Advanced Medical Home (AMH) Technical Advisory Group (TAG)

Meeting #20: Overview of North Carolina's Tailored Plans and Tailored Care Management

July 12, 2022

Agenda

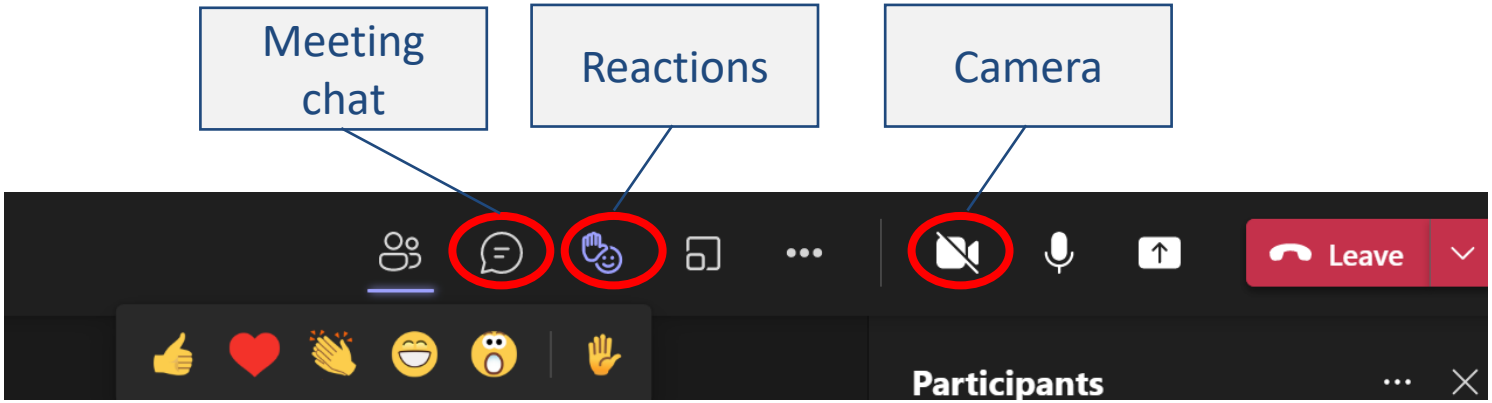
1. Welcome and Roll Call (5 minutes)
2. Overview of North Carolina's Tailored Plans (25 minutes)
3. Deep Dive: Tailored Care Management (25 minutes)
4. Wrap-Up and Next Steps (5 minutes)

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians	Provider (Independent)
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital	Provider
Gregory Adams, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist	Provider (CIN)
Amy Russell, MD	Medical Director Mission Health Partners	Provider (CIN)
Kristen Dubay, MPP	Director Carolina Medical Home Network	Provider (CIN)
Joy Key, MBA	Director of Provider Services Emtiro Health	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office	Provider (CIN)
George Cheely, MD, MBA	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Michelle Bucknor, MD, MBA	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.	Health Plan
Eugenie Komives, MD	Chief Medical Officer WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD	DHHS

Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Agenda

1. **Welcome and Roll Call (5 minutes)**
2. **Overview of North Carolina's Tailored Plans (25 minutes)**
   - North Carolina's Medicaid Transformation
   - Tailored Plan Eligibility and Benefits
   - PCP and Tailored Care Management (TCM) Overview + Choice/Auto Assignment
3. **Deep Dive: Tailored Care Management (25 minutes)**
4. **Wrap-Up and Next Steps (5 minutes)**

North Carolina's Medicaid Transformation

Overview of North Carolina's Medicaid Program

In 2015, the NC General Assembly enacted Session Law 2015-245, directing the transition of Medicaid and NC Health Choice from predominantly fee-for-service (FFS) to managed care. DHHS has collaborated extensively with clinicians, hospitals, beneficiaries, counties, health plans, elected officials, advocates, and other stakeholders to shape the Medicaid managed care program.

