Tailored Care Management Technical Advisory Group (TAG)

Meeting #1: Kick-Off

October 29, 2021
Agenda

- Introductions (15 min)
- Tailored Care Management Program Overview (10 min)
- Key Program Updates (5 min)
- Tailored Care Management TAG Overview and Expectations (15 min)
- Discussion
  - Care Management Extenders (20 min)
  - Key Topics for the Tailored Care Management TAG (10 min)
- Public Comments (10 min)
- Next Steps (5 min)
Introductions
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly Crosbie, MSW, LCSW</td>
<td>Chief Quality Officer for NC Medicaid, Quality and Population Health</td>
</tr>
<tr>
<td>Krystal M. Hilton, MPH</td>
<td>Associate Director of Population Health for NC Medicaid, Quality and Population Health</td>
</tr>
<tr>
<td>Gwendolyn Sherrod, MBA, MHA</td>
<td>Senior Program Manager for Special Programs, NC Medicaid, Quality and Population Health</td>
</tr>
<tr>
<td>Keith McCoy, MD</td>
<td>Deputy CMO for Behavioral Health and IDD Community Systems, Chief Medical Office for Behavioral Health and IDD</td>
</tr>
<tr>
<td>Mya W. Lewis, MHA</td>
<td>IDD and TBI Section Chief, Division of Mental Health, Developmental Disabilities and, Substance Abuse Services</td>
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</tbody>
</table>
## Tailored Care Management TAG Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Stakeholder</th>
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</thead>
<tbody>
<tr>
<td>Doug Finley</td>
<td>A Small Miracle</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Erin Lewis</td>
<td>B&amp;D Integrated Health Services</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Lauren Clark</td>
<td>Coastal Horizons Center</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Denita Lassiter</td>
<td>Dixon Social Interactive Services</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Jason Foltz, D.O.</td>
<td>ECU Physicians</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Natasha Holley</td>
<td>Integrated Family Services, PLLC</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Lisa Poteat</td>
<td>The Arc of NC</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Austin Hall, M.D.</td>
<td>UNC Center for Excellence in Community Mental Health</td>
<td>Provider Representative</td>
</tr>
<tr>
<td>Sean Schreiber</td>
<td>Alliance Health</td>
<td>Tailored Plan Awardee</td>
</tr>
<tr>
<td>Josh Walker</td>
<td>Eastpointe</td>
<td>Tailored Plan Awardee</td>
</tr>
<tr>
<td>Lynne Grey</td>
<td>Partners Health Management</td>
<td>Tailored Plan Awardee</td>
</tr>
<tr>
<td>Sabrina Russell</td>
<td>Sandhills Center</td>
<td>Tailored Plan Awardee</td>
</tr>
<tr>
<td>Cindy Ehlers</td>
<td>Trillium Health Resources</td>
<td>Tailored Plan Awardee</td>
</tr>
<tr>
<td>Rhonda Cox</td>
<td>Vaya Health</td>
<td>Tailored Plan Awardee</td>
</tr>
<tr>
<td>Cindy Lambert</td>
<td>Cherokee Indian Hospital Authority</td>
<td>Tribal Option Representative</td>
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<tr>
<td>Jessica Aguilar</td>
<td>N/A</td>
<td>Consumer Representative</td>
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<tr>
<td>Pamela Corbett</td>
<td>N/A</td>
<td>Consumer Representative</td>
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<tr>
<td>Alicia Jones</td>
<td>N/A</td>
<td>Consumer Representative</td>
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<tr>
<td>Cheryl Powell</td>
<td>N/A</td>
<td>Consumer Representative</td>
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Tailored Care Management Program Overview
Transition to Whole-Person Care

NC Medicaid and NC Health Choice are transitioning from predominantly fee-for-service to managed care. Managed care products will offer whole-person care and enable the delivery of physical and behavioral health through one plan, such as a BH and I/DD Tailored Plan.

Historical Environment

LME-MCOs provided BH, I/DD and TBI services

NC Medicaid Direct (Medicaid FFS) provided physical health services

Integrated Managed Care Environment

Plans will provide whole-person care
# Transition to Tailored Care Management

Tailored Care Management is the primary care management model for Tailored Plans and reflects the Department’s broader goal for integrated, whole-person care under one Medicaid managed care plan.

