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

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Hello and welcome to today's webinar. My name is Mario and I'll be in the background answering any zoom technical questions.

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If you experienced difficulties during this session, please type your questions into the q amp a section and the producer will respond.

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

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

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During today's event, all participants from in listen only mode.

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With that, let's get started. We hope you enjoyed today's presentation.

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And I'd like to introduce our first speaker for today. Crystal Hinton Associate Director of population health, North Carolina Medicaid quality and population health crystal and out of the floor.

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Thank you, Mario. Good afternoon, everyone, and welcome to the seventh installment of our tailored care management one on one training series. We are here today for Taylor care management 107, and the topic of the day is conflict free care management

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and additional care coordination functions from him was enrolled in innovations or TBI waiver. Next slide please.

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As I mentioned, we are in the seventh session of our nine session series, so we will we have in our following sessions on December, the third, and December the 10th, and we'll talk more about the topics for those as we progress through the presentation

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today.

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As Mario mentioned we will be holding a question and answer session at the end of today's presentation time permitting, but you are able to enter any questions that you have throughout the presentation, please use the question and answer box at the bottom

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of the screen.

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And if you do have additional questions. You are also able to email them to us and our Medicaid, that Taylor care management@dhs.nc.gov, email address, recording today's session, and the slide deck will be available on the department's Medicaid.

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care management training website, and that link is also provided. Next slide.

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Okay. Joining me today will be my fellow colleagues, with the, with division of medical assistance, and the division of mental health. I'll be joined by Michael Lewis, who is the IDD TBI section chief for the division of mental health developmental disabilities

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and substance abuse services and Kenneth myself was the ID Manager for North Carolina Medicaid also participating today. Definitely with question and answers will be Glenn Surat our senior program manager for a special programs at North Carolina Medicaid

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within the quality and population health session and Kelly Crosby our chief quality officer with North Carolina Medicaid.

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Okay, today will walk you through some information related to keep updates to the Taylor care management program, followed by an overview of the innovations in TBI waivers.

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Sharing additional requirements from him was enrolled in the innovations and TBI waiver, and ending the discussion with conflict conflict, free care management I apologize for that.

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And we will have a session for question and answer at the end of today.

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We'll start with key updates.

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Okay. We wanted to start by sharing as we're certain that most of you are aware that the department has decided to delay the launch of the Taylor plan.

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Managed Care Program, until December of 2022 the original launch date was July 1 of this same year. 2022 but it has been delayed five months until December.

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There's several occurrences that have happened that made this decision to be in the best interests of all parties, and one is his apartment. Really desires to ensure a seamless and successful experience for the beneficiaries stakeholders, everyone is

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involved. So we want to allow more time to make sure that all of those things could happen that needed to be implemented for launch of the Taylor points, and take care management.

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The, the additional time, provide the department as well as a tailored plan awardees, the opportunity to ensure that the transition addresses the complexities of high quality behavioral health and add system.

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This new launch date allows providers more time to prepare for this transition to tailor it plans and some of the key things that will be continuing to happen during the delay is that we the submission and completion of contracts with the tailored plans.

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The installation of care management model technology testing of care management processes and ensuring that care management staff are employed and trained beneficiaries who are in North Carolina Medicaid direct or the East advantage Cherokee Indian tribal

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option. And they also receive enhanced behavioral health IDD or TBI services from a current lm em CEO will continue to receive that same care in the way that they're doing it up until the time of launch.

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We've included a link here to allow you to get additional information related to the change in launch.

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Suspect Pacific implications for the delay in life as it relates to Taylor care management want to walk you through a couple of things, because we wanted to share that the Taylor care management provider certification, as well as the capacity building

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activities and timeline will remain the same.

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The activities are going to be continuing as plan for certification. The own the delay only pushes back, the service provision, where the certified providers will begin delivering the Taylor care management services on December 1 of 2022.

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Currently, are round to desk reviews, they are underway and expected to be completed by mid December.

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And we are embarking on the onset of the site reviews for the round one cohort.