	Standard Plans	Tailored Plans	Children & Families Specialty Plan	NC Medicaid Direct
Launch Date	July 1, 2021	December 1, 2022	No Earlier Than December 1, 2023*	*Existing Medicaid FFS System*
Eligibility	Majority of Medicaid population	Individuals with significant behavioral health needs, I/DD, or TBI	Children, youth, and families served the child welfare system	Individuals delayed, excluded, or exempt from integrated Medicaid Managed Care
Estimated Enrollment	~1.7 million	~200,000	~31,000	~1 million**
Plan Reach	4 statewide plans; 1 regional plan	6 regional plans	1 statewide plan	NC Medicaid Direct; 6 regional LME/MCOs

Medicaid Managed Care ***Medicaid FFS***

** Pending legislative authority*

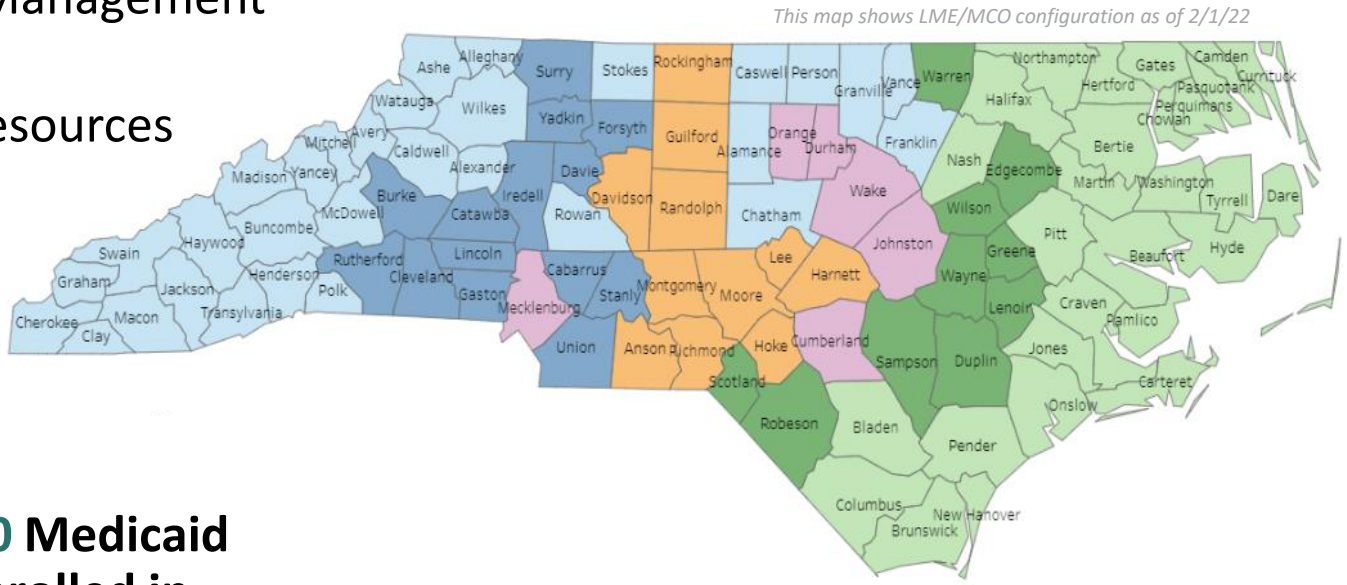
***Eligible populations will phase in to Tailored Plans and the Children & Families Specialty Plan from NC Medicaid Direct upon launch*

Tailored Plan Eligibility and Benefits

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

The following regional health plans are available:

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



Approximately 177,000 Medicaid beneficiaries will be enrolled in Tailored Plans.

Tailored Plan Eligibility

Certain NC Medicaid beneficiaries with more intensive behavioral health needs, intellectual/developmental disability (I/DD), or traumatic brain injury (TBI) will be eligible to enroll in a Tailored Plan. DHHS will conduct regular data reviews to identify eligible beneficiaries.

