



Comparison of NC Medicaid Standard Plan, Medicaid Direct and Tailored Plan

What is NC Managed Care?

NC Medicaid Managed Care helps members get the most out of their Medicaid benefits. Instead of one Medicaid program in NC, there are 3 health plans to choose from based on the members healthcare needs: Standard Plan, Medicaid Direct or Tailored Plan.

All 3 health plans are required to have the same Medicaid services, such as office visits, hospital services, blood tests, care management and X-rays. Some health plans offer added services such as programs to help you quit smoking, eat healthier and have a healthy pregnancy.

Each plan has its own network of qualified doctors and health care providers (provider network). All health plans must have enough providers for the covered services the members need.

If members have questions about Tailored Plan, Medicaid Direct or Standard Plan they can contact the NC Medicaid Enrollment Broker:

- **Online:** [Ncmedicaidplans.gov](https://ncmedicaidplans.gov)
- **Mobile app:** search NC Medicaid Managed Care
- **Call:** 1-833-870-5500 (TTY: 711 or RealyNC.com)
- **Mail:** NC Medicaid Enrollment Broker
 - PO Box 613 Morrisville, NC 27560
 - Fax: 1-833-898-9655

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WHAT IS THE STANDARD PLAN?	WHAT IS NC MEDICAID DIRECT?	WHAT ARE TAILORED PLANS?
<p>A Standard Plan is an NC Medicaid health plan that offers integrated physical health, pharmacy, care coordination and basic behavioral health services.</p>	<p>NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in health plans.</p> <p>Community Care of North Carolina (CCNC) provides care management for physical health services if members condition qualifies.</p>	<p>Physical health, pharmacy, care coordination and behavioral health services for beneficiaries who may have significant mental health needs, severe substance use disorders, intellectual and developmental disabilities, or TBIs.</p>
Eligibility	Eligibility	Eligibility
<ul style="list-style-type: none"> • Must be Medicaid-eligible. • Most families and children <ul style="list-style-type: none"> ◦ Children who receive NC Health Choice (eligible for Medicaid Direct or Tailored Plan effective March 1, 2023) ◦ Pregnant women ◦ People who are blind or disabled and not receiving Medicare • Tribal and IHS may choose the Standard Plan (voluntary) 	<p>All Medicaid recipients who have an I/DD, MH, or SUD diagnosis that would not otherwise qualify for Tailored Plan will be enrolled in Medicaid Direct.</p> <ul style="list-style-type: none"> • Foster care/receiving adoption assistance or under the age of 26 who were formally in the foster care system (these members will be managed internally only) • Dual eligible (Medicare/Medicaid) except those on the Innovation or TBI waivers • NC Health Choice members (March 1 they will transition to the TP) • NC HIPP (NC Health Insurance Premium Payment) • Children 0-3 • Legal immigrants • CAP/C • CAP/DA • PACE (program for all-inclusive care for the elderly) • Federally recognized tribal members or others who qualify for services through the Indian Health services (IHS) can opt into Medicaid Direct. 	<p>NC Medicaid will identify beneficiaries who qualify for a Tailored Plan based on programs, diagnoses, admissions or visits and services only available through the Tailored Plans. Beneficiaries will be assessed based on a 24-month lookback period.</p> <p>Eligible members:</p> <ul style="list-style-type: none"> • Have used a Medicaid service that will be available only through the Tailored Plan • Have used a mental health, substance use, I/DD or TBI service funded with state, local, federal, or non-Medicaid funds within the lookback period • Are enrolled in the Innovations or TBI waiver or on the waitlist (registry of unmet needs) • Are enrolled in Transitions to Community Living (TCL) • Is a child with complex needs as defined in the 2016 settlement agreement • Have a qualifying I/DD diagnosis • Have a qualifying mental health or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period • Have a psychotic disorder (primary or secondary to a mood disorder), using clozapine or a long-acting injectable antipsychotic medication, or receive electroconvulsive therapy (ECT) during the lookback period

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WHAT IS THE STANDARD PLAN?	WHAT IS NC MEDICAID DIRECT?	WHAT ARE TAILORED PLANS?
Eligibility	Eligibility	Eligibility <ul style="list-style-type: none"> • Have a qualifying SMI/SED, SUD or suicide attempt diagnosis code and used a Medicaid-covered service during the lookback period • Have an admission to a state psychiatric or alcohol/drug abuse treatment center (ADATC) facility • Have 2 or more admissions to the hospital for a behavioral health concern, 2 or more behavioral health crisis services, or 2 or more psychiatric admissions or readmissions within 18 months
N/A	Exclusions to Receiving Medicaid Direct Tailored Care Management	Exclusions to Receiving Tailored Care Management
	Exclusions/Duplicative: <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) services (duplicative) • High Fidelity Wrap Around (duplicative) • Critical Time Intervention services (duplicative) • Members residing in a skilled nursing facility (SNF) (excluded) • CAP/C and CAP/DA (excluded) • Members receiving care management through CCNC (excluded) 	Exclusions/Duplicative: <ul style="list-style-type: none"> • Assertive community treatment (ACT) services (duplicative) • High fidelity wrap around (duplicative) • ICF-IID services (excluded) • Members residing in a skilled nursing facility (SNF) (duplicative) • Critical time intervention (duplicative) • Members with dual eligibility (Medicare-Medicaid) unless they have the Innovations or TBI Waiver

