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Thank you for joining today's program will begin shortly.

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Hello and welcome to today's program. My name is Mario and I'll be in the background answering any zoom technical questions. If you experience difficulties during this session and please type your question into the q amp a at the bottom of your zoom webinar

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viewer and a producer will respond.

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We will be holding a q&a session during today's webinar, we encourage you to submit written questions at any time using the q amp a panel located at the bottom of the zoom webinar viewer, please type your questions in the text field and click Send.

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Should you wish to view closed captioning during the program, please click cc at the bottom of your zoom window to enable or hide subtitles.

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During today's event, all participants remain in listen only mode, without the light to get started. We hope you enjoyed today's presentation, and now like to introduce our first speaker for today.

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My Louis IDD and TBI section chief in the Division of mental health developmental disabilities, and substance abuse services for nq Maria. Good afternoon everyone and thank you for joining us for our first webinar and our tailored plan to care management

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webinar series. Next slide please.

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Okay.

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So today's webinar is part of a series that we have developed to, to share an understanding of the tailored care management model across North Carolina provider community as well as many of you are just interested in learning more.

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Today's focus will be an introduction to the care management into Taylor care management. And as you'll see on this slide we have a series that will cover, cover several topics, over the next couple of months, ending on December December 10.

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So we're excited to have you here today. Next slide please.

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Alright, so Mario did mention a couple of housekeeping rules before we got started, but just want to go over some of those again time permitting we will be holding a q amp a session at the conclusion of today's presentation, but you may ask questions

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at any time throughout the presentation using the q amp a tight spot that is available.

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And that is in your lower right hand corner, and you can just simply type your question there and just be sure that if you do have a question that you're posting in that q amp a that you do direct it to all the panelists so that we can see that and be

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able to share that information with you during the q&a Tom.

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Please note, you will see that this session is being recorded. And we will be posting it to our website and the link that to that site where we will post this information is in the slides so no worries if you miss something that someone says, doing anytime

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we are recording and the information will be posted.

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All right.

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So I want to just introduce you and let you know who you will be hearing from today, your percentage include Kelly Crosby, who is our with DSP and is the chief quality officer at NC Medicaid crystal Hilton, who is an associate associate director at NC

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Medicaid for quality and population health.

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When sharar, who is the tailored care manager. Care Management Program Manager, Dr. Keith McCoy, who is the deputy cmo for the behavior health and add.

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And then you also have Chris your hand for me now and I am the Media TV, Section Chief with the division of Mental Health and Developmental Disabilities and substance abuse services.

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Right. So we are we are your, your masters of ceremonies for this session today. Next slide.

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So our agenda, what we're going to do we're going to, here's our agenda for today, we will have a brief overview of kind of level setting around Medicaid transformation how we got here.

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The tailored care management overview, we'll talk about federal health home structure, as well as the delivery of tailored care management and then we'll talk about next steps and additional information and again.

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Tom committing have an opportunity for q amp a.

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q amp a. Alright, next slide, we can go ahead and go to the next slide.

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So Medicaid transformation. So, as we monitor and take the opportunity to just level set with everyone who's joined us today, you know, in 2015, the hour North Carolina General Assembly, an active session law, 2015, to 45 that directed the transition

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of the Medicaid and the North Carolina health Choice Program. that which is currently predominantly fee for services into a managed care environment. And so since that happened DHS has been working collaboratively with many stakeholders clinician of hospitals

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beneficiaries, our own CEOs and just elected officials and just stakeholders at large to help shape the program which we are in many places, currently in and will be transitioning to over the next couple of years, next month.

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So, with that transition to manage care, the state will be offering this again, level setting so we're all on the same page will be transitioning to manage care and we will have four different types of managed care products available.

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As you know, we have the standard plan, which went live on July, 1 2021, that is, the Integrated Health integrated health, physical health behavior health pharmacy etc.

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for really the large majority of the current minute Medicaid beneficiaries.