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More information will be available specifically later this month, about the site movies.

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During this time, through our partnership with North Carolina APEC, the department will continue to make technical assistance available for providers who have passed a desk review so this will allow additional time for providers within our candidate pool

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for certification.

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And lastly, I want to talk in regards to the capacity building the future tailored plans will continue to work with the provider candidates to assess their capacity needs work on those distribution plans creating the budgets and actually beginning to

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implement the capacity building activities, the distribution plans are still do. On November, the 30th and the department is looking to release the initial capacity building funds in early, 2022.

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Okay.

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As I shared we are today in our seventh session, but our next two sessions we've had a modification in the topics for the next two sessions so our Friday December the third session which was originally a billing session, we have modified that so the topic

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will be a deep dive on a tailored care management data specifications.

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The webinar will be rescheduled for early too early 2022 and include more information on the care management race shooting methodology and building codes, so we will be doing the billing webinar, it will just be delayed into early 2022 and you will be

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getting information, well in advance of when we will be holding that session.

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The Friday December the 10th session, originally scheduled to be an oversight and quality measurement improvement session has now the topic is changed into an introduction to the oversight and quality and the common misconceptions of the to the career

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management model.

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The department is currently working to finalize the processes of oversight and quality requirements and will provide a more detailed update.

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Also in 2022.

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Okay.

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Now, I will turn it over to my colleague, KENNETH Marcel, who we starting with an overview of innovations and TBI waivers.

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Thanks crystal.

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So again, my name is Kathy bus. So as you see on this slide. It's just an overview of the North Carolina innovations waiver and the North Carolina TBI waiver.

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Both the innovations and traumatic brain injury waiver, our 1915 see waivers that provide home and community based services to individuals with intellectual and developmental disabilities or otherwise known as IDD or traumatic brain injury respectively.

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So both of them are home and community based waivers. One the innovations waiver service people with intellectual and developmental disabilities, the TBI waiver is also a 1915 see waiver that serves adults with traumatic brain injury and they have their

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injury on or after the 22nd birthday.

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So you'll see and the eligibility section for the 1915 see innovations waiver is for Medicaid beneficiaries with an intellectual developmental disability who are at risk for institutional care and an intermediate care facility for individuals with intellectual

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and developmental disabilities. For the innovations waiver will go to the next kind of bucket, the availability waiver services waiver services are available statewide so the innovations waiver is available statewide individuals must apply to enroll in

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the waiver, and there's currently a waiting list so the capacity of the innovations waiver as cap to 13,137. There's number of services that are embedded into the North con innovations waiver, things like assistive technology Community Living support

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There's a number of services that are embedded into the North con innovations waiver, things like assistive technology Community Living support which is a blend of rehabilitation and personal care type of tasks.

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Various crisis services and supports home modifications support for people to be employed in the community and integrated settings, as well as supported living with assist people with living and a home of their own in the community and that has ranges

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up to people who have less significant needs at a level one, and then higher support needs at a level three.

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To 1915 see TBI waiver is for individuals with traumatic brain injury, so again for people who had their injury on or after the 22nd birthday at this time, we're in the renewal phase with CMS and trying to bring that age down to the age of injury, being

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18. And this is for individuals who are currently in nursing facilities or especially we have hospitals who are coming out into the community, or risk for placements in those settings.

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Availability of services, right now waiver services are only available on alliances catchment area and that's the original kind of Alliance catchment area, pre some of the merger So wake Don Johnston and Cumberland, we are working with CMS now to work

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work to expand that to alliances new areas, and more of a timeline come out about that. Again, individuals must apply to enroll on the waiver, and right now there's currently no way the list for the service.

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So what happens is that with individual traumatic brain injury.

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If we catch people close enough to their injury then they may come onto the waiver get those services and then they may not need them. as long term.

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Example of services or cognitive rehabilitation community networking and transition which allows people to go to integrated educational and volunteering opportunities.

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They supports occupational therapy, personal care speech and language therapy that's above and beyond what's in our state plan.