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WHAT IS THE STANDARD PLAN?	WHAT IS NC MEDICAID DIRECT?	WHAT ARE TAILORED PLANS?
<p>N/A</p> <p>Members enrolled in the Standard Plan are not eligible for Tailored Care Management.</p>	<p>Eligibility for Tailored Care Management (TCM) in Medicaid Direct</p> <p>TCM for members who would have otherwise been eligible (delayed or excluded from TP) for the Tailored Plan.</p> <p>Priority Populations for engagement into TCM</p> <ul style="list-style-type: none"> • Members who are medically needy • Members who are dually enrolled in Medicare and Medicaid • Members who participate in the NC HIPP program* • Members in foster care/adoption assistance and form foster youth. <i>(these members default to the Tailored Plans for TCM)</i> 	<p>Eligibility for Tailored Care Management (TCM) in Tailored Plan</p> <p>All members in Tailored Plan are eligible to receive Tailored Care Management unless they opt out and choose care coordination.</p>
<p>Care Coordination/ Care Management</p>	<p>Care Coordination</p>	<p>Care Coordination</p>
<p>The Standard Plan provides their own care management for their members per the criteria of the Standard Plan. Standard Plan members are not eligible for Tailored Care Management.</p>	<ul style="list-style-type: none"> • For those members with less significant behavioral health needs. • Alliance is responsible for delivering care coordination and managing care transitions for all members regardless of if they are eligible to participate in TCM. 	<p>For members who opt out of Tailored Care Management</p>

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WHAT IS THE STANDARD PLAN?	WHAT IS NC MEDICAID DIRECT?	WHAT ARE TAILORED PLANS?
<p>Covered Services</p> <ul style="list-style-type: none"> Physical health Pharmacy Care management/care coordination Basic behavioral health services like outpatient therapy Added services such as wellness for members who qualify 	<p>Covered Services</p> <ul style="list-style-type: none"> All BH and I/DD services in the NC Medicaid and NC Health Choice state plans. ** 1915(i) option (formally B(3) services) *** <ul style="list-style-type: none"> Supported Employment Individual Support/Transitional living Respite Community Living and Support (In-home skills building) Community Transition <p>The (i) option will begin April 1, 2023, with priority for specific populations. If a member has B(3) services, they can continue with those services until April 1, 2023.</p>	<p>Covered Services</p> <ul style="list-style-type: none"> Innovations Waiver (or waiting list, i.e., the registry of unmet needs) TBI Waiver (or waiting list) Transitions to Community Living (TCL) State-funded services 1915(i) option services (formerly B(3) services) Physical health services Pharmacy Dental Vision
	CCNC	WELLCARE
	<p>Community Care of North Carolina (CCNC) is a primary care case management provider for many Medicaid beneficiaries in North Carolina for physical health. They may provide care management for members who do not qualify for Tailored Care Management.</p>	<p>Provides care management for high-risk pregnancies and transplants. Alliance will “co-manage” the case with WellCare.</p>

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***North Carolina Health Insurance Premium Payment Program:** The HIPP program provides a mechanism to purchase employer-sponsored health insurance coverage for medically expensive Medicaid recipients and their families. The HIPP program also considers the benefit of paying the premium for a family plan to include those in the family who are not eligible for Medicaid.

**** BH, I/DD and TBI services covered by PIHP (Medicaid Direct)**

- Inpatient BH services
- Outpatient BH emergency room services
- Outpatient BH services provided by direct-enrolled providers
- Psychological services in health departments and school-based health centers sponsored by health departments
- Peer supports
- Partial hospitalization
- Mobile crisis management
- Facility-based crisis services for children and adolescents
- Professional treatment services in facility-based crisis program
- Outpatient opioid treatment
- Ambulatory detoxification
- Research-based BH treatment for autism spectrum disorder (RB-BHT)
- Diagnostic assessment
- Non-hospital medical detoxification
- Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization
- Residential treatment facility services
- Child and adolescent day treatment
- Intensive in-home services
- Multi-systemic therapy
- Psychiatric residential treatment facility (PRTF)
- Assertive community treatment (ACT) team
- Community support team (CST)
- Psychosocial rehabilitation
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Substance abuse intensive outpatient program (SAIOP)
- Substance abuse comprehensive outpatient treatment (SACOT)
- Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)
- Early and periodic screening, diagnostic and treatment (EPSDT) services
- Supported employment*

***** NC 1915(I) Option (takes the place of B3 services) still waiting on CMS approval**

a. Supported Employment

- Includes initial job development, job training, and job support services
- Will be offered to beneficiaries ages 16 and over with a serious mental illness (SMI), serious emotional disturbance (SED), severe substance use disorder (SUD), I/DD or TBI

b. Individual Support/Transitional living

- Support in acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to be successful in employment, housing, education and community life and to reside successfully in the community
- Will be available to beneficiaries ages 16 and over with SMI

c. Respite

- Provides periodic or scheduled support and relief to the primary caregiver(s) from the responsibility and stress of caring for beneficiaries
- Will be offered for beneficiaries who meet one of these criteria:
 1. are any age and have an I/DD;
 2. age 3 to 20 and have an SED;
 3. age 3 to 20 and have a severe SUD;
 4. meet diagnostic criteria and reside in therapeutic foster care or another residential placement and are at risk of losing their placement; or
 5. have a TBI

d. Community Living and Supports (In-home skill building)

- Focuses on skill practice and acquisition and provides supervision and assistance so that beneficiaries can complete an activity to their level of independence
- Will be offered for beneficiaries ages 3 and older who have an I/DD or TB

e. Community Transitions

- Provides funding for beneficiaries to move from an institutional setting into their own private residence in the community or to divert a beneficiary from entering an adult care home
- Qualifying institutional settings include adult care homes, institutions for mental diseases (IMDs), State psychiatric hospitals, intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs), nursing facilities, psychiatric residential treatment facilities, and alternative family living arrangements
- Will be offered for beneficiaries ages 18 and older who have an SMI