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And then we will also have this special as plan for children in foster care which will go live in July of 2023 that will focus on the managing the care support for those children and youth who are currently in foster care or who are formally involved

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in the child welfare system, and again they will have a full coverage and, again, their physical, as well as their behavior health and pharmacy needs to that plan.

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There's also the Eastern Band of the Cherokee Indians, that he BCI tribal option, which was available to tribal members, and then the plan that we are here to together to talk about related to tailor care management as a tailored plan.

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And that, in the tailor plan, again, offers the same things that whole person behavior health, physical and pharmacy care as that the standard plan offers, in addition to some specialized services to meet the needs of those individuals who have significant

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behavior health and conditions as well as IDD and traumatic brain injury.

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And, and also in the tailored plan will be the utilization of those state funded services that are offered by the division of mental health developmental disabilities and substance abuse services, and that plan, it will much July 2022.

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And in our world, that seems like tomorrow so lots of, lots of good things happening with tip.

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Excuse me, with integrated behavior health and physical health through these managed care options. Right. Next slide.

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Okay. So just to give a visual to what how the system is shifting and changing under these managed care products. The first, the top visual just shows what we, the current system with historical system where you have the individual, and they receive their,

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their behavior health or their ID and TBS service. Nice, dude, the current lm MCs system, and then their physical health has been managed by medic no se Medicaid direct or Medicaid fee for service is another way of looking at that so two different entities

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managing the health care supports for one individual, and you'll see in that bottom picture where you see that one entity and in the individual together, where we will have that integrated system of managing managing health, that will include both the

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physical health, and the behavioral health.

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Add, as well as TBS services.

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So with that being said I'm going to, you know, pass the microphone on to winch Surat who will talk to us about really the highlight of the presentation today which is the intro into tailored care management going.

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Good afternoon everyone. Can you all hear me.

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Yes we can hear you.

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Okay.

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So, I want to talk about the core principles of Taylor chairman of the tail feather care management model.

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Taylor care management is the primary care management model for the tailored plan and listed here are some of the core principles.

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Brought access to care management.

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Each member will have a single care manager taken an integrated whole person approach.

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There are person and family centered planning considerations provider base and community based care management.

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We're also looking to make sure that we have community inclusion.

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The members will have choice a choice of care managers.

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And we want to try to ensure that we have consistency across the state.  
And we also want to harness existing resources.

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Take a care management eligibility.

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All tailored plan members are eligible for tailored care management,  
including those enrolled in the 1915 fee innovations and TBI waivers.

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Individuals enrolled in Medicaid fee for service.

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For example, dual eligible will also have access to tailor can  
management.

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If they would otherwise be eligible for for a tailored plan and and  
they're not booked and they do not belong to a group and it's delayed or  
excluded from managed care.

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So there are several services that we have determined that are  
duplicative services.

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And so the an individual will not be allowed to receive both of them  
simultaneously.

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One of them being at

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care management services provided through ICF IDD facilities.

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care management provided through the habit la wraparound program, and  
care management for at risk, children, commonly known as the mark.

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So, here we want to look at what's currently happening around the state.  
So on the left we have the current state model, where the LM the NCO  
coordinate the behavioral health, add in TBI services and CC, in the  
coordinates the physical health services.

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So, the Taylor care management is, is, is going to be.

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That whole person. Integrated Care Management where the members in the center and we have all of those other entities

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surrounding and supporting that member.

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Taylor, and again, I'll say that Taylor care management is available to all enrollees and lift they're receiving those duplicative services that I spoke about on the, on the previous slide.

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So, what is integrated care management.

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Under Kaler care management the members would have a single care manager, who would be equipped to manage all of their needs, including physical health, behavioral health.

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Any IDD TBI, or pharmacy, long term, long term services and support, and any unmet health related resource needs.

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So, you want to look at the at the diagram, the member is in the middle that blue circle is that care team. And there are with in the orange circle, the care manager who is managing.

