

# Welcome to Partners' Member Café!

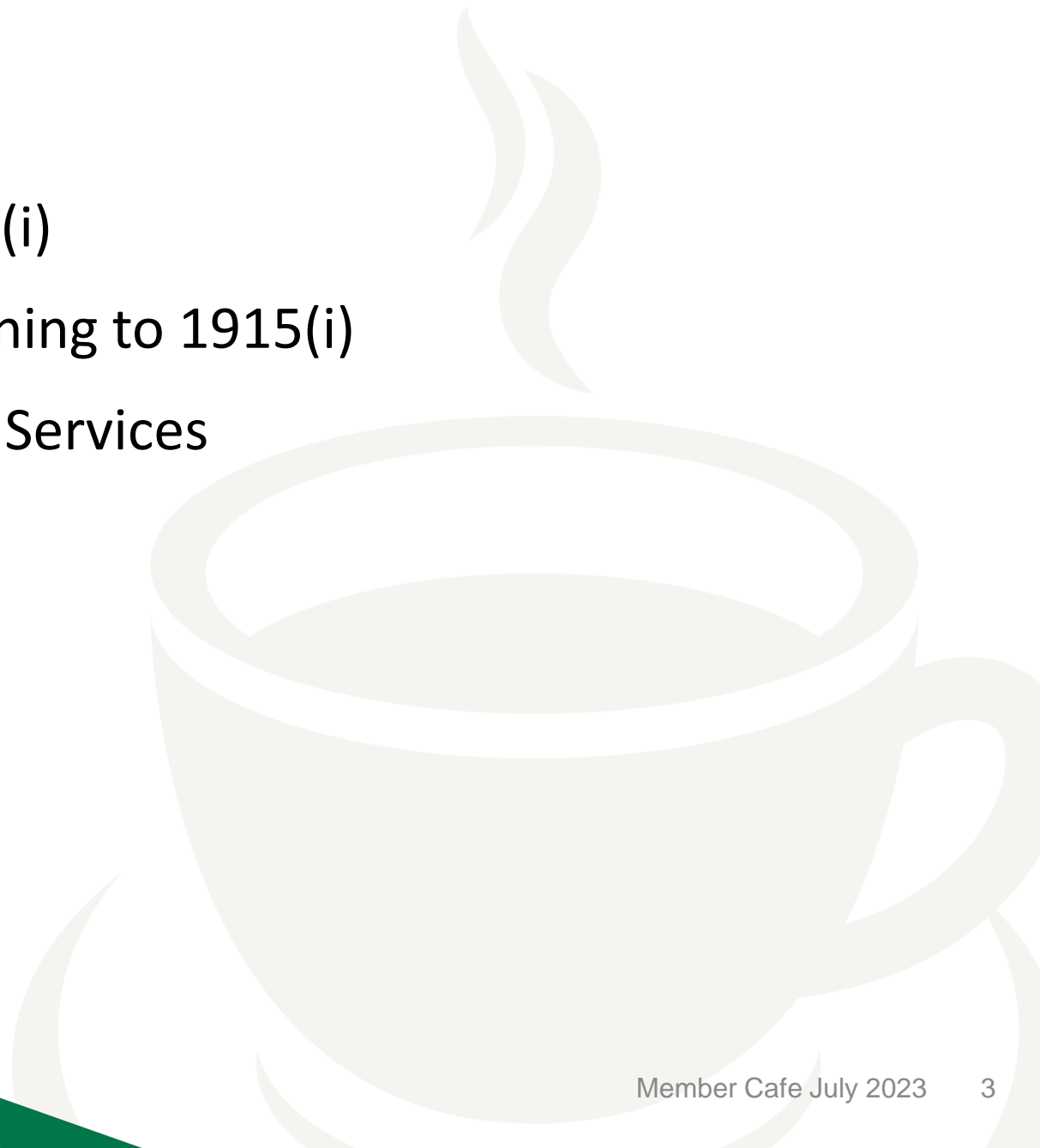




# Overview of 1915(i) Services

# Agenda

- ▶ Overview of 1915(i)
- ▶ Services Transitioning to 1915(i)
- ▶ Accessing 1915(i) Services



