Tailored Plan
Town Hall Meeting
Tailored Plan Regions
County Alignments at Tailored Plan Launch on April 1, 2023
Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide physical health, behavioral health, long-term services and supports, and pharmacy benefits.

**Standard Plans**
Will serve most of the non-dual eligible Medicaid population

**BH I/DD Tailored Plans**
Targeted toward populations with:
- Significant behavioral health conditions, including serious mental illness, serious emotional disturbance, substance use disorders
- Intellectual and developmental disabilities (I/DD)
- Traumatic brain injury (TBI)
Alliance Populations at Go-live

Tailored Plan Population

Non-Medicaid (State-funded) Population

Medicaid Direct Population
### Tailored Plan Population

<table>
<thead>
<tr>
<th><strong>WHO IS ELIGIBLE</strong></th>
<th><strong>HOW SERVICES ARE COVERED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with:</td>
<td>Alliance will cover the following under the Tailored Plan:</td>
</tr>
<tr>
<td>• Significant behavioral health conditions and substance use disorder</td>
<td>• Enhanced behavioral health services</td>
</tr>
<tr>
<td>• Intellectual and developmental disabilities (I/DD) and traumatic brain injury (TBI)</td>
<td>• I/DD services, including Innovations Waiver</td>
</tr>
<tr>
<td>• Individuals receiving State-funded behavioral health services are also identified as TP eligible</td>
<td>• TBI services, including TBI Waiver services</td>
</tr>
<tr>
<td></td>
<td>• Physical health services</td>
</tr>
<tr>
<td></td>
<td>• Tailored Care Management</td>
</tr>
<tr>
<td></td>
<td>• Pharmacy benefits</td>
</tr>
</tbody>
</table>
Non-Medicaid (State-funded) Population

- Alliance is responsible for the behavioral health, IDD, TBI, and SUD service needs of this population

- There is no corresponding funding stream to cover physical health and pharmacy

- Some individuals will be eligible to receive short-term case management
### Medicaid Direct Population

<table>
<thead>
<tr>
<th><strong>WHO IS ELIGIBLE</strong></th>
<th><strong>HOW SERVICES ARE COVERED</strong></th>
</tr>
</thead>
</table>
| • Several populations will remain delayed, exempt or excluded from managed care under Tailored Plan:  
  o Individuals dually enrolled in Medicaid/ Medicare (and not on Innovations or TBI Waivers)  
  o Individuals enrolled in Foster Care Medicaid  
• Separate contract and separate population from Tailored Plan work | • Alliance is responsible for the behavioral health, IDD, TBI and SUD service needs of this population  
• Physical health and pharmacy will be received through Medicaid Direct  
• Some individuals will be eligible to receive Tailored Care Management |
Next in Medicaid Transformation

**October 2022**
Beneficiaries eligible for Tailored Plan receive notices about the delay

**December 1, 2022**
Tailored Care Management launches

**Jan. 15-Feb. 15, 2023**
Member choice period for PCP selection for those eligible to be enrolled in the Tailored Plan

**Starting late November 2022**
Members receive notices regarding Tailored Care Management assignment and choice options

**January 2023**
Beneficiaries receive notices informing them of their health plan eligibility (Tailored Plan or Medicaid Direct) and what their options are

**April 1, 2023**
Tailored Plan and Medicaid Direct launch
Tailored Plan Enrollment
How will I know if I am eligible for the Tailored Plan?

• In January (2023) you will receive a letter saying you’re enrolled in the Tailored Plan, or giving you the option to enroll

• The letter will provide a brief description of benefits available under the Tailored Plan

• You will be given the option to select a Primary Care Provider (PCP)

• Alliance can answer any questions and help you choose a PCP
How will I know if Alliance is contracted with my selected provider?

• Search tool for locating providers is available on our website and on the Medicaid Enrollment Broker’s website

• If you can’t find the provider you are looking for, please contact Alliance Member and Recipient Services

• Alliance has contracted with many providers in our region that have provided care to people with Medicaid
Clinical Care Approach
Alliance’s Clinical Care Approach

• Comprehensive care model
• Enhanced services and care management
• More community partnerships
Tailored Care Management (TCM)

• Specialized care management model targeted to individuals with behavioral health conditions, substance use disorders, I/DD or TBI

• TCM is the primary care management model for members who meet clinical eligibility for Tailored Plans
  - Members receiving TCM can be in Medicaid Direct or a Tailored Plan
Tailored Care Management (TCM)

- Members are not required to accept TCM – you can opt out
- Members in TCM will have a single care manager responsible for coordinating all services and supports
- People who begin TCM on December 1 will stay in TCM on April 1, 2023 even if they move to a Tailored Plan on that date
Who Provides TCM

- **Tailored Care Management** is provided by 3 types of entities

**Approach 1:** “AMH+” Primary Care Practice

**Approach 2:** Care Management Agency (CMA)

**Approach 3:** LME-based Care Manager
Alliance TCM Team

MEMBER

Primary Care Manager

- Care Worker
- Community Health Worker
- Pharmacist
- Nurse
What can I expect when Tailored Care Management begins?

- Your care manager or other members from the care team will reach out to you within the first 90 days after launch.
- You can expect in person visits or phone calls each month.
- The number of contacts may be different based on your needs as determined by NC DHHS.
What can I expect when Tailored Care Management begins?

• You and your care manager will partner to complete a detailed Care Management Comprehensive Assessment (CMCA) of your needs
  o Completed in-person, by telephone, or through two-way real time video and audio conferencing
  o Your plan will be reevaluated each year and updated when significant change occurs, such as after a crisis event, justice system involvement, hospitalization, life changing event or pregnancy
What can I expect when Tailored Care Management begins?

• The CMCA will help your care manager identify what areas you may need assistance with
  o Your care manager will review these areas and help you decide which one you would like support to work on first
  o Once you are happy with your Plan of Care, your care manager will share it with you and the members of your care team
  o This is what your team will follow to ensure your needs are being met
Member Engagement and Education

- Member Inclusion and Outreach Specialists
- Stakeholder engagement
- Member welcome packets
- Member education
- Digital education and engagement
How to Reach Us

Member and Recipient Services
Monday-Saturday, 7am to 6pm

800-510-9132

Behavioral Health Crisis Line
24 hours a day, 7 days a week

877-223-4617