

WEBVTT

1

00:00:28.110 --> 00:00:31.050

Mario Schiavi: Thank you for joining today's program i'll begin shortly.

2

00:01:05.700 --> 00:01:18.120

Mario Schiavi: hello, and welcome to today's webinar and 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 section and he producer will respond.

3

00:01:19.200 --> 00:01:25.590

Mario Schiavi: We will be holding a Q amp a session during today's webinar we encourage you to submit written questions at any time, using the Q amp a panel.

4

00:01:26.190 --> 00:01:40.200

Mario Schiavi: located at the bottom of the zoom webinar viewer please type your questions in the text field and click salmon, 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.

5

00:01:41.700 --> 00:01:45.150

Mario Schiavi: During today's event participants remain in listen only mode.

6

00:01:47.370 --> 00:02:01.740

Mario Schiavi: And with that we'll get started, we hope you enjoyed today's presentation i'd now like to introduce our first speaker for today Keith bitcoin deputy CMO for behavioral health and idd Community systems Keith you know how the floor.

7

00:02:03.300 --> 00:02:11.310

Keith McCoy: And there and welcome to take care management and we're graduating from one a one to one or two, as this is our second.

8

00:02:12.150 --> 00:02:21.510

Keith McCoy: webinar and we really appreciate all the interest and engagement as Taylor care management it's going to be innovative and important.

9

00:02:22.110 --> 00:02:25.770

Keith McCoy: New resource for our individuals in North Carolina.

10

00:02:26.430 --> 00:02:36.870

Keith McCoy: who have medicaid and who have serious mental illness serious emotional disturbances TV eyes and intellectual and developmental disabilities, as well as severe substance use disorders.

11

00:02:37.380 --> 00:02:46.980

Keith McCoy: And today we're going to be focused on what it takes to become an advanced medical home plus practice and or a care Management Agency next one.

12

00:02:51.150 --> 00:03:01.680

Keith McCoy: So again, this is our second webinar in the series that we have several more and today's focus again is becoming an AMA plus where I see and then next slide.

13

00:03:05.340 --> 00:03:18.300

Keith McCoy: So our focus today will include some time for Q amp a time permitting we'll try to move through relatively quickly as we feel like the Q amp a is important, you may ask a question at any time throughout the presence than.

14

00:03:18.720 --> 00:03:28.980

Keith McCoy: Using the Q amp a text box, this is different than the chat box, the Q amp a box is located at the lower right hand of the screen and simply type in your question and click send.

15

00:03:29.580 --> 00:03:36.930

Keith McCoy: We will also be providing a recording of today's presentation and the slide deck will be available at the below website next slide.

16

00:03:39.480 --> 00:03:47.580

Keith McCoy: We have five presenters today i've already met need that along with me is Kelly crosby who is our chief quality officer and nc medicaid.

17

00:03:47.970 --> 00:03:54.000

Keith McCoy: crystal Hilton, who is the associate director of population health and nc medicaid awesome.

18

00:03:54.480 --> 00:04:03.090

Keith McCoy: window and Sean, who is the senior program manager for special programs and ensue medicaid and one of those special grants includes tailored care management.

19

00:04:03.450 --> 00:04:11.790

Keith McCoy: And my Lewis, who is our ID and tbi section chief within the division of mental health developmental disabilities and substance abuse services next slide.

20

00:04:14.670 --> 00:04:31.650

Keith McCoy: So our agenda today includes a quick recap, of the tailored care management model key updates going through really the crux of the presentation is the application process and certification requirements for H plus practices and surveys and then time for q&a next slide.

21

00:04:34.860 --> 00:04:35.520

Keith McCoy: Next slide.

22

00:04:37.440 --> 00:04:41.430

Keith McCoy: So very quickly as we covered this last time what is tailored care.

23

00:04:42.720 --> 00:04:58.500

Keith McCoy: So there are some key features and it's important to remember that tailored plan Members are eligible for tailored care management, including individuals enrolled in 1915 see innovations and tbi waivers.

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00:04:59.070 --> 00:05:12.510

Keith McCoy: In the individuals enrolled into medicaid direct such as dual eligible that may not be in tailored plans, because their dual eligible will also have access to tailored care management if they otherwise would.

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00:05:12.960 --> 00:05:21.120

Keith McCoy: be eligible for tailored plan based on their clinical presentation, but they belong to one of these delayed groups or excluded groups from managed care.

26

00:05:21.840 --> 00:05:32.520

Keith McCoy: tethered plan, Members will be assigned to one of three approaches for obtaining tailored care management and advanced medical home plus practice a care management agency or CNN.

27

00:05:32.970 --> 00:05:36.570

Keith McCoy: or a plan based, and that means tailored plan based care manager.

28

00:05:37.290 --> 00:05:47.010

Keith McCoy: The Department strongly believes, and has established policy that care management should be provider based and performed at the side of care to the maximum extent possible.

29

00:05:47.640 --> 00:05:54.270

Keith McCoy: providers must be certified as an image plus practice or cma to perform tailored care management.

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00:05:55.020 --> 00:06:10.350

Keith McCoy: Under tailored career management, Members will have a single care manager, who will be equipped to manage all of their needs, spanning physical health behavioral health add tbi pharmacy lts s and then that health related resource needs next slide.

31

00:06:12.660 --> 00:06:26.310

Keith McCoy: All right, a few key updates so in preparation for the launch of tailored care management, the department has initiated two rounds and they mx plus and cna certification 54 providers past the desk reviews, in the first round so there's that.

32

00:06:27.330 --> 00:06:35.670

Keith McCoy: By June 1 and then the desk reviews completed this summer, we are now working on the site review process that will occur during the fall.

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00:06:36.060 --> 00:06:51.210

Keith McCoy: And it is expected that the providers that passed the site review process and are ultimately contracted with the Teller plans should be ready to launch tailored career management as a service when tender plans launch July 1 2022.

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00:06:52.290 --> 00:06:58.290

Keith McCoy: we've had 39 providers submit applications for the second round those applications reduce September 30.

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00:06:58.950 --> 00:07:02.640

Keith McCoy: We are undertaking the desk review process now and throughout the phone.

36

00:07:03.210 --> 00:07:13.020

Keith McCoy: site reviews will occur in the winter and we anticipate that providers will be ready between July 1 2022 and January 1 2023 to begin providing.

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00:07:13.620 --> 00:07:26.610

Keith McCoy: tailored care management as a service line, please note that the damage, plus and cna certification process is distinct from medicaid enrollment and from the advanced medical home at gestation process.

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00:07:28.050 --> 00:07:37.200

Keith McCoy: We will have details on future rounds related to certification at our tailored care management website next one.

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00:07:38.790 --> 00:07:43.140

Keith McCoy: All right, and I think at this point i'm going to hand things over to crystal Bolton.

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00:07:57.090 --> 00:07:59.790

Krystal Hilton: Okay next slide please.

41

00:08:01.200 --> 00:08:07.560

Krystal Hilton: Okay, I want to talk a bit about the provider certification, the image plus and cma certification process.

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00:08:08.730 --> 00:08:17.910

Krystal Hilton: Please note that before, as well as after the Taylor plan program watch, there will be a statewide certification process that determines.

43

00:08:18.180 --> 00:08:24.330

Krystal Hilton: That a provider organization is able to be certified to perform the Taylor care management services.

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00:08:24.720 --> 00:08:31.620

Krystal Hilton: That certification process is a three stage process and then results in a fourth readiness component.

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00:08:32.040 --> 00:08:46.440

Krystal Hilton: which the tailor plans participate in those three stages of certification are the provider application, the desk review and the site review and, as I said, there is readiness and contracting that results after certification.