# Overview of 1915(i)

- ▶ Due to federal requirements, Tailored Plans cannot offer 1915(b)(3) services.
- ▶ To ensure that individuals maintain access to these critical services, North Carolina is transitioning 1915(b)(3) benefits to 1915(i) services.
- ▶ 1915(i) services will be available through:
  - Tailored Plans
  - NC Medicaid Direct, including individuals enrolled in the Tribal Option
  - Children & Families Specialty Plan (CFSP) (upon launch)



# SERVICES TRANSITIONING TO 1915(i)



# 1915(i) Services

Current 1915(b)(3) Service	1915(i) Service
In-Home Skill Building	Community Living and Support
One-time Transitional Costs	Community Transition
Individual Support	Individual and Transitional Support <i>Integrates existing Individual Support, Transitional Living Skills, and Intensive Recovery Supports into one service</i>
Transitional Living Skills	
Intensive Recovery Supports	
Respite	Respite
Supported Employment	Supported Employment

Current 1915(b)(3) Community Navigator/Community Guide will be offered under Tailored Care Management.



# 1915(i) Services

Eligibility for 1915(i) services varies on a benefit-by-benefit basis. Eligible populations include beneficiaries with an Intellectual or Developmental Disability (I/DD), Traumatic Brain Injury (TBI), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), or Severe Substance Use Disorder (SUD) who meet need-based criteria set by N.C. Department of Health and Human Services.

1915(i) Service	I/DD	SED	SMI	SUD	TBI
Community Living and Support	✓ Ages 3+				✓ Ages 3+
Community Transition	✓ Age 18+		✓ Age 18+	✓ Age 18+	✓ Age 18+
Individual and Transitional Support		✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	
Respite	✓ Ages 3+	✓ Ages 3-20		✓ Ages 3-20	✓ Ages 3+
Supported Employment	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+





# 1915(i) Service Transition

- ▶ 1915(i) service delivery begins on July 1, 2023 for individuals that have been determined eligible and authorized prior to July 1, 2023.
- ▶ Individuals who are transitioning to Tailored Plan, must transition to 1915(i) services by Sept. 30, 2023.
- ▶ Members in Medicaid Direct must be transitioned to 1915(i) services by June 30, 2024.

***Utilization Management (UM) will honor 1915(b)(3) authorizations when transitioning to a 1915(i) service. This will not require an additional medical necessity review.***

