

North Carolina's Behavioral Health and Intellectual/Developmental Disability Tailored Plans: Non-Binding Statement of Interest for Potential Advanced Medical Home Plus Practices and Care Management Agencies

Introduction

Background

Behavioral Health and Intellectual/Developmental Disability (BH I/DD) Tailored Plans will launch in July 2021, serving individuals with serious behavioral health disorders (serious mental illness, serious emotional disturbance, and/or substance use disorders), intellectual/developmental disabilities (I/DDs), and traumatic brain injuries (TBIs).¹ In May 2019, the North Carolina Department of Health and Human Services (the Department) released a [policy paper](#) describing the care management model that will be associated with BH I/DD Tailored Plans, known as "Tailored Care Management." Tailored Care Management will be at the heart of the BH I/DD Tailored Plan program and will provide the "glue" for integrated care, fostering communication and collaboration among care team members across disciplines and settings. Tailored Care Management will be an intensive, robust model that will be available to all BH I/DD Tailored Plan members, with limited exceptions.²

The Department, BH I/DD Tailored Plans, and providers serving the BH I/DD Tailored Plan population will all play important roles in the success of Tailored Care Management. **The Department's vision is that BH I/DD Tailored Plan members have access to care management that takes a whole-person approach, is community-based, and is grounded in authentic relationships. In alignment with this vision, Tailored Care Management will be provided primarily by care managers affiliated with provider organizations that are certified as Advanced Medical Home Plus (AMH+) practices and Care Management Agencies (CMA).**³ As described below, AMH+ practices will be a subset of existing Tier 3 AMHs that have experience serving the BH I/DD Tailored Plan eligible population, and CMAs will be other provider organizations that serve the BH I/DD Tailored Plan eligible population in North Carolina today. BH I/DD Tailored Plans will be required to contract for Tailored Care Management with certified AMH+s and CMAs in their regions and, over time, increase the proportion of their populations receiving Tailored Care Management at the AMH+/CMA level along a "glide path." The Department envisions that 80% of Tailored Care Management is provided through AMH+s and CMAs by Year 4 of BH I/DD Tailored Plan implementation.

This fall, the Department will release a Provider Manual for AMH+ and CMA applicants that will contain the full criteria for certification as well as more detail on the timeline and process for certification.

The purposes of this document are to:

1. Provide guidance for potential AMH+s and CMAs about the type of organizations that will be eligible to apply for certification and outline the certification criteria at a high level ahead of the release of the Provider Manual;

¹ The full BH I/DD Tailored Plan eligibility criteria are available in the [BH I/DD Tailored Plan Eligibility and Enrollment Final Policy Guidance](#) and July 2019 updated [guidance documents](#).

² Individuals obtaining Assertive Community Treatment (ACT) or who are residing in an intermediate care facility for individuals with intellectual disabilities (ICF-IID) will not be eligible for Tailored Care Management because these individuals obtain case management that is duplicative with Tailored Care Management.

³ Care managers affiliated with an AMH+ or CMA may be employed by either the certified provider organization (i.e., the AMH+ or CMA) or a Clinically Integrated Network (CIN). For additional information on CINs, see page 2.

2. Outline the anticipated timelines for certification of AMH+s and CMAs; and
3. Solicit non-binding Statements of Interest for potential AMH+ and CMA applicants, as detailed in Attachment A.

AMH+ and CMA applicants can refer to the [policy paper](#) for additional detail on the Tailored Care Management model. Potential AMH+s and CMAs should note that the details in that paper are subject to change, in part in response to public comments that were submitted to the Department from May 29, 2019 through June 28, 2019. The comment period for the policy paper is now closed.

AMH+ and CMA Certification Criteria

A high-level description of the certification criteria for AMH+s and CMAs is below; this description does not necessarily encompass all criteria that will ultimately be included in the Provider Manual, and details are subject to change prior to the release of the Manual.

1. *Eligibility*

- An **AMH+** is a primary care practice certified by the Department as an AMH Tier 3⁴ that has specific experience delivering primary care services to the BH I/DD Tailored Plan eligible population in North Carolina and will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model. To be eligible to become an AMH+, the practice must intend to become a network primary care provider for BH I/DD Tailored Plans.
- A **CMA** is a provider organization with experience delivering behavioral health, I/DD, and/or TBI services to the BH I/DD Tailored Plan eligible population in North Carolina that will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model. To be eligible to become a CMA, an organization must have as its primary purpose the delivery of NC Medicaid, NC Health Choice, or state-funded services, other than care management, to the BH I/DD Tailored Plan eligible population in North Carolina.

