North Carolina is the last state in the entire country to change historical laws that allowed individuals less than 18 years old to be tried and incarcerated as adults. This legislation, commonly referred to as Raise the Age, is significant in that it allows 16 and 17 year olds to be treated as youth in the criminal justice system, increasing access to behavioral health services and reducing the impact of permanent records.

See S.L. 2017-57, Section 16D.4.(a), page 309

Standard Plan

NC DHHS has developed a model of Medicaid managed care for North Carolina that breaks Medicaid recipients into populations. The Standard Plan will be offered to Medicaid recipients with predominant physical health care needs and some mild-to-moderate mental health and substance use treatment needs.

State Funding

The North Carolina General Assembly budgeted over \$300 million this fiscal year for community-based mental health/developmental disability/substance abuse services for individuals who do not qualify for Medicaid and are uninsured or underinsured. There is an estimated population of 1.4 million North Carolinians who fit this category. Unlike Medicaid, there is no entitlement to State-funded services.

Tailored BH/I-DD Plan

NC DHHS has developed a model of Medicaid managed care for North Carolina that breaks Medicaid recipients into populations. The BH/IDD Tailored Plan will be offered to Medicaid recipients and State-funded consumers with high intensity treatment and support needs for mental illness, intellectual/developmental disabilities and substance abuse disorders. The BH/IDD Tailored Plan is anticipated to begin in July 2021.

Waiver

States can implement a managed care delivery system using three basic types of federal authorities:

- State plan authority [Section 1932(a)]
- Waiver authority [Section 1915 (a) and (b)]
- Waiver authority [Section 1115]

Regardless of the authority, states must comply with the federal regulations that govern managed care delivery systems. These regulations include requirements for a managed care plan to have a quality program and provide appeal and grievance rights, reasonable access to providers, and the right to change managed care plans, among others.

All three types of authorities give states the flexibility to not comply with the following requirements of Medicaid law outlined in Section 1902:

- Statewide: Lets states implement a managed care delivery system in specific areas of the state (generally counties/parishes) rather than the whole state.
- Comparability of Services: Lets states provide different benefits to people enrolled in a managed care delivery system.
- Freedom of Choice: Lets states require people to receive their Medicaid services from a managed care plan.

North Carolina Medicaid Waivers Include:

1915(b): North Carolina has had a 1915(b) Medicaid Waiver in place for all Medicaid mental health and substance abuse services. The 1915(b) waiver is currently administered locally by LME/MCOs. The 1915(b) includes a closed network of providers.

1915(c): North Carolina has also had a 1915(c) Medicaid Waiver for home and community-based services. This is also known as the Innovations Waiver. It also includes a closed network of providers. [Note, NC has other 1915(c) Waivers that are not currently under managed care, including the Community Alternatives Program for Disabled Adults (CAP-DA) and the Community Alternatives Program for Children (CAP-C)].

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GLOSSARY OF TERMS *Continued*



1915(b)(3): North Carolina has a 1915(b)(3) waiver which is a Non-Medicaid Services Waiver that uses cost savings to provide additional services to beneficiaries.

1115: North Carolina currently has a pending application for an 1115 Medicaid Waiver. The 1115 waiver has an open network of any willing providers.

Adapted from Centers for Medicare and Medicaid definition, available at: <https://www.medicaid.gov/medicaid/index.html>

Whole Person Care

“Whole-Person Care” is the coordination of health, behavioral health, and social services in a patient-centered manner with the goals of improved health outcomes and more efficient and effective use of resources.

John Snow, Inc. National Approaches to Whole-Person Care in the Safety Net. Prepared for the Blue Shield of California Foundation. San Francisco, CA: John Snow, Inc; March 2014.

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