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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:

- We are a neutral convening organization driven by systemic progress in the MH/IDD/SUD public system.
- izi is known for our policy development and analysis, communication and advocacy skills. We use a consensus-building process that brings diverse perspectives to issues while incorporating and valuing all points of view. izi focuses on educating individuals on policy shifts so that each person can meaningfully participate and impact important policy decisions.
- Ann worked in the US Senate and as a lobbyist in North Carolina and has been involved in public policy related to MH/IDD/SUD services since 1994. She is a licensed Nursing Home Administrator in NC with a Masters in Health Administration.

# Agenda

- **Overview of Medicaid Transformation and Timeline for Implementation**
- **Eligibility for Intellectual/Developmental Disorder (I/DD) services**
- **Differences between Standard Plan and Tailored Plan for Individuals with I/DD**
- **Care Management Standard Plan vs. Tailored Plan**
- **Legislative Update**



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# Overview of Medicaid Transformation

# Medicaid Transformation

Within Medicaid Managed Care, there are 2 types of plans. Most Medicaid beneficiaries will be assigned to one of these:

- **STANDARD PLANS:** Members will benefit from integrated physical & behavioral health services. The majority of Medicaid recipients will be in the Standard Plan. This is a significant change because beneficiaries with mild-to-moderate mental health and substance use disorder needs will be in the Standard Plan. Some individuals with intellectual/developmental disabilities will also be in the Standard Plan.
- **BH/IDD TAILORED PLANS:** These are specialized plans that offer integrated services for members with significant behavioral health needs and many of the intellectual/developmental disability categories.

Integrated care means an multi-disciplinary and coordinated approach to physical, behavioral (MH/SUD), I/DD, pharmacy and unmet health-related needs.

# Foster Care Specialty Plan Just Added

- NC DHHS just unveiled a proposed Foster Care Specialty Plan. They are currently seeking feedback.
- This Plan would be administered by either a Standard Plan or BH/IDD Tailored Plan and is proposed to go-live on July 1, 2022.
- Innovations and TBI waiver services will only be provided through the BH/IDD Tailored Plan, even if a child or youth otherwise qualifies for the Foster Care Specialty Plan. In 2018, there were approximately 105 children and youth in foster care and on the Innovations waiver.

## **Standard Plan**

**July 1, 2021**

# **Medicaid Managed Care Implementation Timeline**

Standard Plan and the Tribal Option set to go live statewide July 1, 2021. 5 Prepaid Health Plans received contracts:

- AmeriHealth Caritas (statewide)
- Healthy Blue (Blue Cross/Blue Shield) (statewide)
- United (statewide)
- Wellcare (statewide)
- Carolina Complete Health (regions 3, 4, 5)
- ECBI Tribal Option will be done by the Cherokee Indian Hospital Authority.

## **BH/IDD Tailored Plan**

**July 1, 2022**

BH/IDD Tailored Plan is tentatively set to begin July 2022.

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.

# Timeline for Implementation

Function	Go-Live Date
<a href="#">Application for Medicaid</a>	Available now
Information on <a href="#">Medicaid managed care</a>	Available now
<a href="#">Benefit package</a> under Standard Plan	Available now
<a href="#">Q and A on Medicaid</a>	Available now
Go-live of Website Choice Guide and NC Provider Directory	January 25, 2021
Provider contracts with PHPs signed and mailed to be a part of open enrollment	February 1, 2021
BH/IDD Tailored Plan RFA responses due to NC DHHS	February 2, 2021
Go-live of Call Center and Mobile App	March 1, 2021
<b>Open enrollment for Standard Plan (choosing a PHP and a primary care practitioner)</b>	<b>March 15, 2021 – May 14, 2021</b>
Provider contracts with PHPs signed and mailed to be a part of auto enrollment	April 12, 2021
Auto enrollment (6 days)	May 15, 2021
Go-live of Standard Plan and Tribal Option	July 1, 2021
Go-live of BH/IDD Tailored Plan	July 1, 2022



# Eligibility for I/DD Services

# Key General Points:

- Eligibility for I/DD services for all individuals with certain I/DD diagnoses will be managed by the LME/MCOs for Medicaid, State and other non-Medicaid funding.
- Medicaid Transformation specifies by I/DD diagnosis those individuals who will be a part of the BH/IDD Tailored Plan.
- 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

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

The following diagnosis code list was applied to both the FFS claims and LME/MCO encounters. All available diagnostic positions were considered. Codes in red text have been added since the August 2019 update. Codes denoted with an asterisk (\*) will be re-evaluated prior to launch of the Behavioral Health I/DD Tailored Plans.