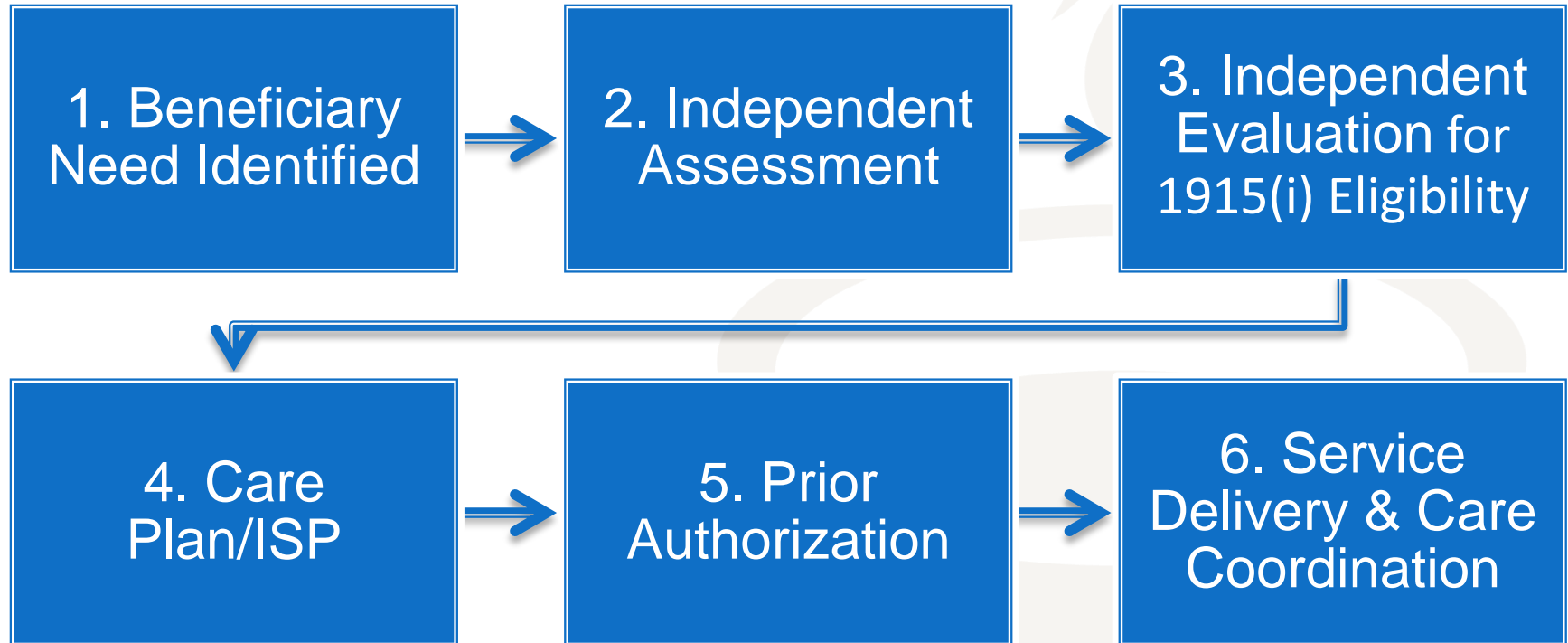




# ACCESSING 1915(i) SERVICES



# Accessing 1915(i) Services



# Beneficiary Need Identified

Beneficiary visits Primary Care Provider (PCP), Behavioral Health (BH), Intellectual/Developmental Disability (I/DD), or another provider.

PCP, BH, I/DD or another provider identifies that the beneficiary needs a 1915(i) service.

PCP, BH, I/DD or other provider refers beneficiary to their care manager to determine eligibility.



# Independent Assessment

The beneficiary's care manager, either at a Tailored Plan or Advanced Medical Home Plus/Care Management Agency (AMH+/CMA), conducts the independent assessment to identify the beneficiary's needed services and supports, inform the independent evaluation of 1915(i) eligibility, and inform a Care Plan/Individualized Support Plan (ISP).

## 1915(i) Assessment Requirements:

- Must be completed **annually**
  - Moving forward, the assessment will correspond with the **beneficiary's birth month**

***Care Manager does the Independent Assessment, not the provider.***



# Independent Evaluation

The beneficiary's care manager submits the independent assessment to Carelon, who will collect assessments for the State.

The State conducts the standardized independent evaluation to determine if beneficiary meets eligibility (categorical or medical need) criteria and function limitation criteria for 1915(i) services.

*The State will confirm the target population and which services a beneficiary is eligible to receive under 1915(i).*



# Care Plan/ISP

The care manager explains the 1915(i) service options available to the beneficiary, assists the beneficiary in identifying 1915(i) service provider(s), and organizes a person-centered planning meeting to complete the Care Plan/ISP.

The care manager develops the Care Plan/ISP with the beneficiary and other identified representatives.

*Care Manager develops the Care Plan/ISP versus the provider.*



# Prior Authorization

The care manager submits completed Care Plan/ISP to the beneficiary's Tailored Plan for review.

The beneficiary's Tailored Plan conducts prior authorization of the 1915(i) service(s).

*Care Manager submits prior authorization request versus the servicing provider.*

*UM reviews the authorization request for medical necessity.*





# Service Delivery & Care Coordination

The care manager follows up with 1915(i) service provider(s) to implement the authorized 1915(i) service(s) according to the Care Plan/ISP.

The care manager provides ongoing care coordination.

*A behavioral health or I/DD provider acting as a CMA cannot deliver both Tailored Care Management and 1915(i) services to the same beneficiary.*



# Questions



# Partners Health Management...

- Is an insurance plan (Medicaid and State-funded) that manages providers and ensures access to care for people who need mental health, substance use disorder, intellectual and/or developmental disability and traumatic brain injury services.
- Is a Member Care Organization™ that provides education, advocacy and support for the members and families receiving services in our area.
- Will begin managing one of NC Medicaid's Behavioral Health I/DD Tailored Plans with an anticipated start date in the first half of 2024.
- Will also manage NC Medicaid Direct (behavioral health only) for some populations and will still maintain LME/MCO status.
- If you have questions or concerns, please call us at **1-888-235-HOPE (4673)**.



# Serving 14 Counties

- **Burke**
- **Cabarrus**
- **Catawba**
- **Cleveland**
- **Davie**
- **Forsyth**
- **Gaston**
- **Iredell**
- **Lincoln**
- **Rutherford**
- **Stanly**
- **Surry**
- **Union**
- **Yadkin**



# MemberCONNECT



## Partners Tailored Plan

Partners Tailored Plan covers services for mental health, substance use disorders, intellectual & developmental disabilities, physical health and pharmacy. If you have questions or want more information, contact Member and Recipient Services at 1-888-235-4673.



### Members

If you have Medicaid, we have a lot of information to help you get or use services. You can select a topic from the Members tab at the top of the page. If you need to talk to someone,

### Recipients

If you do not have Medicaid, are uninsured or under insured, you may get services using state funds. The Recipients tab at the top of the page will give you information on many

### Pharmacy

Partners Tailored Plan works with CVS Health to ensure your pharmacy needs are met. You can find information on the pharmacy program by selecting a topic from the

### Provider


Providers may use the Provider tab to find information on joining the Partners Tailored Plan network, manuals and forms, how to access ProviderCONNECT, our secure





# MemberCONNECT

[ENGLISH](#) | [ESPAÑOL](#) | [1-877-864-1454](#) | [Twitter](#) | [Facebook](#) | [Instagram](#) | [LinkedIn](#)

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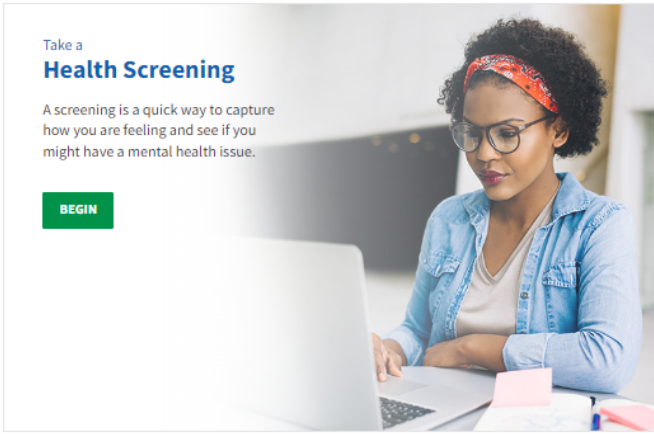
Welcome Back, **ERIC!**

[Experiencing Behavioral Health Problems? Call: 1-888-235-HOPE \(4673\) Staff is available 24 hours a day, seven days a week](#) [CALL NOW](#)

**Latest News:** Tailored Plan Implementation Delayed Until April 1, 2023

**QUICK LINKS**


-  To Update Your Contact Information, Contact your local Department of Social Services (DSS)
-  Tailored Care Management (TCM) Choice
-  Request Medicaid ID Card Replacement
-  Change your Primary Care Provider (PCP)
-  Private Message Your Health Team
-  Health Plan Benefits Medicaid and Recipients
-  Member Health Care Education
-  Recipient Health Care Education



Take a  
**Health Screening**

A screening is a quick way to capture how you are feeling and see if you might have a mental health issue.

