

# **Glossary of Terms for North Carolina Mental Health, Intellectual-Developmental Disability and Substance Use Disorder Public System**



insight to innovation

## Glossary of Terms

**Advanced Medical Home:** A model of care management under the Standard Plan 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

**Advanced Medical Home Plus (AMH+):** An enhanced AMH that is certified to provide care management under the BH/IDD Tailored Plan. AMH+ and Care Management Agencies will be the care managers for the BH/IDD Tailored Plan, along with BH/IDD Tailored Plans when chosen or needed.

**BH/IDD Tailored Plan:**

- [Alliance Health](#)
- [Eastpointe](#)
- [Partners Health Management](#)
- [Sandhills Center](#)
- [Trillium Health Resources](#)
- [Vaya Health](#)

*\*Cardinal Innovations was awarded a contract but counties in the catchment area are in the process of disengaging and/or merging with other LME/MCOs.*

**Capitation:** a uniform per capita payment or fee.

*Citation: Merriam-Webster dictionary*

**Care Management:** Care management programs apply systems, science, incentives, and information to improve medical practice and assist consumers and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively. The goal of care management is to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services.

*Citation: Adapted from: R. Mechanic. Will Care Management Improve the Value of U.S. Health Care? Background Paper for the 11th Annual Princeton Conference. Available*

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at:

<http://sihp.brandeis.edu/council/pubs/Princeton%20XI/Rob%20Mechanic%20paper.pdf>

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

**Care Management for At-Risk Children (CMARC):** The Medicaid program currently offers a set of care management services for at-risk children ages zero-to-five. The program promotes use of the medical home, links children and families to community resources and provides education and family support. The program is administered through Local Health Departments. Children who are eligible include:

- Children with Special Health Care Needs (CSHCN)
- Children with experience in the Infant in Neonatal intensive Care Unit (NICU)
- Children who have experienced adverse childhood events, including: Child in foster care ♣ History of abuse and neglect ♣ Caregiver unable to meet infant's health and safety needs/neglect. ♣ Parent(s) has history of parental rights termination. ♣ Parental/caregiver/ household substance abuse, neonatal exposure to substances ♣ CPS Plan of Safe Care referral for "Substance Affected Infant" (Complete section "Infant Plan of Safe Care") ♣ Child exposed to family/ domestic violence. ♣ Unsafe where child lives/ environmental hazards or violence. ♣ Incarcerated family or household member ♣ Parent/guardian suffers from depression or other mental health condition, maternal postpartum depression. ♣ Homeless or living in a shelter/ Unstable housing

**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.

*Citation: S.L. 2015-245, available at*

<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 and Services Act (FFPSA):** The Family First Prevention Services Act (FFPSA) is a federal law and has several provisions to enhance support services for families to help children remain at home, reduce the unnecessary use of congregate care, and build the capacity of communities to support children and families. The law enables states and territories to use funds for prevention services, such as:

- Evidence-based mental health programs
- Substance abuse prevention and treatment
- In-home parent skill-based programs
- Kinship navigator programs

NC DHHS also has a [webpage](#) that reviews the State's progress in implementing the FFPSA provisions.

*Citation: [Child Welfare Capacity Building Collaborative](#)*

**Fee-for-Service:** A method in which doctors and other health care providers are paid for each service performed. The fee-for service model used for Medicaid members who will be eligible for the BH/IDD Tailored Plan and under the LME/MCO care between 7/1/21 – 7/1/22 is called **Medicaid Direct**.

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

**Healthy Opportunities Pilot:** A five-year pilot that is a part of the Medicaid waiver that authorizes Medicaid Transformation. The pilot includes services in up to three areas of the state that are related to housing, food, transportation and interpersonal safety and directly impact the health outcomes and healthcare costs of enrollees.

**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.

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

**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.

*Citation: 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

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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.

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

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

**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.

*Citation: 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>

**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:** A commercial plan or provider-led entity holding a license in NC for the purposes of operating a capitated contract for the delivery of services for Medicaid and Health Choice members in North Carolina.

For the Standard Plan, NC DHHS awarded five contracts to PHPs. Four of the contracts allowed those Standard Plans to operate statewide and one contract was a Provider-Led Entity that is limited to operating within certain regions.

The four Standard Plans that can operate statewide are:

- [AmeriHealth Caritas](#)
- [Healthy Blue](#)
- [UnitedHealthcare Community Plan of NC](#)
- [WellCare of NC](#)

The one Provider-Led Entity Standard Plan that operates in regions is:

- [Carolina Complete Health](#) was the only Provider-Led Entity that was awarded a contract for the Standard Plan and are an option for Medicaid members who live in Regions 3, 4 and 5 ([regional map](#)).

**Provider-Led Entity:** 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.

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

**Raise Your Hand Form:** Two forms have been developed by NC DHHS (with stakeholder input) when a Medicaid member or provider believes the Medicaid member is eligible for the LME/MCO services. One form is for the Medicaid member to complete and the other form is for a provider to complete. Both forms can be submitted to NC DHHS and can be found at this [link](#).

**Specialized Foster Care Plan:** This Plan will be a statewide specialty NC Medicaid Managed Care plan to ensure access to comprehensive physical and behavioral health services while maintaining treatment plans when placements change. The Plan is scheduled to be implemented in July 2023. For more information on the progress of the Plan development use this [link](#).

**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. The separation of mild-to-moderate and acute BH/I-DD needs by plan is contingent upon legislative action.

**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. State-funded services are listed in a separate handout. Unlike Medicaid, there is no entitlement to State-funded services.

**System of Care:** a comprehensive network of community-based services and supports organized to meet the needs of families who are involved with multiple child service agencies, such as child welfare, mental health, schools, juvenile justice and health care.

*Citation: [NC Collaborative for Children, Youth and Families](#)*

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**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 Tailored Plan, which must be legislatively approved, 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.

**Value-Based Care:** a healthcare reimbursement model that is based on quality of care rather than quantity.

*Citation: [The Basics of Value-Based Care](#), Deco, November 2020*

**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:

- Statewideness: 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)].

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.

*Citation: 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.

*Citation: 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.*