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00:08:47.160 --> 00:08:59.580

Krystal Hilton: For the three certification stages that apartment has contracted with the national committee for quality assurance, or we refer to as ncqa to conduct the desk reviews and site reviews going forward.

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00:09:00.390 --> 00:09:05.280

Krystal Hilton: And these will be conducted in accordance with the department's previously established criteria.

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00:09:06.390 --> 00:09:14.820

Krystal Hilton: ncqa will also conduct recertification of providers on the department behalf as a program progresses throughout the years.

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00:09:16.020 --> 00:09:26.040

Krystal Hilton: The Department will continually maintain oversight of the certification recertification processes, when we look towards readiness a contract, and that is the role of the Taylor plans.

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00:09:26.640 --> 00:09:36.270

Krystal Hilton: Eleni MC o's and they will be assuring that after that these sort of by entities are ready, willing and able to provide the services next slide please.

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00:09:39.120 --> 00:09:48.900

Krystal Hilton: want to give a little bit more detail of regarding the phases of sorry the stages of the certification process and we'll start with the desk review the desk review is actually.

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00:09:49.980 --> 00:09:56.940

Krystal Hilton: A review of the written application that the provider submits the provided candidate would submit.

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00:09:57.360 --> 00:10:09.060

Krystal Hilton: And this application process serves to allow us to see that this organization is able to satisfy the criteria of tailor care service.

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00:10:09.480 --> 00:10:20.160

Krystal Hilton: tailored plan service provision that launch we have details about the distributors who the link, for that is your with the application here and on the slide.

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00:10:21.420 --> 00:10:30.450

Krystal Hilton: When we move into the site review process that is where one or more reviews with the providers that are actually that have actually passed the desk review.

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00:10:31.020 --> 00:10:42.330

Krystal Hilton: is like a final decision on that certification process also to look at and gain an increasing understanding of that organizations capacity their strengths and any areas of improvement.

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00:10:42.720 --> 00:10:54.750

Krystal Hilton: And also, if there is need for capacity building funds to also be able to recognize that as a as a part of that site review process and then, as we move into the readiness component.

58

00:10:55.800 --> 00:11:05.880

Krystal Hilton: This is a review of certified practices, shortly before program launch to verbal to verify that they are ready to perform these tasks next slide please.

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00:11:08.490 --> 00:11:08.820

Krystal Hilton: Okay.

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00:11:10.800 --> 00:11:25.200

Krystal Hilton: The Department has an allowance, but not a requirement that a image plus practices and CMOs are able to work with clinically integrated networks for other partners to help with the requirements of the to the queue management model.

61

00:11:26.160 --> 00:11:37.140

Krystal Hilton: The CIS or partners are able to answer certain questions on the application that will be particularly germane to the services that they are providing for that organization.

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00:11:38.070 --> 00:11:49.530

Krystal Hilton: On the left the screen and the yellow box, we do share some options that the CIA and other partners are able to serve during the application completion process they're able to complete.

63

00:11:50.340 --> 00:12:05.520

Krystal Hilton: on behalf of the provider the application that supports what that CIA and other partner will actually be doing that description of the services that they're supplementing for the provider they're able to provide local care management staffing functions.

64

00:12:07.260 --> 00:12:20.250

Krystal Hilton: The able to support analytics and data integration, as well as potentially assistant and contracting process or directly contracting with Taylor based on behalf of H plus for cma.

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00:12:21.630 --> 00:12:29.400

Krystal Hilton: If a provider has not determined that they would work with the CIA and our other partner at the time of application.

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00:12:29.760 --> 00:12:42.420

Krystal Hilton: Then that's demonstrated on the blue side of the screen, where the individual practice would be certified, not the CIA in and they will complete the application as an independent entity.

67

00:12:43.740 --> 00:12:48.780

Krystal Hilton: organizations that have not yet decided on whether or how they would affiliated with the CIA and.

68

00:12:49.170 --> 00:12:57.090

Krystal Hilton: They would begin that application process now, as I said, and completed as an individual NGO the final look at the final certification.

69

00:12:57.660 --> 00:13:10.050

Krystal Hilton: decision prior to take your lunch would include assessment of how the roles and responsibilities will be shared between the provider and the CIA and if they do during this process, decide to work with the CIA or other partner.

70

00:13:11.310 --> 00:13:11.940

Krystal Hilton: Next slide.

71

00:13:14.940 --> 00:13:22.710

Krystal Hilton: wanted to share certification requirements as the of an overview, the requirements are.

72

00:13:23.310 --> 00:13:34.350

Krystal Hilton: Where we're trying to understand a gauge of readiness at the time of launch will be looking to see that the provider entities would meet the eligibility definitions.

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00:13:34.620 --> 00:13:46.260

Krystal Hilton: that they are able to show appropriate organizational experience and standing, they will be able to show appropriate staffing and plans for staffing.

74

00:13:46.770 --> 00:14:01.500

Krystal Hilton: They will be able to demonstrate the ability to deliver are required elements of activity here management model meet the health information technology requirements and meet quality measure and improvement requirements additionally.

75

00:14:02.700 --> 00:14:08.400



Krystal Hilton: participate in the rich required trainings that would occur after initial certification.

76

00:14:10.290 --> 00:14:23.520

Krystal Hilton: We have a reference to the provider manual and the application form for additional details on to a career management application process and certification requirements next slide please.

77

00:14:26.160 --> 00:14:33.690

Krystal Hilton: Okay, I believe, with this component of the certification process i'm turning it over to Glen rock.

78

00:14:35.460 --> 00:14:38.340

Gwendolyn Sherrod: Good afternoon, it is my.

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00:14:39.570 --> 00:14:44.820

Gwendolyn Sherrod: distinct pleasure to give you a little bit more of a deep dive on the.

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00:14:46.080 --> 00:14:49.590

Gwendolyn Sherrod: requirements of the application.

81

00:14:51.060 --> 00:15:00.570

Gwendolyn Sherrod: And so we're going to go through and look at all the things that we look at through on the application, the first thing is eligibility.

82

00:15:02.310 --> 00:15:18.960

Gwendolyn Sherrod: And so, this slide is a bit dense and so, if you would like to be an advanced medical homeless or a mh plus the definition is you would be a primary care practice actively serving as an AMA tier three practice.

83

00:15:20.040 --> 00:15:27.810

Gwendolyn Sherrod: and whose providers have experienced delivering primary care services to the tailor plan eligible population.

84

00:15:30.000 --> 00:15:51.540

Gwendolyn Sherrod: To demonstrate experience and competency to serve the tp eligible population each aimless a major plus applicant must have tests that they have a patient panel of at least 100 active medicaid patients who have an SME my ftp or severe STD STD or tbi diagnosis.

85

00:15:52.650 --> 00:16:01.710

Gwendolyn Sherrod: Active patients are those that have at least two encounters with the H plus applicants practice team within the last 18 months.

86

00:16:05.550 --> 00:16:19.680

Gwendolyn Sherrod: So let's talk about the cma the cma definition is a provider organization with experience delivering behavioral health add and or tbs services to the tailor plan eligible population.

87

00:16:21.810 --> 00:16:28.290

Gwendolyn Sherrod: And they will hold primary responsibility for providing integrated whole person care management under the table of care management model.

88

00:16:29.310 --> 00:16:37.740

Gwendolyn Sherrod: To be eligible, an organization organizations primary purpose at the time of certification less be delivery of.

89

00:16:38.820 --> 00:16:48.060

Gwendolyn Sherrod: North Carolina medicaid health choice or state funded services other than care management to the TV eligible population so.

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00:16:49.230 --> 00:16:59.820

Gwendolyn Sherrod: In order to be a cma you must be providing one of those behavioral health add and our TV services to the tp eligible population.