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And then we also have is those similar services like supported employment with our waiver renewal we're working for supported living to be in there as well.

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And then there's also some crisis services. There's also a life skills training that's a higher rehabilitative services to help people become more independent.

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And the question is When will that TBI waiver be expanded to all counties. So what we are doing is the department is committed to expand to statewide within five years of the waiver renewal.

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As I said before, right now we're working with CMS to add those additional counties.

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For Alliance, and doing that in a way that that allows them to have time to to really work on their provider networks and all that so we're still in that kind of negotiation.

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So the current and future state coverage of innovations on TV for services. So currently, the LM EMC cover innovations and the TBI waiver services, and the future state.

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The tailored plans will cover innovations and TBI waiver services, and all individuals enrolled in the innovations and TDI waivers will be enrolled in a tailored plan for all of their Medicaid covered services.

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So right now people are receiving services through the LM em Co. As the LM EMC has become tailored plans, those individuals will just be pulled over into the tailored plan and receive those services through the telephone.

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So, current and future state for innovations and TBI waiver care coordination. So currently the Eleni MCs deliver innovations and TBI waiver care coordination, but do not deliver whole person care management so the care coordination is really focused

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around Medicaid services, and those waivers and and they do do things that are outside of Medicaid and the waiver but it's really focused on on the waiver in that person's experience future state individuals enrolled in the innovations and TBI waiver

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will have access to tailored care management delivered by MH plusses care management agencies or CMS, or case care managers based at the tailored plan and and all of this which will encompass all the care coordination activities required in the innovations

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and TBI waivers. In addition, the whole person care management. So I think what's important. On this slide is that care coordination right now works to assist the person, and is also working to encompass all the activities that are required by the Innovation

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Summit CBI waver in terms of individual support plan development in terms of service oversight, health and safety oversight that kind of thing. So

then, as we go to this whole person care management it's going to be inclusive of all those things we still

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have to do for the innovations and TBI waiver, is also going to be looking at whole person care management,

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go back one slide and.

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So, and then if a member is enrolled in the innovations of TBI waiver, and they decide to opt out of tailored plan care management for whatever reason to tell her plan will provide waiver care coordination services.

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So, I think that it's important to note that if someone opts out of care management, they still need to receive that care coordination in order to do that, care coordination activity that's required within those flavors.

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And, Okay.

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My I think you're going to do this one.

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Yes, thank you. KENNETH so individuals enrolled in the innovations that TBI we were will have access to all of the components around for Taylor care management.

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So this slide around the timeline for character care management may be familiar to you guys, but I do want to highlight some, some specific components.

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So of course, when individuals are road and Taylor care management.

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The tailored plans will be it will be assigning individuals to either a CMA a Care Management Agency, or an advanced medical home plus.

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And when that happens, it's important to know the individuals who are on the TBI and about TBI, where the innovations waiver will have the option and the choice of keeping their current care coordinator, if they if they transition and we'll talk about

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that more on the next slide. So, that is an option that is different for individuals who are on the waiver other components, when we're talking about the engagement and the care coordination part that's embedded in the talent care management for individuals

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on the waiver is that the care manager will will facilitate the completion of the care management comprehensive assessment which we've talked about this in time on before, and that information will be used and incorporated into support with developing

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the ISP for individuals on the waiver.

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In addition, we'll still, of course, have the, the care, the care team working with them and then that tailored care management will also include, for individuals who have the innovations waiver, the continuation of monitoring to ensure that the goals

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that are in the ISP are that are identified and that progress is being made. There will be coordinating and supportive with that Transitional Care Management on those transitional times.

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And then also just activities.

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The individual will be able to the care manager will support with individual and family support as well as activities that address those unmet health needs related to resources that are that are needed.

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So as I mentioned individuals on the innovations in TBI waiver when it comes to the care management assignment. Those beneficiaries will have the choice of keeping their current care coordinator, that is currently with the lme and CEO, if the following

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criteria is met. One, They have to meet the tailored care management qualifications and training requirements to they have to actually be employed by either a tailored plan or a tailored plan or someone in the network, thats related to the AMH plus or

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the CMA word one of the other CEOs or other partners that support with the care management, teamwork, and then the summit has to make sure that it does not violate the conflict.

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The conflict free rules that we'll talk about here in a little bit. Okay.

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Okay.

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So can I jump in whenever you're ready.

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Okay, so for innovations and TBI waivers there are various assessments right so like other Taylor plan members individuals enrolled and the innovations and TPI waivers will obtain care management and comprehensive assessments to the maximum extent possible

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Care managers will be responsible for incorporating the results of other innovations or TBI waiver related assessments into the care management comprehensive assessment.

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So I think this goes back again to the fact that, because the innovations waiver, a TBI wave around 1915 see waivers approved by CMS, we have to meet certain thresholds of our requirements of the 1915 see waivers.

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Some of that is based on risk assessment, some of that space on level of care, and some of that is based on how our innovations waiver is operationalized and designed this would be the results of the supports intensity scale which really looks at the

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support that someone may need in order to be successful in the community. So if we see here, individuals who have the innovations waiver the TBI waiver they're still going to be doing that risk assessment and support needs assessment.

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And basically what the enemy MCs on the Taylor plans do is they have to meet kind of the minimum requirements of what the Medicaid has put out as as what needs to be done so it may look different, across the state, but it has to meet those minimum

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requirements. They also have to meet the waiver level of care so innovations have as a separate level of care determination and form and process that people go through same with a TBI waiver so that's going to remain the same.

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And then we talked about this a little bit before.

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Then you see this note that that comprehensive assessment must be conducted annually so that it kind of cracks what someone's new needs are and assesses where, where that support may be needed.

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I think we're ready for the next.

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So, I'm talking about the care management ISP responsibility so again the care manager for the innovation is a TBI waiver will still be responsible for convening those person, that person centered planning meetings to complete the ISP.

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They will submit that ISP to the tailored plan for review. And so, again, that will be the care managers from the AMH places and the CMA CMA is will submit that to the tailor plan for review and that care managers still will still be responsible for monitoring

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that ISP implementation and resolving those resolving are escalating issues related to to ensuring that the members needs are met and that the services that they're receiving that they are dissatisfied with those services.

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The tailored plan is P. Right.

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They will be responsible for again, ensuring that the ISP is completed, review and again the ISP for those compliance is that on the wave of compliance system medical necessity.

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The month in monitoring ensuring the individual's health and safety needs are supported and met.

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And then the tailored plan will be responsible for approving or denying the ISP and getting those approvals issue and those services begin within 45 days and monitoring that service delivery, kind of add anything to that section.

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Just that so so many of the services and the innovations in that CBI waiver require prior authorization. So that's why the care manager there's going to be submitting the individual support plan with the services that the member, or the beneficiary and

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their team believes that they need to be successful. And then of course the tailored plan will review those based on the waiver compliance medical necessity, health and safety needs, those types of things.

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That's it.

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I think we're ready for the next one.

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So I think the next one is really about self directed services.

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And, and will update the slide as individuals and the innovations waiver have the option of self directing waiver services right now the TBI waiver does not have that option but we're, we're looking into how to make that a reality for individuals who

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choose this option to self direct their services the care manager is responsible for ensuring the waiver enrollees interested in self direction services receive relevant information and training.

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So again, you know, when you are self directing services you have to have, you know, be informed of what that process is a need training to make sure that the person who's self directing their actually potentially employing staff supervising staff back

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that kind of thing.

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People just need training and support to make sure that they're doing that in an appropriate way.

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They can assist in appointing a representative to help manage the self directed services as applicable. So if someone doesn't necessarily feel like they can self direct services, completely independently I representative can assist providing a self directed

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budget, and then assessing the employer of record managing employer and representative, if applicable to determine the areas of support needs to self direct services.

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So again, because people are really directing their services, potentially hiring and firing staff, doing service documentation, they may may need a little bit different support, depending on that so the, the care manager will assist with those tasks and

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my Anything to add on that one.

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No, I think we're ready for the next slide.

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So for individuals who again, who are on the innovations in TBI waivers so that in addition to their tailored care management contact with the content requirements around that whole person care.

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The care manager will also be conducting additional content requirements as determined by the waiver and what our, the waiver requirements are so when determining the required care management context for the innovations with TBI waivers.

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The, the organization providing that tailored care management will perform a greater number of those contexts as required by by the waiver, so.

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So as part of the waiver and the monitoring of health and safety and the monitoring of the various service provisions, there may be some additional outreach and contact with an individual to monitor those services and supports whether it be related to

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some of the services that can have mentioned earlier that supported employment or maybe some of that supported living supports the care manager for those individuals on the waivers will receive that additional monitoring can if what you anything there.

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Hope that captures the.

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Alright so conflict breach case conflict.

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Conflict free care management. Next slide.

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All right.

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So, what are the conflict free rules and then how do they apply. So the federal regulatory federal regulation requires that case management or care management for those Medicaid beneficiaries who obtain a CVS services, become conflict free, which means

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that that case or care management activity, including the assessments and the coordination of services be independent from the delivery of the actual age CBS services.

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So of course, in North Carolina.

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For our Medicaid waivers that conflict free will, will actually applies to the 1915 fee waivers that we're that we're really been talking about today the innovations on the TBI waivers.

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And it also pertains to some of the to the 1915 be three waivers services that a subset of individuals who have significant behavioral health needs. Currently received in the state of medic of managed care now.

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So with the transition discounting and a little bit on the 1915 be three waivers waiver services, those services as we prepare and we transition to tailor plans will transition to what it's called in 1915 added benefit.

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And in that space and world that to that benefit that 1915 I waiver benefit would also have the conflict free rules apply to the provision of those, those services and so on this slide you see examples of the current 1915 v3 benefits and the services

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that are available and then what they would transition and translate to in the future 1915.

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The again the important takeaway since we are talking about the conflict free, is that those services for the 1950s, it would be would fall under the conflict free rules and requirements, when we transition.

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Right. Next slide please.

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Okay.

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So,

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the intent of conflict pretty, right, the requirement. And again, this is a CMS requirements related to these home and community based services, I'm waivers is to promote consumer choice and independence by limiting any of the conscious, or even some

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of the unconscious bias that a care manager of a care manager, assisting an individual with identify a CBS needs and developing the plans to exit plan to access services.

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So that means that for Taylor care management that behavior health. I hate your health, add or TBI provider cannot do both the tailor care management.

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So for for individuals it the antibiotic that we're talking about the that the CMS, the.

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Oh gosh, I just went blank about the CMA.

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And then sit in that for the MH classes, that, and the payment plans does because they are not actual HTTPS service providers.

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Conflict free rules are not really applicable there because they don't provide the services.

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All right, next slide, mine went a little bit for a minute.

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Alright so what does that mean, what are some permissible scenarios.

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When we're talking about conflict free care management to comply with the federal rules. Right, so that means that when the Taylor care management assignments happen for member who's enrolled in in our waivers so the innovations waiver the TBI waiver

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and the future.

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1915 services the tale of plans will not be permitted to actually assign a member to an entity that is one descent, the CMA. That is actually providing the service to the individual.

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And then

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they will be permitted to provide them to a CMA that is not providing the service, and a MH plus, or if they are going to maintain their care management at the tailored plan.

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So again it's important, very important to remember understand that it is not once, permissible for the Taylor plan to assign a member to a CMA that is going to be providing both their care management and the a CBS services to an individual.

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Okay.

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Next slide.

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So here's some another simple another example.

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To be clear, so this is since scenario, a where this would be an example of a permissible scenario where the seed that you have the member. And you can see they have the HTTPS provider to the, to the right.

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And then you see that they have to the less the care management entity that care management being provided by the CMA. This is an example of a scenario where we have a conflict free situations that have.