Tailored Plan Eligibility Criteria

- ✓ Individuals with I/DD or TBI
- ✓ Beneficiaries who have a qualifying SUD or mental health diagnosis code as who used a Medicaid-covered enhanced BH service during the lookback period
- ✓ Enrolled in the Innovations or TBI Waivers, or on the waiting lists*
- ✓ Enrolled in the Transition to Community Living Initiative (TCLI)
- ✓ Have used a Medicaid service that will only be available through a Tailored Plan
- ✓ Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds in addition to the services covered by Medicaid
- ✓ Children with complex needs, as defined in the 2016 settlement agreement
- ✓ Individuals known to the Department or an LME/MCO to have had one (1) or more involuntary treatment episodes within the prior eighteen (18) months
- ✓ Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months
- ✓ Children aged zero (0) to three (3) years old with, or at risk for, developmental delay or disability
- ✓ Children and youth involved with the Division of Juvenile Justice of the Department of Public Safety and Delinquency Prevention Programs who meet criteria established by the Department

*Currently, there is no waiting list for the TBI waiver.

Tailored Plan Benefits

Tailored Plans will cover all Medicaid-covered behavioral health, I/DD and TBI services, as well as state-funded services.

Tailored Plan Benefits Include:

- Physical health services
- Pharmacy services
- State plan long-term services and supports (LTSS), such as personal care, private duty nursing, or home health services
- Full range of behavioral health services ranging from outpatient therapy to residential and inpatient treatment
- New SUD residential treatment and withdrawal services
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Current 1915(b)(3) waiver services, which will be transitioning to 1915(i)
- Innovations waiver services for waiver enrollees
- TBI waiver services for waiver enrollees
- State-funded behavioral health, I/DD, and TBI services for the uninsured and underinsured

NC Medicaid Enrollment Broker, Roles & Services

- Choice Counseling
- Outreach and Education
- Communications & Notices
- Enrollment Assistance
- Website and Mobile Application
- County DSS Support

PCP and Tailored Care Management (TCM) Overview + Choice/Auto Assignment

Primary Care in Tailored Plans

Vision for Primary Care in Managed Care

Build on the Carolina ACCESS program to ***preserve broad access to primary care services*** *for Medicaid enrollees and* ***strengthen the role of primary care in care management, care coordination, and quality improvement*** *as the state transitions to managed care*

All Tailored Plan members can choose or will be assigned to a Primary Care Provider/Advanced Medical Home

In Tailored Plans, ONLY Advanced Medical Home +s will provide 'Tailored Care Management'

Beneficiary Choice & Auto Assignment Period for PCP/AMH

Beneficiary choice period is Aug. 15, 2022- Oct. 14, 2022.

- **The contracting deadline for PCPs/AMHs is July 15, 2022 for inclusion in the initial beneficiary choice period**
- If contracting does not occur by July 15, 2022, **providers will still appear in future directories for member choice**
- After beneficiary choice period closes, beneficiaries who have not chosen a PCP/AMH provider will be automatically assigned one around October 15.
- PCPs/AMHs will still be assigned patients as long as they meet contracting deadlines for Auto Assignment
- **PCP/AMH Contracting Deadline for Providers is Sept. 15, 2022** for inclusion in auto-assignment for 12/1 launch

Managing PCP/AMH Patient Panels Before TP Launch

- Current Process
  - **PROVIDERS:** Carolina Access II practices agree to have Medicaid members assigned to their practice
  - **MEMBERS**: Choose a PCP at DSS during Medicaid enrollment OR auto assigned to a practice
- Panel Updates
  - All PCPs/AMHs can look up their patient panels (Medicaid Direct & Managed Care) in NCTracks portal
  - After launch the panel report will include TP primary care assignments AND it will include the care management agency the member is assigned to
- Members can call DSS to ask for a change in primary care if:
  - They are seeing you but assigned to another PCP
  - They are assigned to you but seeing another PCP
  - The member wants to change for any reason

Comparison of Tailored Plan and Standard Plan Benefits

Tailored Plans will cover a more robust behavioral health, I/DD, and TBI benefit package than Standard Plans.