Code	Description	Code	Description
D82.1	Di George's syndrome	F84.9	Pervasive developmental disorder, unspecified*
E70.0	Classical phenylketonuria	G31.81	Alpers disease
E75.00	GM2 gangliosidosis, unspecified	G31.82	Leigh's Disease
E75.01	Sandhoff disease	G80.0	Spastic quadriplegic cerebral palsy
E75.02	Tay-Sachs disease	G80.3	Athetoid cerebral palsy
E75.09	Other GM2 gangliosidosis	Q05.4	Unspecified Spina Bifida With Hydrocephalus
E75.10	Unspecified gangliosidosis	Q05.8	Sacral spina bifida without hydrocephalus
E75.11	Mucopolipidosis IV	Q07.02	Arnold-Chiari Syndrome with Hydrocephalus
E75.19	Other Gangliosidosis	Q07.03	Arnold-Chiari Syndrome With Spina Bifida And Hydrocephalus
E75.23	Krabbe disease	Q85.1	Tuberous sclerosis
E75.25	Metachromatic Leukodystrophy	Q86.0	Fetal Alcohol Syndrome
E75.29	Other Sphingolipidosis	Q87.1	Congenital malformation syndromes predominantly associated with short stature (includes Prader-Willi)
E75.4	Neuronal ceroid lipofuscinosis	Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
E76.01	Hurler's syndrome	Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
E76.1	Mucopolysaccharidosis, type II	Q90.2	Trisomy 21, translocation
E76.22	Sanfilippo Mucopolysaccharidoses	Q90.9	Down Syndrome, Unspecified
E76.29	Other Mucopolysaccharidoses	Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
E76.3	Mucopolysaccharidosis, unspecified	Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
E77.1	Defects In Glycoprotein Degradation	Q91.2	Trisomy 18, translocation
E78.71	Barth syndrome	Q91.3	Trisomy 18, unspecified
E78.72	Smith-Lemli-Opitz Syndrome	Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)

<sup>8</sup> Please refer to the various LME/MCO rate schedules for a list of ILOS and corresponding procedure codes as this varies by LME/MCO.

Code	Description	Code	Description
F70	Mild intellectual disabilities	Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
F71	Moderate intellectual disabilities	Q91.6	Trisomy 13, translocation
F72	Severe intellectual disabilities	Q91.7	Trisomy 13, unspecified
F73	Profound intellectual disabilities	Q93.4	Deletion of short arm of chromosome 5
F84.0	Autistic Disorder	Q93.82	Williams syndrome (code as of 1/1/2019, previously Q89.8)
F84.2	Rett's Syndrome	Q93.51	Angelman syndrome (code as of 1/1/2019, previously Q93.5)
F84.3	Other childhood disintegrative disorder	Q98.4	Klinefelter syndrome, unspecified
F84.5	Asperger's syndrome*	Q99.2	Fragile X Chromosome
F84.8	Other pervasive developmental disorders*		

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

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

- Inpatient behavioral health services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Partial Hospitalization
- **Mobile crisis management**
- Substance abuse intensive outpatient program
- Facility-based crisis services for children and adolescents
- Professional treatment services in facility-based crisis program
- Psychosocial rehabilitation
- 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**
- **Diagnostic assessment**
- **Early Periodic Screening Diagnostic Treatment**
- Pharmacy Services



## 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 remain on the waiting list.
  - They WILL NOT be eligible to receive MH/SUD services only available under the Tailored Plan



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# Care Management

## 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 Community Care of North Carolina 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.
- NC AHEC is providing a webinar series for all primary care practices working to be Advanced Medical Homes and coaching opportunities for primary care providers that meet certain criteria on becoming AMH Tier 3.

Citation: [https://files.nc.gov/ncdhhs/documents/CIN-Other\\_Partners\\_policy-paper\\_20190305.pdf](https://files.nc.gov/ncdhhs/documents/CIN-Other_Partners_policy-paper_20190305.pdf)

<https://www.ncahec.net/practice-support/advanced-medical-home/>

# 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
- 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 can include 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 referral, 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.

# Community Resources to Address Unmet Health-Related Needs

# 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.
- Human Service Organizations will be in networks to provide the services.

# NCCARE360

- Statewide coordinated care network connecting individuals to local services and resources
- Now covering all NC counties
- Includes a call center with dedicated navigators powered by [NC 2-1-1](#), 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.

## 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>

# Legislative Update

# Legislative Updates and Coinciding Concerns

- Began Long Session of NC General Assembly on January 27 and they will work at least until July 1 to pass a new budget for the biennium and other legislation.
- Expect to see legislative initiatives related to I/DD to:
  - Increase Innovations Waiver slots
  - Supports Waiver effort (there is concern that this is being done before the Olmstead Plan is developed and will not address the real gaps without being a coordinated effort)
  - Increase Medicaid rates for Direct Service Workers/Direct Support Professionals
  - COVID-19 Funding for Behavioral Health

## Issues/Concerns:

- Double whammy of low rates for support staff and federal minimum wage increase may jeopardize sustainability of providers
- Individuals with I/DD and their support staff were not prioritized for COVID-19 vaccines (see link below for resource on vaccine)



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■ JUNE 14-15, 2021

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