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So the individuals getting their services from a different entity for their care management so from a CMA, and then they are getting their actual services from a different h CBS provider, allowing for conflict free case man care management.

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Alright, next slide.

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Another example here scenario be we have the member who's receiving the services, again to the right, from a different HTTPS service provider and then they're receiving their care management in this instance, from an AMH plus.

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So again two different entities one for the care management, and the one for the a CBS services. All right. Next slide.

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And another example of where we have conflict free. If we have the individual receiving a CVS services from a provider, a different provider agency than to the love their care management services is actually being performed by the by the tailored plan

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in this, in this scenario. Right.

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And next slide.

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So what is not permissible like we like we've said already said before throughout the presentation is that if you see you have a member, that's on the right but when you look to the left you see that there's a CMA and and providing not only their care

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management, but their HTTPS provider, the HTTPS services, all in one and that is not a permissible scenario and is not considered conflict free. So, again, I think the importance and the reminder is that the services, and the provision of care management

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cannot come from the same provider, same organization same entity, they must be separate and apart.

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Next slide.

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For additional resources or information. The department has published guidance around calm conflict free care management and it is available at the website at the link that's provided here.

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And then if you are interested in doing even more beautiful nighttime reading.

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You may also visit the CMS, CMS web page where you can provide that additional guidance.

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Work additional goddess can be can be found about how to mitigate conflict, free care. In case management and that link is also provided on this slide.

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I think that is it and we will be ready to move into questions. Let's see if I'm right. I am, who's walking us through that you Brian is Thank you, my

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crystal for for the information, really, really helpful to hear your latest all out, and we do have a few questions on on that have come in.

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So let's let me look at those.

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And there is a question around whether be three services will be subject to conflict free requirements.

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My.

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Maybe you want to take that one and I know we have others that might be able to handle that as well.

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Yes, be three be in the world we are in now. Yes, the three services are subject.

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Supposed to be subject to conflict free.

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KENNETH can probably add some context about the.

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How much of that happens now but that because they are part of the HTTPS groupings of waivers that must meet that requirement, the answer is yes, chemists would you add a little context about the numbers to that or we can just say to that to be threes,

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converting to eyes, which will have that conflict free right so i think RB threes on a little bit of a different kind of environment than our eyes will be because there will be tailored plan care of management, and you know with the tailored plans versus

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now would be three we have really intermittent kind of care coordination.

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Most of the b2b services. Now, are,

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are like can I said I doing that intermediate care management through the plans,

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super helpful. Thank you.

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So we have a question on self direction in this new world under to plant, who will be responsible for providing self direction information and training.

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Technology acknowledging that community navigation is is going away.

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So I think the slide states that we're the care manager is going to ensure that the waiver enrollee interested in self directed services we seem that relevant information and training.

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So that means that care manager could link and ensure that the person is receiving that training from an entity that's able to provide that training.

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And it's my understanding that community navigator will not be in the I option but there's still going to be community navigator support from members who are self directing in the innovations where.

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Yeah. Can I think you're hitting on an announcement that we made this webinar series, a few weeks back that the department is releasing guidance on the role of care manager extenders in the Taylor care management model, and community navigators, or one

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of the roles that are being that that was thought into that bucket, so that guidance is forthcoming. And I know that the department's eager to get that out to providers.

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Crystal or my Anything to add on that front.

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I don't have anything to add more information coming like to shoot.

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I don't have anything additional to add either. Thank you. Great. Perfect. um, let me see. How about little the conflict free rules apply to IDD ICF facilities.

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So try had trouble getting off mute. So, care management is embedded into ICF IDs. So if someone's in an ICF ID they're going to be receiving their care management in a similar way than they do now.

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So that conflict free would be different.

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Right.

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Now maybe one or two more.

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So, do the conflict free rules apply to state funded members members who are receiving Medicaid services but rather state funded services.

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So that's the first question so maybe we'll give you a chance to answer that one must do the conflict free rules applied to state funded services.

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Technical know because it's related to Medicaid waiver individuals now.

