

**North Carolina Department of Health and Human Services (DHHS)**

**Tailored Care Management Technical Advisory Group (TAG) Meeting #3 (Conducted Virtually)**

**December 17, 2021**

| <b>Tailored Care Management TAG Members</b> | <b>Organization</b>  |
|---|--|
| Erin Lewis                                  | B&D Integrated Health Services   |
| Lauren Clark                                | Coastal Horizons Center  |
| Denita Lassiter                             | Dixon Social Interactive Services  |
| Jason Foltz, D.O.                           | ECU Physicians   |
| Natasha Holley (absent)                     | Integrated Family Services, PLLC   |
| Lisa Poteat                                 | The Arc of NC  |
| John Gilmore, M.D. (absent)                 | UNC Center for Excellence in Community Mental Health   |
| Sean Schreiber                              | Alliance Health  |
| Josh Walker                                 | Eastpointe   |
| Lynne Grey (absent)                         | Partners Health Management   |
| Sabrina Russell                             | Sandhills Center   |
| Cindy Ehlers                                | Trillium Health Resources  |
| Rhonda Cox                                  | Vaya Health  |
| Cindy Lambert                               | Cherokee Indian Hospital Authority   |
| Jessica Aguilar                             | Consumer Representative  |
| Pamela Corbett                              | Consumer Representative  |
| Alicia Jones                                | Consumer Representative  |
| Cheryl Powell                               | Consumer Representative  |
| <b>NC DHHS Staff Members</b>                | <b>Title</b>   |
| Kelly Crosbie                               | Chief Quality Officer NC Medicaid, Quality and Population Health   |
| Krystal Hilton                              | Associate Director of Population Health, NC Medicaid, Quality and Population Health                            |
| Gwendolyn Sherrod                           | Senior Program Manager for Special Programs, NC Medicaid, Quality and Population Health                        |
| Keith McCoy                                 | Deputy CMO for Behavioral Health and IDD Community Systems, Chief Medical Office for Behavioral Health and IDD |
| Mya Lewis                                   | IDD and TBI Section Chief, Division of Mental Health, Developmental Disabilities and, Substance Abuse Services |
| Eumeka Dudley                               | Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health                           |

**Agenda**

- Welcome and Roll Call
- Key Updates
- Capacity Building
- Public Comments
- Next Steps

### **Welcome, Roll Call, and Key Updates (slides 1-8) – Mya Lewis and Eumeka Dudley**

The Department provided an update on the following resources that are expected to be released in the coming weeks: updated Tailored Care Management Provider Manual, new guidance on Care Manager Extenders, updated Tailored Care Management rates, and a new Frequently Asked Questions (FAQ) resource from the recent Tailored Care Management webinar series.

Resources will be posted to the Tailored Care Management webpage:

<https://medicaid.ncdhhs.gov/transformation/tailored-care-management>

### **Capacity Building Overview and Discussion (slides 9-19) – Krystal Hilton and Gwen Sherrod**

The Department presented an overview of the Tailored Care Management capacity building program, which launched in Fall 2021. Through this program, approximately \$90 million will be distributed across the state to prepare as many providers as possible to offer Tailored Care Management. The Department also provided an update on the capacity building distribution plans that the Tailored Plans recently submitted to the Department and reviewed the timeline in which funds are expected to be distributed.

The Department facilitated a discussion with the Tailored Care Management TAG members, who provided the following feedback:

#### **Capacity building program rollout and general feedback.**

- A few TAG members commented about the timeframe for which capacity building funds are expected to support Tailored Care Management rollout. The Department explained that capacity building funds were intended to primarily support providers' startup during the timeframe 90 days prior to Tailored Care Management launch and 90 days after launch.
  - A TAG member noted that startup lasts longer than this timeframe and that it would be helpful to have more capacity building funds to support ramp-up in the longer term (e.g., 1-2 years) as the service line grows and new care managers are hired over time.
  - Additionally, some TAG members noted that it has been challenging to devote resources to prepare for the AMH+/CMA certification process and that having capacity building funds in advance would have helped. However, providers must first be certified as an AMH+ practice or CMA in order to receive capacity building funds.
- A TAG member asked about the oversight mechanisms that will be in place to ensure that capacity building funds are distributed equitably. The Department explained that they are having conversations with Tailored Plans and providers and might develop more guidance on the approach for developing distribution plans.
- A TAG member shared that they expect to revise their distribution plans to account for areas where there is an underrepresentation of AMH+ practices. The Department noted that more AMH+ practices are participating in round two of the certification process, so the AMH+ pool will likely increase.
- A TAG member noted that there are concerns among consumers that there may not be enough care managers to support the workforce across the state.

### **Capacity building milestones.**

- The Department has identified six capacity building milestones aimed at enhancing health information technology infrastructure, building the care manager workforce across the state, and promoting operational readiness. On a quarterly basis, Tailored Plan awardees must submit a capacity building quarterly report showing the milestones and/or associated targets that have been met.
- A TAG member asked: if milestones are not met in the projected quarter, but are then met in a following quarter, will funds be released for achieving the milestone even though it was behind schedule? Another TAG member followed up, asking if those who meet milestones first have first access to funding and whether those who do not meet the milestones would not receive capacity funding.
  - The Department explained that milestone #1 (Tailored Plan submission of the distribution plans, based on assessments of the regional capacity building needs) must be completed first. Following that submission, the other milestones can be met in any order. Funds are released for progress and are not based on the order in which they are accomplished. As a part of the quarterly reporting, Tailored Plans are encouraged to reflect challenges they experienced and to modify the scheduled activities to reflect the manner in which they can realistically be met.
  - In addition, funding is outlined in accordance to the capacity building needs and the activities projected to meet these needs. Distribution plans detail each provider's needs and carefully identifies the funding that is needed by each provider to strengthen the individual provider's capacity. To this end, as providers are included in the distribution plans, the funds are earmarked to allow providers to meet the milestones and earn the funds over time.

### **Tailored Care Management training.**

- TAG members expressed differing points of view regarding standardization of the training curriculum for care managers and individuals delivering Tailored Care Management. Some TAG members indicated that creating training standardization would increase efficiency and reduce operational burden for providers and care managers, particularly for providers that operate statewide or in multiple Tailored Plan regions. Other TAG members noted that there are regional and geographical differences across the state, which need to be accounted for in the training curricula.
- A TAG member asked if providers could create a standardized training that they could propose to Tailored Plans to approve, in an effort to achieve standardization on core areas. The Department responded that they encourage opportunities for Tailored Plans and providers to collaborate, and a standardized training curriculum would be an appropriate example.

### **Capacity building agreements between Tailored Plan awardees and AMH+ practices/CMAs.**

- Various TAG members explained that they have not yet started working on agreements/memoranda of understanding (MOUs) between Tailored Plan awardees and AMH+ practices/CMAs.

- A TAG member expressed concern that lack of standardization in these agreements may become another implementation challenge for providers.
- Another TAG member explained that Tailored Plans are all separate health plans, which means they all manage different levels of risk, serve different populations, etc. which results in nuances in reporting and contracting across the state, and standardization here may not be realistic.
- The Department expressed that they understand both points of view about standardization and noted that all parties involved will have to work together to roll out the Tailored Care Management program most effectively for the sake of the individuals who will receive Tailored Care Management.

#### **Public Comments and Next Steps (slides 20 – 23)**

There were no public comments.

Tailored Care Management TAG members are encouraged to send any additional feedback or suggestions to [Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov).