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# Medicaid Transformation and Integrated Care for Individuals with I/DD

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# A little about the izi Center for Integrative Health:

- A new organization with an old soul.
- Our mission is to foster **collaborative** and **evidence-based** initiatives for improving the quality and efficacy of the behavioral health, intellectual and developmental disabilities, and substance use care and support service systems within a comprehensive system of whole person care. We accomplish this with three strategies:
  - ◇ **convening stakeholders**
  - ◇ **strategizing solutions**
  - ◇ **activating change.**

# Agenda

- **Overview of Medicaid Transformation**
- **Eligibility for Intellectual/Developmental Disability (I/DD) services**
- **Timeline for implementing the BH/IDD Tailored Plan**
- **Differences between Standard Plan and Tailored Plan for Individuals with I/DD**
- **Structures to Assist in Medicaid Managed Care Integration and Whole-Person Care**
- **Cross-System Navigation Advisory Work Group Goals and Accomplishments**



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# Overview of Medicaid Transformation

# Medicaid Transformation

- North Carolina has been approved for an 1115 Medicaid Waiver.
  - Allows for all Medicaid pharmacy, physical, behavioral healthcare and long-term services such as I/DD services to be integrated under a managed care model. The Innovations Waiver for individuals with I/DD will be continuing.
- In general, the Medicaid Transformation model places beneficiaries into either the Standard Plan or the BH/IDD Tailored Plan to receive integrated physical, behavioral, pharmacy or long-term services.
- Medicaid managed care implementation is currently suspended indefinitely until the budget impasse is resolved

# Medicaid Transformation

- **STANDARD PLANS:** Standard benefits integrate physical & behavioral health, pharmacy and unmet health-related services. The majority of Medicaid beneficiaries will be members of Standard Plans. BH/IDD populations included:
  - ✓ People with mild to moderate behavioral health needs
  - ✓ Individuals with I/DD who do not have qualifying diagnoses for Tailored Plan
- **TAILORED PLANS:** Specialized plans that offer integrated physical & behavioral health, pharmacy and unmet health-related services for Medicaid beneficiaries with significant behavioral health needs and intellectual/developmental disabilities.
  - ✓ High level MH and/or SUD needs
  - ✓ IDD diagnoses eligible for Innovations Waiver

# Medicaid Managed Care Implementation Previous Timeline

## February 2020

Standard Plan originally set to go live statewide February 1, 2020.

Implementation has been “suspended indefinitely” until a budget is passed that provides the funding necessary for implementation.

BH/IDD Tailored Plan tentatively set to begin July 2021.

S.L. 2018-48 states that the BH/IDD Tailored Plan will begin no earlier than one year after the implementation of the Standard Plan.

## July 2021

A Request for Applications is expected in March and contracts are tentatively set to be awarded to 5 to 7 LME/MCOs in September 2020.

# Are We In Limbo?

## Short Answer...No

Medicaid managed care is a WHEN, not an IF.

In the interim--

- Medicaid billing is not impacted by the indefinite suspension of Medicaid Transformation.
- The Medicaid program continues to operate as it has in the past. That means:
  - Physical healthcare is under fee-for-service with most services billed by the practitioner to NC Medicaid Direct through NC TRACKS.
  - Most behavioral and I/DD services are managed by the LME-MCOs and provided under a 1915(b)(c) Medicaid waiver.



# Eligibility for I/DD Services as Adults

# Key General Points:

- For the foreseeable future, eligibility for I/DD services for all individuals with I/DD is based on the federal and state definition and will continue with services managed by the LME/MCOs for Medicaid, State and other non-Medicaid funding.
- When Medicaid Transformation is implemented, individuals with I/DD will qualify for the Tailored Plan by I/DD diagnosis.
- Individuals with I/DD who do not qualify for Medicaid but do use State-funded I/DD services will continue to be managed by a LME-MCO (later to become a BH/IDD Tailored Plan) **ONLY FOR THE I/DD SERVICES** and not for physical healthcare.