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You know all of the services so that member could have a primary care provider on their core care team, behavioral health provider that could have nutritionist, their family and caregivers.

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And then the green circle it are those community connection that the care that the care manager would connect the member to so that could be or connect on the team, which could be school counselors housing services social support.

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Veterans support employment services social services providers, anything that that member needs would be

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handled coordinated by that your manager.

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Let's talk about the components of care management, the tailor care, care we care management includes the following activities.

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Development of a comprehensive of a care manager comp comprehensive assessment care plans and ISP coordination of services coordination of innovations or TBI waiver care consultation with that multi disciplinary care team that we looked at transitional

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Care Management diversion from institutional settings in reach and transitions from institutional settings for certain populations, addressing those unmet Health Resource health related resource needs like food and transportation and safety and those

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type things management of rare diseases or high cloth procedures, high risk care management or chronic care management.

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Taylor care management also includes medication monitoring and development and deployment of prevention and population health programs.

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So, so now that you know a little bit about Taylor career management, we want to talk about the federal Hill pumps structure and I'll pass that over to Kelly.

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can text hear me I don't see myself so I don't know if that means I'm on screen but I do see the closed caption working so hopefully that means folks can hear me, Mario, I didn't know if it was possible to make this slide speaker some folks have asked

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if we could possibly make this bigger, I'd much prefer that fix you the slides instead of me if that's possibility.

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Okay, so I'm just going to do a really quick overview of the federal authority that the Medicaid program actually gets for tailored care management and why that even matters so I Lucky me.

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I get to do the boring part of the presentation. So I didn't introduce myself Kelly Crosby I'm the chief quality officer at North Carolina Medicaid, and I'm happy to be here with you today.

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Thank you. Thank you all for coming.

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So, most of you know, then in order for North Carolina Medicaid to cover any Medicaid benefit at all no matter what it is we have to get permission from the federal government, and we get permission and authority through something called our state plan

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in our state plan describes all the services and supports that we provide in Medicaid and the federal government approves it, and they give us some federal funding to support the programs to match the state dollars we have to the program.

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So what's really neat about tailored care management is the federal authority of the Federal permission that North Carolina is using something called the health home authority to states, CMS our federal funder the Centers for Medicare, Medicaid, They

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allow states to apply for something called a health home spa. And so that's what we're doing so what the heck is a health home and how does it relate to Taylor care management.

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So, the health home option is available to all states and the entire point of the health home option is to make sure that there is a method and a way.

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And in a federal authority for folks with very complex needs you have coordinated care management. So, that sounds really perfect greatest sounds like exactly what we're trying to achieve with Tara care management, how films are required by the program

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designed by the federal government, they're required to provide integrated care management for physical and behavioral health and long term service and support needs for high need high cost Medicaid population so again perfect fit here for Taylor career

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management.

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And the idea of health home. This isn't a new idea it's been around for a long time. The idea is if we're much better at coordinating care and making sure people have comprehensive whole person wraparound care.

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We're going to help people have better outcomes, they're going to feel better supported and you're going to get better health outcomes so that's the whole goal of health home.

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And of course we receive enhanced match CMS really likes this program or federal funding really likes this program so we get enhanced dollars even to carry out this program.

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So if you go to the next slide. So that's kind of the the authority that we use and Medicaid to get funding for Taylor career management.

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So what we are in the process of working on a CMS is getting that permission.

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We've already been talking with them about our state plan amendment to get his permission.

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And when we do get this permission.

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The health home for tailored plan members will actually be the tailor plan itself. So the tailor plan is considered the health home, and therefore the tailor plan will be responsible for meeting all those health and requirements about coordination of

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care management and comprehensive whole person requirements. Now they will meet these requirements in large part by contracting with Taylor care management agencies, Taylor plan will do some of the Career Management themselves people talk about that a

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a bit later, but they'll also be contracting with advanced medical home plus and care management agency providers. And so, you all will be working collectively to help, North Carolina meet the federal health and requirements.