The Department recognizes that many AMH+s and CMAs will choose to contract with a “**Clinically Integrated Network or Other Partner**.” Clinically Integrated Networks (CINs) are entities with which practices choose to partner to share responsibility for specific functions and capabilities required to operate as an AMH+ or CMA. Examples of these functions and capabilities include data aggregation, risk stratification, and employment of care managers. A CIN could be part of a hospital or health system to which an organization already belongs or is otherwise affiliated, or a group of practices. CINs can partner with other entities, such as independent nonprofit organizations delivering data/analytic support and care management to a practice or group of practices, or population health companies that have the capability to connect practices as integrated networks of care. **While the Department expects that many AMH+s and CMAs will elect to work with a CIN/Other Partner, organizations are not required to do so to become certified as an AMH+ or CMA.**

⁴ Details on AMH Tier 3 attestation can be found in the [AMH Provider Manual](#).

2. Organizational Standing and Experience

AMH+s and CMAs will be required to demonstrate experience with serving the BH I/DD Tailored Plan eligible population, demonstrate their provider relationships and linkages, and demonstrate that they have the capacity and financial sustainability to establish care management as a service line.

3. Staffing

An AMH+ or CMA will be required to demonstrate that its care managers meet the minimum qualifications for Tailored Care Management. Proposed minimum qualifications were released as part of the May 2019 [policy paper](#). The Department is finalizing minimum qualifications based on stakeholder feedback. If the AMH+ or CMA proposes to draw on CIN-level care management staff, it will be required to show that the AMH+ or CMA has control akin to hiring and terminating such staff from its site, to ensure full integration with the organization's team to the greatest extent possible.

4. Ability to Deliver Whole-Person, Multidisciplinary, Integrated Care Management

An AMH+ or CMA will be required to demonstrate that it is ready to:

- Engage patients in the Tailored Care Management model;
- Perform a care management comprehensive assessment;
- Develop a care plan/individual support plan;
- Form a care team;
- Deliver ongoing care management that integrates coordination of care, individual and family support, health promotion, case conferences, and care transitions requirements; and
- Have ongoing in-person contact with members, as described in the May 2019 [policy paper](#).

5. Population Health and Health Information Technology Requirements

AMH+s and CMAs will be required to use an electronic health record and have a system of record for care management. An AMH+ or CMA will be required to have access to admission, discharge, transfer (ADT) feeds and use them to respond to high-need alerts (see the existing [AMH Provider Manual](#) for additional detail). An AMH+ or CMA will be required to empanel its population under Tailored Care Management.

6. Training

Care managers and supervising care managers will be required to undergo training on the Tailored Care Management model covering a standardized set of topics. The Department will include a full list of required training topics in the forthcoming Provider Manual.

Timelines

The Department anticipates the following timeline for AMH+ and CMA certification and Tailored Care Management launch, which is subject to change:

- **Fall 2019:** Release of Provider Manual including full certification criteria and questions
- **January 2020:** Closing date for AMH+ and CMA applications for the first round of provisional certification
- **Late Winter 2020:** BH I/DD Tailored Plan Request for Applications released
- **Late Spring/Early Summer 2020:** Provisional AMH+ and CMA certifications awarded to the first round of applicants; BH I/DD Tailored Plan contracts awarded
- **Summer 2020–April 2021:** Contracting phase between BH I/DD Tailored Plans and AMH+s and CMAs

- **Summer/Early Fall 2020:** Closing date for AMH+ and CMA applications for the second round of provisional certification
- **Early 2021:** Provisional AMH+ and CMA certifications awarded to the second round of applicants
- **Spring 2021:** Final certification of AMH+s and CMAs and contracting with BH I/DD Tailored Plans
- **July 2021:** BH I/DD Tailored Plans go live

Rate setting for BH I/DD Tailored Plans will occur in parallel with this process. The Department will finalize the rates for Tailored Care Management after provisional certification takes place. Provisional certification is non-binding on provider organizations.

Attachment A: Voluntary, Non-Binding AMH+ or CMA Statement of Interest Template

Instructions

Organizations interested in serving as an AMH+ or CMA are encouraged to submit a Statement of Interest (SOI) by completing the form below. Submission of a Statement of Interest is voluntary and non-binding. Failure to submit a Statement of Interest will not preclude an organization from submitting an application for certification as an AMH+ or CMA. Submission of a Statement of Interest does not obligate an organization to submit an application for certification as an AMH+ or CMA and will not impact the evaluation of certification applications.

Notice Regarding Confidentiality

As provided for in the North Carolina Administrative Code (NCAC), including but not limited to 01 NCAC 05B .0210, 09 NCAC 06B .0103 and 09 NCAC 06B .0302, all information and documentation relative to the development of a contractual document for a proposed procurement or contract shall be deemed confidential in nature, except as deemed necessary to develop a complete contractual document. In accordance with these and other applicable rules and statutes, such material shall remain confidential until the award of a contract or until the need for the procurement no longer exists.

Any proprietary or confidential information, which conforms to exclusions from public records as provided by NCGS Chapter 132, **must be clearly marked as such and reflected in a separate, redacted copy of the SOI.** By submitting a redacted copy, the organization warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors that the portions marked confidential and redacted meet the requirements of NCGS 132. The organization must identify the legal grounds for asserting that the information is confidential, including the citation to state law.

Under State procurement rules and practices, vendors submitting offers, bids, quotes or proposals in response to competitive or other procurement solicitations are typically prohibited from designating cost information as confidential. However, since the purpose of this SOI is to survey the market for information to assist with the development of a proposed procurement and not to award a contract, organizations should mark and redact any proprietary or confidential cost information which meets the requirements of NCGS 132-1.2.

Submission Instructions

Interested organizations should use the downloadable PDF document to complete their Statement of Interest. Organizations should save and electronically submit their completed Statement of Interest Template as an email attachment to Kelsi Knick at kelsi.knick@dhhs.nc.gov by 5:00PM ET on Thursday, October 10, 2019. The email's subject line should be "Statement of Interest: Tailored Care Management."

Statement of Interest Template

Please provide answers to the following questions to indicate your non-binding interest in potentially participating in North Carolina's Tailored Care Management model as an AMH+ or CMA.

1. Provide the full name of the potential AMH+ or CMA.
2. Provide the site-level NPI(s) of the potential AMH+ or CMA in the box below, or submit via email as an attachment with your completed Statement of Interest form.
3. Please identify the LME-MCO region(s) in which you would be interested in serving as an AMH+ or CMA.⁵ (See Attachment B for a map of LME-MCO regions; please note that these regions are different from Standard Plan regions.)
 - a. Vaya Health
 - b. Partners Behavioral Health Management
 - c. Cardinal Innovations Healthcare Solutions
 - d. Sandhills Center
 - e. Alliance Health
 - f. Eastpointe
 - g. Trillium Health
4. Is the entity named in #1 a current:
 - a. Primary care practice interested in becoming an AMH+; or
 - b. Provider organization interested in becoming a CMA, meaning that the organization has experience delivering behavioral health, I/DD, and/or TBI services to the BH I/DD Tailored Plan eligible population in North Carolina and has as its primary purpose the delivery of NC Medicaid, NC Health Choice, or state-funded services, other than care management, to the BH I/DD Tailored Plan eligible population in North Carolina; or
 - c. Clinically Integrated Network; or
 - d. Another type of entity? Briefly describe.
5. Please describe the population(s) your AMH+ or CMA would serve, including individuals with mental health and substance use disorders and/or individuals with an I/DD or TBI, including those on the Innovations Waiver or TBI Waiver.
6. Does your organization serve adults, children, or both?
7. Does your organization currently provide the High Fidelity Wraparound model? If not, is it interested in doing so?
8. Approximately how many beneficiaries would your organization anticipate being able to serve in Tailored Care Management on an annual basis? Please describe if your response timeframe is other than an annual basis.

⁵ The Department intends to release final BH I/DD Tailored Plan regions in the RFA. For the purposes of this document, please indicate the LME-MCO regions that you are interested in serving.

9. Is there any other information you would like to provide?
10. What additional information about AMH+ and CMA certification would be helpful for the Department to include in the forthcoming Provider Manual?

I understand the purpose of this Statement of Interest is to survey the market for information described therein and not for the purpose of entering into or awarding a contract. Information obtained through the non-binding Statement of Interest process may also be used to develop the AMH+ and CMA certification application.

<Signature>

<Typed Name of Signee>

<Title>

<Organization>

<Date Signed>

Attachment B: Map of LME-MCO Regions

