

Tailored Care Management: *What Providers Need To Know*

December 18, 2019

Agenda

- **BH I/DD Tailored Plan Updates**
- ***Recap: Tailored Care Management Model***
- **Application Process for AMH+ Practices and CMAs**
- **Q & A**

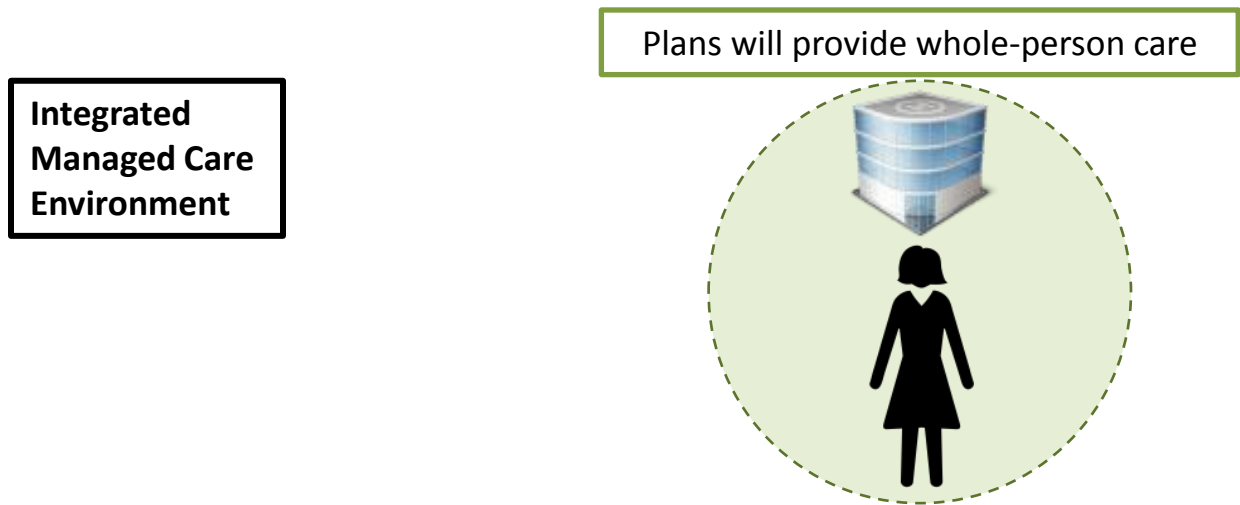
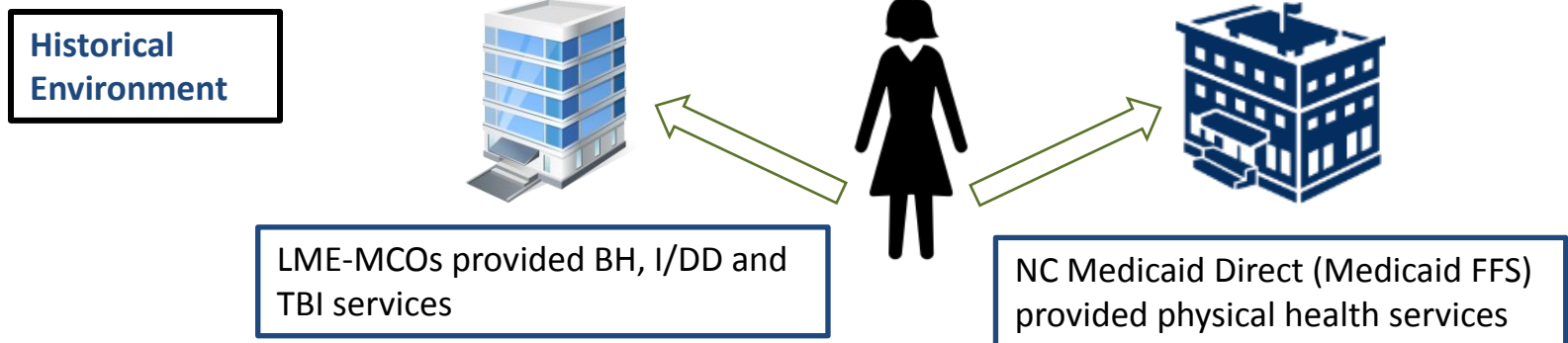