[BEGIN](#)

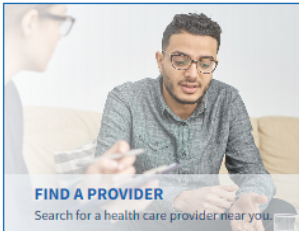
 **STAY CONNECTED**

Subscribe to Partners' Community Newsletter

[SUBSCRIBE NOW!](#)

OR connect with us on social media

[Facebook](#) | [LinkedIn](#) | [Twitter](#) | [Instagram](#)



**FIND A PROVIDER**  
Search for a health care provider near you.

**MEMBER/RECIPIENT RESOURCES**

- [How to get Services](#)
- [Member Handbook](#)
- [Recipient Handbook](#)
- [Grievances & Appeals](#)



# Transitions of Care

## Transitioning Between Health Plans

Members may move between health plans based on some of the following primary reasons:

- A change in the member's service needs/benefit plan needs.
- A change in the member's county of residence.
- A change in the member's Medicaid status.

Members or providers may request to change health plans through the NC Medicaid Enrollment Broker process found at <https://ncmedicaidplans.gov/submit-forms-online> or by calling 833-870-5500 (TTY: 833-870-5588).





# Member Engagement



Partners  
*Promise*  
Members Matter

## Member Engagement

offers advocacy, support and education for our members and families who receive Medicaid and uninsured services.

**We listen. We care.  
We help you take action.**



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Improving Lives. Strengthening Communities.

# Contact us to have your voice heard.

We provide information about community resources, types of services and your rights as a member.



- Log into MemberCONNECT to find a provider, or download our latest Member Handbook at [www.partnersbhm.org](http://www.partnersbhm.org).
- Questions? Call **704-884-2729** or Contact the Member Engagement team at [memberquestions@partnersbhm.org](mailto:memberquestions@partnersbhm.org).

## FIND US ON SOCIAL MEDIA



@PartnersHealthMgmt



@Partnershealthmgmt



Partners Health Management



@PartnersHM

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# Try Pyx Health Mobile App

## SIGN UP TODAY!

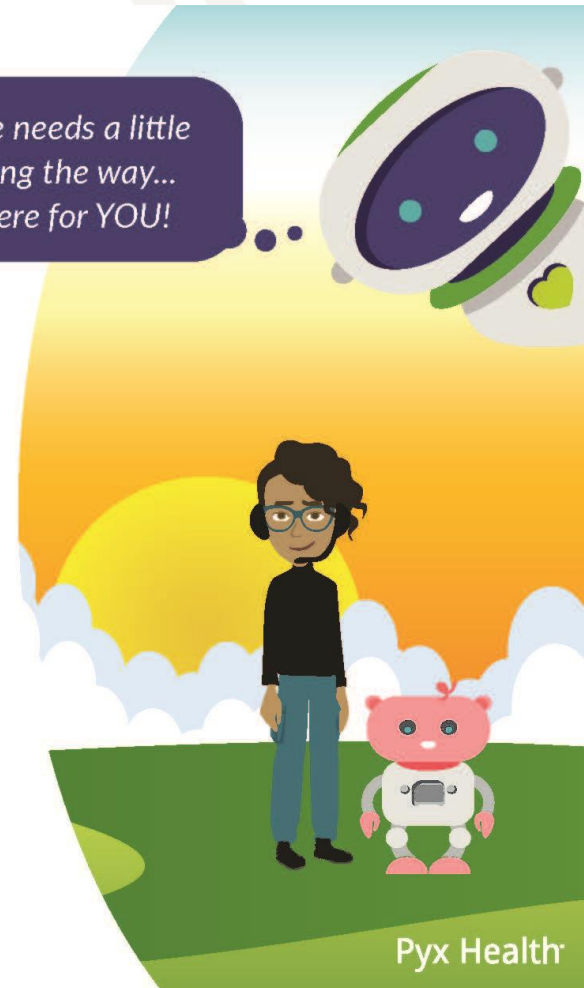
*Everyone needs a little  
help along the way...  
we're here for YOU!*

Search "Pyx Health" in the Apple or Google Play stores, or go to [www.HiPyx.com](http://www.HiPyx.com).  
Questions? Call 1-855-499-4777.



