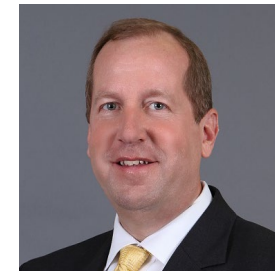




Back Porch Chat: Tailored Plan 101

**Who's
Who?**



September 15, 2022



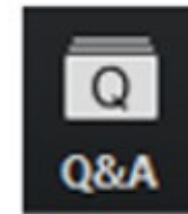
RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=5250604&CustomerID=290>

Logistics for Today's Webinar

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01

CEO Panel

02

CMO Panel

03

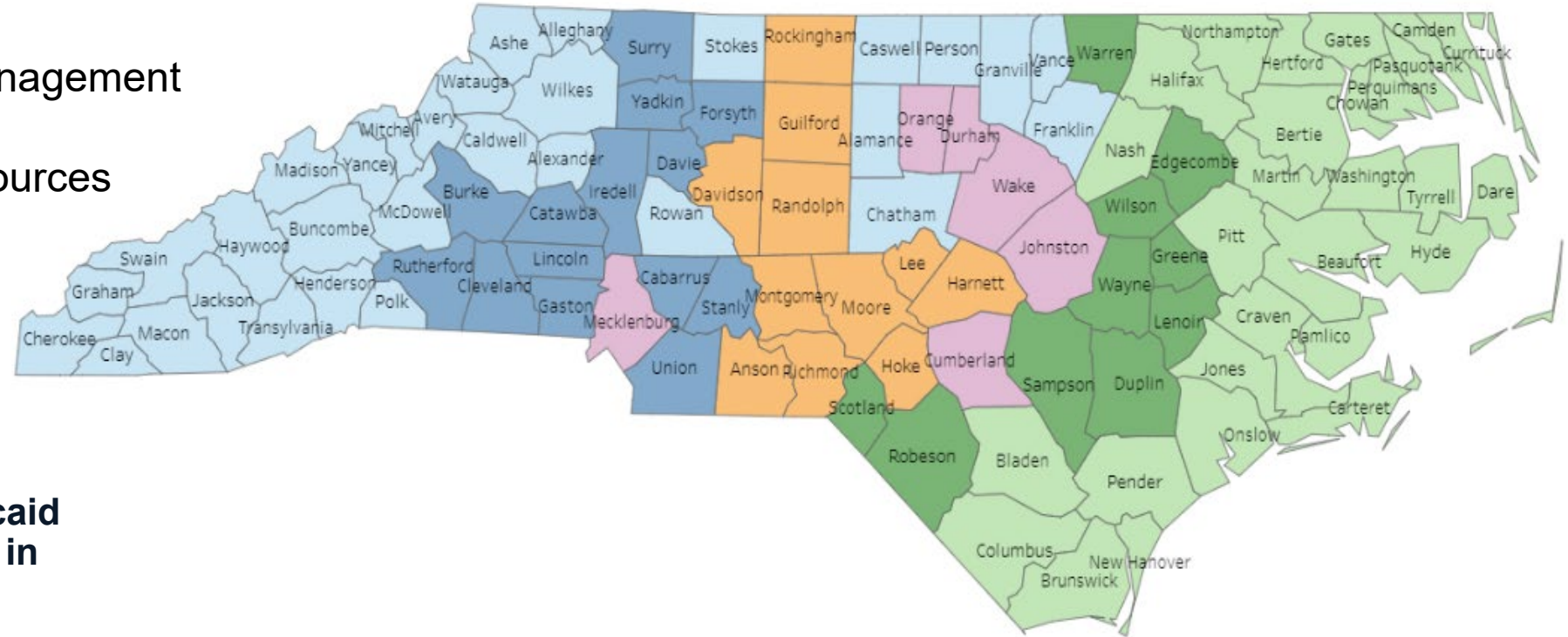
Q&A

Which Health Plans Will Provide BH I/DD Tailored Plans Services?

There are 6 Tailored Plans:

- Alliance Health
- Eastpointe
- Partners Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health

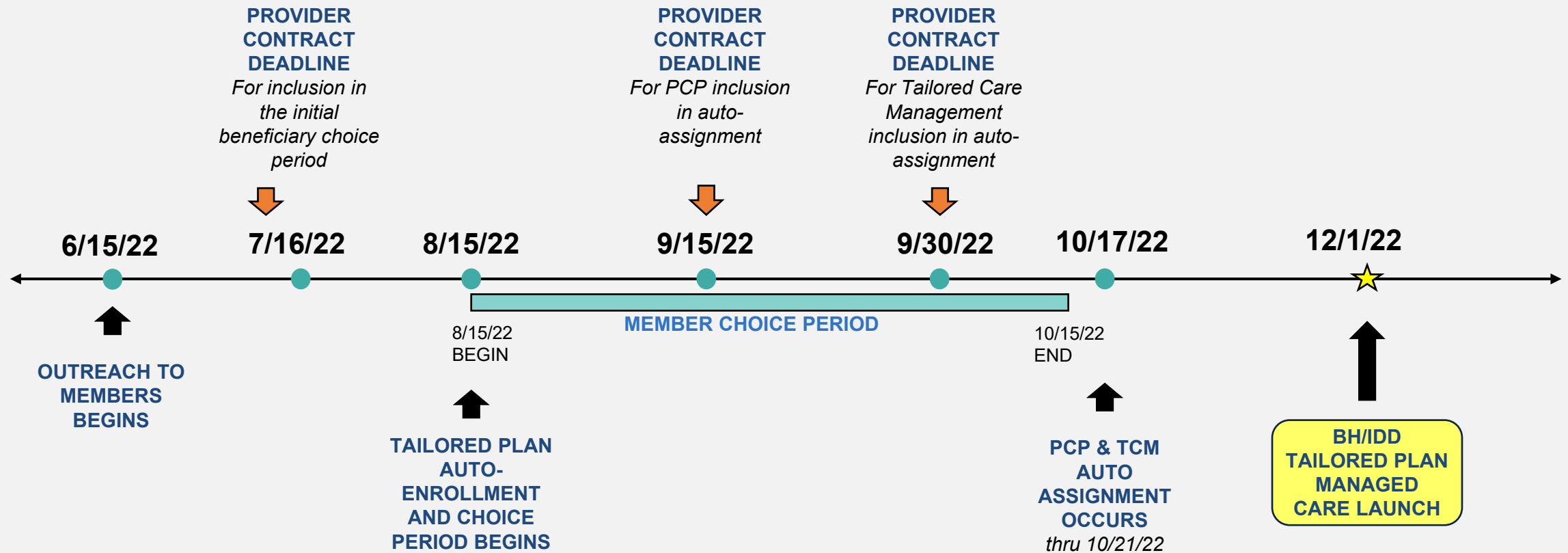
This map shows Tailored Plan service areas as of 2/1/22



Approximately **150,000** Medicaid beneficiaries will be enrolled in Tailored Plans.

Provider Contracting Key Dates

Providers are encouraged to contract with all PHPs. Contact information each PHP to engage in contracting is available [here](#).



NCDHHS Sends Tailored Plan Enrollment Notices to Beneficiaries

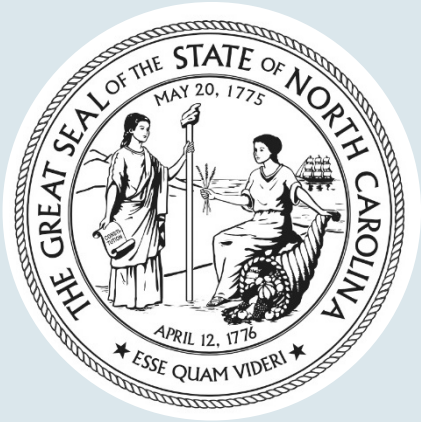
On Aug. 15, 2022, eligible beneficiaries were automatically enrolled in one of six Behavioral Health I/DD [Tailored Plans](#) in anticipation of the program launch on Dec. 1, 2022. Until then, beneficiaries will continue receiving behavioral health, I/DD, substance use and traumatic brain injury (TBI) services as they do today.

The NC Medicaid Enrollment Broker is mailing notices this week to the beneficiaries who were automatically enrolled, and to those who have the option to enroll with a Tailored Plan. Notices are also being sent to beneficiaries' authorized representatives. The notices provide details about Tailored Plan enrollment, including:

- Name of the Tailored Plan in which the eligible beneficiary was enrolled and its Member and Recipient Services phone number
- Reminder that Tailored Plan benefits will begin Dec. 1, 2022
- Other available health care options for each beneficiary, as applicable
- How to select a primary care provider (PCP) and Tailored Care Management provider
- Contact information for the Enrollment Broker, which can provide choice counseling and make enrollment changes

A reminder to select a PCP and Tailored Care Management provider will be mailed in September. Beneficiaries with questions can contact the Medicaid Enrollment Broker at 1-833-870-5500 or visit ncmedicaidplans.gov.

For more information on Tailored Plan enrollment, refer to the [Tailored Plan Auto-enrollment and Choice Period](#) fact sheet. Sample notices are on the NC Medicaid website under [Beneficiary Notices – Enrollment Packet](#).



Get to Know Your Tailored Plan CEOs & CMOs

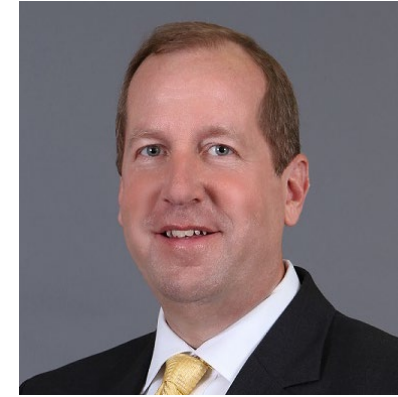
Tailored Plan Chief Executive Officers



Rob Robinson
Alliance



Sarah Stroud
Eastpointe



Rhett Melton
Partners



Victoria Whitt
Sandhills

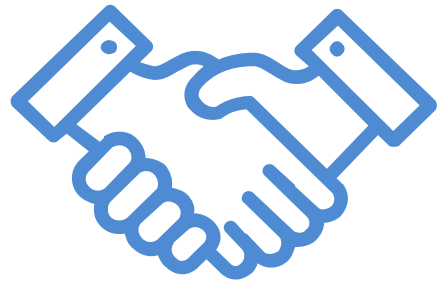


Joy Futrell
Trillium



Brian Ingraham
Vaya

CEO Panel



Where are you with your contracting efforts, and is there anything you'd like providers to know about contracting with your plan?

Tailored Plan Chief Medical Officers



Jameelah Melton, MD
Alliance



Sid Hosseini, MD
Eastpointe



Neva Bartholomew, MD
Partners



Tony Carraway, MD
Sandhills



Mike Smith, MD
Trillium



Richard Zenn, MD
Vaya

CMO Panel



What does integrating physical and behavioral health care look like for you as a Tailored Plan, and what is important for the field to know about this?