*New information:
main focus for today*

BH I/DD Tailored Plan Updates

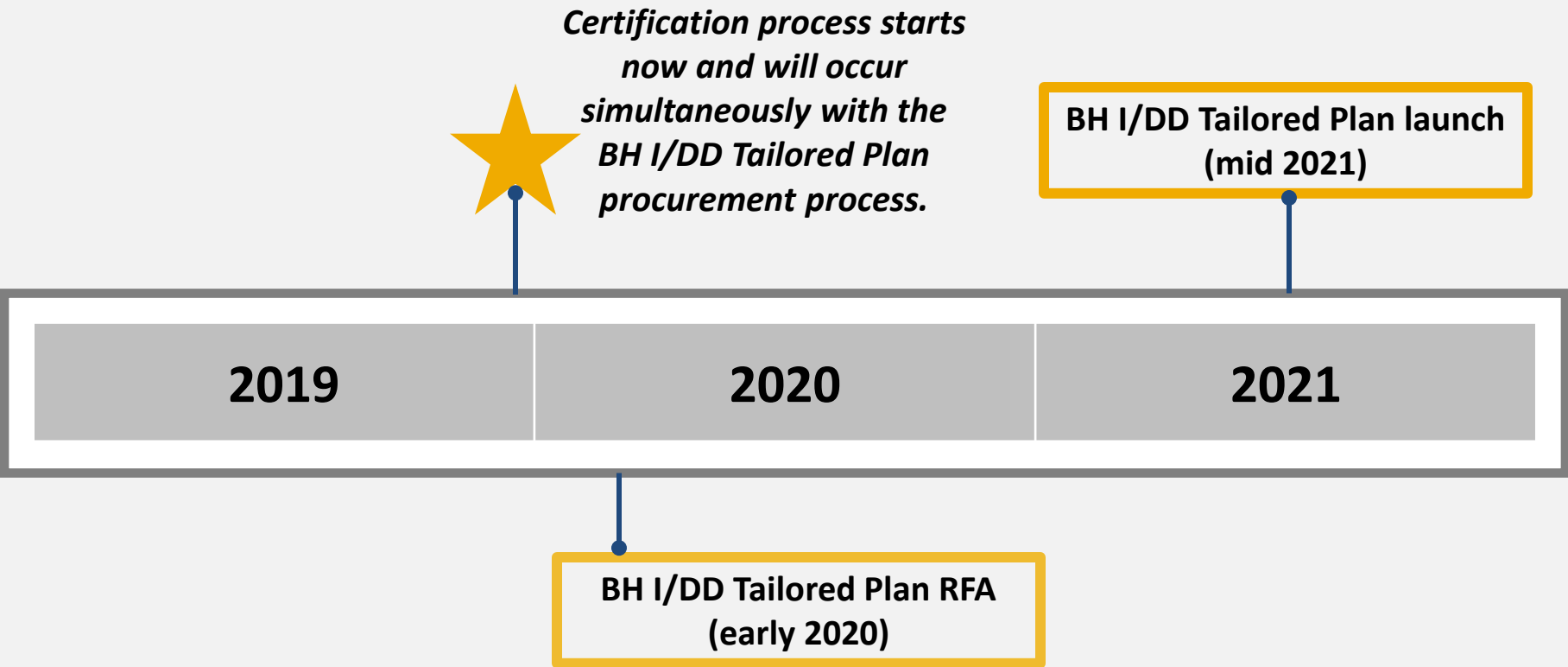
Transition to Whole-Person Care

With the managed care transition, both types of managed care products—Standard Plans and BH I/DD Tailored Plans—will offer integrated, whole-person care.



BH I/DD Tailored Plan Timeline

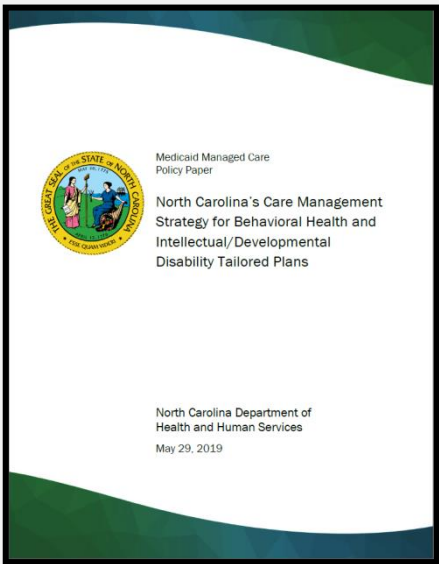
The BH I/DD Tailored Plan Request for Applications (RFA) will be released in early 2020.