Behavioral Health, I/DD, and TBI Services Covered by Both Standard Plans and Tailored Plans	Behavioral Health, I/DD and TBI Services Covered by Tailored Plans (or LME/MCOs Prior To Launch) and Not by Standard Plans*
State Plan Behavioral Health and I/DD Services ▪ Inpatient behavioral health services ▪ Outpatient behavioral health emergency room services ▪ Outpatient behavioral health services provided by direct-enrolled providers ▪ Psychological services in health departments and school-based health centers sponsored by health departments ▪ Peer supports ▪ Partial hospitalization ▪ Mobile crisis management ▪ Facility-based crisis services for children and adolescents ▪ Professional treatment services in facility-based crisis program ▪ Outpatient opioid treatment ▪ Ambulatory detoxification ▪ Research-based behavioral health treatment for Autism Spectrum Disorder (ASD) ▪ Diagnostic assessment ▪ Non-hospital medical detoxification ▪ Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization ▪ Early and periodic screening, diagnostic and treatment (EPSDT) services	**State Plan Behavioral Health and I/DD Services** ▪ Residential treatment facility services ▪ Child and adolescent day treatment services ▪ Intensive in-home services ▪ Multi-systemic therapy services ▪ Psychiatric residential treatment facilities (PRTFs) ▪ Assertive community treatment (ACT) ▪ Community support team ▪ Psychosocial rehabilitation ▪ Substance abuse non-medical community residential treatment ▪ Substance abuse medically monitored residential treatment ▪ Substance abuse intensive outpatient program (SAIOP) ▪ Substance abuse comprehensive outpatient treatment program (SACOT) ▪ Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) ▪ 1915(i) services **Waiver Services** ▪ Innovations waiver services ▪ TBI waiver services **State-Funded behavioral health and I/DD Services** **State-Funded TBI Services**

*Upon launch, the Children & Families Specialty Plan (CFSP) will cover a subset of the behavioral health and I/DD services listed here. Additional information on CFSP covered benefits is available here.

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3. **Deep Dive: Tailored Care Management (25 minutes)**
   - Tailored Care Management Overview
   - Delivery of Tailored Care Management
4. **Wrap-Up and Next Steps (5 minutes)**

Tailored Care Management Overview

What is Tailored Care Management?

Tailored Care Management is North Carolina's specialized care management model targeted toward individuals with a significant behavioral health condition (including both mental health and severe substance use disorders), I/DD or TBI.

- Tailored Care Management is the primary care management model for Tailored Plans.*
- All Tailored Plan Members are eligible for Tailored Care Management, including individuals enrolled in the 1915(c) Innovations and TBI waivers.
- Individuals enrolled in Medicaid fee-for-service (NC Medicaid Direct) (e.g., dual eligibles) will also have access to Tailored Care Management, if they otherwise would be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.

***Note:** **Tailored Care Management was designed to align with the Medicaid Health Home State Plan Option, created by the Affordable Care Act, which is intended to help states improve care coordination and care management for Medicaid beneficiaries with complex needs.**

Core Principles of Tailored Care Management Model

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Provider-based care management
- Person- and family-centered planning
- Community-based care management
- Choice of care managers
- Community inclusion
- Consistency across the state
- Harness existing resources

Three Approaches to Delivering Tailored Care Management

Department of Health and Human Services

Establishes care management standards for Tailored Plans aligning with federal Health Home requirements.

Tailored Plans will serve as the Health Homes, responsible for meeting federal Health Home requirements and conducting oversight of AMH+ practices and CMAs in their networks.