91

00:17:01.740 --> 00:17:12.270

Gwendolyn Sherrod: And just a note the damage, plus practices or cma must not may not be owned by or subsidiaries of the Taylor plans next slide please.

92

00:17:15.660 --> 00:17:33.900

Gwendolyn Sherrod: Certification will be organized by populations so on the application, there is a question, asking you, which populations you're applying to be certified in so we have the options of mental health and substance use disorder.

93

00:17:35.040 --> 00:17:49.950

Gwendolyn Sherrod: Adult or child adolescent idd tbi innovations waiver tbi waiver and co occurring add in behavioral health either for the child or adult child and adolescent or adult population.

94

00:17:51.000 --> 00:17:55.590

Gwendolyn Sherrod: And the a mx plus certification is at the practice level.

95

00:17:57.600 --> 00:18:13.440

Gwendolyn Sherrod: And the cma certification is at the level of the entire organization, however, if a potential cma spans multiple take Taylor plan region, the organization will be certified at that level in each region.

96

00:18:15.090 --> 00:18:15.990

Gwendolyn Sherrod: Next slide please.

97

00:18:19.080 --> 00:18:31.290

Gwendolyn Sherrod: The next thing we're going to talk about on the application is organizational standing and experience, so there are questions that go into in depth detail about.

98

00:18:32.640 --> 00:18:41.730

Gwendolyn Sherrod: Your relevant experience your provider relationships and linkages capacity and sustainability and your oversight.

99

00:18:42.630 --> 00:18:53.070

Gwendolyn Sherrod: So for relevant experience the key application content asked for information provided about the current scope of your population, the services.

100

00:18:53.460 --> 00:19:04.650

Gwendolyn Sherrod: What are you doing what services are you currently providing now and description and description of your organization's history and length of experience.

101

00:19:05.520 --> 00:19:19.380

Gwendolyn Sherrod: So what ncqa would be looking for with the alignment of your prior experience with a population if you're saying that you have experience with you're asking to.

102

00:19:21.390 --> 00:19:23.340

Gwendolyn Sherrod: If you're asking for.

103

00:19:24.570 --> 00:19:34.680

Gwendolyn Sherrod: certification for behavioral health, we want to see that you have provided behavioral health for that for at least two years or if you're saying that.

104

00:19:35.760 --> 00:19:38.730  
Gwendolyn Sherrod: i'm asking for certification for.

105

00:19:40.770 --> 00:19:52.530  
Gwendolyn Sherrod: scd adolescents, we want to see at least a two year experience and we want to see integration of mental health and STD for behavioral health agencies.

106

00:19:53.760 --> 00:20:07.680  
Gwendolyn Sherrod: So the next thing is provider relationships and linkages so the key application content is a description of your current contracts and arrangements with other providers, including those who would play the cynical consultant role.

107

00:20:08.910 --> 00:20:19.350  
Gwendolyn Sherrod: So we want to see that you have relationships and formal linkages in place that you have relationships with other providers and other agencies and organizations in the Community.

108

00:20:19.920 --> 00:20:28.200  
Gwendolyn Sherrod: And that you have a plan for strengthening your relationships with clinical consultants, so those clinical Kentucky consultants are those.

109

00:20:30.930 --> 00:20:32.100  
Gwendolyn Sherrod: High level.

110

00:20:33.870 --> 00:20:42.090  
Gwendolyn Sherrod: providers that would be able to advise you on clinical matters so it might be a psychiatrist or.

111

00:20:45.270 --> 00:21:03.540  
Gwendolyn Sherrod: psychologist or primary care physician that has experience in behavioral health those types of relationships, so if you have a complex situation and you need some some clinical advice you'll have those clinical consultants in place.

112

00:21:05.340 --> 00:21:08.370  
Gwendolyn Sherrod: The next section is capacity and sustainability.

113

00:21:09.510 --> 00:21:11.820  
Gwendolyn Sherrod: So the key application content is.

114

00:21:13.050 --> 00:21:29.940

Gwendolyn Sherrod: We want to see the your most recently audited financial report and a description of your leadership team for Taylor care management, so we just want to see that you are, you know financially viable and sustainable.

115

00:21:31.800 --> 00:21:33.870

Gwendolyn Sherrod: And just want to be able to show that.

116

00:21:34.920 --> 00:21:47.910

Gwendolyn Sherrod: We want to see that you have a clear delineation of leadership roles and accountability, so we want to know if you have an idea of who's going to lead your Taylor career management team.

117

00:21:49.500 --> 00:21:52.260

Gwendolyn Sherrod: The next section would be oversight.

118

00:21:53.460 --> 00:22:01.380

Gwendolyn Sherrod: The key application content is board approval your organization chart and description of how management and oversight will occur.

119

00:22:02.550 --> 00:22:16.170

Gwendolyn Sherrod: So we want to see that you have the appropriate structures in place to oversee the tailored care management model, we want to see if you have a board that you have board approval, we want to look at your organizational chart to see.

120

00:22:17.940 --> 00:22:39.180

Gwendolyn Sherrod: What your governance structure is and we want to see strong governance and appropriate executive image and management structure and approval of the application so we want to you know just we just want to know that you have the appropriate governance structure and and.

121

00:22:40.770 --> 00:22:43.470

Gwendolyn Sherrod: Have the appropriate leadership in place.

122

00:22:44.760 --> 00:22:45.750

Gwendolyn Sherrod: Next slide please.

123

00:22:48.720 --> 00:23:06.390

Gwendolyn Sherrod: So I want to talk a little bit about more a little bit more about those consultants, we just want to focus on this this the fact that the AMA plus practices cma should develop relationships with

clinical consultants to provide that subject matter expert advice to the care team.

124

00:23:07.590 --> 00:23:11.100

Gwendolyn Sherrod: They can be a psychiatrist or.

125

00:23:12.330 --> 00:23:29.520

Gwendolyn Sherrod: Four tower adult or child child and adolescent depending on the population serve a neuro psychologists or psychologists for cma is a primary care physician with appropriate experience with the population served.

126

00:23:32.340 --> 00:23:36.870

Gwendolyn Sherrod: To the extent that the Members PCP is not available for consultation.

127

00:23:39.960 --> 00:23:48.090

Gwendolyn Sherrod: As a side note amy's post practices and cma employer contract with consultants or do so through a car car no other partner.

128

00:23:49.170 --> 00:23:58.080

Gwendolyn Sherrod: Your clinical consultant should be should be available by phone to staff within am each post practices and see amaze to advise on complex.

129

00:23:59.130 --> 00:24:05.460

Gwendolyn Sherrod: Issues on an as needed an ad or an ad hoc basis next slide please.

130

00:24:08.670 --> 00:24:19.290

Gwendolyn Sherrod: staffing so we've had a lot of questions about staffing We understand that currently the staffing market is tough.

131

00:24:20.370 --> 00:24:27.150

Gwendolyn Sherrod: it's very strained and we have had a lot of in our provider engagement.

132

00:24:28.200 --> 00:24:40.560

Gwendolyn Sherrod: sessions that we've we've talked with different providers, one of the main issues that we have heard from the field is that they're having trouble with staffing.

133

00:24:42.420 --> 00:24:56.220

Gwendolyn Sherrod: So by Taylor plan launch, we want the cma the H plus is to have those care managers and care managers supervisors in place meeting the minimum requirements.

134

00:24:57.510 --> 00:25:01.230

Gwendolyn Sherrod: So for care manager serving all Members.

135

00:25:02.700 --> 00:25:21.660

Gwendolyn Sherrod: Having a bachelor's degree in a related field two years of experience working with the population serves for care manager serving Members with lts needs two years of prior lts and and or a CBS coordination.

