

Fact Sheet

Tailored Care Management

Tailored Care Management is a service available to NC Medicaid beneficiaries eligible for Tailored Plans.

Tailored Care Management (TCM) is offered through the Behavioral Health and Intellectual/Development Disabilities Tailored Plan (Tailored Plan) . Both health plan-based and community-based care managers offer the service.

Eligible beneficiaries are assigned a TCM provider.

Standard Plan and Eastern Band of Cherokee Indians (EBCI) Tribal Option members are not eligible for TCM.

Sample [TCM Assignment letters](#) mailed from the Tailored Plans are available in the [County Playbook for NC Medicaid Managed Care](#) under [“Other Beneficiary Notices.”](#)

WHAT IS TCM?

TCM is a new kind of 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.

TCM provides extra support to help beneficiaries assess their needs and set up a plan to meet their health goals. Beneficiaries eligible for TCM will have a single care manager who will:

- Coordinate services for physical health, behavioral health, intellectual/developmental disabilities (I/DD), pharmacy (prescriptions), long term services and supports (LTSS) and traumatic brain injury (TBI).
- Connect beneficiaries to local programs and community resources to address unmet health-related needs (such as housing, food, transportation, personal safety and employment).
- Provide person-centered planning that focuses on beneficiary’s needs and goals.

Examples of supports a beneficiary’s Tailored Care manager provides:

- A comprehensive care management assessment
- Helps arrange appointments and transportation to and from Medicaid providers
- Assists with getting answers to questions about medicines and how to take them
- Follows up with doctors or specialists regarding the beneficiary’s care needs
- Connects the beneficiary and their family to local supports and resources

WHAT MAKES TCM DIFFERENT?

TCM is similar to the current care management provided by the Tailored Plans. Beneficiaries should expect:

- More intensive and streamlined care management through one Tailored Care manager
- Regular meetings and contact from their Tailored Care manager
- More outreach from their Tailored Care manager and consistent contact to ensure their health needs and goals are met
- Coordination with their Primary Care Provider (PCP), pharmacy and unmet health-related resource contacts.

WHICH BENEFICIARIES ARE ELIGIBLE FOR TCM?

Beneficiaries eligible* for TCM include:

- Populations that will be enrolled in Tailored Plans on July 1, 2024.
- Populations that will stay in NC Medicaid Direct after July 1, 2024.

The table below provides further detail on these populations.

Will be enrolled in Tailored Plans**	Will stay in NC Medicaid Direct
<p>Individuals 3+ who are enrolled in NC Medicaid Direct including:</p> <ul style="list-style-type: none">• Innovations Waiver recipients (including those who are dual-eligible)• TBI Waiver recipients (including those who are dual-eligible)• Children and adolescents with serious emotional disturbance (SED)• Adolescents with severe substance use disorder (SUD)• Adults with serious mental illness (SMI) or severe SUD• Children ages 3+ and adults with intellectual developmental disabilities (I/DD)	<p>Individuals 3+ who are enrolled in NC Medicaid Direct including:</p> <ul style="list-style-type: none">• Children and adolescents in foster care with SED or SUD• Dual-eligible adults with SMI or SUD• Dual-eligible children (3+) and adults with I/DD who are NOT on the Innovations or TBI waivers <p>Note: These beneficiaries are not eligible for Tailored Plans.</p>

* Beneficiaries should call their Tailored Plan to find out if they are eligible for TCM.

** Beneficiaries with a Tailored Plan status will be eligible for TCM.

WHAT TYPES OF PROVIDERS PROVIDE TCM SERVICES?

There are three types of provider organizations that provide TCM. Beneficiaries will receive TCM from one of these providers:

Advance Medical Home Plus (AMH+)

AMH+s are 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. AMH+ providers must demonstrate experience with Medicaid patients who have a SMI, SED, SUD, I/DD or TBI.

Care Management Agency (CMA)

CMAs are organizations whose primary purpose at the time of certification must be the delivery of NC Medicaid, or State-funded Behavioral Health, I/DD and/or TBI 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 eligible population.

Plan-based Care Manager

Tailored Plans manage the care of NC Medicaid beneficiaries who receive services for mental health, I/DD or SUDs. Tailored Plans will employ care managers. A list of Tailored Plans is located at the end of the fact sheet.

CAN BENEFICIARIES OPT-OUT OF TCM SERVICES?

Beneficiaries can change their TCM provider twice a year “without cause” (for no reason) and unlimited number of times “with cause” (with an approved reason). To change your TCM provider, contact your 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.

WHAT ARE THE CHOICES FOR BENEFICIARIES ON THE INNOVATIONS WAIVER AND TBI WAIVER?

Beneficiaries receiving waiver services who want to keep their current care coordinator do not need to do anything to remain assigned to their current care coordinator.

The beneficiary’s care coordinator will explain the difference between care coordination (primarily focused on waiver services) or TCM (focused on waiver services, physical health, and social and community needs) to the beneficiary. The beneficiary can choose to receive care coordination or TCM from their care coordinator.

Beneficiaries will keep their Innovations or TBI Waiver (slot) services if they select TCM or waiver care coordination.

WHAT IF A BENEFICIARY IS RECEIVING A DUPLICATIVE SERVICE?