# Federal Definition of Developmental Disability Applied to the Innovations Waiver:

Developmental Disability(P.L. 101-496) is a severe, chronic disability of a person 5 years of age or older which:

- (a) Is attributable to a mental or physical impairment or is a combination of mental and physical impairments;
- (b) Is manifested before the person attains age twenty-two;
- (c) Results in substantial functional limitations in three or more of the following areas of major life activity: (i) self care;(ii) receptive and expressed language; (iii) learning; (iv) mobility; (v) self direction; (vi) capacity for independent living; and (vii) economic self sufficiency; and
- (d) Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children (meaning individuals from birth to age 5, inclusive),who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

# North Carolina Statutory Definition of Developmental Disability

NC General Statute Chapter 122C-3. Definitions:

"Developmental disability" means a severe, chronic disability of a person which:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated; or
- f. When applied to children from birth through four years of age, may be evidenced as a developmental delay

# I/DD Definition for Medicaid Managed Care

**Table 2: I/DD Diagnosis Code List**

*The following diagnosis code list was applied to both the FFS claims and LME/MCO encounters.*

Code	Description	Code	Description
D82.1	Di George's syndrome	F84.0	Autistic Disorder
E70.0	Classical phenylketonuria	F84.2	Rett's Syndrome
E75.02	Tay-Sachs disease	F84.3	Other childhood disintegrative disorder
E75.19	Other Gangliosidosis	G31.81	Alpers disease
E75.23	Krabbe disease	G31.82	Leigh's Disease
E75.25	Metachromatic Leukodystrophy	Q05.4	Unspecified Spina Bifida With Hydrocephalus
E75.29	Other Sphingolipidosis	Q05.8	Sacral spina bifida without hydrocephalus
E75.4	Neuronal ceroid lipofuscinosis	Q07.02	Arnold-Chiari Syndrome with Hydrocephalus
E76.01	Hurler's syndrome	Q07.03	Arnold-Chiari Syndrome With Spina Bifida And Hydrocephalus
E76.1	Mucopolysaccharidosis, type II	Q85.1	Tuberous sclerosis
E76.22	Sanfilippo Mucopolysaccharidoses	Q86.0	Fetal Alcohol Syndrome
E76.29	Other Mucopolysaccharidoses	Q87.1	Congenital malformation syndromes predominantly associated with short stature (includes Prader-Willi)
E76.3	Mucopolysaccharidosis, unspecified	Q90.9	Down Syndrome, Unspecified
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	Q93.82	Williams syndrome (code as of 1/1/2019, previously Q89.8)
F71	Moderate intellectual disabilities	Q93.51	Angelman syndrome (code as of 1/1/2019, previously Q93.5)
F72	Severe intellectual disabilities	Q98.4	Klinefelter syndrome, unspecified
F73	Profound intellectual disabilities	Q99.2	Fragile X Chromosome

Source:  
<https://files.nc.gov/ncdhhs/medicaid/BH-IDD-TP-EligibilityUpdate-AppendixB-REVFINAL-20190802.pdf>

# For Adults with I/DD What is the Difference Between the Standard Plan and the BH/IDD Tailored Plan?

# Services covered under BOTH the Standard Plans and the BH/I-DD Tailored Plans

- Mobile crisis management
- Diagnostic assessment
- Early Periodic Screening Diagnostic Treatment
- Inpatient behavioral health services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Partial Hospitalization
- Facility-based crisis services for children and adolescents
- Professional treatment services in facility-based crisis program
- Outpatient opioid treatment
- Ambulatory detoxification
- Non-hospital medical detoxification
- Medically supervised or alcohol drug abuse treatment center detoxification crisis stabilization
- Substance abuse comprehensive outpatient treatment program
- Research-based intensive behavioral health treatment
- Pharmacy Services
- Psychosocial rehabilitation
- Substance abuse intensive outpatient program

## Services Included Only in the BH/I-DD Tailored Plan

- Intermediate care facilities for individuals with intellectual disabilities
- 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
- Residential treatment facility services
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systematic therapy services
- Psychiatric residential treatment facilities
- Assertive community treatment
- Community support team
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment



# If a Medicaid Beneficiary with I/DD is in the Standard Plan

- Some individuals with I/DD may not qualify for the BH/IDD Tailored Plan or some individuals who do qualify may choose to go to the Standard Plan while they are waiting for an Innovations Waiver Slot.
- If they choose to be in a Standard Plan:
  - They WILL be eligible for care management with a focus on integrated care
  - They WILL NOT be eligible to receive state-funded I/DD services
  - They WILL NOT be eligible to receive Innovations Waiver services
  - They WILL NOT be eligible to receive MH/SUD services only available under the Tailored Plan

# Uninsured/Underinsured Adults with I/DD

- Remember that uninsured/underinsured individuals with I/DD who use I/DD State-funded services will not be eligible for the Standard Plan.
- Physical healthcare services provided to uninsured/underinsured individuals with I/DD will continue to be billed through their private insurance or other means of payment.