136

00:25:22.830 --> 00:25:25.350

Gwendolyn Sherrod: i'm not going to go and read all of these.

137

00:25:27.780 --> 00:25:30.810

Gwendolyn Sherrod: Specific staffing requirements, but.

138

00:25:32.700 --> 00:25:55.710

Gwendolyn Sherrod: I want to talk about the supervising care managers you, they have to have a master's level will be license lcs w il see him I see they'll PA lmt and or are in with three years of experience, providing care management case manager or care coordination with a population serve.

139

00:25:58.260 --> 00:26:12.930

Gwendolyn Sherrod: For the supervising care manager serving at ED and tbi they must have one of the following minimum qualifications and so there's a whole list here that i'm just not going to read all of that to you um.

140

00:26:14.190 --> 00:26:22.050

Gwendolyn Sherrod: there's been concerned about you know finding staff to meet all of these qualifications, but one of the things that we have been.

141

00:26:22.830 --> 00:26:35.700

Gwendolyn Sherrod: wanted to share with a provider is to really look at this being a team based model more of a team based model so begin to look at how some of the other TEAM members can assist with some.

142

00:26:36.750 --> 00:26:39.390

Gwendolyn Sherrod: Serving and some providing some of the.

143

00:26:40.620 --> 00:26:41.430  
Gwendolyn Sherrod: functions.

144  
00:26:42.660 --> 00:26:43.980  
Gwendolyn Sherrod: Of the care manager.

145  
00:26:45.330 --> 00:26:46.410  
Gwendolyn Sherrod: Next slide please.

146  
00:26:49.410 --> 00:26:54.600  
Gwendolyn Sherrod: Delivery of tailored career management so in the application.

147  
00:26:55.950 --> 00:27:01.500  
Gwendolyn Sherrod: We know that you don't have all all of these items in place yet.

148  
00:27:02.790 --> 00:27:17.160  
Gwendolyn Sherrod: We know that this is a brand new service that that has not been provided, yet so we're looking in the application that you would test that the organization will develop the key policies and procedures.

149  
00:27:18.540 --> 00:27:18.930  
Gwendolyn Sherrod: We.

150  
00:27:20.280 --> 00:27:26.340  
Gwendolyn Sherrod: are looking to see that you have a description of the strategy to meet the minimum contract requirements.

151  
00:27:27.420 --> 00:27:30.150  
Gwendolyn Sherrod: And that you know what the minimum contact requirements are.

152  
00:27:31.560 --> 00:27:39.060  
Gwendolyn Sherrod: And we also are looking to see your approach what your approach would be to.

153  
00:27:41.040 --> 00:27:43.860  
Gwendolyn Sherrod: Providing the care management comprehensive assessment.

154  
00:27:45.390 --> 00:27:52.380



Gwendolyn Sherrod: We want to see in the application a description of your approach to care plans and ISP.

155

00:27:54.210 --> 00:28:02.490

Gwendolyn Sherrod: And the last section to care teams, we want to see a description of your approach to developing your care team we're looking for.

156

00:28:03.750 --> 00:28:05.820

Gwendolyn Sherrod: A multi disciplinary care team.

157

00:28:07.050 --> 00:28:19.710

Gwendolyn Sherrod: how they are going to convene regular conferences in including forcing challenges and the description of the strategy to share and manage access to patient information.

158

00:28:21.060 --> 00:28:33.720

Gwendolyn Sherrod: So uh so we were looking for a clear strategy on how the organization will meet each of the minimum requirements and tailor this to the POP to the population survey.

159

00:28:35.130 --> 00:28:42.300

Gwendolyn Sherrod: we're not saying in the application that all of the all of these things need to be in place, but we want you to have a clear understanding of.

160

00:28:42.720 --> 00:28:57.810

Gwendolyn Sherrod: What we're what we are asking, and have have have had some thoughtful discussion and and be able to give some thoughtful clear approach to how you're going to to meet the requirements.

161

00:28:59.790 --> 00:29:00.840

Gwendolyn Sherrod: Next slide please.

162

00:29:04.320 --> 00:29:16.980

Gwendolyn Sherrod: I want to talk a little bit about care team formation AMA practices and cma must establish a multi disciplinary care team for each member the care team should include the Member.

163

00:29:17.520 --> 00:29:23.370

Gwendolyn Sherrod: The Members care manager and the following individuals, depending on the Members needs.

164

00:29:24.150 --> 00:29:33.390

Gwendolyn Sherrod: So some of the people that could be on the on this multi disciplinary care team would be the supervising care manager, the primary care provider.

165

00:29:33.750 --> 00:29:47.280

Gwendolyn Sherrod: Any behavioral health providers add or tbi providers as applicable any other specialists that the Member may be utilizing nutritionist pharmacy pharmacy tix.

166

00:29:49.110 --> 00:29:52.650

Gwendolyn Sherrod: Members Ob gyn for for pregnant women.

167

00:29:53.850 --> 00:30:05.760

Gwendolyn Sherrod: In reaching transition staff as as applicable care manager a cinders such as Community navigator peer support specialist in Community health workers and other individuals.

168

00:30:07.590 --> 00:30:11.430

Gwendolyn Sherrod: as determined by the care the care manager in the Member.

169

00:30:12.900 --> 00:30:19.560

Gwendolyn Sherrod: We also would look for family members or caregivers to be on the care team.

170

00:30:22.740 --> 00:30:24.660

Gwendolyn Sherrod: There may be school.

171

00:30:27.480 --> 00:30:44.640

Gwendolyn Sherrod: Involvement or juvenile justice involvement, so there there, there are many different people that can many different entities that could be on the Members care team, but we're looking for this comprehensive care team that would meet the members.

172

00:30:48.180 --> 00:30:50.610

Gwendolyn Sherrod: behavioral health, as well as.

173

00:30:53.070 --> 00:30:54.180

Gwendolyn Sherrod: Any other health needs.

174

00:30:55.260 --> 00:31:12.780

Gwendolyn Sherrod: The Amish plus are seeing a does not need to have all the care TEAM members on staff or embedded in the practice providers of

various specialties may participate in care teams virtually from other settings and the Department intense to.

175

00:31:14.040 --> 00:31:19.860

Gwendolyn Sherrod: to release it additional guidance on which functions, the extenders can perform.

176

00:31:21.570 --> 00:31:22.440

Gwendolyn Sherrod: Next slide please.

177

00:31:27.810 --> 00:31:31.950

Gwendolyn Sherrod: So we're going to continue on with the thought of delivery of tailor care management.

178

00:31:33.780 --> 00:31:41.520

Gwendolyn Sherrod: So there are required components of tailored care management, so we want to.

179

00:31:43.440 --> 00:31:48.810

Gwendolyn Sherrod: see your approach to meeting each of these required components.

180

00:31:51.060 --> 00:32:01.020

Gwendolyn Sherrod: and adaptation to provide or range 24 hour coverage for services consultation and referral or treatment of emergency medical conditions.

181

00:32:02.100 --> 00:32:09.900

Gwendolyn Sherrod: I was asked by a provider recently do we have to provide services 24 hours a day, that is not what the.

182

00:32:11.610 --> 00:32:20.430

Gwendolyn Sherrod: This component is requiring it is requiring that you arrange some sort of coverage so.

183

00:32:21.510 --> 00:32:23.880

Gwendolyn Sherrod: and specifically after hours.

184

00:32:25.980 --> 00:32:27.450

Gwendolyn Sherrod: So we're not looking for you to.

185

00:32:30.930 --> 00:32:40.140

Gwendolyn Sherrod: provide services 24 seven but have some type of coverage or on call or consultation type things in place.