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<tr>
<th>Current State</th>
<th>Future State: Tailored Plans</th>
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<tbody>
<tr>
<td>LME-MCOs coordinate BH, I/DD and TBI services</td>
<td>Tailored Plans will provide integrated, whole-person care management</td>
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<tr>
<td>CCNC coordinates physical health services</td>
<td><strong>Tailored Care Management will be available to all enrollees unless they are obtaining duplicative services</strong></td>
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</table>

LME-MCO care coordination is only available to a subset of the population served by LME-MCOs.
What is Integrated Care Management?

Under Tailored Care Management, members will have a single care manager who will be equipped to manage all of members’ needs, spanning physical health, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health-related resource needs.

Integrated care management places the person at the center of a multidisciplinary care team and recognizes interactions across all of their needs—ranging across physical health, behavioral health, I/DD, TBI, LTSS, and unmet health-related resources—developing a holistic approach to serve the whole person.

In integrated care management, care managers:

- **Coordinate a comprehensive set of services** addressing all of the member’s needs; members will not have separate care managers to address physical health, behavioral health, TBI, and I/DD-related needs.
- **Provide holistic, person-centered planning.** Members receive a care management assessment that evaluates all of their needs—from physical health, behavioral health, I/DD, and TBI services to employment and housing—and drive the development of a care plan that identifies the goals and strategies to achieve them.
- **Address unmet health-related resource needs** (e.g., housing, food, transportation, interpersonal safety, employment) by connecting members to local programs and services.
- **Are part of multidisciplinary care teams** made up of clinicians and service providers who communicate and collaborate closely to efficiently address all of the member’s needs.
- **Utilize technology** that bridges data silos across providers and plans.
Three Approaches to Delivering Tailored Care Management

**Department of Health and Human Services**
*Establishes care management standards for Tailored Plans aligning with federal Health Home requirements.*

The Tailored Plan will act as the Health Home and will be responsible for meeting federal Health Home requirements.

**Tailored Plan (Health Home)**

**Care Management Approaches**
_Tailored Plan beneficiaries will have the opportunity to choose among the care management approaches; all must meet the Department’s standards and be provided in the community to the maximum extent possible._

**Approach 1:**
“AMH+” Primary Care Practice
Practices must be certified by the Department to provide Tailored Care Management.

**Approach 2:**
Care Management Agency (CMA)
Organizations eligible for certification by the Department as CMAs include those that provide BH or I/DD services.

**Approach 3:**
Tailored Plan-Based Care Manager

**AMH+ practices and CMAs are allowed, but not required, to work with a CIN or Other Partner to assist with the requirements of the Tailored Care Management model, within the Department’s guidelines.**
AMH+ and CMA Definitions

Advanced Medical Home Plus (AMH+)

**Definition:** Primary care practices actively serving as AMH Tier 3 practices, whose providers have experience delivering primary care services to the Tailored Plan eligible population or can otherwise demonstrate strong competency to serve that population. To demonstrate experience and competency to serve the Tailored Plan eligible population, each AMH+ applicant must attest that it has a patient panel with at least 100 active Medicaid patients who have an SMI, SED, or severe SUD; an I/DD; or a TBI. “Active” patients are those with at least two encounters with the AMH+ applicant’s practice team in the past 18 months.

AMH+ practices may, but are not required to, offer integrated primary care and behavioral health or I/DD services.

To be eligible to become an AMH+, the practice must intend to become a network primary care provider for Tailored Plans.

Care Management Agency (CMA)

**Definition:** Provider organizations with experience delivering behavioral health, I/DD, and/or TBI services to the Tailored Plan eligible population, that will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model.

To be eligible to become a CMA, an organization’s primary purpose at the time of certification must be the delivery of NC Medicaid, NC Health Choice, or State-funded services, other than care management, to the Tailored Plan eligible population in North Carolina. The “CMA” designation is new and will be unique to providers serving the Tailored Plan population.

AMH+ practices or CMAs must not be owned by, or be subsidiaries of, Tailored Plans.
**AMH+ and CMA Certification Process**

Providers must be certified to offer Tailored Care Management. In both the periods before and after Tailored Plan launch, there will be a single, statewide AMH+/CMA certification process for determining whether a provider organization should be certified.

**STAGE 1**
Provider Application

**STAGE 2**
Desk Review

**STAGE 3**
Site Review

**STAGE 4**
Readiness Review/Contracting

- The Department has contracted with the National Committee for Quality Assurance (NCQA) to conduct desk and site reviews going forward according to the Department’s previously published criteria.*
  - NCQA works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation. One of their areas of expertise is in conducting provider certification and recognition programs.
- NCQA will also conduct recertification of providers on the Department’s behalf.
- The Department will maintain oversight over these processes.