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# Structures to Assist in Medicaid Managed Care

- 1) Advanced Medical Home/Advanced Medical Home Plus/Care Management
- 2) Clinically Integrated Networks
- 3) Medicaid Accountable Care Organizations
- 4) Healthy Opportunities Pilot

## The Standard Plan Care Management

An Advanced Medical Home for beneficiaries is responsible for care management of certain individuals in the Standard Plan.

These will build on the primary care case management model previously offered through the Carolina Access networks.

## The BH/I-DD Tailored Plans Care Management

Every Tailored Plan beneficiary will be provided a care manager through an Advanced Medical Home Plus or Care Management Agency or a BH/IDD Tailored Plan.

## Advanced Medical Home Tier 3

- Building on the Carolina Access model of care management.
- Open to all primary care practices that can **attest** to having the Tier 3 capabilities.
- Contract directly with the Prepaid Health Plans.
- Tier 3 is geared toward individuals in the Standard Plan with high care needs.

# Standard Plan AMH Tier 3 Responsibilities

## Required Responsibilities for all AMHs, Tiers 1-3

- Perform primary care services that include certain preventive & ancillary services
- Create and maintain a patient-clinician relationship
- Provide direct patient care a minimum of 30 office hours per week
- Provide access to medical advice and services 24 hours per day, seven days per week
- Refer to other providers when service cannot be provided by primary care provider (PCP)
- Provide oral interpretation for all non-English proficient beneficiaries and sign language at no cost

## Added Responsibilities for AMH Tier 3

- Risk stratify all empaneled patients
- Provide care management to high-need patients
- Develop a Care Plan for all patients receiving care management that is multi-disciplinary including physical health, behavioral health, pharmacy, LTSS, and unmet health-related needs
- Provide short-term, transitional care management along with medication management to all empaneled patients who have an emergency department (ED) visit or hospital admission/discharge/transfer and who are high-risk of readmissions and other poor outcomes
- Receive claims data feeds (directly or via a CIN/other partner) and meet state-designated security standards for their storage and use

# Advanced Medical Home Plus and Care Management Agency for BH/IDD Tailored Plan

- Only offered to BH/IDD Tailored Plan beneficiaries
- Requires **certification** by NC DHHS
- Certification to be an AMH Plus is only available to those Advanced Medical Homes that are designated Tier 3 or above.
- NC DHHS expects a “glide path” of implementation so that the majority of BH/IDD Tailored Plan beneficiaries will receive care management through either an AMH+ or CMA rather than a BH/IDD Tailored Plan by the beginning of the fourth year of the BH/IDD Tailored Plans

# BH/IDD Tailored Plan Care Management Responsibilities

- Conduct a Comprehensive Assessment that categorizes the needs of individuals with I/DD:
  - High Acuity: At least three (3) care manager-to-member contacts per month, including two (2) in-person contacts and one (1) telephonic contact with the member.
  - Moderate Acuity: At least three (3) care manager-to-member contacts per month and at least one (1) in-person contact with the member quarterly.
  - Low Acuity: At least one (1) telephonic contact per month and at least two (2) in person care manager-to-member contacts per year, approximately six (6) months apart.



# AMH+/CMA Additional Responsibilities

- Develop Care Plans and Individual Support Plans
- Establish Multi-Disciplinary Care Teams that should include consumers, caretakers and legal guardians and professionals who work with the consumer in areas such as primary care, I/DD services and pharmacy
- Ensure an annual physical exam and medication monitoring occurs
- 24/7 coverage to share care plans in emergency events
- Educate consumers and their families on topics such as self-management and advocacy, wellness and prevention and advance directives
- Address unmet health-related resource needs
- Provide transitional care management and diversion

# Care Management for Adults with I/DD Receiving State-funded Services

- Focus will be on individuals with I/DD who require coordination between two or more agencies; have difficulty engaging in treatment services without additional support; or are at risk of entry into institutional settings (e.g., state developmental facilities, ICF-IIDs, state psychiatric facilities or adult care homes).
- Behavioral Health I/DD Tailored Plan-based care managers will be required to conduct a diverse range of functions for recipients with an I/DD or TBI, including: Providing referrals, information, and assistance in obtaining and maintaining available medical services (e.g., Federally Qualified Health Centers and Rural Health Centers), community-based resources and social support services.

