NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Tailored Care Management Provider Manual Updates

June 18, 2024

This document provides a summary of updates in the revised Tailored Care Management Provider Manual, which the Department released on June 18, 2024. The requirements in the updated Provider Manual are effective as of the date of publication.

Key updates and clarifications are described below:

1. **Anticipated Launch of Tailored Plans (throughout manual).** The updated Provider Manual reflects the anticipated launch of Tailored Plans on July 1, 2024. Like Standard Plans, Tailored Plans are fully integrated managed care products; Tailored Plans will provide a robust set of services to address members' physical health, behavioral health, intellectual/development disabilities (I/DD), traumatic brain injuries (TBI), long-term services and supports (LTSS), pharmacy, and unmet health-related resource needs in one health plan. Tailored Plans are targeted toward NC Medicaid enrollees with serious mental illness (SMI), serious emotional disturbance (SED), severe substance use disorders (SUD), I/DD, and TBI.

2. **New Policy on Reengaging Members After Opting Out or Never Engaging with Tailored Care Management (page 6).** The updated manual notes that at least once annually and following specific "triggering events," Tailored Plans / LME/MCOs will attempt to reengage members who have opted out and members who have neither opted out nor engaged into Tailored Care Management. The previous iteration of the manual did not include language on the process for reengaging members that have opted out or never engaged with Tailored Care Management.

3. **Clarification on the Launch of Provider-Based Tailored Care Management for Transitions to Community Living Participants (TCL) (pages 14 and 46).** The updated manual clarifies that the first cohort of Tailored Care Management providers with TCL designation launched on April 1, 2024. TCL participants can now choose to obtain Tailored Care Management from an LME/MCO or an AMH+/CMA designated to serve TCL participants. The previous iteration of the manual was published prior to the April 1, 2024 launch.

4. **New Policy on the Use of Clinically-Appropriate Assistive Technologies for Qualifying Contacts (pages 23-24 and 70-71).** The updated provider manual notes that for members who request accommodations due to relevant health conditions, contacts can be delivered, at the discretion of the Tailored Plan / LME/MCO, AMH+, or CMA, using clinically-appropriate technologies (e.g., speech-to-text application, secure platforms for two-way instant messaging/texting).

   The Tailored Plan / LME/MCO, AMH+, or CMA must ensure that contacts are delivered in a manner that ensures the security of protected health information are in compliance with all state and federal laws, including HIPAA and requirements related to records retention. If the

care manager/extender/supervising care manager utilizes two-way instant messaging/texting with a member (for members that request accommodations due to relevant, specific health conditions), the instant messaging/texting must be via a secure portal that has met all Department-required security and privacy requirements. One way outreach where the member does not respond and engage with the care manager does not count as a qualifying contact. The Standard Terms and Conditions for Tailored Plan / LME/MCO Contracts with AMH+ Practices or CMAs (Appendix 1) were also updated to reflect these policy changes. Previous iterations of the manual did not include language regarding the use of clinically appropriate assistive technologies for members who may request accommodations due to relevant health conditions.

5. **Extension of Temporary Tailored Care Management Payment Rate Increase (pages 25 and 56).** The updated provider manual reflects that the Department will extend the temporary payment rate increase of $343.97 through Dec 31, 2024. Effective Jan. 1, 2025, through June 30, 2025, the payment rate will be $294.86. The previous iteration of the manual noted the payment rate increase of $343.97 was effective through June 30, 2024.

6. **Removal of Reference to Acuity-Based Contact Requirements and Payments (pages 25).** The updated provider manual removes reference to acuity-based contact requirements and payments, as the Department will not require acuity-based contacts and will not tier monthly payments by acuity. The Department also has no current or anticipated plans to implement acuity-based contact requirements and acuity-based payments in the future.

7. **Clarification on Timeframe to Complete the Care Management Comprehensive Assessment. (pages 27 and 71).** The updated manual clarifies that the AMH+ or CMA must undertake their best efforts to complete the care management comprehensive assessment within 90 days of Tailored Care Management assignment for all new members. Previous iterations of the manual stated different timeframes in the care management comprehensive assessment should be completed based on the member's acuity tier. The Standard Terms and Conditions for Tailored Plan / LME/MCO Contracts with AMH+ Practices or CMAs (Appendix 1) were revised as well to reflect this update.

8. **Clarification on Required Components of Tailored Care Management and Medication Monitoring (pages 34 and 76).** The updated provider manual provides additional clarification on the AMH+ or CMA's role in medication monitoring, including ensuring regulation medication reconciliation occurs, supporting of medication adherence, and supporting metabolic monitoring. Appropriate members of the individual's care team such as the primary care provider, community pharmacist, and/or psychiatrist in communication with the AMH+ or CMA may assist with these functions. The Standard Terms and Conditions for Tailored Plan / LME/MCO Contracts with AMH+ Practices or CMAs (Appendix 1) were revised to reflect this update.

9. **Clarification on Roles and Responsibilities for Crisis Planning and Response (page 50)**. The updated provider manual clarifies the roles each team member (i.e., treatment/service provider, TCL Transition Coordinator, Tailored Plan/LME/MCO TCL staff, and care manager) plays in the development and implementation of the crisis plan included in a member's Person-Centered

Plan and Care Plan/ISP. Previous iterations of the manual did not outline the roles and responsibilities for crisis planning and response.

10. **Clarification on the Care Management Data System (page 51).** The updated provider manual clarifies that the care management data system can either be a care management software platform ***OR*** a care management module within the AMH+'s or CMA's electronic health record (EHR).

11. **Addition of Tailored Care Management Monitoring Tool (page 58-59).** The updated provider manual notes, consistent with previous updates, that the Department and Tailored Plans / LME/MCOs will introduce a standardized statewide Tailored Care Management Monitoring Tool after the launch of Tailored Plans. This tool will be used to ensure Tailored Plans / LME/MCOs, AMH+s, and CMAs adhere to the required guidelines of the Tailored Care Management model and the quality of services in a standardized and consistent way. The Department and the LME/MCOs will provide additional details about the monitoring tool closer to its launch.

12. **New Section on Documentation Guidance (pages 60-63).** The updated provider manual includes a new section providing information on documentation standards for required components of the service record and service notes that are applicable to AMH+s and CMAs. Additionally, it provides AMH+s/CMAs with general documentation guidance and information on documentation signatures.

For more information on Tailored Care Management, please visit the Department's Tailored Care Management webpage, and direct any comments or questions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.