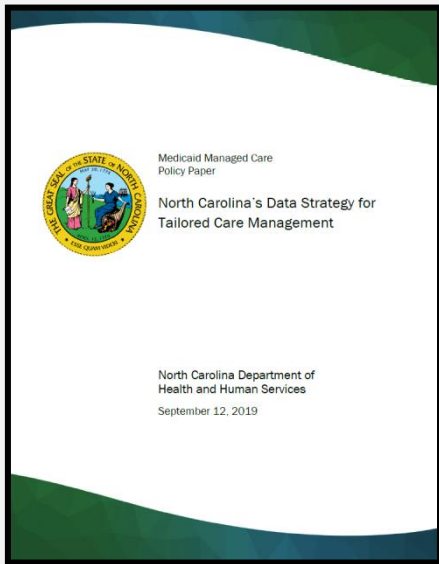
Recap: Tailored Care Management Model

Information about the Tailored Care Management Model

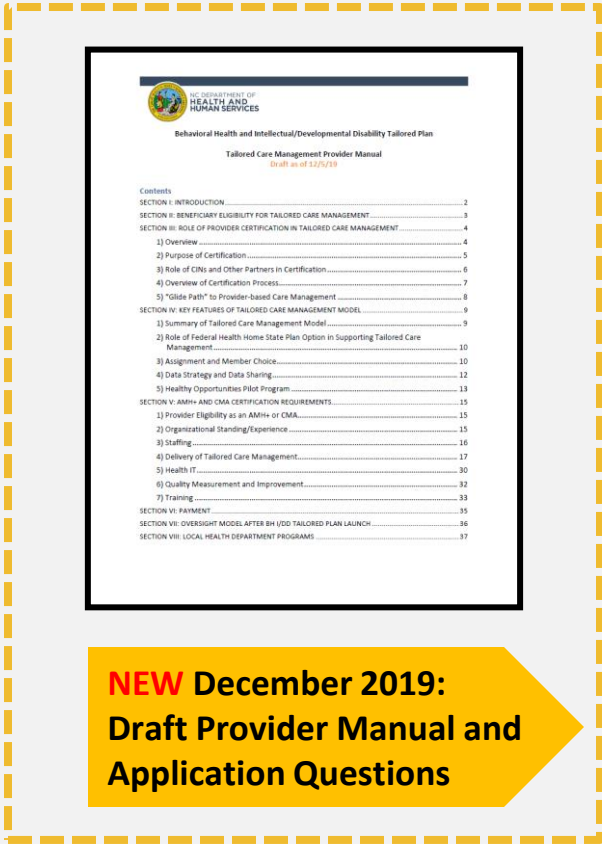
Key documents can all be found on the NC DHHS BH I/DD Tailored Plan webpage.



May 2019: Concept Paper



September 2019: Data Strategy Paper



NEW December 2019: Draft Provider Manual and Application Questions

The Provider Manual comment period will conclude on January 2, 2020.

Tailored Care Management Model

Key Principle: Physical health, behavioral health, and I/DD-related needs are integrated through the care team.

Overarching Principles

- 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

Roles and Responsibilities of Care Managers

- Management of beneficiary needs during transitions of care
- Management of rare diseases and high-cost procedures
- High-risk care management
- Chronic care management
- Management of high-risk social environments
- Identification of beneficiaries in need of care management
- Development of care management assessments/care plans
- Development and deployment of prevention and population health programs
- Coordination of services

Three Approaches to Delivering Tailored Care Management

Department of Health and Human Services

Establishes care management standards for BH I/DD Tailored Plans aligning with federal Health Home requirements.

The BH I/DD Tailored Plan will act as the Health Home and will be responsible for meeting federal Health Home requirements

**BH I/DD Tailored Plan
(Health Home)**

Care Management Approaches

BH I/DD 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:
BH I/DD Tailored Plan-Based Care Manager

The Department will allow – but not require – AMH+ practices and CMAs to work with a **CIN or other partner** to assist with the requirements of the Tailored Care Management model, within the Department's guidelines.

