

**North Carolina Department of Health and Human Services (DHHS)
Tailored Care Management Technical Advisory Group (TAG) Meeting #31 (Conducted Virtually)
June 28, 2024**

Tailored Care Management TAG Members	Organization
Erin Lewis	B&D Integrated Health Services
Julie Quisenberry (absent; represented by Darlene Webb)	Coastal Horizons Center
Billy West (absent)	Daymark
Denita Lassiter	Dixon Social Interactive Services
Luevelyn Tillman (absent)	Greater Vision Counseling and Consultants
Keischa Pruden (absent)	Integrated Family Services, PLLC
Haley Huff (absent; represented by Joanna Finer)	Pinnacle Family Services
Sandy Feutz	RHA
Lisa Poteat (absent; represented by Rhonda Dark)	The Arc of NC
Eleana McMurry, LCSW	UNC Center for Excellence in Community Mental Health
Donna Stevenson	Alliance Health
Lynne Grey (absent; represented by Wyatt Bell)	Partners Health Management
Cindy Ehlers (absent)	Trillium Health Resources
Chris Bishop (absent)	Vaya Health
Cindy Lambert (absent)	Cherokee Indian Hospital Authority
Jessica Aguilar (absent)	N/A
Pamela Corbett (absent)	N/A
Jonathan Ellis (absent)	N/A
Alicia Jones (absent)	N/A
NC DHHS Staff Members	Title
Kristen Dubay	Chief Population Health Officer, NC Medicaid
Andrew Clendenin	Deputy Director of Population Health, NC Medicaid
Loul Alvarez	Associate Director, Population Health, NC Medicaid
Regina Manly	Senior Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Gwendolyn Sherrod	Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Eumeka Dudley	Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Tierra Leach	Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health

Agenda – Eumeka Dudley

- Welcome and Roll Call
- Tailored Care Management Provider Updates
- Additional Tailored Care Management Updates
- Tailored Plan Launch
- Additional Questions/Public Comments

Tailored Care Management Provider Updates (slides 7-10) – Eumeka Dudley

The Department released an updated Tailored Care Management Provider Manual on June 18, 2024. Please find a link to the updated Provider Manual [here](#) and the link to the memo summarizing all updates [here](#).

Below are two key updates for which the Department provided additional detail during the TAG:

- ***Clinically-Appropriate Assistive Technologies for Qualifying Contacts:*** The updated Provider Manual includes a new policy that notes that for members who request accommodations due to relevant health conditions, contacts can be delivered, at the discretion of the Tailored Plan / LME/MCO, AMH+, or CMA, using clinically-appropriate technologies (e.g., speech-to-text application, secure platforms for two-way instant messaging/texting).
- ***Clarification on Care Management Documentation:*** The updated Provider Manual also clarifies that a care management data system can either be a care management software platform *or* a care management module within the EHR.

TAG members and other participants asked the following questions about the use of clinically-appropriate assistive technologies for qualifying contacts:

- One TAG member asked if a formal request from a physician or other provider must be submitted for member contacts to be delivered using clinically-appropriate assistive technologies.
 - The Department clarified that a formal request from a physician or other provider is not required. Members may request an accommodation through a process at the discretion of the Tailored Plan / LME/MCO, AMH+, or CMA.
- A participant asked if it would be acceptable to use assistive technologies when a member is unable to answer the phone (e.g., the member is at work).
 - The Department stated that unless a member requested an accommodation due to relevant health condition, then a qualifying contact cannot be delivered through assistive technologies.

Additional Tailored Care Management Updates (slides 11-13) – Eumeka Dudley

The 1915(i) assessment tool has been updated and is now live on the Tailored Care Management webpage, [here](#). All providers are expected to transition to the updated assessment tool by 9/30/24.

Tailored Plan Launch (slides 14-27) – Tierra Leach

Tailored Plans launched statewide on July 1, 2024. Tailored Plans are a new NC Medicaid Managed Care health plan for people with serve individuals with significant behavioral health conditions, an intellectual/development disability (I/DD), and/or a traumatic brain injury (TBI). With a Tailored Plan, a

members' physical health, pharmacy, behavioral health, I/DD, TBI, long-term services and supports (LTSS), and unmet health-related resource needs are all addressed in one health plan.

All members enrolled in Tailored Plans are eligible for Tailored Care Management, unless they are receiving a duplicative service. Individuals receiving Tailored Care Management prior to Tailored Plan launch will continue to get Tailored Care Management from their existing assigned care manager. Individuals will not experience any disruption in their care management. Individuals receiving a duplicative service cannot receive Tailored Care Management.

Additional information on the four Tailored Plans, how members can get a Tailored Plan, what is new and what is staying the same for members enrolled in Tailored Plans, and what populations are not moving to Tailored Plans are included in the [June TAG deck](#).

The Department thanks all TAG members for their support and continued partnership throughout the launch of Tailored Plans.

Additional Questions/Public Comments (slides 28-31) – Tierra Leach

The Department asked the TAG about specific topics that participants would like to discuss in future TAG meetings. TAG members proposed the following items:

- An update on the launch of Tailored Plans.
- An update on the piloting of the Tailored Care Management monitoring tool.
- Discuss what to do if a member is unresponsive to a care manager's attempt to engage them in Tailored Care Management.
- Discuss additional Tailored Care Management payment rate changes.
 - As noted in the [May TAG](#), the Department does not anticipate any additional extensions on the payment rate increase. As providers plan for the year ahead, please take into account the final payment rates and implications for their organizations.
- Discuss the role of a care manager in medication reconciliation.
 - The Department would like to clarify that care managers are expected to coordinate and facilitate regular medication reconciliation (conducted by the appropriate care team member—e.g., primary care physician, community pharmacist, psychiatrist), but they are not expected to directly conduct the medication reconciliation. Additional information on the role of care managers in medication reconciliation can be found in the Frequently Asked Questions on Tailored Care Management.

The Department opened up the meeting to the full group to ask any additional questions. One TAG member asked if plans have translation services available to ensure effective communication between care teams and members whose primarily language may not be English.

- The Department noted multiple LME/MCOs offer translation services and to reach out to your LME/MCO for additional information.

Tailored Care Management TAG members are encouraged to send any feedback or suggestions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.