

**North Carolina’s Tailored Care Management Model:  
Non-Binding Statement of Interest for Potential Clinically Integrated Networks and Other Partners**

**Introduction**

Behavioral Health and Intellectual/Developmental Disability (BH I/DD) Tailored Plans will launch on July 1, 2022, serving individuals with serious behavioral health disorders (serious mental illness, serious emotional disturbance, and/or severe substance use disorders), intellectual/developmental disabilities (I/DDs), and traumatic brain injuries (TBIs). The Department envisions 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—the care management program for BH I/DD Tailored Plans—will ultimately be provided primarily by care managers affiliated with provider organizations that the Department certifies as Advanced Medical Home Plus (AMH+) practices and Care Management Agencies (CMA).<sup>1</sup>

The Department recognizes that many AMH+ practices and CMAs will choose to contract with a **“Clinically Integrated Network (CIN) or Other Partner”** to share responsibility for specific functions and capabilities required to operate as an AMH+ practice or CMA and meet the requirements of the Tailored Care Management model.<sup>2</sup> AMH+ practices and CMAs may choose to contract with any individual CIN or multiple CINs and/or Other Partners that best meet their needs. **CINs and Other Partners supporting AMH+ practices and CMAs may take many forms, and the Department encourages innovation and market movement to support this model.**

The Department understands that providers pursuing AMH+ practice or CMA certification are looking for additional information about the North Carolina CIN or Other Partner market to understand their options for contracting in advance of the certification process and BH I/DD Tailored Plan launch. Providers are particularly interested in the HIT functions that CINs and Other Partners may offer to help them move toward clinical integration and be a successful provider of Tailored Care Management. To this end, the purposes of this document are to:

1. Solicit non-binding Statements of Interest from CINs and Other Partners;
2. Provide public-facing information to potential AMH+ practices and CMAs about the type of services offered by CINs and Other Partners that may assist with meeting the requirements for Tailored Care Management; and
3. Provide additional information about CIN and Other Partner capabilities that inform future Department decision-making around clinical integration, the AMH+ program, and Tailored Care Management.

**Submission of a Statement of Interest is voluntary and non-binding for CINs or Other Partners and all questions included in this template are optional. The Department intends to make the responses to this Statement of Interest submitted by CINs or Other Partners publicly available.**

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<sup>1</sup> Additional information on the Tailored Care Management model is provided available in the [Tailored Care Management Provider Manual](#) and the Department’s [Care Management Strategy for Behavioral Health and Intellectual/Developmental Disability Tailored Plans](#).

<sup>2</sup> The Department recognizes that AMH+ practices and CMAs may decide to enter into arrangements with LME-MCOs in their capacity as BH I/DD Tailored Plan awardees (or later, as BH I/DD Tailored Plans) for use of their health information technology (HIT) products or platforms for care management, in order to meet the care management data system requirements. In this scenario, the BH I/DD Tailored Plan would be considered an “Other Partner” (not a CIN) for HIT support only.

## Attachment A: Voluntary, Non-Binding CIN or Other Partner Statement of Interest Template

### Overview

Organizations interested in serving as CIN or Other Partner in the Tailored Care Management Model 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 acting as a CIN or Other Partner in the Tailored Care Management model. The Department understands LME-MCOs are having conversations with potential AMH+ practices and CMAs to act as an "Other Partner" for HIT support and does not expect LME-MCOs to respond to this Statement of Interest.

### 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 the Tailored Care Management team at [Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov) by 5:00PM ET on June 4, 2021. The email's subject line should be "CIN or Other Partner Statement of Interest: Tailored Care Management."**

### Notice Regarding Public Records and Trade Secrets

Under State law, responses to this request for Statements of Interest are Public Records and subject to inspection, copy and release to the public unless exempt from disclosure by statute. Organizations responding (Respondent) are encouraged to review Chapter 132 (Public Records) and Article 24 of Chapter 66 (Trade Secrets Protection Act) of the North Carolina General Statutes.

Any proprietary or confidential information included the Respondent's Statement of Interest which conforms to exclusions from public records as provided by Chapter 132 of the General Statutes must be clearly marked as such with **each page containing the trade secret or confidential information identified with bold type as "CONFIDENTIAL."** **If only a portion of each page marked "CONFIDENTIAL" contains trade secret information, the trade secret information shall be designated with a contrasting color or by a box around such information.**

If Respondent marks any page as confidential, Respondent shall:

1. Include a statement identifying the legal grounds for asserting that the information is confidential, including the citation to State law.
2. Submit a redacted copy of its Statement of Interest. Redacted copies must clearly indicate where information has been redacted. Redaction means to edit the document by obscuring information that is considered confidential and proprietary. In lieu of redacting information by obscuring, Respondent may replace the information, paragraphs, or pages with the word "Redacted."