Tailored Plans (LME/MCOs) will conduct additional review of certified AMH+ practices and CMAs shortly before Tailored Care Management launch to verify that they are ready to perform the required Tailored Care Management functions.

The purpose of the provider certification process is to promote provider-based care management while also setting up guardrails to ensure that providers are ready to perform this critical role by Tailored Plan launch.

*AMH+/CMA certification is separate from NCQA’s PCMH program and NCQA case management certification and does not qualify as NCQA health plan accreditation.*

AMH+ practices and CMAs must meet the following HIT requirements prior to Tailored Plan launch.

- Use an electronic health record (EHR) or clinical system of record*
- Use a care management data system
- Use NCCARE360 (once operational)

AMH+ practices/CMAs may meet the HIT requirements by:
(1) Implementing or using their own systems;
(2) Partnering with a Clinically Integrated Network (CIN) or Other Partner; or
(3) Using the Tailored Plan’s care management data system

* Use of an electronic health record (EHR) or clinical system of record is required to apply for and certify as an AMH+ practice/CMA. See the Tailored Care Management Provider Manual for additional detail on the HIT requirements for AMH+ practices and CMAs.
The Tailored Care Management Provider Manual and the Tailored Plan Contract are the source documents for the data requirements and dataflows. The Tailored Care Management Data Strategy FAQ and Care Management Data System Guidance also discuss the data exchange and HIT requirements.

The Department will provide additional information about technical data standards in the future.

Key Program Updates
In preparation for the launch of Tailored Care Management, the Department has initiated two rounds of AMH+/CMA certification. Fifty-four providers passed desk reviews in the first round, and thirty-nine providers have submitted applications for the second round.

<table>
<thead>
<tr>
<th>Round</th>
<th>Application Deadline</th>
<th>Desk Reviews/Site Reviews</th>
<th>Expected Date to Launch Tailored Care Management</th>
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<tbody>
<tr>
<td>1</td>
<td>June 1, 2021</td>
<td>Desk reviews: Summer 2021 Site reviews: Fall 2021</td>
<td>July 1, 2022</td>
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<tr>
<td>2</td>
<td>September 30, 2021</td>
<td>Desk reviews: Fall 2021 Site reviews: Winter 2022</td>
<td>July 1, 2022 – January 1, 2023</td>
</tr>
</tbody>
</table>

- **Round one** providers that passed the desk review are receiving technical assistance to support preparations for delivering Tailored Care Management.

- More information on **round one site reviews** is expected to be available in November.

- **Round two desk reviews** are expected to be completed by mid-December.
To help ensure the successful implementation of Tailored Care Management, the Department is launching the Tailored Care Management Capacity Building program, under which approximately $90 million in funding will be distributed across the state starting in early 2022 and through at least June 2023.*

- Providers certified as AMH+ practices and CMAs will be eligible to receive funding for investments in
  - Care management related health information technology (HIT) infrastructure
  - Hiring and training care managers
  - Activities related to operational readiness, such as developing policies/procedures/workflows

- Funds will flow through LME/MCOs awarded a Tailored Plan contract. LME/MCOs (future Tailored Plans) will complete a capacity building needs assessment with each AMH+ practice and CMA to understand and document each provider’s specific capacity building needs.

- To access funds, providers must participate in these assessments and, on an ongoing basis, meet targets, mutually agreed upon by the AMH+/CMA and LME/MCO, that demonstrate progress towards achieving specific capacity building milestones.

AMH+ practices and CMAs may choose to use their capacity building funds to contract with CINS/Other Partners for the purpose of capacity building (e.g., to make HIT investments). CINs or Other Partners will not be eligible to receive capacity building funds directly from the Department or Tailored Plans.

*NOTE: Funding for the program is dependent the North Carolina General Assembly passing a state budget, which the Department hopes will occur by the end of the year. The Department hopes to make additional funding available in future years.

For more details on the capacity building program see: [https://files.nc.gov/ncdma/Updated-Guidance-on-Tailored-Care-Management-vF.pdf](https://files.nc.gov/ncdma/Updated-Guidance-on-Tailored-Care-Management-vF.pdf)
Tailored Care Management TAG
Overview and Expectations
The Tailored Care Management Technical Advisory Group (TAG) will advise and inform the Department on key aspects of the design, implementation, and evolution of Tailored Care Management.

Tailored Care Management TAG will be the primary venue for dialogue among providers, Tailored Plans, consumers/families/guardians, the Department, and other key stakeholders for evolution of the Tailored Care Management program.

TAG members will advise the Department on topics including but not limited to workforce, capacity building, conflict-free care management, quality measurement and incentives, Healthy Opportunities Pilots, member engagement, data strategy, and other ongoing program design.

- Recommendations of the TAG will be advisory only; decisions to act upon recommendations will be made at the sole discretion of the Department.
The Tailored Care Management TAG will advise and inform the Department on key aspects of the design, implementation, and evolution of Tailored Care Management.

Member Expectations

- Members will begin serving in October 2021 and will occupy term lengths described on the next slide.
- Members are expected to **consistently attend and participate in monthly meetings** to provide meaningful feedback on policy and programmatic issues related to Tailored Care Management.
- Members will **take issues raised in the TAG back to their organizations and communities** to promote dialogue and communication between the Tailored Care Management TAG and a broader group of stakeholders.
# Tailored Care Management TAG Eligibility & Term Lengths

The Tailored Care Management TAG will be comprised of three types of representatives with varying eligibility and term lengths.

## Provider Representatives

<table>
<thead>
<tr>
<th>Eligibility</th>
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<tbody>
<tr>
<td>Year One of Tailored Care Management TAG: Employee of a provider organization that is a certification candidate* to become an AMH+ or CMA</td>
</tr>
<tr>
<td>*After Year One of Tailored Care Management TAG: Employee of a provider organization certified by the Department as an AMH+ or CMA</td>
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<table>
<thead>
<tr>
<th>Term Length</th>
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<tr>
<td>Approximately two-three years (after the initial year of Tailored Care Management TAG operation)</td>
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## Consumer Representatives

<table>
<thead>
<tr>
<th>Eligibility</th>
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<tbody>
<tr>
<td>Medicaid enrollee who expects to participate in Tailored Care Management; or</td>
</tr>
<tr>
<td>Individual (e.g., family member or guardian) representing a consumer who will participate in Tailored Care Management</td>
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<table>
<thead>
<tr>
<th>Term Length</th>
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<tbody>
<tr>
<td>One year (October 2021 – September 2022), with option for the Department to extend to a second year</td>
</tr>
</tbody>
</table>

## Tailored Plan Representatives

<table>
<thead>
<tr>
<th>Eligibility</th>
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<tbody>
<tr>
<td>Employee of an LME/MCO awarded a Tailored Plan contract</td>
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</table>

<table>
<thead>
<tr>
<th>Term Length</th>
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<tbody>
<tr>
<td>N/A</td>
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*A certification candidate is defined as a provider that has at least passed the desk review stage of the certification process and is continuing to move toward full certification or has since become fully certified by the Department.*
Care Management Extenders
Extenders in Tailored Care Management

The Department recognizes that care management extenders have a valuable role to play in Tailored Care Management and is developing guidance on the scope of their potential responsibilities in response to stakeholder feedback.

### Goals for Use of Extenders

1. Maximize the reach and penetration of the Tailored Care Management model and help address workforce constraints
2. Strengthen the care management extender workforce
   - Preserve the knowledge and relationships held by community navigators, especially their connections to the I/DD and TBI communities
   - Create new opportunities for extenders

### Types of Extenders

- Community navigators/guides
- Community health workers
- Potentially certified peer support specialists

The Department is assessing the extent to which certified peer support specialists will play a role in Tailored Care Management v. focus on their core function (delivery of peer support services).
The Department envisions that care management extenders will play a key role in many components of Tailored Care Management.

<table>
<thead>
<tr>
<th>Tailored Care Management Functions</th>
<th>For Feedback: Care Management Extender’s Role</th>
</tr>
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<tbody>
<tr>
<td>Care Coordination</td>
<td>Activities that fall within one of the below categories:</td>
</tr>
<tr>
<td>Ensuring Annual Physical Exam is Obtained</td>
<td></td>
</tr>
<tr>
<td>Transitional Care Management</td>
<td>▪ Performing general outreach and follow-up with members</td>
</tr>
<tr>
<td>Individual and Family Supports</td>
<td>▪ Coordinating services/appointments (e.g., appointment/wellness reminders, arranging transportation)</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>▪ Engaging in health promotion and knowledge sharing</td>
</tr>
<tr>
<td>Addressing Unmet Health-Related Resource Needs</td>
<td>▪ Sharing information with clinicians on the member’s circumstances</td>
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<td></td>
<td>▪ Providing and tracking referrals and providing information and assistance in obtaining and maintaining community-based resources and social support services</td>
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<td></td>
<td>▪ Participating in case conferences</td>
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Extender activities may count as a contact if a phone or in-person contact is made.

Care managers will always lead:
- Completion of care management comprehensive assessment
- Development of care plan or individual support plan (ISP)
- Facilitation of case conferences
In considering the role of extenders in Tailored Care Management, the Department is accounting for the following guardrails:

- Extenders should always be supervised by a care manager.
- Extenders should be acting within their current scope as defined by North Carolina clinical coverage policies (CCP) and the statewide certification program for community health workers (under development).
- When extenders are playing a role in Tailored Care Management, their role should be paid for through the Tailored Care Management monthly rate—they should not be able to bill for a duplicative service.
  - The Department will no longer permit community navigator to be billed as a discrete billable service because it is almost entirely duplicative of Tailored Care Management.
Key Topics for the Tailored Care Management TAG
The Department envisions that the Tailored Care Management TAG will cover a range of design and implementation topics pre-Tailored Plan launch, as well as ongoing implementation and future visioning issues post-Tailored Plan launch.

### Tailored Care Management TAG Key Topics

<table>
<thead>
<tr>
<th>Pre-Launch</th>
<th>Post-Lauch</th>
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<tbody>
<tr>
<td>Care management workforce</td>
<td>Strategies to address early challenges in implementation</td>
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<tr>
<td>Capacity building</td>
<td>Program design beyond year one</td>
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<tr>
<td>Care management assignment</td>
<td>Value-based payments/alternative payment models</td>
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<tr>
<td>Conflict-free care management</td>
<td>Capacity building year two milestones</td>
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<td>Quality measures and incentives</td>
<td>Member engagement strategies</td>
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<td>Healthy Opportunities Pilots</td>
<td>Incentives to promote on-site integration of physical health and behavioral health/I/DD/TBI care</td>
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<td>Integrated Care for Kids (InCK)</td>
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<td>Data strategy</td>
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The Department is seeking your input on key topics that should be prioritized for discussion via the Tailored Care Management TAG.

**For Discussion:**

1. What policy issues should be addressed *immediately* for the Tailored Care Management program to be successful over the next year?

2. What policy issues must be addressed *over the next year* for the Tailored Care Management program to be successful over the next 3 – 5 years?
Public Comments
Next Steps
Tailored Care Management TAG Meeting Cadence

Tailored Care Management TAG meetings will generally take place the last Friday of every month from 3-4 pm ET, with two exceptions due to holidays over the next couple months.

Upcoming 2021 Meetings

- Friday, November 19
  3:30 – 4:30 pm ET

- Friday, December 17
  3:30 – 4:30 pm ET

2022 Meetings, through End of Tailored Care Management TAG Year One

- January 28, February 25, March 25, April 22, May 27, June 24, July 22, August 26, September 23
Next Steps

Tailored Care Management TAG Members

- Share today’s discussion key takeaways with your networks

Department

- Prepare for November 19th Tailored Care Management TAG session
Appendix
Context for Medicaid Transformation

- In 2015, the **NC General Assembly enacted Session Law 2015-245**, directing the transition of Medicaid and NC Health Choice from predominantly fee-for-service to managed care.

- Since then, the North Carolina Department of Health and Human Services (the Department) has **collaborated extensively** with clinicians, hospitals, members, counties, health plans, elected officials, advocates, and other stakeholders to shape the program.
Medicaid Managed Care Overview

With the transition to managed care, the Department will offer four types of managed care products that will provide integrated, whole-person care.