Glide Path to Provider-based Care Management

Tailored Care Management will require a multiyear effort to enhance the workforce at the AMH+ and CMA level. The Department will establish a “glide path” to guide the growth of provider-based capacity.

$$\begin{array}{l}
 \text{Numerator:} \\
 \text{Denominator:}
 \end{array}
 \frac{\text{Number of enrollees actively engaged in care management and served by care managers based in CMAs/AMH+ practices}}{\text{Total number of beneficiaries actively engaged in care management}} \times 100 = X\%$$

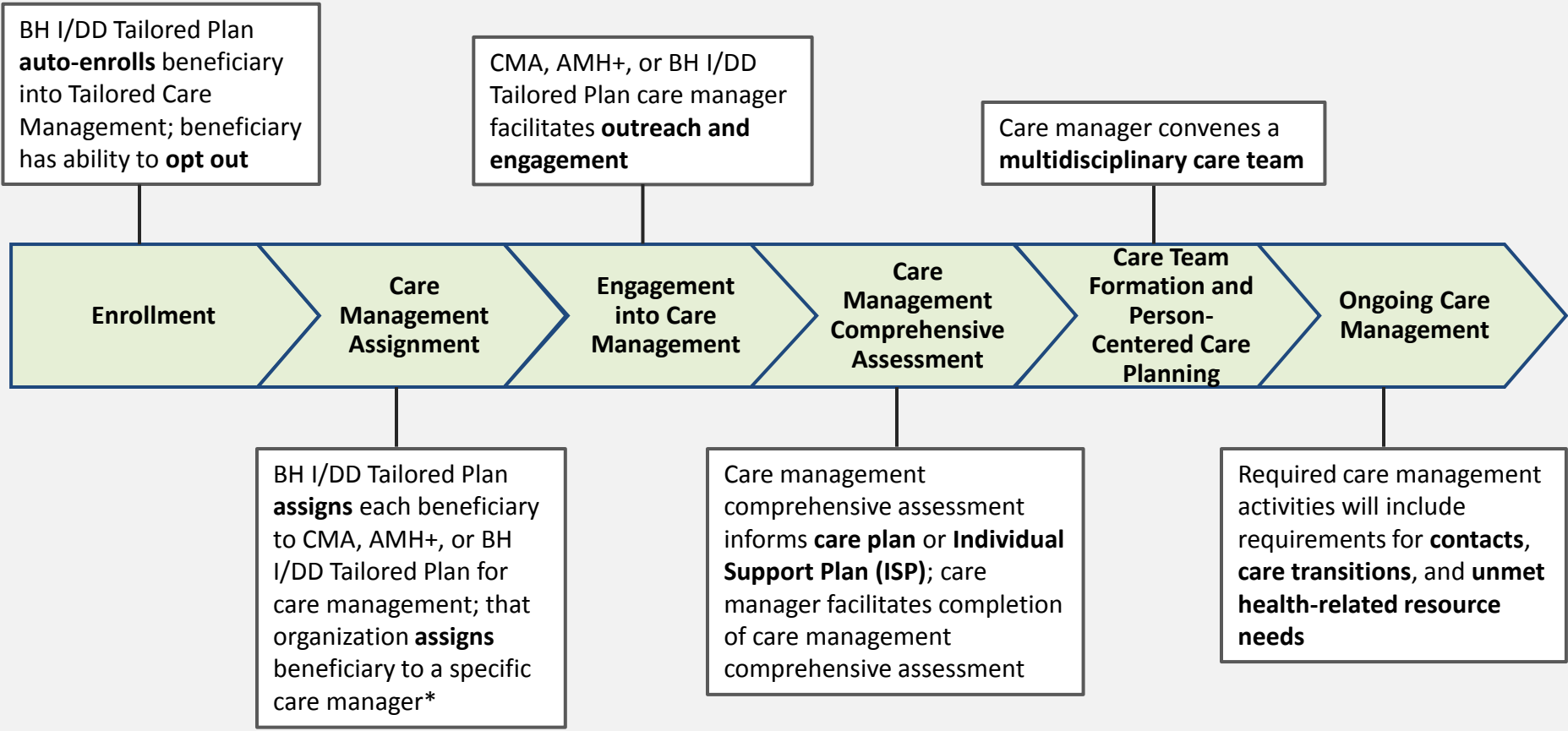
Department will compare X to annual targets:

	Year 0 (May 2020)	Year 1 (Mid 2021)	Year 2 (Mid 2022)	Year 3 (Mid 2023)	Year 4 (Mid 2024)
Target percentage of beneficiaries served by care managers/supervisors based in CMA/AMH+	N/A	Target 1	Target 2	Target 3	Target 4 = 80%

The Department believes that provider- and community-based care management is critical to the success of fully integrated managed care.

