

What is Tailored Care Management?

Tailored Care Management is a service available to beneficiaries in Tailored Plans and NC Medicaid Direct.

Tailored Care Management (TCM) is offered through NC Medicaid Direct by the Local Management Entities/Managed Care Organizations (LME/MCOs) and the Behavioral Health Intellectual/Developmental Disabilities Tailored Plans (Tailored Plan). Both offer the service.

WHAT IS TCM?

TCM is care management for eligible NC Medicaid beneficiaries. The goal of the program is to provide whole-person care management to help beneficiaries meet their health goals. There is no charge for TCM.

Whole-person care looks at all the beneficiary's needs including:

- Physical health
- Behavioral health
- Intellectual and developmental disabilities (I/DD)
- Traumatic brain injuries (TBI)
- Pharmacy/medications
- Long term services and supports
- Unmet resource needs (or gaps in a person's health care which make it hard to meet their health goals)

WHO CAN GET TCM?

Beneficiaries who are enrolled in a Tailored Plan or NC Medicaid Direct including:

- Innovations Waiver participants (including duals)
- Traumatic brain injury (TBI) Waiver participants (including duals)
- Children and Adolescents with a Serious Emotional Disorder (SED)
- Adolescents with a Severe Substance Use Disorder (SUD)
- Adults with a Serious Mental Illness (SMI) or Severe SUD
- Children and older and adults with I/DD
- Children and adolescents in foster care with SED or SUD
- Dual-eligible adults with SMI or SUD

Most beneficiaries enrolled in a Tailored Plan and will continue to get TCM from the Tailored Care Manager they have now.

The services below include care management as part of the service, so beneficiaries getting these services will not get TCM. In some cases, beneficiaries may get the 2 services for a short time to make sure the change goes smoothly.

TCM is available to the beneficiaries listed above, except those in the following services:

- Beneficiaries obtaining ACT or Critical Time Intervention (CTI)
- Beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs) or Skilled Nursing Facilities
- Beneficiaries who get Care Management for At-Risk Children (CMARC)
- Beneficiaries in the High-fidelity Wraparound (HFW) program or Child ACT
- Community Alternatives Program for Children (CAP/C)
- Community Alternatives Program for Adults with Disabilities (CAP/DA)
- Program of All-inclusive Care for the Elderly (PACE)
- Primary Care case management
- EBCI Tribal Option care coordination

Tailored Plans will make sure beneficiaries moving between these services and TCM have no problems.

WHAT TAILORED CARE MANAGERS DO

With TCM, beneficiaries have one care manager to help manage all their needs. This includes:

- Physical health
- Mental health
- I/DD
- TBI
- Pharmacy (prescriptions)
- Long term services and supports (LTSS)
- Unmet health-related resource needs such as food, housing, transportation, social, patient education

Tailored Care Managers will:

- Create care management assessments and care plans with beneficiaries
- Keep track of all services (medical, pharmacy, behavioral health, waiver services, food, housing, transportation, community resources)
- Support beneficiaries in a crisis
- Make appointments for annual physicals
- Provide care coordination for the Innovations and TBI waiver (if applicable)
- Keep track of medications
- Help beneficiaries with chronic health conditions understand the disease and help with self-health goals like eating healthier; help join a diabetes prevention program

- Track Hospital Admission Discharge and Transfer (ADT) alerts to make sure beneficiaries with admissions, discharges or transfers are followed
- Support moves out of hospitals and nursing facilities

WHAT IF I WANT TO CHANGE MY TAILORED CARE MANAGER?

Beneficiaries can change their Tailored Care Management provider as many times as needed “with cause.” You can change your Tailored Care Manager 2 times a year “without cause” (for no reason). To change more than 2 times you must have a special reason.

For example, the beneficiary’s assigned AMH+ practice or CMA leaves the Tailored Plan’s network or is no longer certified by the Department, or the TCM no longer provides services the beneficiary needs.

To change your TCM provider, contact your LME/MCO or Tailored Plan who can give you information on certified TCM providers by population served, age and geography.

Beneficiaries on the Innovations and TBI waivers can choose the care coordinator they have now as their TCM provider or choose a different TCM provider.

Beneficiaries can choose not to get care management if they want. This will not change other services they get.

Tailored Plan or LME/MCO	Member Services Phone Number
Alliance Health	1-800-510-9132
Partners Health Management	1-888-235-4673
Trillium Health Resources	1-877-685-2415
Vaya Total Care	1-800-962-9003

DO I HAVE TO USE TCM?

You can choose not to use (opt out) TCM. To opt-out of TCM, contact your Tailored Plan or LME/MCO and request to opt out of TCM. You can opt out of TCM at any time without any changes to other services you get.

I AM ON THE INNOVATIONS OR TBI WAIVER, WHAT ARE MY CHOICES?

If you get waiver services and want to keep the care coordinator or care manager you have, you do not need to do anything.

Your care coordinator or care manager will explain the difference between care coordination (focus is on waiver services) and TCM (focus is on waiver services, physical health and social and community needs) to you. You can choose to get care coordination or Tailored Care Management.

You will keep your Innovations or TBI Waiver (slot) services if you select TCM or waiver care coordination.