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So, health and requirements is fairly prescriptive in terms of the services that have to be provided we have the list of those services right here on the slide to tailored care management has to provide these six core health home services all at once,

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not on the same visit. And this list of services hopefully will look familiar to you. These are tailored care management services, your character management function.

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So, things that count is health services including comprehensive care management, which really small itself care coordination health promotion. So things like helping members with the stopping smoking or eating healthier for managing their diabetes better

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to promoting really healthy health and wellness and chronic disease prevention, comprehensive transitional care and follow up so things like making sure folks transitioning between care settings are coming from home from the hospital to home, are very

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successful in this transitions because the transitions can be bumpy hard individual and family support which is great right that's exactly what Taylor mentioned and supposed to do is to support their member and their needs and their, their goals and also

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the family and the fixture around them. And then of course, a really basic function of care management, which is making sure that we are referring to community and social support services do this just isn't about the paid medical benefit or the paid behavioral

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health is paid add benefit. This is very much helping people meet their on that resource needs. So I think that's my last slide, can you go to the next slide.

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Yeah. Yes. So that's just a little bit of an overview around the federal authority, we have for the provision of tailored care management within the tailored plan.

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And I think I might turn this over to Dr. Keith McCoy.

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I hope.

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Thank you, Keith.

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We can go on to the next slide.

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I'm keeping me awake, I'm a psychiatrist, and the deputy cmo for behavioral health and add Community Systems, I work with Dr. Carrie Brown, who's our behavioral health and it cmo for the state and we work very closely.

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When our Medicaid partners and Dr. Shannon valor and her teams around all things, integrated care, and all things tailored plan.

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So, we've been working on the tailored care management model for years, and as Maya and others have discussed there been a lot of opportunities for feedback and input.

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And this slide has been around for, for many of those years of development so this should be familiar to a lot of folks, but there are three different approaches for the provision of care management within the tailored career management model as Kelly

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just sharing the tailored plan is the health phone, and I think that that's a concept that might be a little bit confusing to folks I think when you think about, oh, I've got a health home and think about exactly where you know where is that member beneficiary

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beneficiary going to directly get care but but within the concept of care management health home is as Kelly just described, and we have assigned that at the tailored plan, who will use one of the following three approaches to provide the territory Management

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management service. So the first approach is through a primary care practice.

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And the second approach is through a care management agency. And both of those require certification. So an AMH plus primary care practice is a tier three MH or advanced medical home if you're familiar with our advanced medical home model that has applied

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for and gone through our desk review process or onsite review process, and ultimately become certified to provide to our care management as a health home service.

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And the care management agencies are behavioral health or intellectual developmental disability or TBI organizations where that is their, their primary function is serving folks within the Medicaid system for behavioral health or add or TDI services can

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also apply to provide tailored care management. The third approach is care management provided directly by staff at the tailored plan, and we anticipate that are tailored plans that we have selected through our through our RFP process will use each of

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these three modalities, in order to get care management to tailored plan individuals as close to the side of care, as possible.

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So MH practices and CMA can work with a clinically integrated network, where other partner to assist and fulfilling the requirements of the tailored care management model, and two of the main ways that we anticipate providers of tailored career management

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to work with a CI n or other partner is through data.

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So, the ability to receive and process data, the ability to document in a tailored care management platform or just a career management platform. And another key way that they would partner might be with staffing, they may need help with actually recruiting

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and hiring and overseeing staff that directly provide the care management service. So these are the three main ways, we'll move on to the next slide. And I've just described, most of this.

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But again, the H plus practices have to be a tier 3am H advanced medical home and have to apply through our process for certification. They are certified at the site level, and the care management agency is approved, within a region at the agency level,

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and these entities must have as their primary purpose at the time of certification, not the provision of Medicaid health choice state funded services, other than care management to the tailored plan eligible population in North Carolina.

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So, We understand that it's going to take a while to build up the network capacity necessary to maximize provider based care management through the tailored career management system.