QUESTIONS



APPENDIX

988 Launch

NATIONAL LAUNCH OF 988 on 7/16/22

Anyone can CALL, TEXT or CHAT “988” for immediate access to crisis intervention

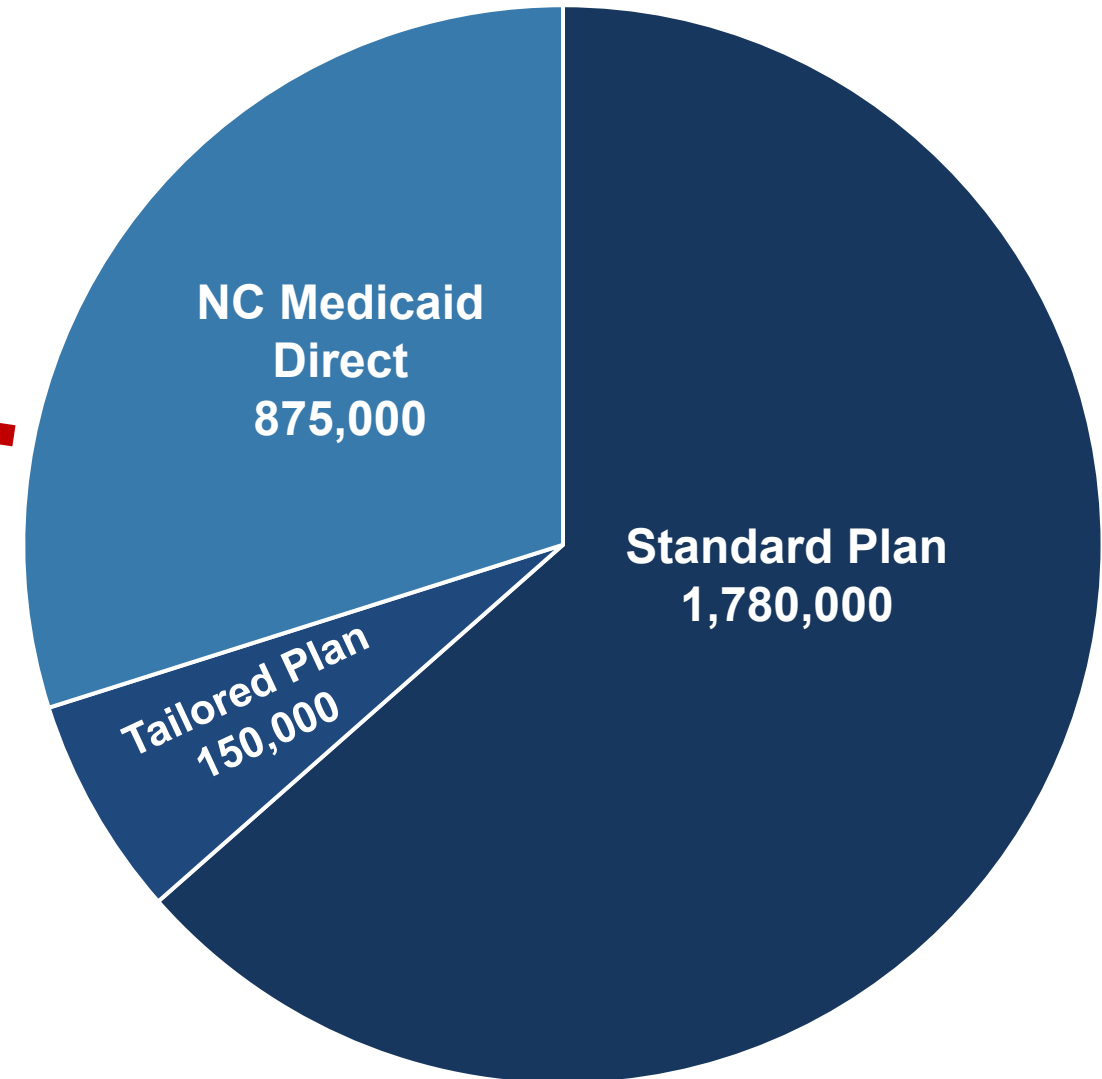
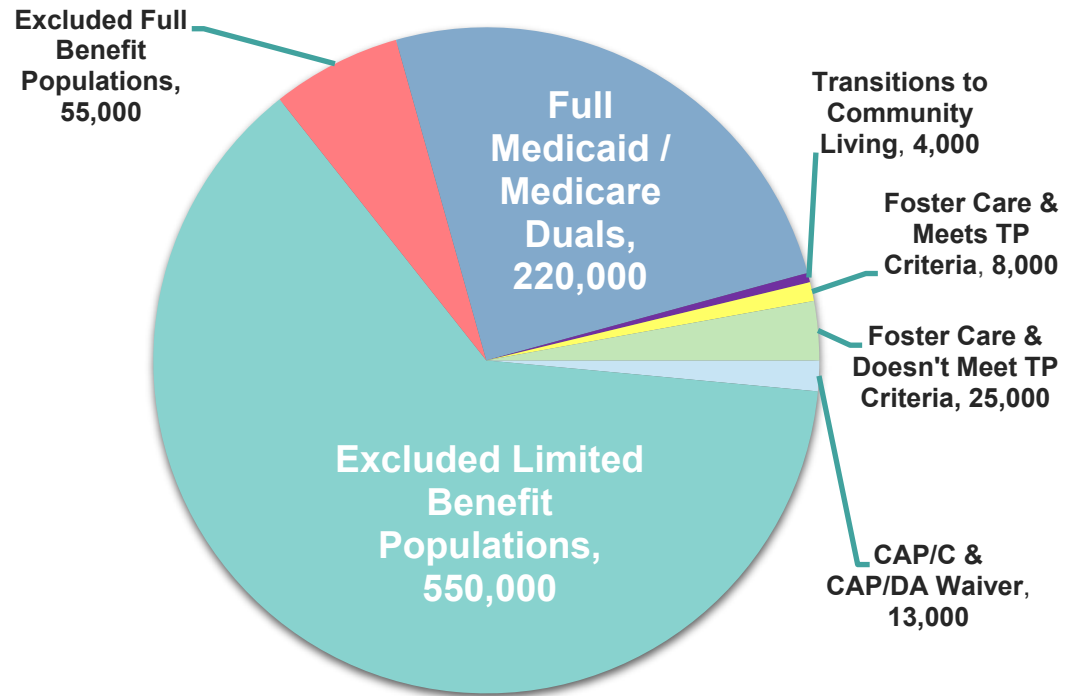


NC Health Choice Move to Medicaid

- The 2022 North Carolina State Budget included a provision to eliminate NC Health Choice as a stand-alone program and fold its benefits into Medicaid. Beneficiaries currently in NC Health Choice will become Medicaid beneficiaries.
- Goal is to implement by Spring 2023. Communication to providers and beneficiaries will begin in December 2022.
- Families with children through age 18 with household incomes equal to or less than 211% of the Federal Poverty Level may enroll those children in Medicaid.
- Approximately 55,000 children will move to Medicaid.
- Allows expanded coverage to beneficiaries
 - Beneficiaries will have access to Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) to discover and treat health conditions before they become serious.
 - Standard recommended vaccines will be covered for enrolled beneficiaries.
 - Beneficiaries are eligible to receive non-emergency transportation to and from medical appointment

Medicaid Expected Enrollment Numbers in December 2022

NC Medicaid Direct



Tailored Plan-Standard Plan Partnering

Tailored Plans are partnering with a Standard Plan to provide an integrated plan with behavioral health and physical health services.

<u>Tailored Plan</u>	<u>Standard Plan Partner*</u>	<u>Leveraging Standard Plan Partner's PH Network</u>
Alliance	WellCare Health Plan	Not at this time
Eastpointe	WellCare Health Plan	Yes, at least partially
Partners	Carolina Complete Health	Yes, at least partially
Sandhills	AmeriHealth Caritas of NC	Yes, at least partially
Trillium	Carolina Complete Health	Yes, at least partially
Vaya	WellCare Health Plan	Not at this time

More information on the Tailored Plan-Standard Plan partnering can be found in the [Contracting with Tailored Plans fact sheet](#)

*Tailored Plans are leveraging their Standard Plan partner for a variety of different functions and additional details can be found [here](#) in the **Contracting with Tailored Plans** Fact Sheet.

Tailored Plan-Standard Plan Partnering

Tailored Plan	Partners and Vendors as of 4/19/2022							
	Standard Plan Partner	Primary Care Contracting Lead	Behavioral Health Contracting Lead	AMH+/CMA Contracting Lead	Hospital Contracting Lead	Pharmacy Benefit Manager (PBM)	Vision Administration	Specialties
Alliance	Wellcare	Alliance	Alliance	Alliance	Alliance	Navitus	Avesis	Northwood: Durable Medical Equipment (DME); WellCare: Complex Labs, Cardiance Imaging, Radiation Oncology, Musculoskeletal, Orthopedics, Imaging Procedures
Eastpointe	WellCare	Wellcare	Eastpointe	Eastpointe	Eastpointe/ WellCare	Express Scripts	WellCare	WellCare (please reach out to Tailored Plan directly with questions)
Partners	Carolina Complete Health	Carolina Complete Health	Partners	Partners	Carolina Complete Health for Physical Health; Partners for Behavioral Health	CVS Caremark	Envolve Vision	Carolina Complete Health
Sandhills	AmeriHealth	AmeriHealth	Sandhills	Sandhills	Sandhills Center/AmeriHealth	PerformRX	AmeriHealth	AmeriHealth
Trillium	Carolina Complete Health	Carolina Complete Health	Trillium	Trillium	Trillium / Carolina Health Complete Health	PerformRX	Envolve Vision	Carolina Complete Health
Vaya	WellCare	Vaya	Vaya	Vaya	Vaya	Navitus	Vaya	Vaya/ Utilization Management (UM) subcontractors TBD

Medicaid Managed Care Provider Directory and Health Plan Look Up Tool

The public version of the **Medicaid and NC Health Choice Provider and Health Plan Lookup Tool** is available at: <https://ncmedicaidplans.gov/enroll/online/find/find-provider?lang=en>. Providers are encouraged to use this tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.

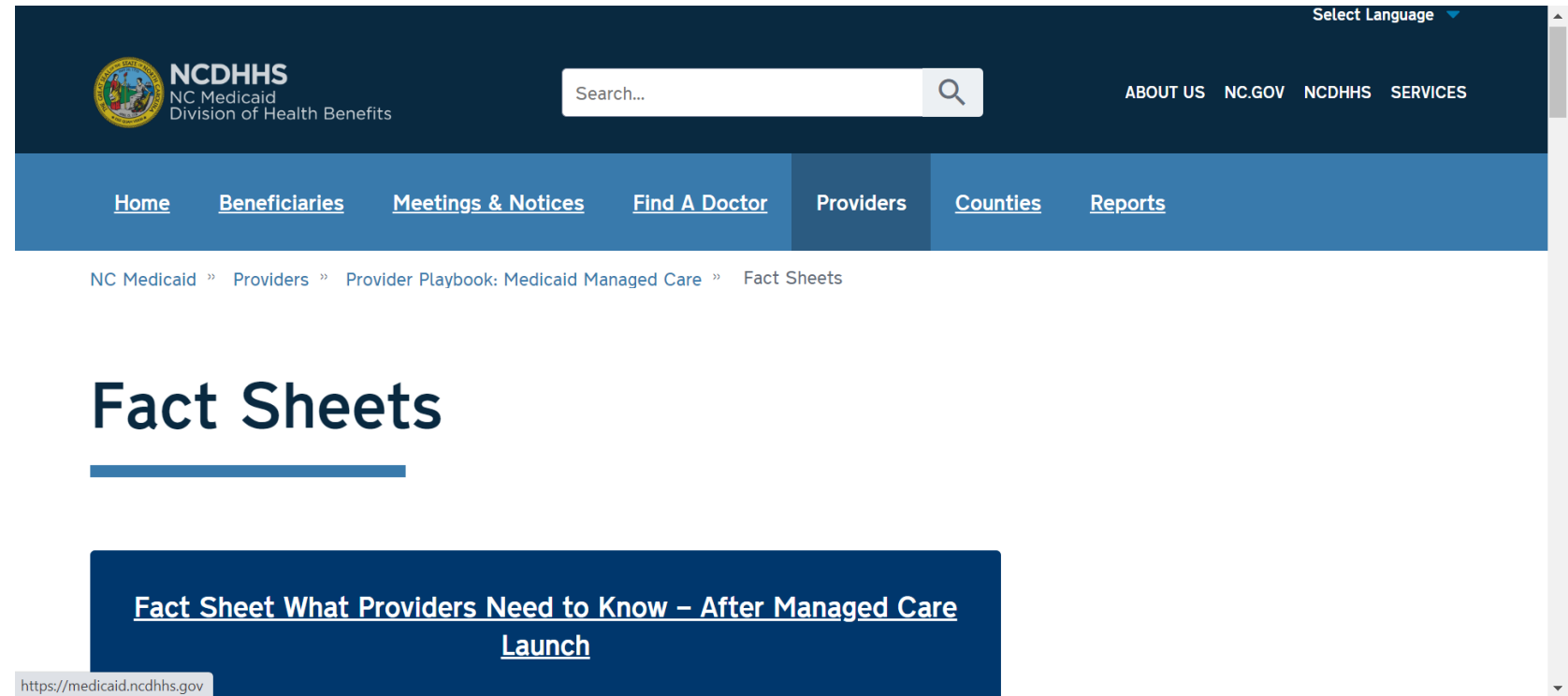
The provider directory contains all active Medicaid and NC Health Choice providers, including primary care providers, specialists, hospitals and organizations. The authenticated portal will be available to beneficiaries beginning **August 15, 2022**.

The screenshot shows the top navigation bar with links for 'CHANGE TEXT SIZE', 'ENGLISH', 'ESPAÑOL', and 'REPORT AN ERROR'. Below this is a header section with the NCDHHS logo, a 'Learn' dropdown menu, a 'Find' dropdown menu, and a 'Contacts and links' section. The main content area features a dark blue banner with the text 'Find a primary care provider (PCP)'. Below the banner, there is a section titled 'View your choices' with a subtext 'Use this page to find and view Health Plans, Providers, and Organizations.' and three images: a woman at a laptop, a couple smiling, and a doctor. A chatbot window is visible in the bottom right corner with the message 'We are closed right now. You can ...'.