Care Management Process Flow

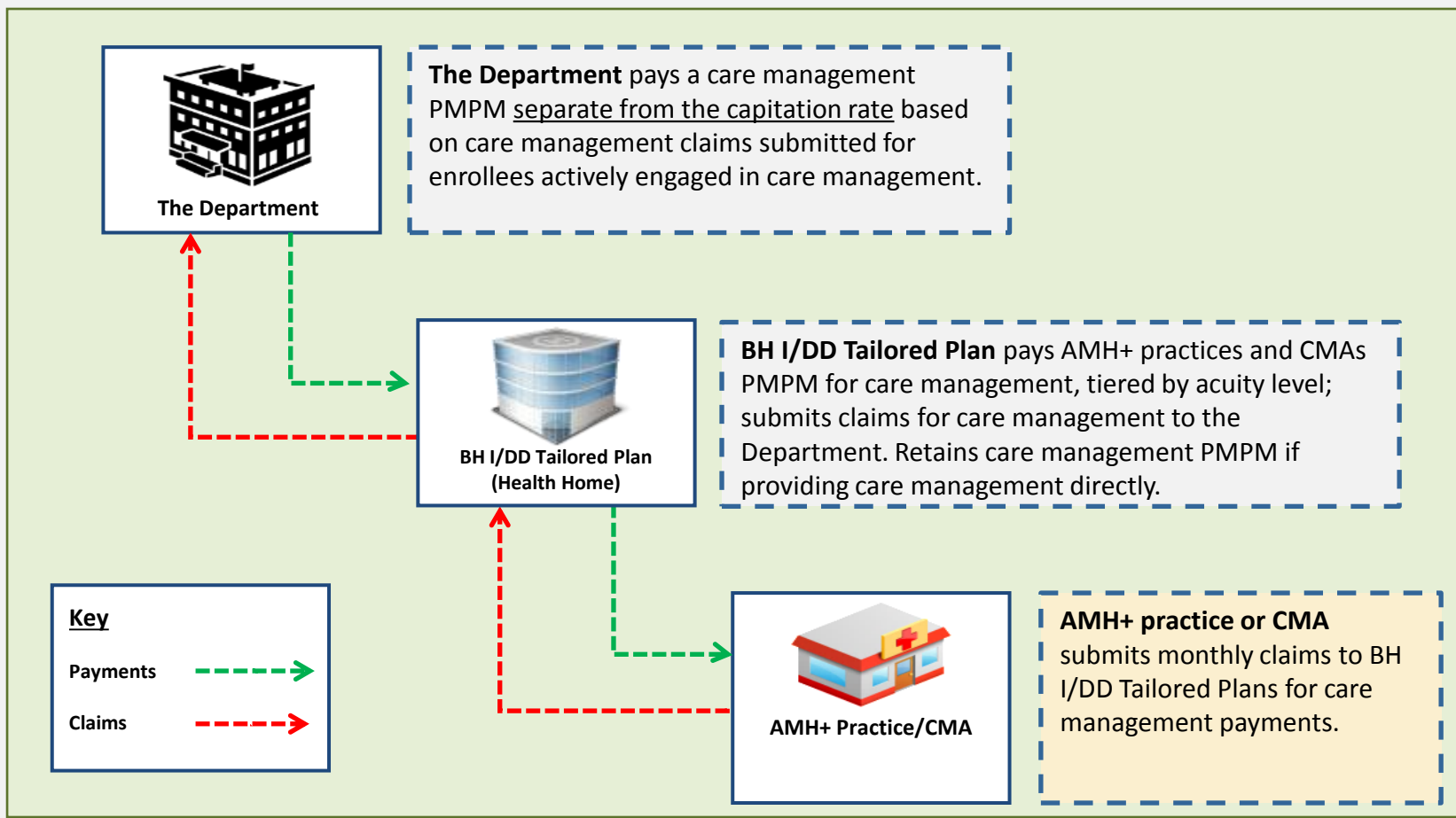
Care management design aligns with Standard Plan requirements to the greatest extent possible, but in several areas the Department is building special guardrails to meet the unique needs of the BH I/DD Tailored Plan population.