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We will talk in future webinars, about our capacity building process and some of the investments that the state through the Taylor plans will be making in helping providers to build this service line.

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We understand that providers are currently working with the MCs that have been selected as tentative plans on how to move forward with this, as well as working with their own boards and doing monetary outlay, and trying to build capacity, because of those

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efforts in those investments and the state's priority to seek care management is close to the side of care as possible, to help promote integrated care at the provider site.

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We have developed a glide path, under which the tailor plans have in their contract to get to, by 2025, a minimum of provider based so image plus for CMA provided Taylor career management of 80%.

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So in the first year it's 30%. By the second year 45% 30 or 60% again by the fourth year, 80%, we do anticipate that there will be varying capacity across the state, you know, based on the density of providers who are providing who are certified to provide

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tailored career management, so you may see some differences, you know, don't think necessarily in every county across the state that it'll be exactly 30%, you know, throughout 2022, but you may see some, some variability and we certainly expect that the

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tailored plans will be looking to support provider based tailored care management and if that can be done sooner than that slide path, there certainly are the incentives to do that, and are hoping that those capacity building funds will support with that

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next time.

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So this is a little bit about the process flow of, you know, how does someone get identified for tailored career management.

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What How does assignment happen in subsequent webinars will go into more detail with this and some of the details behind some of these are still in policy development.

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So we'd love to answer as many questions as we can. There's been lots of feedback on some of these topics already, but some of these are still being finalized from a policy standpoint.

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So, initially, when someone is identified as being tailored plan eligible.

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They will be auto enroll directly will auto enroll the beneficiary into tailored care management, and the beneficiary has the ability to opt out a tailored career management is an opt out service.

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Then the tailored plan will assign each beneficiary to one of those three models, a CMA and a image plus, or to a tailored plan staff directly for care management, and then that organization will assign the beneficiary to a specific care management, the

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CMA MH plus or tailored plan care manager will facilitate outreach and engagement as quickly as possible.

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And once engagement happens, the care manager will facilitate the completion of the Comprehensive Assessment, and that care management comprehensive assessment will inform the care plan, or the individual support plan that is developed by the care manager

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in collaboration with the care team, and the individual receiving and were responsible person who is receiving the care manager will convene a multi disciplinary care team, again to assist with the formation of the care plan, and to do Person Centered

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Care Planning overall.

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And then from that care plan, the various care management activities will be outlined, and implemented by the care manager, and these will include contacts frequency of contacts care transitions addressing on that health resource needs all the things

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that Glenn outlined earlier and that is tailored care management provider manual that we have posted.

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All right, I believe I'm handing this off to Crystal.

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Thank you Dr. McCoy.

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Okay, we can move to the next slide.

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Okay.

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We are delighted that you have been able to join in with us today on this webinar series. So we wanted to pause a moment and just to review some of the upcoming topics.

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As we are have designed to share this information with you all. We're hoping that you will be able to engage as entities as individuals, and be able to share this message of the Taylor career management services that we are all working to provide so diligently.

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But our next session which will be on October the eighth is on becoming a tailor care management provider, and that is a certified CMA plus, or I'm sorry a certified AMH plus or a CMA entity, and that walks through the certification processes eligibility

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and all those details that would help in becoming a Taylor care management provider that session is followed by the health IT requirements and data sharing session.

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Next we will be sharing on partnering with clinically integrated network or other partners that will help support Taylor care management service provisions, followed by delivery of tailored care management will we get into specific policies documentation

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and reporting processes about tailored career management.

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Next will be conversations about community inclusion activities, followed by conflict free care management, as we all know we are mandated federally to ensure conflict free care management services, and also additional care coordination functions for

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members enrolled in innovations and TBI waiver that tho those conversations will be on November the 19th, followed by a billing and lastly in the series oversight and quality measurement and improvement.

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So we look forward we're hoping that these sessions will be able to prepare you for service launch.

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And we're hoping to be able to prepare you all, for this we can move to the next slide.

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Okay.

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Okay, Our next thing that we're very excited to share is, we are launching our Taylor care management tag, which is our technical advisory group.



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This group is designed to be a venue for dialoguing with the Department for providers to that plans consumer representatives and other stakeholders as we look to grow and evolve the Taylor care management program.

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The tag serves as advisory as an advisory board to the department. And as we are working through design components.

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Implementation components and as through the ongoing provision of the program, any challenges that come up. We bring before the group, issues of Workforce Development capacity building quality measurement member engagement.

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And those activities of the like.

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I would like to share kind of a bit of a legal disclaimer, I call it our small print is that as we do work with a tag, and we honor and value the implement, I mean the recommendations of the tag, these recommendations are advisory only, and we do want

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to share that the action and decisions made on these recommendations is at the sole discretion of the department.

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We're asking that members of the tag as well as other providers in the community would be able to take back this information from the tag as you work with your organization's and this will be to communicate and promote open dialogue, as, as I said before,

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as we continue to design and as the program evolves with practice and service provision, our first meeting of the tag will be on October the 29th, and this is the beginning of our monthly cadence of meetings.

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The next slide, we will talk about membership of the tag, tag is an actual public and open meeting but we do have a discrete membership roster. And the way we will be generating that membership roster is through applications for memberships from provider

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community from the consumer community, as well as representation, by the tailor plans on the, on the tag itself.

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For the first year when we talk about the provider community, the requirements of the tag is that the providers are certified entities that

are providing Taylor care management services, as we all know, with our first year, we do not currently have any

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completely certified provider entities however we do have a whole cadre of providers who are at this point tailored care management candidates that means that they have submitted their applications and have completed the first round of desk reviews, and

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as of yesterday we had a second round of providers submitting applications that application deadline was on September 30. So now we have that second round who are entering into the application and death review phase.

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So for the first year, the Taylor care management candidates, those who have completed death review, are the providers that would be eligible to serve on the tag membership groups, following year one beginning in year two, the certification requirement

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would be the providers requirement for for a seat on the tag.

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When we look to have the membership provider membership on the tag we were looking for representation from a diversity of providers and this diversity is taken into account diversity across provider type engagement have historically under utilized providers.

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Geography size and populations that are being served by our providers of CCM for the tailored plan representatives, all tailored plans have a representative representation seat on the tag, and each will be submitting the name of a plan representative

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to hold that seat, our consumer representatives are members Medicaid enrollees who expect to participate in Taylor career management services, those are members that are eligible for Taylor care management services.

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And that will also be individuals, representing a consumer, which could be a family member or guardian of a person who is participating in Taylor care management services.

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Okay.

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Before I talk about these key documents, I just wanted to reiterate that the application process for the tag will be opening shortly. We have to apologize because we had a technical glitch so we've not published the application just yet, but there is

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applications that will be out shortly.

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To meet what our current deadline of October 15 in preparation for the October 29 tag meeting, so please look for information on, we're publishing information on the distribution of application if not today, very early in next week.

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Okay.

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We wanted to also be able to provide you with the resources that have been provided by the Department for the Taylor care management model.

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We have had several very key and important publications, since May of 2019 regarding the program and we encourage you to explore the Medicaid website to find these documents because these are foundational documents, these are guiding documents for the

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provision of services.

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The first that was published as I said in May of 2019 is North Carolina's care management strategy for behavioral health and intellectual developmental disability tailored plans.

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We also have the data strategy for Taylor care management that was published in 2019. And we also into in December of 2020. We did an update to the provider manual, and you will also find on our website.

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The application and frequently asked questions related to provide a certification that is published as well. And then, May of this year, we had updated information put out about the Taylor care management program.

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Okay, the last two documents that I would like to share is that the of these important foundational documents is that there has been a publication and updates to the RFA, as well as the draft rate book is has been published and is available on the website

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as well.

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Okay. We are now at the place where we will be able to solicit questions. we know that there have been questions gathered in the chat in the question and answer box throughout the conversation, some have been answered, and some will have an opportunity

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to answer live.

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So now is that time for questions if you do have any additional please add them into the q amp a feel.

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We have a moderator for the q amp a or should I know that some of us have more questions to answer live Should we just dive into those are we having a moderator for the q&a.

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Kelly This is Brian, I was going to help moderate but if there's a place you'd like to start.

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We can go there.

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Feel free Brian, I know that I'm Mark seven Keith Mark some to go show, but feel free.

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Okay, so I will go through some of the questions so there was a question around.

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Whether children in foster care will be included in tailored plan until they have a specialized plan and Kelly I know you are starting to chop the wanted to give you a chance to try and answer property to the group on how to foster care plan will work.

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Sure. And I would say in Keith, feel free to jump in at any point in to add anything else but I think it's it a couple things to that were associated questions I think it's really important for folks to understand that the benefit plans know so the plan

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your standard plan tailored plan travel option, there are comprehensive plans. So they are a whole person so you don't need to be in two plans,

the tailor plan is different has different benefits and that is covered in other trainings, but the tailor

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plan is whole person so it's not as if you need to be in a tailored plan but also in a standard plan, because you need your physical health benefits covered children in foster care will still maintain their Medicaid direct benefit so their full comprehensive

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Medicaid direct benefit just like they do today to look at their physical health care their behavioral health care.

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Therefore pharmacy through Medicaid direct like today, until they are enrolled in the foster care plan. So that's high level, Keith any details you would add to that.

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Yeah, so this. The exactly what happens to individuals that are in those eligibility categories for the foster care plan. There has been some policy evolution over time as to whether or not they can select a tailored plan, if they're tailored plan eligible

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in that year between, because that has evolved, I'm fearful that I'll say the wrong thing.

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And take that back and check with, she needed Jackson and Rick Farrington and make sure that that we get the right answer, and to ensure that that answer is ready for public dissemination.

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Thanks Keith and Kelly, so next one, I think this is for you, Dr. McCoy, does it current ID and TBI waiver provider have to become CMA.

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The answer is no, tailored care management is a line of service, and it does not if you choose not to do this as a line of service, it doesn't jeopardize your ability to continue to provide the services that you've been providing today, provided that

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those are services that continue on into the Taylor plan world.

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There's also been and this this ties with some of the other questions that I wanted to answer live and I may need to tag, Maya to assist with this as well.

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questions around community navigator, and questions about does this, how does this differ from community navigator or Community Guide and tailored

care management is substantially duplicative of community navigator and adds a lot of additional things

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on top of that, it is, you know, the tailored care management, you're going to be doing transitions of care after someone has open heart surgery, you're going to be doing that management and reconciliation, you're going to be doing those sorts of care

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activities that we currently. Think about that. The plan based care coordinators do at lme and CEOs on all of those things. You got to be able to send and receive claims claims information to stratify your population there's all sorts of additional things

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that are what are necessary to do health home level care management. So because of that, and the state has decided that community navigator won't be part of the innovations waiver package or and won't be continued into the conversion of from be three

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services to 1915 Hi services. There is a caveat to this and that's what I'm going to lean on my for related to those who are in a self directed characteristics

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that mimic what I'm going to channel My, my. KENNETH But, I mean, see Medicaid but there will still be the, the connection for the community navigator like person to support a person who's receiving a self directed some of their services to aid with the

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work related to,

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you know, being the connection and the work with the physical media and, you know, the training and things like that so there will still be some components specifically to support, only with those self directed functions that, then the current navigator

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was supporting with.

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So hopefully that helps. Yeah, wholesome requirements, require us to make sure that there is not duplication of what is required in the health home through the care management service, and that's why this decision around community navigator.

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Thanks. My doctrine, boy. So this one is for Kelly.

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How is each members choice of care management approach factored into the tailored plans assignment member to a CMA and H plus rap, or TP.