For more information, please visit the Provider Playbook for an updated NC Provider Directory fact sheet <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care/fact-sheets#enrollment-broker>

Provider and Health Plan Lookup Tool Fact Sheet

The [Medicaid and NC Health Choice Provider and Health Plan Lookup Tool](#) Fact Sheet is located on the [Provider Playbook Fact Sheet](#) page.

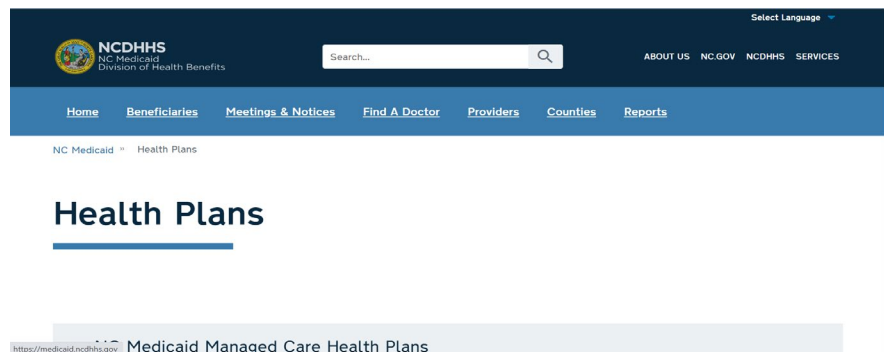
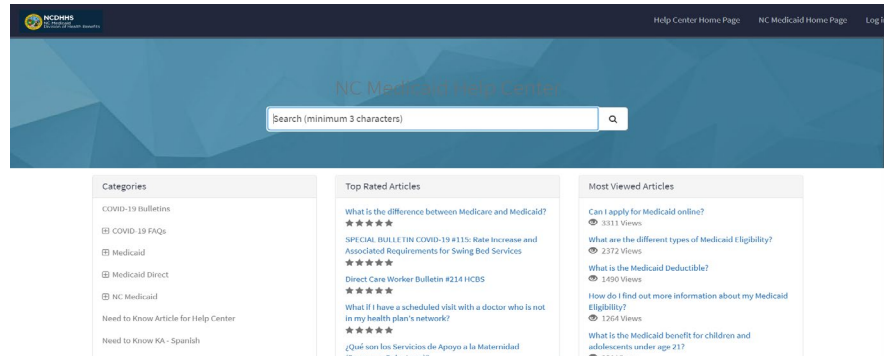


Tailored Plans

- [Tailored Plan Enrollment and Timelines](#)
- [What Providers Need to know Before Tailored Plan Launch](#)

Bulletin & Fact Sheets are posted monthly. It is vital to visit the Provider Playbook on a regular basis to continue viewing up to date materials.

Reminder: Key Provider Information Resources



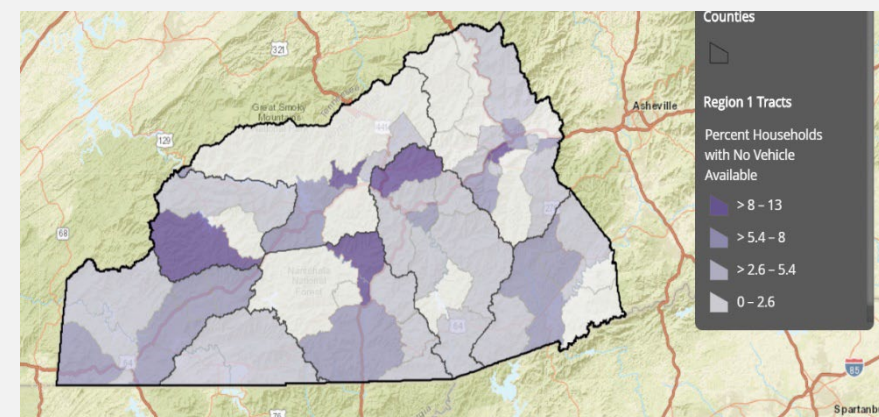
- [NC Medicaid Help Center](#)
- [NCDHHS Transformation website \(Including County & Provider Playbooks\)](#)
- [Health Plan websites](#)

Unmet Health-Related Needs in North Carolina

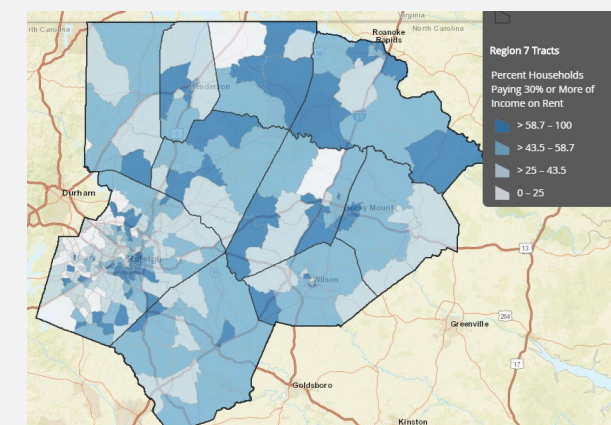
Citizens of North Carolina grapple with the impact of unmet health-related social needs every day.

- Over 1.2 million North Carolinians cannot find **affordable housing**, and one in 28 of the state's children under age six is homeless.
- NC has the 8th highest rate of **food insecurity** in the US, with more than one in five children living in food insecure households.
- 47% of NC women have experienced **intimate partner violence**.
- Nearly 25% of NC children have experienced **adverse childhood experiences (ACEs)**,
- On average 7% of the state population do not have access to a vehicle and report that **lack of transportation** causes them to delay their medical care.

Percent of Households Without Access to a Vehicle*



Percent of Households Pay >30% Income on Rent



*NC Association of Local Health Department regions are represented in the maps above. For more information: [North Carolina Social Determinants of Health by Regions \(arcgis.com\)](https://arcgis.com)

Healthy Opportunities Pilots Regions

The Department procured three (3) Network Leads (NLs) with deep roots in their community that will facilitate collaboration across the healthcare and human service providers. PHPs, Care Managers (CMs), NLs, and Human Service Organizations (HSOs) will work to implement the Pilots in three Pilot regions.

Who's involved?

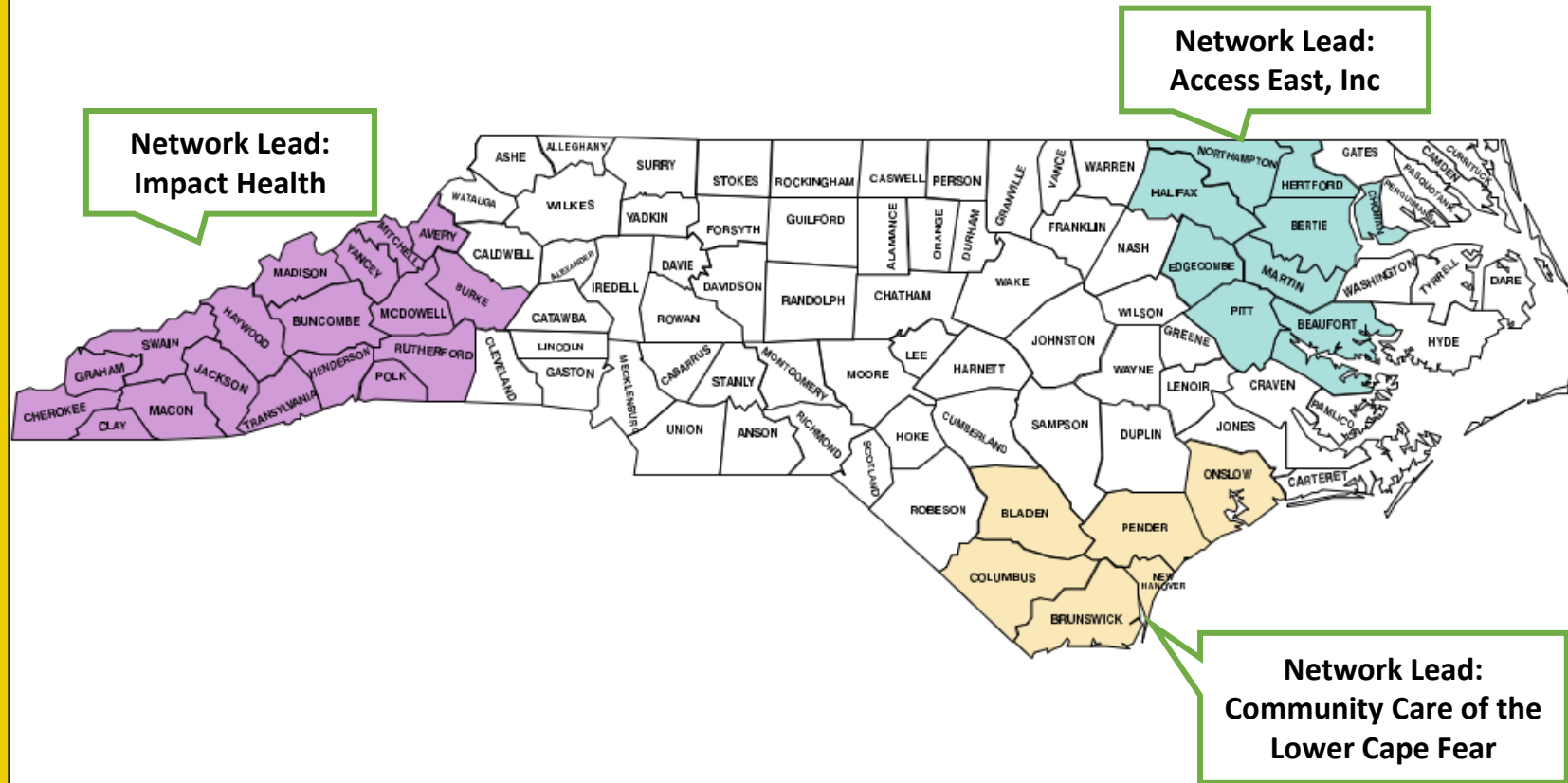
- DHHS, PHPs, CMs, NLs, HSOs, NCCARE360, and you!

Service Domains

- **Housing** (ex. Housing Navigation)
- **Transportation** (Ex. Reimbursement for Health-Related Public Transportation)
- **Food** (Ex. Food and Nutrition Access Case Management Services, Food Boxes/Meals)
- **IPV/Toxic Stress** (Ex. Evidence-Based Parenting Curriculum)
- **Cross-Domain** (Ex. Medical Respite)

Eligibility Criteria

- Enrolled in Medicaid Managed Care
- Live in a Pilot Region
- Have at least one qualifying physical/behavioral condition and one qualifying social risk factor
- Note: There are no age restrictions for eligibility!



For Additional Information Visit: [Healthy Opportunities Pilots | NCDHHS](#)

No Wrong Door: Entry Points into the Pilots

The Pilots is utilizing a “no wrong door” approach to identify and enroll individuals in the program, ensuring that individuals who first show up at various “entry points” can efficiently undergo the Pilot eligibility and service authorization process.

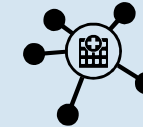
Provider Referral



Referral from Pilot
Participating HSO



Referral from Non-Pilot
Participating HSO



Self/Family Referral



PHP Identification



Care Manager
Assessment



Members at all entry points will be connected to their care manager (at either their health plan or their primary care medical home)

Providers may refer members/families to the PHP. The PHPs will ensure that members are connected to their care manager for Pilot assessment.

Tailored Plans Network Adequacy Standards

DHHS has developed robust network adequacy standards to ensure B I/DD Tailored Plan beneficiaries' access to physical and behavioral health services. BH I/DD Tailored Plans will maintain an open network* for physical health and pharmacy services but are permitted to use a closed network for BH, I/DD, and TBI services.

BH I/DD Tailored Plan Time/Distance Standards for Medicaid

#	BH Service Type	Urban Standard	Rural Standard
1	Primary Care	≥ 2 providers within 30 minutes or 10 miles for at least 95% of members	≥ 2 providers within 30 minutes or 30 miles for at least 95% of members
2	Specialty Care	≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 95% of members	≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 95% of members
3	Hospitals	≥ 1 hospitals within 30 minutes or 15 miles for at least 95% of members	≥ 1 hospitals within 30 minutes or 30 miles for at least 95% of members
4	Pharmacies	≥ 2 pharmacies within 30 minutes or 10 miles for at least 95% of members	≥ 2 pharmacies within 30 minutes or 30 miles for at least 95% of members
5	Obstetrics	≥ 2 providers within 30 minutes or 10 miles for at least 95% of members	≥ 2 providers within 30 minutes or 30 miles for at least 95% of members

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

Tailored Plans Network Adequacy Standards

BH I/DD Tailored Plan Time/Distance Standards for Medicaid

#	BH Service Type	Urban Standard	Rural Standard
6	Occupational, Physical, or Speech Therapists*	≥ 2 providers (of each provider type) within 30 minutes or 10 miles for at least 95% of members	≥ 2 providers (of each provider type) within 30 minutes or 30 miles for at least 95% of members
7	Outpatient BH Services	<ul style="list-style-type: none"> ≥ 2 providers of each outpatient BH service within 30 minutes or 30 miles of residence for at least 95% of members Research-based BH treatment for Autism Spectrum Disorder (ASD): Not subject to standard 	<ul style="list-style-type: none"> ≥ 2 providers of each outpatient BH service within 45 minutes or 45 miles of residence for at least 95% of members Research-based BH treatment for Autism Spectrum Disorder (ASD): Not subject to standard
8	Location-Based Services	<ul style="list-style-type: none"> Psychosocial rehabilitation, Substance Abuse Comprehensive Outpatient Treatment, Substance Abuse Intensive Outpatient Program, and Outpatient Opioid Treatment (OTP): ≥ 2 providers of each service within 30 minutes or 30 miles of residence for at least 95% of members Child and Adolescent Day Treatment Services: Not subject to standard 	<ul style="list-style-type: none"> Psychosocial rehabilitation, Substance Abuse Comprehensive Outpatient, Substance Abuse Intensive Outpatient Program, and Outpatient Opioid Treatment (OTP): ≥ 2 providers of each service within 45 minutes or 45 miles of residence for at least 95% of members Child and Adolescent Day Treatment Services: Not subject to standard

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

Tailored Plans Network Adequacy Standards

BH I/DD Tailored Plan Time/Distance Standards for Medicaid

#	BH Service Type	Urban Standard	Rural Standard
9	Crisis Services	<ul style="list-style-type: none"> Professional treatment services in facility-based crisis program: The greater of: <ul style="list-style-type: none"> 2+ facilities within each BH I/DD Tailored Plan Region, OR 1 facility within each Region per 450,000 total regional population (Total regional population as estimated by combining NC OSBM county estimates). Facility-based crisis services for children and adolescents: ≥ 1 provider within each BH I/DD Tailored Plan Region Non-Hospital Medical Detoxification: ≥ 2 provider within each BH I/DD Tailored Plan Region Ambulatory Detoxification, Ambulatory withdrawal management with extended on-site monitoring, Clinically managed residential withdrawal: ≥ 1 provider of each crisis service within each BH I/DD Tailored Plan Region Medically supervised or alcohol drug abuse treatment center (ADATC) detoxification crisis stabilization (adult): Not subject to standard 	
10	Inpatient BH Services	≥ 1 provider of each inpatient BH service within each BH I/DD Tailored Plan region	
11	Partial Hospitalization	≥ 1 provider of partial hospitalization within 30 minutes or 30 miles for at least 95% of members	≥ 1 provider of partial hospitalization within 60 minutes or 60 miles for at least 95% of members
12	Community/Mobile Services	≥ 2 providers of community/mobile services within each BH I/DD Tailored Plan Region. Each county in BH I/DD Tailored Plan Region must have access to ≥ 1 provider that is accepting new patients.	

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

Tailored Plans Network Adequacy Standards

BH I/DD Tailored Plan Time/Distance Standards for Medicaid

#	BH Service Type	Urban Standard	Rural Standard
13	All State Plan LTSS (except nursing facilities)	≥ 2 LTSS provider types (Home Care providers and Home Health providers, including home health services, private duty nursing services, personal care services, and hospice services), identified by distinct NPI, accepting new patients available to deliver each State Plan LTSS in every county.	
14	Nursing Facilities	≥ 1 nursing facility accepting new patients in every county.	
15	Residential Treatment Services	<ul style="list-style-type: none"> Residential Treatment Facility Services: Access to ≥ 1 licensed provider per BH I/DD Tailored Plan Region, Substance Abuse Medically Monitored Residential Treatment: Access to ≥ 1 licensed provider per BH I/DD Tailored Plan Region (refer to 10A NCAC 27G.3400) Substance Abuse Non-Medical Community Residential Treatment: <ul style="list-style-type: none"> Adult: Access to ≥ 1 licensed provider per BH I/DD Tailored Plan Region (refer to licensure requirements to be determined by the Department) Adolescent: Contract with all designated CASPs within the BH I/DD Tailored Plan's Region Women & Children: Contract with all designated CASPs within the BH I/DD Tailored Plan's Region Substance Abuse Halfway House: <ul style="list-style-type: none"> Adult: Access to ≥1 male and ≥1 female program per BH I/DD Tailored Plan Region (Refer to 10A NCAC 27G.5600E)2 Adolescent: Access to ≥1 program per BH I/DD Tailored Plan Region (Refer to 10A NCAC 27G.5600E) Psychiatric residential Treatment Facilities (PRTFs) & Intermediate Care Facilities for individuals with intellectual disabilities ICF-IID: Not subject to standard 	

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

Tailored Plans Network Adequacy Standards

BH I/DD Tailored Plan Time/Distance Standards for Medicaid

#	BH Service Type	Urban Standard	Rural Standard
16	1915(c) HCBS Waiver Services: NC Innovations	<ul style="list-style-type: none"> Community Living & Support, Community Navigator, Community Networking, Residential Supports, Respite, Supported Employment, Supported Living: ≥ 2 providers of each Innovations waiver service within each BH I/DD Tailored Plan Region. Crisis Intervention & Stabilization Supports, Day Supports, Financial Support Services: ≥ 1 provider of each Innovations waiver service within each BH I/DD Tailored Plan Region. Assistive Technology Equipment and Supplies, Community Transition, Home Modifications, Individual Directed Goods and Services, Natural Supports Education, Specialized Consultation, Vehicle Modification: Not subject to standard 	
17	1915(c) HCBS Waiver Services: NC TBI Waiver (applicable to TBI Waiver participating counties only)	<ul style="list-style-type: none"> Community Networking, Life Skills Training, Residential Supports, Resource Facilitation, In-Home Respite, Supported Employment: ≥ 2 providers of each TBI waiver service within each BH I/DD Tailored Plan Region. Day Supports, Cognitive Rehabilitation, Crisis Intervention & Stabilization Supports: ≥ 1 provider of each TBI waiver service within each BH I/DD Tailored Plan Region. Adult Day Health, Assistive Technology Equipment and Supplies, Community Transition, Home Modifications, Natural Supports Education, Occupational Therapy, Physical Therapy, Speech and Language Therapy, Vehicle Modification: N/A 	

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

Tailored Plans Network Adequacy Standards

Definition of Service Category for Behavioral Health Time/Distance Standards for Medicaid