*Innovations and TBI waiver beneficiaries will have the choice of keeping their current care coordinators if the care coordinators meet all of the care manager requirements to serve BH I/DD Tailored Plan beneficiaries and federal requirements for conflict-free case management.

Payment for Care Management

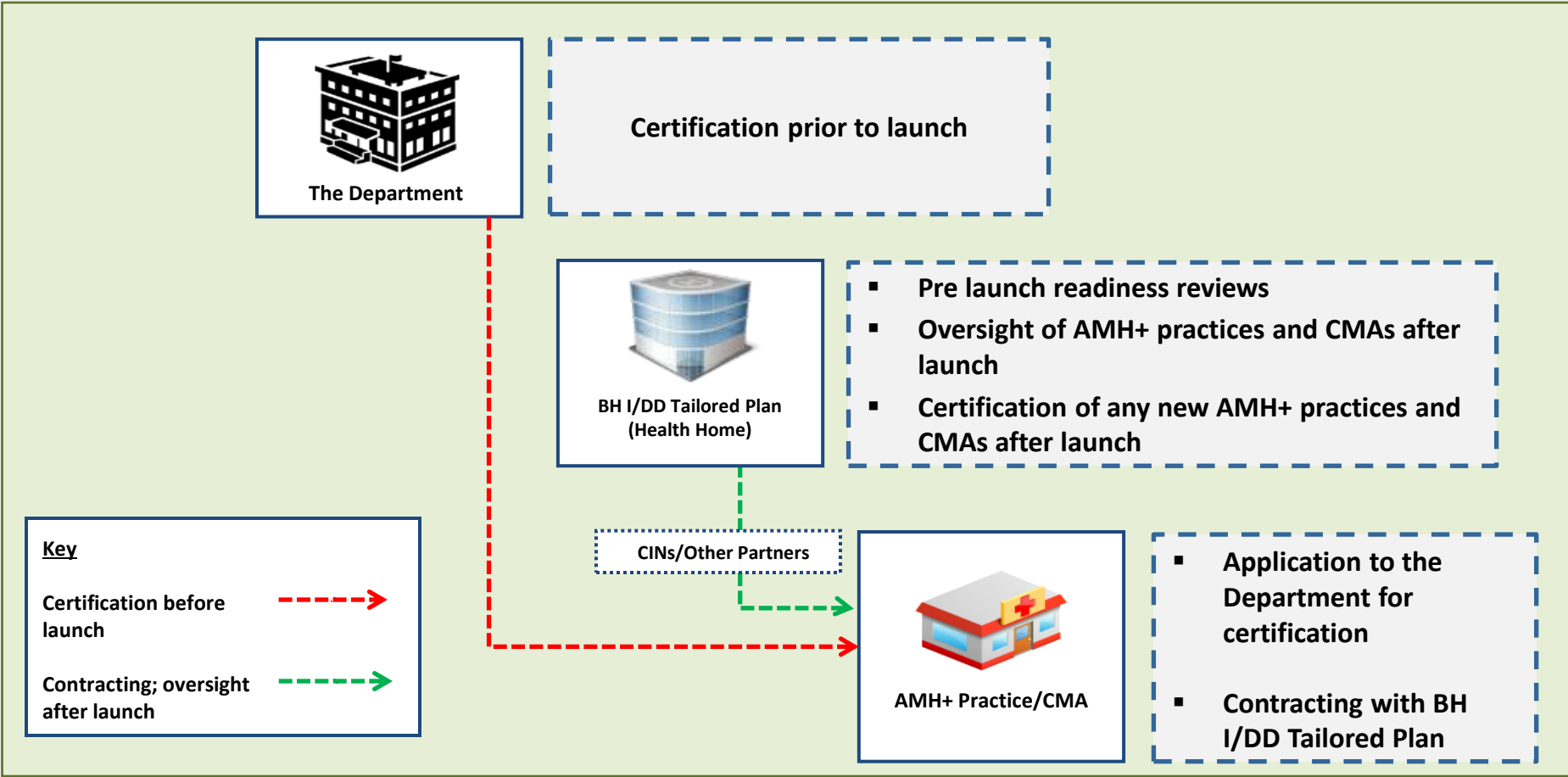
AMH+ practices and CMAs will be paid standardized (fixed) PMPM rates, tiered by acuity. These rates will be *significantly higher* than Standard Plan care management rates.