By submitting a redacted copy, the Respondent warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors, that the material marked confidential and redacted is, in fact, a trade secret under N.C.G.S. 66-152(3) and meets the requirements of Chapter 132 of the General Statutes.

Redacted copies provided to the Department may be released in response to public record requests without notification to the Respondent. Information submitted by Respondent that is not marked "Confidential" or "Trade Secret" will become a public record.

## 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 a CIN or Other Partner.

1. Provide the full name of the potential CIN or Other Partner.
2. Are you presently contracted with AMH practices as a CIN or Other Partner to AMH practices? If yes, how many AMH lives will you be covering?
3. Identify the BH I/DD Tailored Plan region(s) in which you would be interested in serving as a CIN or Other Partner.<sup>3</sup> (See Attachment B for a list of BH I/DD Tailored Plan Regions and corresponding counties; please note that these regions are different from Standard Plan regions).
  - Region 1
  - Region 2
  - Region 3
  - Region 4
  - Region 5
  - Region 6
  - Region 7
4. Is the entity named in #1 a current:
  - Hospital/health system
  - Integrated delivery network
  - Independent practice association
  - Managed services organization (MSO)
  - Another provider-based network or association
  - Another provider
  - Technology vendor
  - Another type of entity (please briefly describe)
5. Indicate the types of providers your organization intends to serve. Check all that apply.
  - CMAs operated by BH providers
  - CMAs operated by I/DD or TBI providers
  - AMH+ practices
  - Other (please briefly describe)
6. Indicate the services you would be able to provide to AMH+ practices or CMAs to meet Tailored Care Management requirements. Check all that apply.
  - Care management staffing
  - Clinical consultants
  - Clinical protocols/workflows
  - Health information technology (HIT) services, including, but not limited to, a care management data system
  - Other

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<sup>3</sup> The Department will finalize BH I/DD Tailored Plan regions after award of the BH I/DD Tailored Plans. For the purposes of this document, please indicate the regions that you are interested in serving.

7. If you expect to offer a care management data system to AMH+ practices or CMAs, indicate the functions your system is capable of offering. Check all that apply.
- Maintain up-to-date documentation of members enrolled in Tailored Care Management and assignments of individual members to care managers
  - Electronically document and store care management comprehensive assessments and re-assessments
  - Electronically document and store care plans and individual support plans (ISPs)
  - Consume claims and encounter data
  - Provide role-based access to members of the multidisciplinary care team
  - Electronically and securely transmit care management comprehensive assessments, care plans or ISPs, and care reports/summaries to multidisciplinary care team members to support case conferences
  - Electronically track care management encounters
  - Track referrals
  - Support risk stratification, including identification of rising risk patients
  - Provide clinical care alerts based on changing clinical/claims information
  - Support practice population health analytics
  - Integrate with local Electronic Health Records or clinical systems to exchange data
  - Other care management services (not mentioned; please briefly describe)
8. Does your organization expect to be able to provide access to ADT data to support care management performed by AMH+ practices or CMAs?
- Yes
  - No
  - Unsure
9. Please provide any additional details on the capabilities reflected in questions #6, #7, and #8 that you think would be useful to providers (up to two pages).
10. Does your organization intend to contract with BH I/DD Tailored Plans on behalf of AMH+ practices or CMAs?
- Yes
  - No
  - Unsure
11. Will your organization charge fees to providers that obtain AMH+ practice or CMA certification to use your services? If yes, how will these fees be structured (e.g., PMPM, one-time cost upfront, per user cost, etc.)?
12. If your organization will charge fees to providers, what will be the cost of those fees?
13. Is there any other information you would like to make available to potential AMH+ practices or CMAs?
14. Please provide the contact information you would like to make publicly available for interested providers to reach out to.

Contact Person and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

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 will be posted publicly by DHHS.

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<Signature>

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<Typed Name of Signee>

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<Organization>

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<Date Signed>

**Attachment B: List of BH I/DD Tailored Plan Regions and Counties**

<b>BH I/DD Tailored Plan Regions</b>	<b>Counties</b>
<b>Region 1</b>	Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey
<b>Region 2</b>	Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin
<b>Region 3</b>	Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Rockingham, Person, Rowan, Stanly, Stokes, Union, Vance, Warren
<b>Region 4</b>	Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond
<b>Region 5</b>	Cumberland, Durham, Johnston, Wake
<b>Region 6</b>	Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson
<b>Region 7</b>	Brunswick, Carteret, Columbus, Nash, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington