

**North Carolina Department of Health and Human Services (DHHS)
Tailored Care Management Technical Advisory Group (TAG) Meeting #28 (Conducted Virtually)
March 22, 2024**

Tailored Care Management TAG Members	Organization
Erin Lewis	B&D Integrated Health Services
Julie Quisenberry	Coastal Horizons Center
Billy West (absent; represented by Michelle Ivy)	Daymark
Denita Lassiter	Dixon Social Interactive Services
Luevelyn Tillman (absent)	Greater Vision Counseling and Consultants
Keischa Pruden	Integrated Family Services, PLLC
Haley Huff	Pinnacle Family Services
Sandy Feutz	RHA
Lisa Poteat	The Arc of NC
Eleana McMurry	UNC Center for Excellence in Community Mental Health
Donna Stevenson	Alliance Health
Lynne Grey (absent; represented by Wyatt Bell)	Partners Health Management
Cindy Ehlers (absent)	Trillium Health Resources
Chris Bishop	Vaya Health
Cindy Lambert	Cherokee Indian Hospital Authority
Jessica Aguilar (absent)	N/A
Pamela Corbett (absent)	N/A
Jonathan Ellis (absent)	N/A
Alicia Jones (absent)	N/A
NC DHHS Staff Members	Title
Kristen Dubay	Chief Population Health Officer, NC Medicaid
Loul Alvarez	Associate Director, Population Health, NC Medicaid
Gwendolyn Sherrod	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Eumeka Dudley	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Regina Manly	Senior Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Tierra Leach	Program Specialist, Tailored Care Management, NC Medicaid, Quality and Population Health

Agenda

- Welcome and Roll Call
- Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan (Tailored Plan) Launch
- Tailored Care Management Promising Practices
- Tailored Care Management Updates
 - Clarification: Frequency of Qualifying Contacts
 - TCL Update
 - Tailored Care Management Toolkit
 - Tailored Care Management Monitoring Tool
 - Tailored Care Management Member Assignment
- Discussion

Tailored Plan Launch (slides 7-14) – Gwendolyn Sherrod

With Tailored Plans set to launch on July 1, 2024, the Department shared key information to prepare Tailored Care Management providers for launch. The Department reviewed what Tailored Plans are and how individuals will be enrolled into a Tailored Plan (*see details on slides 9 and 10 of the [March TAG](#) and additional resources for Tailored Plan Launch in the appendix*).

Implications for Tailored Care Management

The Department does not expect the transition to Tailored Plans to create any disruption for members engaged in Tailored Care Management. Since LME/MCOs will operate the Tailored Plans, individuals currently engaged in Tailored Care Management will keep their same care managers. Individuals who do not currently have a Tailored Care Management provider (AMH+, CMA, or plan-based care manager) can choose a Tailored Care Management provider in their region during the choice period (April 15, 2024 – May 15, 2024) by contacting their Tailored Plan. Individuals who remain in NC Medicaid Direct will also continue receiving Tailored Care Management from their current assigned care manager.

Upcoming PCP Choice Period

With the launch of Tailored Plans, care managers play an important role in supporting members in retaining their PCP where possible/desired (i.e., when the PCP is in-network) and in selecting a new PCP where needed during the choice period. On slide 14 of the [March TAG](#), the Department developed a flow chart to detail how care managers can support member in the PCP choice period.

One TAG member asked if members will receive a letter regard the Tailored Plan transition, and specifically the PCP Choice Period.

- The Department responded that a letter will be sent to members that will include information about the PCP Choice Period.

Tailored Care Management Promising Practices (slides 15-21) – TLC (Corie Passmore, Director of Community Based Services)

The Department invited TLC (founded as Tammy Lynn Center) to present on strategies implemented by the CMA to help ensure successful deployment of Tailored Care Management, including engagement and retention of care managers. These strategies were fell into three categories:

- Strategy 1: Know What You are Looking for in Staffing
- Strategy 2: Seek Opportunities to Support Staff
- Strategy 3: Combatting Burn-Out

TLC’s presentation, “Building and Supporting Great Teams,” can be reviewed on slides 15-21 of the [March TAG](#).

Tailored Care Management Updates (slides 22-35) – Eumeka Dudley, Tierra Leach, and Gwendolyn Sherrod

Clarification: Frequency of Qualifying Contacts

The Department has received questions from the field about the frequency of qualifying contacts wanted to clarify the contact requirements. Providers must have one successful qualifying contact to bill for the monthly payment rate. However, care managers/care teams should use their clinical judgement and the results of the care management comprehensive assessment to determine the number of contacts a member needs in a particular month.

A qualifying contact is defined as a member-facing interaction (telephone call, two-way real time video, or in-person) that includes the member and/or legally responsible person/guardian, as indicated, that fulfills one or more of the six core Health Home services. Email, text, or voicemail do not count as a qualifying contact. Contacts that are not member-facing are not billable (e.g., care manager to PCP contact). The qualifying contact can be performed by the care manager, supervisor, or extender (where appropriate).

The number of contacts a member receives in a month is not one size fits all. Instead, the number should be based on the individual’s needs, the care manager’s/care team’s clinical judgement, and the results of the comprehensive assessment. The actual number of contacts will vary across members.

TCL Update

The first cohort of Tailored Care Management providers designated for TCL is set to launch April 1, 2024. TCL participants may start selecting AMH+s/CMAs with a TCL Distinction on April 1, and the assignment to their new provider will be effective May 1, 2024.

Starting April 1, additional AMH+s/CMAs interested in seeking the TCL distinction can begin the application process. Email nctailoredcaregmt@ncqa.org to declare your intent to apply for the TCL Distinction and to receive instructions on the application process.

For additional questions on TCL Distinction, please reach out to Tierra Leach (tierra.leach@dhhs.nc.gov) and Elissa Perez (elissa.perez_acn@dhhs.nc.gov).

Tailored Care Management Toolkit

The TCM Member Education and Community Awareness Workgroup developed a toolkit of resources that can be used to educate members, other care team providers, and the broader community about

Tailored Care Management. The toolkit will include a flyer, a set of social media graphic and post, a fact sheet, and many other items. Many of these resources will be available in English and Spanish.

Tailored Care Management Monitoring Tool

The LME/MCOs are in the process of developing a statewide Tailored Care Management monitoring tool. This tool will allow the Department and LME/MCOs to perform routine required monitoring of LME/MCOs and AMH+s/CMAs, respectively, and ensure members are receiving high quality care management. The Department will monitor Tailored Plans / LME/MCOs.

The monitoring tool will not be implemented until after Tailored Plan launch, with that exact date still being determined. Corrective actions will not be issued during the initial monitoring period after the tool is launched.

One TAG member asked the length of the initial monitoring period in which corrective actions will not be issued.

- The Department responded that the length of time for the initial monitoring period has not yet been decided.

Tailored Care Management Member Assignment

The Department and the TCM Auto Assignment Collaborative aligned on solutions to minimize reassignments and disruptions in care management, including: 1) stopping reassignments for population segments (e.g., I/DD member receives a behavioral health diagnosis), except when a member is newly enrolled in the Innovation/TBI waiver and their current provider is not certified to serve Innovations/TBI, and 2) emphasizing providers' use of clinical judgement to identify when they can no longer adequately serve a member and requires reassignment. (See the [Tailored Care Management Provider Manual, Section V.3.1.](#) and the [November TAG](#) for additional detail.)

Additionally, the Department developed a Tailored Care Management Auto-Assignment Flexibility Request Process, in which LME/MCOs can request flexibility to the assignment guidance to allow more members to be assigned to AMH+s/CMAs.

Public Comments (slides 36-37) – Tierra Leach

There were no additional questions asked by TAG members.

Tailored Care Management TAG members are encouraged to send any feedback or suggestions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.