A duplicative service is a service that contains care management or care coordination functions. Beneficiaries cannot obtain both TCM and the below duplicative services simultaneously:

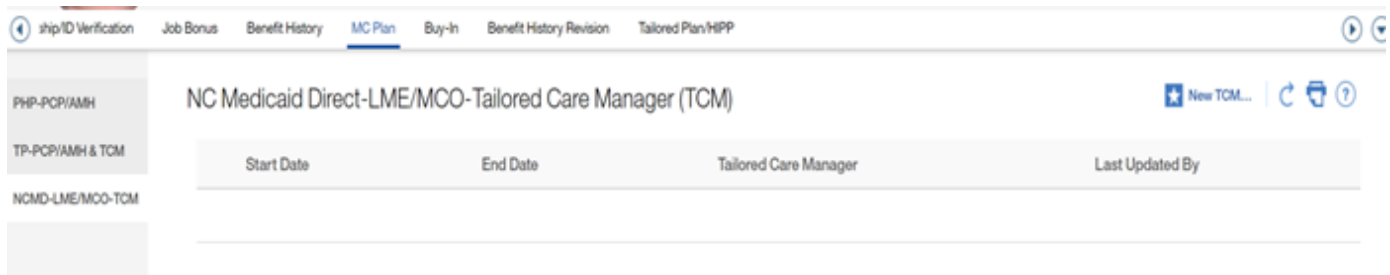
- Assertive Community Treatment (ACT) or Critical Time Intervention (CTI)
- Beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs) or Skilled Nursing Facilities
- Beneficiaries participating in Care Management for At-Risk Children (CMARC)
- High-Fidelity 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

These services substantially duplicate TCM. Tailored Plans will be responsible for developing and implementing protocols to ensure that beneficiaries moving between these services and the TCM model experience smooth transitions. In some instances, beneficiaries may receive both services (e.g., TCM and ACT or TCM and CMARC) for a limited time to ensure a smooth transition.

WHAT DOES DSS NEED TO KNOW?

To view a NC Medicaid Direct beneficiary's TCM assignment in NC FAST, go to the MC Plan tab located on the Person Page and open the NCMD-LME/MCO-Tailored Care Manager (TCM) folder.

Beginning July 1, 2024, the TP-PCP/AMH & TCM folder will display the TCM assignment for Tailored Plan members.



The screenshot shows the NC FAST system interface. At the top, there is a navigation bar with tabs: ship/ID Verification, Job Bonus, Benefit History, MC Plan (selected), Buy-In, Benefit History Revision, and Tailored Plan/HPP. Below the navigation bar, there is a section for "NC Medicaid Direct-LME/MCO-Tailored Care Manager (TCM)". On the left, there are three folders: PHP-PCP/AMH, TP-PCP/AMH & TCM, and NCMD-LME/MCO-TCM. The TP-PCP/AMH & TCM folder is selected, and it displays a table with the following columns: Start Date, End Date, Tailored Care Manager, and Last Updated By. The table is currently empty.

For children in the child welfare system who receive TCM, the child's Authorized Representative will receive notice of their TCM eligibility and assignment. Depending on each child's individual circumstance, the Authorized Representative may be the local DSS Director, County Child Welfare Worker or other individual (e.g., foster or kinship parent). Local DSS staff should direct beneficiaries eligible for TCM to their Tailored Plan to answer TCM questions (e.g., changing their assigned TCM provider, opting-out of TCM).

The child's TCM care manager will work closely with the assigned DSS Child Welfare Worker by:

- Sharing dates and information
- Supporting completion of DSS-required assessments

- Conducting regular check-in meetings
- Collaborating on the development of the care plan/individual service plan (ISP)
- Establishing processes to manage crises

Guardians may opt-out of TCM on behalf of children in foster care.

TCM ASSIGNMENT AND ENGAGEMENT WITH TCM PROVIDERS

Beneficiaries are mailed a letter from their Tailored Plan telling them about TCM . The letter includes:

- Description of TCM services
- Their assigned TCM provider
- How to opt-out of TCM
- How to change their TCM provider by calling their Tailored Plan

Children and youth served by the child welfare system, children in foster care, children receiving adoption assistance, and former foster youth under age 26, are assigned to the Tailored Plan/ TCM. If desired, children and youth served by the child welfare system and their guardian may request to change their TCM provider.

TCM providers will reach out to their assigned beneficiaries to explain care management services, get consent and begin care management assessments.

After the Tailored Plan launch on July 1, 2024, TCM outreach will begin if the Tailored Plan member is assigned a TCM provider.

BENEFICIARIES WHO WANT TO CHANGE THEIR TCM PROVIDER

Beneficiaries can change their TCM provider twice per year “without cause” and an unlimited amount of times “with cause” each year.

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

Beneficiaries can also opt-out of care management if they choose, and it will not affect the other services they receive in any way.

If a beneficiary wants to change their TCM provider, they should contact their Tailored Plan at the Member Services number below. The Tailored Plan can share information on certified TCM providers in their organization by population served, age, and geography.

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 Health	1-800-962-9003

BENEFICIARY RESOURCES

Resource	Information
TCM webpage	medicaid.ncdhhs.gov/tailored-care-management
List of TCM providers	Tailored Plans list their TCM providers on their website. Their call centers also have a list.
Tailored Plan Services	ncmedicaidplans.gov/learn/get-answers/tailored-plan-services
Tailored Plan webpage	medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans
NC Medicaid Ombudsman	ncmedicaidombudsman.org 1-877-201-3750 Monday – Friday, 8 a.m. to 5 p.m.