Tailored Plan (Health Home)

Care Management Approaches

Tailored Plan beneficiaries will have the opportunity to choose among the care management approaches; all must meet the Department's standards and be provided in the community to the maximum extent possible.

Approach 1:
"AMH+" Primary Care Practice
Practices must be certified by the Department to provide Tailored Care Management.

Approach 2:
Care Management Agency (CMA)
Organizations eligible for certification by the Department as CMAs include those that provide BH or I/DD services.

Approach 3:
Tailored Plan-Based Care Manager

CIN and Other Partners

The Department will allow – but not require – AMH+ practices and CMAs to work with a **clinically integrated network (CIN) or other partners** to assist with the requirements of the Tailored Care Management model, within the Department's guidelines.

CINs or Other Partners may offer a wide range of support, including:

- Providing local care management staffing, functions and services
- Meeting the HIT requirements (e.g., care management data systems)
- Supporting AMH+ practice/CMA data integration, analytics, and use (e.g., importing and analyzing claims/encounter data)
- Supporting AMH+ practice/CMA quality measurement, performance improvement, and reporting
- Clinical consultation—to provide subject matter expertise and advice to the care team

See Non-Binding Statement of Interest for Potential ClNs and Other Partners for additional detail on the types of services offered by each CIN or Other Partner looking to work with AMH+ practices and/or CMAs.

Glide Path to Provider-Based Care Management

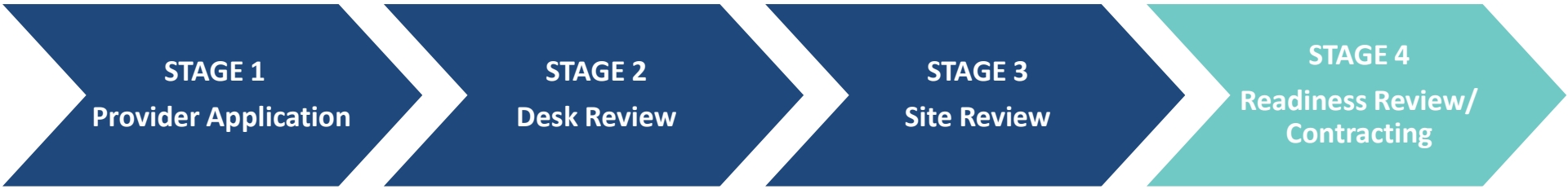
The Department's vision is to increase, over time, the proportion of actively engaged members receiving care management from AMH+ practices and CMAs (i.e., provider-based care management). To guide the growth of provider-based capacity, the Department established a multiyear "glide path" with annual targets to be met by Tailored Plans.

	2023	2024	2025
Target percentage of beneficiaries "actively engaged" in Tailored Care Management based in AMH+ practice/CMA	45%	60%	80%

The Department believes that provider- and community-based care management is critical to the success of fully integrated managed care.

AMH+ and CMA Certification Process

Providers must be certified to offer Tailored Care Management. In both the periods before and after Tailored Care Management launch, there will be a single, statewide AMH+/CMA certification process for determining whether a provider organization should be certified.



- The Department has contracted with the National Committee for Quality Assurance (NCQA) to conduct desk and site reviews according to the Department's AMH+/CMA certification criteria.*
  - NCQA works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation. One of their areas of expertise is in conducting provider certification and recognition programs.
- Organizations that pass the site review will be certified.
- NCQA will also conduct recertification of providers on the Department's behalf.
- The Department will maintain oversight over these processes.

The National Committee for Quality Assurance (NCQA) will facilitate readiness reviews in collaboration with Tailored Plans to verify that each certified AMH+ and CMA is ready to perform the required Tailored Care Management functions ahead of launch.

The purpose of the provider certification process is to promote provider-based care management while also setting up guardrails to ensure that providers are ready to perform this critical role by Tailored Care Management launch.

*AMH+/CMA certification is separate from NCQA's Patient-Centered Medical Home (PCMH) program and NCQA case management certification and does not qualify as NCQA health plan accreditation.

