



**Standard Plan Questions?**  
Please call Trillium at 1-866-998-2597

Starting at the end of June, most Medicaid beneficiaries will receive letters from N.C. Medicaid telling them it is time for them to choose a Health Plan. They will have a choice of four (4) or five (5) private health insurance plans, depending upon where they live. They can either choose a plan or N.C. Medicaid will assign them to a plan. These new plans will manage physical health, pharmacy, and behavioral health services for people with moderate behavioral health needs. These health insurance plans are called Standard Plans.

Specialized health plans, called Tailored Plans, will be implemented in two years (2021). These plans are designed for Medicaid beneficiaries with serious behavioral health needs, intellectual and other developmental disabilities, and Traumatic Brain Injuries (TBI). Trillium and other MCOs currently serve this population. Between now and then, those people can choose to continue to get all of their services the way they do today. However, they could also choose to enroll in a Standard Plan. There are some things to consider in making that decision:

**Are they receiving intensive mental health services known as “enhanced benefits?”**

These services include Intensive In-Home, Assertive Community Treatment Team, Community Support Team, and others. Those services are not available to people enrolled in Standard Plans.

**Are they receiving special Medicaid services known as B3 Services?**

([https://www.trilliumhealthresources.org/sites/default/files/docs/b3\\_service\\_definitions.pdf](https://www.trilliumhealthresources.org/sites/default/files/docs/b3_service_definitions.pdf))? These include Respite, Supported Employment, and Individual Support. Those services are not available to people enrolled in Standard Plans.

**Are they on the waiting list for the Innovations Waiver and receiving State funded services, B3 services, or both?**

([https://www.trilliumhealthresources.org/sites/default/files/docs/b3\\_service\\_definitions.pdf](https://www.trilliumhealthresources.org/sites/default/files/docs/b3_service_definitions.pdf))? These include Respite, Supported Employment, and Individual Support. Those services are not available to people enrolled in Standard Plans.

**Are they receiving any State funded services?**

These services could include group or independent living services or personal assistance. Those services are not available to people enrolled in Standard Plans.

**Does their income change during the year so that sometimes they are not covered by Medicaid?**

When that happens, do they access State funded mental health services? State funded services are not available to people enrolled in Standard Plans.