186

00:32:43.980 --> 00:32:48.660

Gwendolyn Sherrod: So we're looking for care coordination we're looking for 24 hour coverage.

187

00:32:49.800 --> 00:32:51.330

Gwendolyn Sherrod: we're looking for.

188

00:32:53.760 --> 00:33:07.230

Gwendolyn Sherrod: Information about ensuring that the annual physical exam is carried out continuous monitoring medication monitor monitoring system of care coordination individual and family support and health promotion.

189

00:33:09.420 --> 00:33:14.760

Gwendolyn Sherrod: The next thing we want to see how you address the unmet health related resource needs.

190

00:33:16.530 --> 00:33:27.120

Gwendolyn Sherrod: So we want to see a description of your relationships with Community organizations and a description of your experience addressing unmet health related resource needs.

191

00:33:27.570 --> 00:33:45.720

Gwendolyn Sherrod: We want to know that you know where all the food banks are or who to call to get help paying light bills, or if someone needs has transportation issues, how to how to connect them with transportation resources those types of things that.

192

00:33:46.890 --> 00:33:56.790

Gwendolyn Sherrod: We we just want to see what your experiences are and that you have experienced providing referral information and assistance to Members.

193

00:34:00.540 --> 00:34:04.290

Gwendolyn Sherrod: So the next section is transitional care management.

194

00:34:06.480 --> 00:34:14.160

Gwendolyn Sherrod: We want to see that you have access to adt data admission discharge and and transfer data.

195

00:34:16.470 --> 00:34:27.180

Gwendolyn Sherrod: description of methodologies to respond to at data description of transition approach approaches for special populations in diversion from institutional settings.

196

00:34:28.500 --> 00:34:41.940

Gwendolyn Sherrod: And we want to, we want to see that you have experienced and capacity managing transitions and that you have a plan for achieving adt access if it's not already in place.

197

00:34:42.870 --> 00:34:54.660

Gwendolyn Sherrod: And we want to see that you have evidence of approach to identify and divert Members who are at risk for requiring here in an adult care home or institutional setting.

198

00:34:56.340 --> 00:34:56.820

Gwendolyn Sherrod: and

199

00:34:58.200 --> 00:35:14.790

Gwendolyn Sherrod: If you are providing innovations or tbi care coordination, we want to see the description of your approaches to address additional requirements and serving serving this population, and we want to see that you have experience serving this population.

200

00:35:16.740 --> 00:35:18.570

Gwendolyn Sherrod: Next slide next slide please.

201

00:35:20.640 --> 00:35:26.730

Gwendolyn Sherrod: So i'm going to pass the baton over to Kelly crosby to talk about.

202

00:35:28.200 --> 00:35:32.490

Gwendolyn Sherrod: The health information technology portion of the application.

203

00:35:34.020 --> 00:35:41.460

Kelly Crosbie: All right, thank you so much Glenn Hello everyone Kelly cross be here i'm in North Carolina medicaid so wanted to talk with you.

204

00:35:42.480 --> 00:35:51.330

Kelly Crosbie: about those the health information technology requirements to be a cma or an image plus but also the quality requirements will talk about this next.

205

00:35:51.870 --> 00:35:57.780

Kelly Crosbie: So there's a lot of information here i'm going to attempt to to be as straightforward as I can, with a lot of this.

206

00:35:58.170 --> 00:36:10.830

Kelly Crosbie: So, first and foremost when when someone applies to be a cma or an H plus you need to have an electronic health record in place or some clinical system of record, so the electronic health record when you apply.

207

00:36:11.910 --> 00:36:18.150

Kelly Crosbie: a really important component of tailored care management is having a tailored care management system.

208

00:36:18.690 --> 00:36:25.110

Kelly Crosbie: So let me elaborate on that a little bit you really need to have an electronic documentation system for care management.

209

00:36:25.590 --> 00:36:38.160

Kelly Crosbie: You also have to have a system that is able to capture and store all of the data that's going to come from you from the tailored plan you're going to get lots of claims information beneficiary information lots of data.

210

00:36:38.820 --> 00:36:52.170

Kelly Crosbie: You also have to have a system that is able to process that data to do analytics care alerts other things that your care managers will need based on that data so using a care management system that's not a small thing it's a big thing.

211

00:36:54.780 --> 00:37:04.710

Kelly Crosbie: If you are going to apply to be a cma or an image plus you also need to have access to adt information that's a mission discharge and transfer information.

212

00:37:05.340 --> 00:37:13.440

Kelly Crosbie: there's some confusion around this one, this does not need to be supplied by the tailored plan, this is something that you as an entity need to to get.

213

00:37:13.860 --> 00:37:19.770

Kelly Crosbie: Other you need to have it or your your your clinically integrated network or your technology partner needs to get it for you.

214

00:37:20.190 --> 00:37:30.990

Kelly Crosbie: There are multiple sources of adt information and why is this important you really need to know what to be members or admitted are being transferred to other facilities are being discharged from other facilities.

215

00:37:31.860 --> 00:37:42.000

Kelly Crosbie: Because we really want you to help them with transitional care management that's key and critical time and when covered transitional care management and an earlier slide.

216

00:37:42.930 --> 00:37:49.560

Kelly Crosbie: You can i'll just put in a plug for our statewide commodity with this, the health information exchange North Carolina health connects.

217

00:37:49.860 --> 00:38:01.440

Kelly Crosbie: They are not the only source of abt information, but they certainly are a source of maybe the information, and I know that many of you are connected to the HIV or you work with a partner who's connected to the Agency.

218

00:38:03.120 --> 00:38:12.180

Kelly Crosbie: When talked a lot about helping address unmet resource needs of your Members that is so crucial, we know that vast majority of our Members will struggle with transportation.

219

00:38:12.720 --> 00:38:20.370

Kelly Crosbie: food insecurity housing instability just needing resources so many of you are connecting now to nc care 360.

220

00:38:20.790 --> 00:38:40.380

Kelly Crosbie: When nc care 360 is available statewide for anyone to connect to it will become a requirement for an H pluses and cms to connect to nc care 360 so it's not required now, but you should indicate your plans to connect when it is available in your application.

221

00:38:41.790 --> 00:38:49.710

Kelly Crosbie: The last thing under health information technology is optional, but I want to tell you about a low tech low tech way to to the risk stratification.

222

00:38:51.030 --> 00:39:03.180

Kelly Crosbie: y'all know we're not talking about it today, but when when you get members assigned to your agency, they will have an acuity score which tells you the intensity of their needs, based on all the data that we have.

223

00:39:04.200 --> 00:39:10.080

Kelly Crosbie: So you might get a lot of low high media Members who require a certain number of care management contacts, for example.

224

00:39:10.620 --> 00:39:18.210

Kelly Crosbie: In addition to that you might do risk stratification so you might even look across that population and against those members and Highland meeting acuity.

225

00:39:18.750 --> 00:39:26.490

Kelly Crosbie: And do additional data work or maybe something a lot more low tech, you might have a process where you get to know your Members.

226

00:39:26.790 --> 00:39:35.280

Kelly Crosbie: And you sort of order them are restricted by them in terms of need and how much interventions, you need or how you want to deploy the care team or your consultants to make sure you meet their needs.

227

00:39:35.850 --> 00:39:42.690

Kelly Crosbie: So you don't need to do and risk additional risk stratification on top of the acuity turning that you're going to get from the tailor plans, but you certainly can't.

228

00:39:43.890 --> 00:39:48.270

Kelly Crosbie: The next slide is a little more unpacking of health information technology, we can go to the next slide.

229

00:39:48.780 --> 00:39:58.350

Kelly Crosbie: But I don't want to belabor it because I talked a lot about health information technology here but you'll see in the manual for tailored care management, we actually talked about.

230

00:39:58.860 --> 00:40:08.700

Kelly Crosbie: Some additional it capabilities for sort of porting care management, but a lot of this really is just making sure that your care management system itself, the analytics you have.

231

00:40:09.690 --> 00:40:17.550

Kelly Crosbie: The analytics that you're doing with the all the data that you're going to get sent for the model, really, really, really set your care managers up for success.

232

00:40:17.910 --> 00:40:24.930



Kelly Crosbie: So how are you using that data and analytics to manage population health to alert you to beneficiary needs to alert you to gaps in care.

233

00:40:25.260 --> 00:40:32.100

Kelly Crosbie: to monitor medication adherence so you can help you remember struggling there so just think about the data that you're going to get you're going to get a lot of data.

234

00:40:32.490 --> 00:40:41.250

Kelly Crosbie: And you'll be able to see when folks are hospitalized, for example, you'll be able to see the medication folks are on new be able to see when they don't fill a medication that they've been on for a really long time.

235

00:40:41.760 --> 00:40:48.960

Kelly Crosbie: you'll be able to see that it might be time for them to have a primary care visit you might be able to see something quite simple but it's just time for you to do a reassessment.

236

00:40:49.410 --> 00:40:56.460

Kelly Crosbie: So how is the system that you're using helping you be really smart with the data, you have to kind of set your care managers up for success.

237

00:40:56.820 --> 00:41:01.320

Kelly Crosbie: So in addition to some of those analytic capabilities we really want to think about your system, having.

238

00:41:01.830 --> 00:41:14.340

Kelly Crosbie: um there's some just really basic stuff we want you to make sure that your system is able to help your care managers document and store assessments and care plans obviously it's your electronic care management documentation system.

239

00:41:15.780 --> 00:41:27.750

Kelly Crosbie: And they don't need to interface with nc care 360 but that's certainly the Nice um if, once you connect nc care 360 this, you can have integrated system but that's not not required.

240

00:41:29.910 --> 00:41:30.960

Kelly Crosbie: Next slide please.

241

00:41:33.090 --> 00:41:41.520

Kelly Crosbie: This is some of the most important this is kind of one of the most important this lives we've released some information in this space are going to release a lot more.

242

00:41:42.180 --> 00:41:51.330

Kelly Crosbie: There are there's a whole standardized package of data that will send to tailor plans and tailor plans will send to tailored career management agencies.

243

00:41:51.990 --> 00:42:02.400

Kelly Crosbie: there'll be Member assignments information so you'll get assigned members assigned to your practice or to your site to excuse me to your career management agency or your image plus.

244

00:42:02.820 --> 00:42:08.940

Kelly Crosbie: will give you all the demographic information that medicaid has a swell addresses phone numbers emails if we have this thing.

245

00:42:09.900 --> 00:42:26.250

Kelly Crosbie: you'll also get their claims and encounter information so you'll get all their physical health and behavioral health idd claims then till claims pharmacy claims you got a lot of claims information, the goal here is to really enable you to really do great care management.

246

00:42:27.330 --> 00:42:33.540

Kelly Crosbie: So you'll actually get a whole bunch of historical claims information two years of historical claims information on all of your Members.

247

00:42:33.870 --> 00:42:41.010

Kelly Crosbie: But then you'll get routine updated claims information on a monthly basis from your tailored care manager or premier Taylor plan, excuse me.

248

00:42:41.520 --> 00:42:48.000

Kelly Crosbie: you'll also get the cuny tearing and if the plan is doing risk stratification your tailor plan you also get risk stratification information.

249

00:42:48.720 --> 00:42:56.880

Kelly Crosbie: you're going to be responsible for the quality measures, so the plans will be sending you quality measures intervals, to tell you how you're doing on specific quality measures.

250

00:42:57.330 --> 00:43:03.900

Kelly Crosbie: And there's potential that you get other data so sometimes, for example in our current care management systems, a person may be transitioning.

251

00:43:04.320 --> 00:43:12.570

Kelly Crosbie: From fee for service to a standard plan that's our current system right and that person might be in care management right now fee for service so sometimes you will get.

252

00:43:13.200 --> 00:43:20.130

Kelly Crosbie: Secure file that has the Members current care plan or current assessment so they'll be you know little bits and bobs of information, like that.

253

00:43:20.970 --> 00:43:28.290

Kelly Crosbie: All of these things, the Member assignments information their demographics, all the claims information acuity tearing.

254

00:43:29.220 --> 00:43:38.190

Kelly Crosbie: Quality metrics those will be standardized formats so we're not asking you to learn seven different formats from seven different Taylor plans.

255

00:43:38.700 --> 00:43:50.910

Kelly Crosbie: We will use standardized format file formats with standardized fields and definitions will have standard deployment schedules of all of those things, and so we'll do a deeper dive on it at a later session.

256

00:43:52.740 --> 00:44:02.880

Kelly Crosbie: But will be working a lot with the tps and they in turn will be working a lot with with your H, plus the cms their partners their technology partners if they have them.

257

00:44:03.360 --> 00:44:07.710

Kelly Crosbie: To be able to understand and utilize these consistent file formats.

258

00:44:08.160 --> 00:44:17.280

Kelly Crosbie: We already talked about, if you look in the blue box in the bottom, we already talked about getting at information from a reliable source Tina effects are admitted and discharge and transferring.

259

00:44:17.760 --> 00:44:26.550

Kelly Crosbie: And I mentioned, you may you need to be able to share that softer information or there's no file format and assessment to care plan.

260

00:44:26.970 --> 00:44:35.520

Kelly Crosbie: You need to be able to have it available to care TEAM members available to the Member themselves available to a family member but permissions, of course.

261

00:44:35.790 --> 00:44:46.260

Kelly Crosbie: available to the primary care practice if you're coordinating care with DSS you need to have these information available, so you need to think about how your system makes these kinds of documents available.

262

00:44:47.100 --> 00:44:58.080

Kelly Crosbie: there's no standard of integration or file formats, to share these things so we're not asking for anything that sophisticated, but they have to be available, like in a portal for Member portal or provider portal for sharing.

263

00:44:59.340 --> 00:45:00.030

Kelly Crosbie: Next line.

264

00:45:02.130 --> 00:45:07.530

Kelly Crosbie: Quality measurement and improvement, so there are two slides here, the first is somewhat generic.

265

00:45:07.860 --> 00:45:16.140

Kelly Crosbie: So we really want to hear how you as a care management agency or an H plus how systems in place for doing quality improvement.

266

00:45:16.560 --> 00:45:22.860

Kelly Crosbie: It could be quality improvement on the measures that we'll talk about in a later slide, but it could just be quality improvement on your processes.

267

00:45:23.280 --> 00:45:33.810

Kelly Crosbie: So, for example, you should be tracking internally how well you're doing at timeliness to getting your care management assessments done to getting your care plans done to doing outreach to Members.

268

00:45:34.200 --> 00:45:40.620

Kelly Crosbie: You should have a process in place for tracking that although that's happening and putting process improvement in place for times but it's not happening.

269

00:45:41.160 --> 00:45:49.410

Kelly Crosbie: You should have quality improvement processes in place to ensure that you're being responsive to adt feeds so when people are being discharged you have a timely.

270

00:45:49.710 --> 00:45:58.080

Kelly Crosbie: engagement and outreach to them to make sure they're getting transition back into the Community So how do you have a QA process to look at your career management process and make sure it's working well.

271

00:45:58.560 --> 00:46:05.160

Kelly Crosbie: But how do you also have a QA process to actually look at the quality measures and outcomes of your Members so let's look at the next slide.