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Questions? Contact Partners' Member Engagement department at 877-864-1454, Option 7 or email us at [memberquestions@partnersbhm.org](mailto:memberquestions@partnersbhm.org)  
[www.partnersbhm.org/member-education](http://www.partnersbhm.org/member-education)



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# Who to Call?

- If you are receiving services, refer to your provider for service questions. They are also your first responder in a crisis.
- Call your Partners' care manager if one is assigned to you.
- If you are not in services and have general questions, call Member Engagement for help with resource information at **704-884-2729**. You may also email us at [memberquestions@partnersbhm.org](mailto:memberquestions@partnersbhm.org).
- If you have questions or concerns about services, please call **1-888-235-HOPE (4673)**.





# Consumer & Family Advisory Committee (CFAC)

- CFAC is a volunteer group made up of members and family members representing those who receive services.
- CFAC advocates on behalf of those individuals to improve the public behavioral health system.
- Partners CFAC is looking for members. For more information, please contact us by email [CFAC@partnersbhm.org](mailto:CFAC@partnersbhm.org), or call **704-884-2729**.
- Cindy Trobaugh, Member Engagement Manager and Member Committee Liaison **828-323-8090**.

[www.partnersbhm.org/consumer-family-advisory-committee/](http://www.partnersbhm.org/consumer-family-advisory-committee/)



# Member and Recipient Call Lines

Call Line	Number	Hours	Callers	Soft Launch
<b>Member &amp; Recipient Services</b>	888-235-4673	Mon.-Sat. 7 a.m.-6 p.m.	Medicaid Members State-Funded Recipients Stakeholders	Active
<b>Behavioral Health Crisis</b>	833-353-2093	24 hours a day/ 7 days a week	Anyone	Active
<b>Nurse Services</b>		24 hours a day/ 7 days a week	Medicaid Members	TBD
<b>Pharmacy Services</b>		24 hours a day/ 7 days a week	Medicaid Members Providers	TBD
<b>Provider Services</b>	877-398-4145	Mon.-Sat. 7 a.m.-6 p.m.	Providers	Active



# New Suicide Lifeline Number



- 988 Suicide & Crisis Lifeline launched on July 15, 2022
- Offers 24/7 call, text and chat access to trained crisis counselors
- Offers help for people experiencing suicidal thoughts or other behavioral health crises
- Offers translators in Spanish and TTY for deaf and hard of hearing





# Stay in Touch with Us

- Keep your contact information updated.
- Partners may need to contact you about your health plan.
- If you receive Medicaid, contact your local Department of Social Services (DSS) to update your information.
- If you receive state funds, contact PartnersACCESS at **1-888-235-HOPE (4673)**.



# Want to be in the know?

## Stay CONNECTED

NEWS | TRAINING | EVENTS

Want to know more about Partners news, upcoming events, and training opportunities? Whether you are a member, provider or someone with an interest in behavioral health and intellectual and developmental disabilities care, we welcome you to click "Subscribe" to sign up for emails from Partners!

 Subscribe

<https://www.partnersbhm.org/subscribe/>



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# Questions?

Your feedback is important to us. Please take a moment to complete our survey.



[https://www.surveymonkey.com/r/Member\\_Event\\_Survey](https://www.surveymonkey.com/r/Member_Event_Survey)



# Questions and Comments



**Email: [memberquestions@partnersbhm.org](mailto:memberquestions@partnersbhm.org)**

**Call: 704-884-2729**



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