# Clinically Integrated Networks

- A **Clinically Integrated Network** is defined as a collection of health providers, such as physicians, hospitals, and post-acute specialists that join together to improve care and reduce costs.
- NC DHHS is encouraging CINs to assist in care management and population health efforts.
- CINs can help collect, compile, analyze, and exchange data.
- CINs may include hospitals, health systems, integrated delivery networks, independent practice associations (IPAs), other provider-based networks and associations.

# Standard Plan Medicaid Accountable Care Organization(ACO)

- Composed of tightly integrated networks of Advanced Medical Homes (AMHs), specialists, and other non-AMH providers.
- A program that can be used to streamline negotiations between PHPs offering Standard Plans and providers and align with State priorities. Scheduled to launch as soon as mid-2021.
- Achieves the NC DHHS vision of “purchasing health” instead of purchasing discrete health care services.
- Focus on **total cost of care arrangements** which include the costs of all areas of services: physical and behavioral health, long-term including I/DD services, pharmacy and unmet health-related needs.

# More on Medicaid ACOs under Standard Plans

- Replaces the AMH Tier 4 category
- Requires **certification** by DHHS
- Not mandatory
- Allows for shared risk models
- Links distribution of savings and losses to quality of care and health outcomes
- Data sharing is a key function
- Highlights alignment with Healthy Opportunities pilots to connect Medicaid beneficiaries to unmet health-related resources

# Healthy Opportunities Pilot Program

- \$650 million in Medicaid funding for evidence-based, nonmedical service definitions that address:
  - Housing instability
  - Transportation insecurity
  - Food insecurity
  - Interpersonal safety
- Regions of the state will be identified to participate (not yet identified)
- Lead Pilot Entities (LPE) will manage the pilot. (RFP has been published, responses are due February 24, 2020, contracts awarded April 2020, pilots begin March 2021 and go through October 2024)
- Human Service Organizations (HSOs) will be in networks to provide the services.

# NCCARE360

- Statewide coordinated care network connecting individuals to local services and resources
- Now covering 50 NC counties with statewide implementation by the end of this year
- Includes a call center with dedicated navigators powered by [NC 211](#), and a shared technology platform powered by [Unite Us](#), that enables providers to send and receive secure electronic referrals, communicate in real-time, securely share client information, and collect data on factors impacting outcomes and costs.



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# Cross-Systems Navigation for Individuals with I/DD



# A NC Council on Developmental Disabilities Sponsored Initiative

## Goals

- To support Medicaid Transformation in ways that will have meaningful and sustainable benefits for people with I/DD and their families.
- To develop stakeholder-driven recommendations to improve service system navigation for consumers in managed care.

## Objectives

- To create Cross-System Navigation Advisory Group
- To convene the Cross-System Navigation Advisory Workgroup consistently
- To disseminate Information & Cross-System Navigation Advisory Groups Findings

# Group Composition

- Individuals with I/DD
- Family members caring for individuals with I/DD
- Guardians of individuals with I/DD
- North Carolina DHHS staff
- Local Management Entities/Managed Care Organization (LME/MCO) staff
- I/DD service providers; medical providers
- Individuals with I/DD or family members with culturally or linguistically diverse backgrounds
- Other individuals who provide advisory support (policy, social determinants, educational, etc).

# Accomplishments to Date

- 1) Disseminate information and findings through **CrossSystemNavigation.org website**.
- 2) Collected feedback for DHHS regarding issues around **transitions of care** for individuals with I/DD
- 3) Offered **Medicaid Transformation 101 Webinar** with approximately 1,000 participants
- 4) Provided feedback to NC DHHS on **Care Management Policy Paper**
- 5) Created a **Workforce White Paper** on care coordination under the Medicaid BH/IDD Tailored Plan. Submitted paper as feedback for LME/MCO Tailored Plan Request for Application in development by DHHS.

## Connecting with LME/MCOs 24/7

- Alliance Health (800) 510-9132
- Cardinal Innovations Healthcare (800)939-5911
- Eastpointe (800)913.6109
- Partners Behavioral Health Management (888)235-4673
- Sandhills Center (800)256-2452
- Trillium Health Resources (877)685-2415
- Vaya Health (800)849-6127

**Map of Counties in Each LME/MCO:**

<https://www.ncdhhs.gov/providers/lme-mco-directory>

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