272

00:46:07.590 --> 00:46:16.890

Kelly Crosbie: We haven't yet, but we will come up with a standardized measure set for tailored career management agencies so For those of you that track.

273

00:46:17.400 --> 00:46:25.080

Kelly Crosbie: Here at medicaid we we have tons of quality measures, the Taylor plans themselves are responsible for a huge amounts of quality metrics.

274

00:46:25.800 --> 00:46:36.120

Kelly Crosbie: And we talked I think it was done last session about how you know, in order to even provide this service and to pay for the service, we have to get permission from the Federal Government through a health spa.

275

00:46:36.600 --> 00:46:42.720

Kelly Crosbie: That helps them spouses, we have to measure, a list of maybe 12 to 15 quality measures on Members in a health phone.

276

00:46:43.380 --> 00:46:56.820

Kelly Crosbie: So we will actually say hey of that that 12 or 15 we send a cms here are the really important quality measures that we want and each pluses cms to pay attention to you, these are really the ones we want you to focus on.

277

00:46:58.320 --> 00:47:04.830

Kelly Crosbie: Most of the measures that will use or claim space measures you won't have to do anything, people will submit claims.

278

00:47:05.400 --> 00:47:11.190

Kelly Crosbie: The Taylor plan will calculate the measure and they'll tell you, your rate every quarter they're going to send you your rate on how your Members are doing.

279

00:47:11.760 --> 00:47:21.840

Kelly Crosbie: In some instances, you might have to submit data, maybe on care management encounters we have a standardized format for that, by the way, um but by and large.

280

00:47:22.530 --> 00:47:33.330

Kelly Crosbie: will try to have this we want this to be much more about for the quality measures we pick it's us sending you data or tailored plans, excuse me, sending care management agencies data.

281

00:47:33.690 --> 00:47:41.640

Kelly Crosbie: So to demystify a little bit it might be something like there's tons of quality measures, and when you think about this as an integrated care management approach.

282

00:47:41.970 --> 00:47:49.020

Kelly Crosbie: We want to make sure that our care management agencies are helping our providers get into well visits with primary care physicians.

283

00:47:49.350 --> 00:47:58.140

Kelly Crosbie: The kids are getting in for immunisations that adults are getting it for preventative care visits and there's lots of quality measures that measure those things that we track in medicaid.

284

00:47:58.920 --> 00:48:07.440

Kelly Crosbie: There are other quality measures that track timeliness of follow up after someone has been hospitalized So those are the kind of the things we're looking at to say hey.

285

00:48:07.710 --> 00:48:15.450

Kelly Crosbie: These are the three ish measures we really want Taylor care management agencies to really be focusing on in the first year we want them to get these right.

286

00:48:15.930 --> 00:48:22.530

Kelly Crosbie: In order to get them right and to really help them remember succeed on these quality measures we're going to send the data will the tps are going to send you data.

287

00:48:23.580 --> 00:48:31.650

Kelly Crosbie: So you can be tracking your quality improvement but we're still working on what those measures are will roll them out to the field for feedback on.

288

00:48:32.700 --> 00:48:37.170

Kelly Crosbie: So we're pretty excited about the quality measures improvement and next slide.

289

00:48:39.630 --> 00:48:47.100

Kelly Crosbie: Training is the last thing So hopefully everyone knows by now that tailored plan statewide will be preparing.

290

00:48:48.240 --> 00:48:58.410

Kelly Crosbie: Training a training program for tailored care management, this is a new program to really important program, and so we have designed.

291

00:48:58.950 --> 00:49:05.250

Kelly Crosbie: domains, if you will, the program has domains of training that we want all tailored career management agencies to have.

292

00:49:05.610 --> 00:49:20.580

Kelly Crosbie: Each Taylor plant will design a training package that meet those domains, and for this application applicants just need to attest, that they will engage in and complete the required trainings with the tailored plans next slide.

293

00:49:22.620 --> 00:49:27.510

Kelly Crosbie: Excellent I am actually going to turn this over to Brian to help us facilitate some q&a.

294

00:49:28.380 --> 00:49:39.300

Bryant Torres: Great Thank you Kelly gwen Crystal and Keith for the presentation I hope everyone on the webinar enjoyed it.

295

00:49:40.080 --> 00:49:48.420

Bryant Torres: So we have a few minutes to cover some questions so let's dive into those so there was a series of questions around.

296

00:49:49.020 --> 00:50:02.430

Bryant Torres: The timing for applying to become an image plus or a cma you know, will there be additional round of application, given that the deadline last minute September 30 which which just passed.

297

00:50:03.960 --> 00:50:05.400

Bryant Torres: to Canada, and if you want to take that one.

298

00:50:07.020 --> 00:50:13.740

Kelly Crosbie: Sure happy to any anyone else in the team, please jump in, so we will please know that that.

299

00:50:15.630 --> 00:50:20.880

Kelly Crosbie: But tailored care management and and standing this service up is a multi year process.

300

00:50:21.240 --> 00:50:35.940

Kelly Crosbie: So we've had two waves of applications, so far, we will be announcing future application dates, we just don't have them, yet we need to coordinate them and work them out, but absolutely there will be future open application periods and we'll be publishing those deadlines.

301

00:50:38.010 --> 00:50:38.430

Bryant Torres: Great.

302

00:50:39.600 --> 00:50:42.000

Bryant Torres: So there was another question around.

303

00:50:43.830 --> 00:50:56.790

Bryant Torres: The criteria to apply someone saw that on the slide there was mentioned having 100 patient panel I think that's specific to the damage, plus requirement so maybe you can clarify what the requirement is there.

304

00:50:57.450 --> 00:51:02.760

Kelly Crosbie: Certainly, so far advanced oklahomans there are some of you on the call that are primary care offices.

305

00:51:03.570 --> 00:51:08.190

Kelly Crosbie: Over 80% of our primary care offices or something called advanced medical home tier threes.

306

00:51:08.610 --> 00:51:11.730



Kelly Crosbie: And in the standard plans that qualifies them to do care management.

307

00:51:12.030 --> 00:51:18.180

Kelly Crosbie: So, in order to be named H Plus, you have to be a tier three already so you have to be able to provide care management and standard plans.

308

00:51:18.450 --> 00:51:30.750

Kelly Crosbie: The plus means you're special it means you're going to go through this month of application process and it says hey we're a primary care clinic they're just really dedicated and we specialize our treatment to individuals who have.

309

00:51:32.070 --> 00:51:42.960

Kelly Crosbie: spi or individuals with intellectual developmental disability so so that 100 patient panel really is about saying it's not like we have two or three Members in the tailor plan, but we are an office that is absolutely committed.

310

00:51:43.680 --> 00:51:55.590

Kelly Crosbie: We have a really solid model that really supports holistically folks with SPF or ID and so that's what the hundred patient panelists about we really want, if your primary care and you're interested in doing this.

311

00:51:56.430 --> 00:52:08.280

Kelly Crosbie: you're doing it, you have engaged people into the plans you're already working with, and so we actually have a lot of primary care practices that are very large that actually meet this criteria so hopefully some of y'all are interested in finding.

312

00:52:10.530 --> 00:52:24.510

Bryant Torres: Is Kelly um let me look at this list so there's also a question around when staffing requirements have to be in place, you know is that now is that you know at launch clarify what the requirement is there.

313

00:52:26.160 --> 00:52:34.710

Kelly Crosbie: You need something in place at launch obviously so whenever you're going to launch which for our first cohort should be July 1 right, you need to have your staff in place July 1.