AMH+ and CMA Definitions

Advanced Medical Home Plus (AMH+)

- **Definition:** Primary care practices **actively serving as AMH Tier 3 practices**, whose providers have experience delivering primary care services to the Tailored Plan eligible population or can otherwise demonstrate strong competency to serve that population. To demonstrate experience and competency to serve the Tailored Plan eligible population, **each AMH+ applicant must attest that it has a patient panel with at least 100 active Medicaid patients who have an SMI, SED, or severe SUD; an I/DD; or a TBI**. "Active" patients are those with at least two encounters with the AMH+ applicant's practice team in the past 18 months.
- **AMH+ practices may, but are not required to, offer integrated primary care and behavioral health or I/DD services.**
- To be eligible to become an AMH+, the practice must **intend to become a network primary care provider for Tailored Plans**.

Care Management Agency (CMA)

- **Definition:** Provider organizations with **experience delivering behavioral health, I/DD, and/or TBI services to the Tailored Plan eligible population**, 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's **primary purpose** at the time of certification must be the delivery of NC Medicaid, NC Health Choice, or State-funded services, other than care management, to the Tailored Plan eligible population in North Carolina. The "CMA" designation is new and will be unique to providers serving the Tailored Plan population.

AMH+ practices or CMAs must not be owned by, or be subsidiaries of, Tailored Plans.

AMH+ and CMA Certification Updates

In preparation for the launch of Tailored Care Management, the Department has completed several round of AMH+/CMA certification.

Round	Application Deadline	Desk Reviews	Site Reviews	Number of Providers Certified
1	June 1, 2021	54 applicants passed desk reviews *(listing available here)*	▪ Round one site reviews were completed in June 2022	34 organizations passed the site review and are certified as CMAs/AMH+s
2	September 30, 2021	37 applicants passed desk reviews *(listing available here)*	▪ Round 1 and 2 continue to receive technical assistance through AHEC to support preparations for delivering Tailored Care Management. ▪ **All** Round 1 and 2 Providers have **completed** site reviews. NCQA is **finalizing documentation** on the final providers.	13 Certified CMAs/AMH+ Providers

Tailored Care Management HIT Systems Overview

AMH+ practices and CMAs must meet the following HIT requirements prior to Tailored Plan launch.

Use an electronic health record (EHR) or clinical system of record*

Use a care management data system

Use NCCARE360

AMH+ practices/CMAs may meet the HIT requirements by:

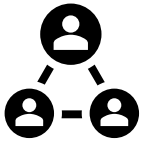
(1) Implementing or using their own systems;
(2) Partnering with a Clinically Integrated Network (CIN) or Other Partner; or
(3) Using the Tailored Plan's care management data system

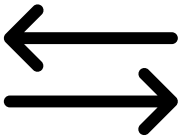
* Use of an electronic health record (EHR) or clinical system of record is required to apply for and certify as an AMH+ practice/CMA. See the Tailored Care Management Provider Manual for additional detail on the HIT requirements for AMH+ Practices and CMAs.

Delivery of Tailored Care Management

Components of Tailored Care Management

Tailored Care Management includes the following activities:





- Development of care management comprehensive assessments and care plans/individual support plans
- Coordination of services
- Innovations and TBI waiver care coordination (if applicable)
- Consultation with multidisciplinary care team
- Transitional care management
- Diversion from institutional settings
- In-reach and transitions from institutional settings (for certain populations)
- Addressing unmet health-related resource needs
- Management of rare diseases and high-cost procedures; high-risk care management; chronic care management
- Medication monitoring
- Development and deployment of prevention and population health programs

Role of Members & Their Families in Care Planning

Person and family-centered care planning is a core principle of Tailored Care Management. Care managers will consider the unique needs of the member and involve family members and caregivers where appropriate.