<table>
<thead>
<tr>
<th>Standard Plan</th>
<th>Tailored Plan</th>
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<tbody>
<tr>
<td><strong>Standard Plans</strong> provide integrated physical health, behavioral health, pharmacy, and long-term services and supports to the majority of Medicaid beneficiaries, as well as programs and services that address other unmet health related resource needs. Standard Plans launched in <strong>July 2021</strong>.</td>
<td><strong>Tailored Plans</strong> will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as people utilizing state-funded and waiver services. Tailored Plans are anticipated to launch in <strong>July 2022</strong>.</td>
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<tr>
<th>Specialized Plan for Children in Foster Care</th>
<th>EBCI Tribal Option</th>
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<tr>
<td><strong>The Specialized Foster Care Plan</strong> will be available to children and youth currently and formerly involved in the child welfare system and will cover a full range of physical health, behavioral health, and pharmacy services. The Specialized Foster Care Plan will launch <strong>July 2023</strong>.</td>
<td><strong>The Eastern Band of Cherokee Indians (EBCI) Tribal Option</strong> will be available to tribal members and their families and will be managed by the Cherokee Indian Hospital Authority (CIHA).</td>
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Components of Tailored Care Management

Tailored Care Management includes the following activities:

- Development of care management comprehensive assessments and care plans/individual support plans
- Coordination of services
- Innovations and TBI waiver care coordination (if applicable)
- Consultation with multidisciplinary care team
- Transitional care management
- Diversion from institutional settings
- In-reach and transitions from institutional settings (for certain populations)
- Addressing unmet health-related resource needs
- Management of rare diseases and high-cost procedures; high-risk care management; chronic care management
- Medication monitoring
- Development and deployment of prevention and population health programs
Tailored Care Management Eligibility

- All Tailored Plan members are eligible for Tailored Care Management, including individuals enrolled in the 1915(c) Innovations and TBI waivers.

- Individuals enrolled in Medicaid fee-for-service (e.g., dual eligibles) will also have access to Tailored Care Management, if they otherwise would be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.

The Department has determined that the below services are duplicative of Tailored Care Management and an individual will not be allowed to receive both simultaneously:

- Case management provided through Assertive Community Treatment (ACT)
- Case management provided through Intermediate Care Facilities for Individuals for Intellectual Disabilities (ICF-IID)
- Care management provided through the High-Fidelity Wraparound program
- Care Management for At-Risk Children (CMARC)
Core Principles of Tailored Care Management Model

The Department has established the following core principles for Tailored Care Management:

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources
Certification Requirements Overview

The AMH+ and CMA certification application assesses whether organizations are credibly on track to deliver Tailored Care Management by Tailored Plan launch.

Requirements:

1. Meet eligibility definitions as an AMH+ or CMA
2. Show appropriate organizational standing/experience
3. Show appropriate staffing
4. Demonstrate the ability to deliver all required elements of the Tailored Care Management model
5. Meet health IT requirements
6. Meet quality measurement and improvement requirements
7. Participate in required training (occurs after initial certification)

Organizations do not have to be fully ready now, but in their applications should have described their plans to achieve readiness by Tailored Care Management launch.

Organizations should cross-reference the Tailored Care Management Provider Manual when completing the Application Form.
## Extenders Will Be Permitted to Practice within Scope

Care management extenders will be a part of the Tailored Care Management care team within their defined scope of responsibilities.

<table>
<thead>
<tr>
<th>Community Navigators</th>
<th>Summary of Current Scope of Responsibilities in North Carolina</th>
<th>Minimum Qualifications in NC</th>
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<tbody>
<tr>
<td></td>
<td><strong>Self-Determination</strong>: providing education on decision-making, risk-taking, and problem-solving; promoting self-advocacy and collaboration with others</td>
<td>High school diploma or equivalent</td>
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<td></td>
<td><strong>Self-Direction</strong>: providing training, information, coaching, and technical assistance to individuals who choose to self-direct services and supports</td>
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<td></td>
<td><strong>Tenancy Support</strong>: supporting individuals in obtaining housing</td>
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<td><strong>Community Connections</strong>: supporting the individual in identifying resources and building community</td>
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<tr>
<td>Community Health Workers</td>
<td><strong>Cultural Liaison</strong>: ensuring individuals receive culturally/linguistically appropriate care</td>
<td>High school diploma or equivalent</td>
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<td><strong>Navigator</strong>: linking/referring individuals to needed health/social services</td>
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<td></td>
<td><strong>Health and Wellness Promoter</strong>: providing information about healthy behaviors and support individuals in reducing health-related risk behaviors</td>
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<td><strong>Advocate</strong>: supporting individuals in advocating for their own health; educating providers about their clients</td>
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</tbody>
</table>

Sources: NC Innovations 1915(c) HCBS Waiver (as of May 1, 2020); Final Report and Stakeholder Recommendations of the NC CHW Initiative; Peer Support Services Clinical Coverage Policy