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I got quite a few questions around both choice but also assignment and so in the interest of time, I want to try to kind of tackle both of those things.

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First, I would say that choice trumps everything.

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Always members have choice.

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And that choice is honored.

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I know that folks hopefully have seen the guidance and and will cover it a feature section around conflict conflict free care management, so there will be instances where members, because of federal requirements will not allow to be allowed to have care

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management from their home and community based service provider and care management at the same time from the same provider.

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But other than that, and choices is incredibly important. So, the members will be given choice for members who don't choose.

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We will the health of the tailor plans will do auto assignment to tailored career management entities.

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But even after that auto assignment members also have choice, if you're if a member gets a letter that says this is your Taylor career management entity and they want to go somewhere else that's fine.

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They can choose to go to a different entity, and a member could show up in a providers office and and say I want to go to this office for tailored care management and that's okay that CP will have processes to change so folks can change their career management

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that we assign them to attend our care management entity who starts to do outreach and tries to engage them and say hey you have this wonderful benefit we'd love to see you.

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But those really those that is really for a situations when folks don't choose and again, vast majority folks won't choose but please know that even after auto assignment.

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There's still plenty of opportunity for choice.

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And there's technical requirements around that folks can choose twice and change twice a year, they can choose a different TCM provider twice a year for any reason at all.

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And then more times, unlimited times after that is there's a reason if there's a clinical or other reason that they would like to choose a care management entity tailored plans will have to follow some guard rails, when they do, assignment to tailor care

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management entities. Those are laid out in their contracts with her published, but they're very much about things like making sure that first choices on it, of course.

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But second, that they know the providers, they know the capacity of the providers. They are not overloading providers with all high acuity or complex patients.

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There's just guard rails around making sure that we honor things like previous relationships. So if someone has a previous treatment relationship with a behavioral health provider for many years, and not provider so Taylor care management entity that's

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probably a great fit for the tailor care management assignment as well so we probably talk about choice at a later session, but just went to say that choices on our Taylor plans will be providing educational sessions offering choice.

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They will be auto assigning using some guard rails they're trying to be really smart and sophisticated about it. And if someone is auto assigned.

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That's great. Then a TCM providers are style reach to them. And that does not limit choice, it just doesn't to keep anything about other.

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No, nothing for me.

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So we're almost at time maybe have chance, a time for one or more.



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I'll ask one more for you, Dr. McCoy. It's a beneficiary has an ID D diagnosis, but their Medicaid remained fee for service. Is it reasonable to assume that they are likely to transition to the tailored plan.

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Next year for eligibility for 10 plan comes in a couple of their couple of factors. So one is has to do with the type of benefit you have. So generally are folks who are dual eligible medicaid medicare are the.

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They're going to stay in a fee for service. Plus, having the the behavioral health and add benefit manage it as it is now in a carve out way they'll stay in that system with the exception of dozen innovations who will who will become full tailored plan

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members, so But assuming the person has full Medicaid is not dual eligible.

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If they've got an IDP diagnosis, that is a qualifying factor for tailored plan eligibility, and they would be tailored plan auto assigns at Taylor before tailored plan launch in order to prepare for the receiving services through that integrated system.

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Great.

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So, I'm Dr. McCoy Kelly Maya crystal Glenn want to give you a chance to say some departing words we're at time.

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And as a reminder, the next webinar is on October, 8.

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I think one thing I want to take because this was asked and this is, this is really important to us. We really appreciate your questions and your feedback.

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Hopefully, folks know the Medicaid transformation email where you can send an additional feedbacks in fact feedback on comments, but please know that we will use the questions we received today in the questions we were unable to get to, to publish things

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like FAQs, and to inform later presentations, because we really want to understand your questions and do our very best to answer them. So we'll try to get them in future presentations or publish some FAQ documents on the Taylor career management website.

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So just want to short fix that we're really interested in that and thank you all for coming today, and I welcome anyone else to have any closing remarks.

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It's everything's going

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great. Thank you everyone.