Care Management Comprehensive Assessment: As part of the care management comprehensive assessment, care managers will assess a member's available informal, caregiver, or social supports.

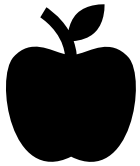
Care Plan/ISP Development: Each care plan and ISP must be individualized, person-centered, and developed using a collaborative approach including member and family participation where appropriate.

Care Teams: The member's care manager will establish a multidisciplinary care team that includes the member's caregivers and legal guardians, as appropriate.

Individual & Family Support: Tailored Care Management includes providing education and guidance on self-advocacy to the member and family members and connecting members and family members to resources that support maintaining employment, community integration, and success in school.

Care Team Formation

Organizations providing Tailored Care Management must establish a multidisciplinary care team for each member. The care team should include the member, the member's care manager and the following individuals, depending on the member's needs:



- Supervising care manager
- Primary care provider
- Behavioral health provider(s)
- I/DD and/or TBI providers, as applicable
- Other specialists
- Nutritionists
- Pharmacists and pharmacy techs
- Obstetrician/gynecologist (for pregnant women)
- In-reach and transition staff, as applicable
- Care manager extenders (see next slide)
- Other providers and individuals, as determined by the care manager and member

The AMH+ or CMA does not need to have all the care team members on staff or embedded onsite.

Providers of various specialties may participate in care teams virtually from other settings.

Use of Care Management Extenders in Tailored Care Management

The Department recognizes that Community Navigators, Peer Support Specialists, and Community Health Workers (CHWs) and other "care manager extenders" will play an important role in Tailored Care Management care teams and has developed guidance to provide clarification on their roles.

Vision

- The Department's vision is that extenders will help AMH+ practices, CMAs, and Tailored Plans best meet the needs of members, build efficient care teams by creating additional workforce capacity, and allow care managers and supervisors to focus on key tasks for assigned members as well as permit them additional time for members with intensive or complex needs.

Qualifications

- Extenders must be at least 18 years of age, have a high school diploma or equivalent, be trained in Tailored Care Management, and meet lived experience and/or paid experience requirements*.
  - The Department expects that a range of individuals will be able to meet these qualifications, including, but not limited to: Certified Peer Support Specialists, CHWs, and individuals who served as Community Navigators.

Extender Functions

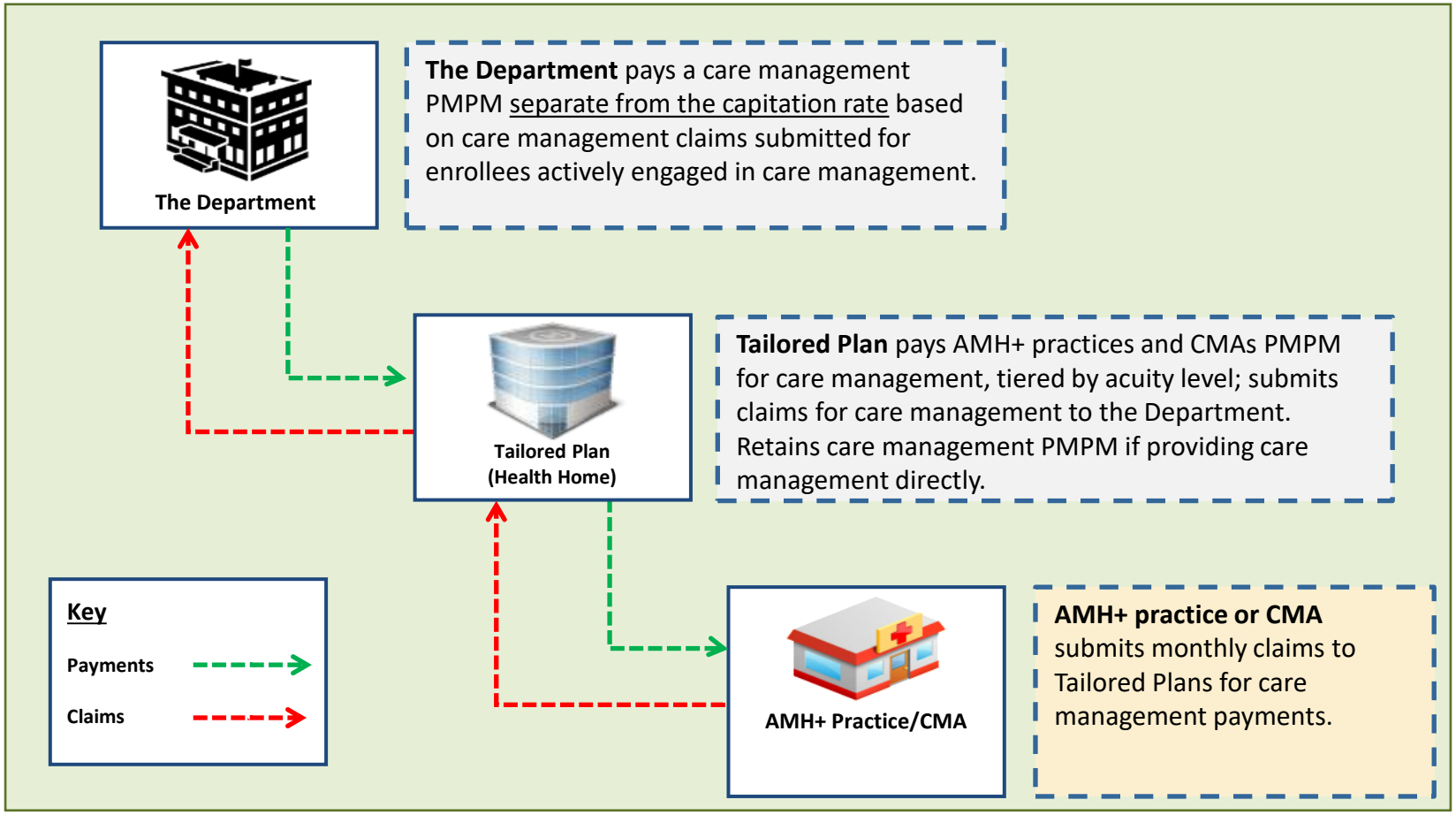
- **Extenders must work under the direct supervision of the care manager**, and can perform specific functions (e.g., coordinating services/appointments, engaging in health promotion activities).
- Extender functions may count as a Tailored Care Management contact.
- When extenders conduct specific functions, they are conducting the function **instead** of a care manager, not **in addition to** the care manager.

*See Guidance on the Use of Care Manager Extenders in Tailored Care Management for more information.

The Department is planning to release guidance on Care manager extenders in the coming weeks.

Payment for Care Management

AMH+ practices and CMAs will be paid standardized (fixed) PMPM rates, tiered by acuity.



Questions?

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AMH TAG Meeting Cadence

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

Upcoming 2022 Meetings

Tuesday, August 9, 2022 4:00-5:00 PM
Tuesday September 13, 2022 4:00-5:00 PM
Tuesday October 11, 2022 4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- Evolving the AMH TAG to advance future population health strategic priorities and planning (potential survey to come!)
- State Transformation Collaboratives (STCs)
- Strategies to advance health equity
- Strategies to address SDOH
- Standardization of monitoring protocols/delegation protocols
- PHP Accreditation timeline and timing of AMH delegation audits
- 2021 Medicaid Managed Care Plan quality measure performance

Next Steps

Tailored Plan and Tailored Care Management Overview

- Share further feedback on today's topic with
  - kelly.crosbie@dhhs.nc.gov
  - regina.manly@dhhs.nc.gov
  - eumeka.dudley@dhhs.nc.gov
  - lauren.burroughs@dhhs.nc.gov

Department

- Review feedback from today's discussion and share with Department leadership
- Prepare for August 9 AMH TAG session