314

00:52:35.190 --> 00:52:43.410

Kelly Crosbie: But the reality is you do them in place before that right, you need to train them, they need to be ready, they need to be prepared so you're going to need them in place that that before lunch.

315

00:52:44.610 --> 00:52:54.150

Kelly Crosbie: And I think that's where you have to be really, really smart about capacity building funding right that's partly what capacity building funding is for its helps you with startup it helps you with onboarding staff.

316

00:52:54.570 --> 00:52:58.320

Kelly Crosbie: So in that time prior to being able to bill you're going to need some time.

317

00:52:58.650 --> 00:53:11.730

Kelly Crosbie: To have stuff on boarded and training and ready to go at launch and again that's a really, really acceptable and important, you said, capacity building funds, but you can't you gotta have them in place, at least by July 1 but really you're going to have to have in place before that.

318

00:53:15.150 --> 00:53:28.620

Bryant Torres: Okay, and let me read this one, so, is it up to cms and a image pluses to determine what comprehensive assessment and care plan will be used by the organization.

319

00:53:31.410 --> 00:53:40.860

Bryant Torres: will see amazing let's decide for themselves or they will they be required to use assessment and care plans that the tailored plans in their catchment area uses.

320

00:53:42.150 --> 00:53:49.500

Kelly Crosbie: So i'm going to start this and then, when phone a friend, because I think I think what's really important, hopefully, you heard when when when and you.

321

00:53:49.620 --> 00:53:50.520

Bryant Torres: Please read the manual.

322

00:53:50.580 --> 00:53:55.080

Kelly Crosbie: A month talk about it on my side, but we really want career management agencies to have.

323

00:53:55.530 --> 00:54:06.240

Kelly Crosbie: Their own conference of assessment tools, the manual is really clear about all the domains that needs to be covered in those comprehensive assessments, they do need to be quite comprehensive and integrated and whole person.

324

00:54:06.690 --> 00:54:13.920

Kelly Crosbie: Of it there's been standardized one we standardize the domains on care plans are a little tricky because some folks in.

325

00:54:14.370 --> 00:54:24.690

Kelly Crosbie: We obviously support person centered planning and the person centered planning in North Carolina we've got folks on innovations waiver, for example, that they're really specific care plan requirements so that one is not.

326

00:54:25.470 --> 00:54:31.080

Kelly Crosbie: that's a little more more nuanced about you know the standardization of the persons that are playing here in North Carolina.

327

00:54:31.410 --> 00:54:41.340

Kelly Crosbie: And what what is PS need to look like for fix on innovations waiver but welcome my keys anyone on the team that was out a little bit more on the care plan I don't want to miss speak on that one.

328

00:54:44.430 --> 00:54:45.510

Keith McCoy: That sounds right to me.

329

00:54:46.650 --> 00:54:50.190

Keith McCoy: And there are certain types of plans to do and standardization, but.

330

00:54:51.210 --> 00:55:00.000

Keith McCoy: I think it's I think it's an important nuance and I think we can make sure that we get some clarity on our language there so it's clear the field.

331

00:55:03.240 --> 00:55:12.450

Bryant Torres: Thank you Keith and Kelly, I think we have time for one or two more so there's a question that just came in seeking clarification on.

332

00:55:13.080 --> 00:55:23.940

Bryant Torres: The difference between a tailor care management provider and a tailored plan provider like rv different are they the same what is, you know what do you have to put a certification get you.

333

00:55:28.170 --> 00:55:29.310

Keith McCoy: know me to take this country.

334

00:55:29.400 --> 00:55:30.150

Kelly Crosbie: yeah go for it.

335

00:55:30.660 --> 00:55:31.230

So.

336

00:55:32.430 --> 00:55:33.270

Keith McCoy: I think that.

337

00:55:34.590 --> 00:55:55.620

Keith McCoy: Taylor and plans are what the LM emc has applied to and got awarded to become so this is this is for lack of a better term the insurance company that contracts with providers that receives claims pays claims reports up to nc medicaid.

338

00:55:56.730 --> 00:56:05.070

Keith McCoy: and is responsible what's what's unique is that tailored plans are the health phone that's where we have said, the health home exists for care management.

339

00:56:05.340 --> 00:56:19.710

Keith McCoy: That they will contract out predominantly to providers that health home care management role and those will be tailored care management providers that is a service line that they will provide that is consistent with health home.

340

00:56:20.850 --> 00:56:36.480

Keith McCoy: And those are the cms and the AMA pluses that will be providers who contract with the tailor plans for all kinds of services other than tailored care management, so if you're contracting for primary care for act or PR tf or peer support for.

341

00:56:37.800 --> 00:56:53.430

Keith McCoy: You know the hundreds of different services that we have and you do that, and you will be a tailored plan provider, but you won't be a tailored care management provider unless you have specifically been certified through this process for.

342

00:56:54.660 --> 00:56:56.640

Keith McCoy: For provision of territory management.

343

00:57:02.340 --> 00:57:11.670

Bryant Torres: Great Thank you Keith so we're at time i'm Kelly Keith others any final thoughts or words.

344

00:57:12.780 --> 00:57:12.930

Bryant Torres: That.

345

00:57:13.050 --> 00:57:19.770

Kelly Crosbie: We will be posting the deck because there were a lot of questions about where the deck is posted So hopefully we can fit that in the chat or Can someone.

346

00:57:20.700 --> 00:57:22.170

Kelly Crosbie: Really quickly where there's a person.

347

00:57:22.980 --> 00:57:34.620

Bryant Torres: yeah it'll be posted on the tailored career management website i'll put that in the chat right now and it's also and there'll be the deck and recording of this webinar as well as the transcript.

348

00:57:35.070 --> 00:57:42.090

Kelly Crosbie: Wonderful Thank you so much, and just want to say you next time we're going to do a deeper dive into health it requirements and data sharing so.

349

00:57:42.420 --> 00:57:55.080

Kelly Crosbie: You may be working with a technology partner, you may have someone you know your your it Director or someone in your company, please, please invite them to come to this because we're going to do a deeper dive on those requirements next time.

350

00:57:56.430 --> 00:57:59.820

Kelly Crosbie: The on the next slide is.

351

00:58:00.990 --> 00:58:13.650

Kelly Crosbie: The links for some of the the governance documents we referenced today so lots of really good questions and we really encourage folks to please look at the provider manual we also publish the application questions.

352

00:58:14.070 --> 00:58:21.360

Kelly Crosbie: We actually even published some guidance on on working on the application and and things like that, so we really want fixed it to.

353

00:58:21.870 --> 00:58:31.110

Kelly Crosbie: To understand the requirements and understand the application process, and we also publish our data strategy paper on the next slide I think there are some other links.

354

00:58:33.630 --> 00:58:38.850

Kelly Crosbie: Oh, this is just information to that we published, also on the Taylor care management model that is in.

355

00:58:39.330 --> 00:58:45.750

Kelly Crosbie: The tailored plan rfa so there's lots of information there there's also information about the funding and the draft free book.

356

00:58:46.350 --> 00:58:57.210

Kelly Crosbie: On there's just tons of information out there, so please do go and listen to today's recording come next week, but please read all of the information that we have posted there really is tons of it but.

357

00:58:57.870 --> 00:59:05.850

Kelly Crosbie: We know it's very dense and that's why we're trying to have these sessions, that really break out and do a deeper dive on things we think so many people for attending.

358

00:59:06.330 --> 00:59:19.440

Kelly Crosbie: On a on a very busy Friday, which is what i'm sure, was a very busy week over your lunch period and truly appreciate folks attending appreciate all the questions and we look forward to seeing folks again next week, thank you.

359

00:59:22.620 --> 00:59:24.780

Mario Schiavi: Thank you for joining you may now disconnect.