#	BH Service Type	Definition
1	Outpatient BH Services	<ul style="list-style-type: none"> • Outpatient BH services provided by direct-enrolled providers (adults and children) • Office-based opioid treatment (OBOT) • Research-based BH treatment for Autism Spectrum Disorder (ASD)
2	Location-Based Services (BH I/DD)	<ul style="list-style-type: none"> • Psychosocial rehabilitation • Substance Abuse Comprehensive Outpatient Treatment • Substance Abuse Intensive Outpatient Program • Outpatient Opioid treatment (OTP) (adult) • Child and adolescent day treatment services
3	Crisis Services	<ul style="list-style-type: none"> • Facility-based crisis services for children and adolescents • Professional treatment services in facility-based crisis program (adult) • Ambulatory detoxification • Non-hospital medical detoxification (adult) • Ambulatory withdrawal management with extended on-site monitoring • Medically supervised or alcohol drug abuse treatment center (ADATC) detoxification crisis stabilization (adult)
4	Inpatient BH Services	<p>Inpatient Hospital – Adult</p> <ul style="list-style-type: none"> • Acute care hospitals with adult inpatient psychiatric beds • Other hospitals with adult inpatient psychiatric beds • Acute care hospitals with adult inpatient substance use beds • Other hospitals with adult inpatient substance use beds

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

Tailored Plans Network Adequacy Standards

Definition of Service Category for Behavioral Health Time/Distance Standards for Medicaid

#	BH Service Type	Definition
4	Outpatient BH Services	<p>Inpatient Hospital – Adolescent / Children</p> <ul style="list-style-type: none"> • Acute care hospitals with adolescent inpatient psychiatric beds • Other hospitals with adolescent inpatient psychiatric beds • Acute care hospitals with adolescent inpatient substance use beds • Other hospitals with adolescent inpatient substance use beds • Acute care hospitals with child inpatient psychiatric beds • Other hospitals with child inpatient psychiatric beds
5	Partial Hospitalization	<ul style="list-style-type: none"> • Partial hospitalization (adults and children)
6	Residential Treatment Services	<ul style="list-style-type: none"> • Residential treatment facility services • Substance abuse non-medical community residential treatment • Substance abuse medically monitored residential treatment • Psychiatric residential treatment facilities (PRTFs) • Intermediate care facilities for individuals with intellectual disabilities ICF-IID:
7	Community/Mobile Services	<ul style="list-style-type: none"> • Assertive community treatment • Community support team • Intensive in-home services • Multi-systemic therapy services • Peer supports • Diagnostic assessment

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

Tailored Plans Network Adequacy Standards

Definition of Service Category for Behavioral Health Time/Distance Standards for Medicaid

#	BH Service Type	Definition
8	1915(c) HCBS Waiver Services: NC Innovations	<ul style="list-style-type: none">• Assistive Technology Equipment and Supplies• Community Living and Support• Community Networking• Community Transition• Crisis Services: Crisis Intervention & Stabilization Supports• Day Supports• Financial Support Services• Home Modifications• Individual Directed Goods and Services• Natural Supports Education• Residential Supports• Respite• Specialized Consultation• Supported Employment• Supported Living• Vehicle Modifications
9	1915(c) HCBS Waiver Services: NC TBI Waiver	<ul style="list-style-type: none">• Adult Day Health• Assistive Technology• Cognitive Rehabilitation (CR)• Community Networking• Community Transition

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

Tailored Plans Network Adequacy Standards

Definition of Service Category for Behavioral Health Time/Distance Standards for Medicaid

#	BH Service Type	Definition
9	1915(c) HCBS Waiver Services: NC TBI Waiver	<ul style="list-style-type: none">• Crisis Supports Services• Day Supports• Home Modifications• In Home Intensive Support• Life Skills Training• Natural Supports Education• Occupational Therapy• Physical Therapy• Residential Supports• Resource Facilitation• Respite• Specialized Consultation• Speech and Language Therapy• Supported Employment• Vehicle Modifications

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

BH I/DD Tailored Plan Appointment Wait Time Standards

DHHS has developed robust appointment wait time standards to ensure BH I/DD Tailored Plan members' access to physical and behavioral health services.

Medicaid Appointment Wait Time Standards

#	Service Type	Appointment Wait Time Standard
Primary Care		
1	Preventive Care Service – adult, 21 years of age and older	Within thirty (30) calendar days
1a	Preventive Care Services – child, birth through 20 years of age	Within fourteen (14) calendar days for member less than six (6) months of age Within thirty (30) calendar days for members six (6) months or age and older.
2	After-Hours Access – Emergent and Urgent	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
3	Urgent Care Services	Within twenty-four (24) hours
4	Routine/Check-up without Symptoms	Routine/Check-up without Symptoms

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

BH I/DD Tailored Plan Appointment Wait Time Standards

Medicaid Appointment Wait Time Standards

#	Service Type	Appointment Wait Time Standard
Prenatal Care		
5	Initial Appointment – 1st or 2nd Trimester	Within fourteen (14) calendar days
5a	Initial Appointment – high risk pregnancy or 3rd Trimester	Within five (5) calendar days
Specialty Care		
6	After-Hours Access – Emergent and Urgent	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
7	Urgent Care Services	Within twenty-four (24) hours
8	Routine/Check-up without Symptoms	Within thirty (30) calendar days

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

BH I/DD Tailored Plan Appointment Wait Time Standards

Medicaid Appointment Wait Time Standards

#	Service Type	Appointment Wait Time Standard
Behavioral Health, I/DD, and TBI Services		
9	Mobile Crisis Management Services	Within two (2) hours
10	Facility-Based Crisis Management Services (FBC for Child & Adolescent, FBC for Adults, Non-Hospital Medical Detox)	Emergency Services available immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
11	Emergency Services for Mental Health	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
12	Emergency Services for SUDs	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
14	Urgent Care Services for Mental Health	Within twenty-four (24) hours
15	Urgent Care Services for SUDs	Within twenty-four (24) hours

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)

BH I/DD Tailored Plan Appointment Wait Time Standards

Medicaid Appointment Wait Time Standards

#	Service Type	Appointment Wait Time Standard
Behavioral Health, I/DD, and TBI Services		
16	Routine Services for Mental Health	Within fourteen (14) calendar days
17	Routine Services for SUDs	Within forty-eight (48) hours

Source: Tailored Plan Request for Application: [Addendum 3, Section VII, Attachments A-P](#)