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I'm

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does not allow it, because we're talking about Taylor care management which is for Medicaid so unless the individual actually have Medicaid, a member only received state funded services would not be receiving Taylor career management.

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Okay.

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Um.

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Oh, go ahead. Sorry, I was gonna say what was this was their second part to that question, the second part, it's kind of IDD provider do both tailored career management and provide state funded supports.

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So I think the question maybe maybe it's kind of provider, both deliver to the management maybe to. So, a member and state funded supports to a member.

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And

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maybe what we need a little bit more details on that one on one specific scenario. Yeah. Yeah.

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Um, I mean I'm hearing that.

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My mind is my wheels are trying to get can let us take that back to be clear if you can provide some additional information about what you're asking.

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So feel free to message us in the in the chat or send an email to the department.

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All right, let me see if there are others here

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will be three services continue until December 1 2022 and transition to 1915, is that time.

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So the 1959 services will go live at the time that the Taylor plans go live.

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That's my understanding, and the be three services will continue until the talent plants go live.

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So that should line up with hopefully that will line up with those dates for them not to be a gap in services for that individual right for those individuals.

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Okay, great.

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So I think we've hit on the majority.

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Anything on almost all the questions, I know if kind of reminder crystal or other topics you want to take a chance to speak on or clarify

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have anything additional to add, unless there's other questions that come through.

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Between now and us wrap it up, but I'm good I don't care if you have anything to add crystal.

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I do not

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think you thought maybe we have one more. Let me find it.

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Well consumers on the innovations waiver waiting list.

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The assigned to, to, for Taylor care management and be able to receive those services.

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Right so members in the tailored plan who have Medicaid would have the opportunity to take part in tailored plan care management. We do have members who are on the innovations waitlist, who do not have Medicaid, and I believe there's still more kind of

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discussion going on with that but I don't know my if you want to add anything to that.

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No, I can if you. You're, you're spot on with, with that, I will say, individuals who, who may just who may be receiving state funded services there may be there will be limited opportunities for the plan to support with some care.

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In case management, not an intermediate spurts.

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For those who really have some complex situations, going on. So that would be the only additional thing I would ask specific to those individuals who may be waiting, do not have Medicaid there's some limited possible limited opportunities for extraordinary

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situation.

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Right. Okay. Makes sense so someone who's on Medicaid eligible in the tailor plans and on the waiting list will get to document and they'll be assigned to one of the entities.

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Yeah. Got it, super helpful.

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Okay, I think we have one, one more, just came in.

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Are there any other any services that can be provided by the CMA or a MH plus, other than care management services.

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So I think maybe what they're asking, Is someone who's certified as a damage plus or CMA.

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If they are certified to provide Taylor career management, can they provide any other services they think the answer there is no right like certification is just for tailored career management.

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We might have to bring this one back because I think the question was regarding like community transition funds and that's like a one time fund to help someone set up like a deposit or if they need a pest eradication for moving into a home of their own.

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I, I think we'll have to kind of take that back as I don't know if we, we have assumptions based on that but Maya correct me if I'm, if I'm not I don't have the map for that specific but if in it.

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a care management entity.

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And I see Chris is also she will correct me if I'm wrong, but a case management entity, who's certified to provide care management, yes can provide care management, but that that organization or entity may also be a CBS service provider, so they can have

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both lines of business, so to speak, the line in the sand is that I individual cannot receive my services from provider, eight, and my care management as a waiver recipient from provider, a, there has to be an A and a B, for, for, for my services to work

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on the waiver. So I hope that also helps with with that question.

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That is correct, Maya. That's absolutely correct the certification is strictly a certification for the provision of the tailored care management services under the Taylor care management rules

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and key Cristo.

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Okay. Well, I think we've made it to the end of our webinar.

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If we want to pull up the slides, we can just go through the schedule.

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So they're on December 3 will reconvene for that deep dive on data specifications as crystal clarified us as crystal shared earlier today, and on December 10 will round out 2021 webinar series with this intro to oversight and quality and touch on the

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misconceptions in the tailored career management model.