Application Process for AMH+ Practices and CMAs

Overview: Certification and Oversight

The Department is leading the certification process prior to BH I/DD Tailored Plan launch. After launch, BH I/DD Tailored Plans will conduct oversight of the model in each region.



Certification Timeline

The AMH+ and CMA certification process will include desk reviews and site visits in four rounds.

- Desk Review:** The Department will review each written application to determine whether the organization has the potential to satisfy the full criteria at BH I/DD Tailored Plan launch.
- Site Visit:** The Department will arrange to conduct one or more site visits with providers that “pass” the desk review to drive a final decision on certification, and to increase understanding of each organization’s capacity, strengths, and areas for improvement, including need for capacity building funding.

Round	Application Deadline	Desk Reviews/Site Visits
1	February 7, 2020	<ul style="list-style-type: none"> Desk reviews: February – March 2020 Site visits: June – December 2020
2	April 2020	<ul style="list-style-type: none"> Desk reviews: April – May 2020 Site visits: June – December 2020
3	September 2020	<ul style="list-style-type: none"> Desk reviews: Fall 2020 Site visits: Spring 2021
4	December 2020	<ul style="list-style-type: none"> Desk reviews: through early Spring 2021 Site visits: Spring 2021

Certification Requirements Overview

The AMH+ and CMA certification application will assess whether organizations are credibly on track to deliver Tailored Care Management by BH I/DD 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 must be able to describe their plans to achieve readiness.

The Department intends to provide “capacity building” funding for provider organizations. More detail on this opportunity will be forthcoming.

The image shows a screenshot of a web-based application form titled "Behavioral Health and Intellectual/Developmental Disability Tailored Plan Application Questions". The form is from the NC Department of Health and Human Services. It includes instructions for applicants to copy and paste questions into a document and answer them. The form contains several sections: "A. Organization Description and Contact Information" with fields for A1. Legal Entity Name, A2. DBA Name, A3. Year Established, A4. Corporate Address, and A5. Does your organization use more than one billing TIN? (Yes/No/Unknown). A6. Please list all TINs that your practice has used to bill Medicaid since January 1, 2017. A7. What billing TIN will your organization use for Tailored Care Management? A8. Application Contact (First Name, Last Name, Title/Position, Business Phone Number, Business Email Address). A9. Organization Primary Point of Contact (if different from Application Contact) (First Name).

1. Eligibility



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 BH I/DD Tailored Plan eligible population or can otherwise demonstrate strong competency to serve that population. **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 BH I/DD Tailored Plans.**



Care Management Agency (CMA)

Definition: Provider organizations with **experience delivering behavioral health, I/DD, and/or TBI services to the BH I/DD 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 BH I/DD Tailored Plan eligible population in North Carolina. The "CMA" designation is new and will be unique to providers serving the BH I/DD Tailored Plan population.

AMH+ practices or CMAs must not be owned by, or be subsidiaries of, BH I/DD Tailored Plans.

Certification will be Organized by Population

Organizations must indicate the population(s) for which they are applying to be certified.

- **Mental Health and Substance Use Disorder (SUD)**
 - Adult
 - Child/adolescent
- **I/DD and TBI (populations that are not enrolled in the Innovations or TBI Waiver)**
 - Adult
 - Child/adolescent
- **Innovations Waiver and/or TBI Waiver**
 - Adult
 - Child/adolescent
- **Co-occurring I/DD and Behavioral Health**
 - Adult
 - Child/adolescent



Certification will also be by BH I/DD Tailored Plan region, although one provider application may cover multiple regions.

What is a CIN or Other Partner?

A “CIN or Other Partner” is an organization with which an AMH+ or CMA may be affiliated that helps the AMH+ or CMA meet the requirements of the model.

How may CINs/Other Partners Serve AMH+ practices/CMAs?

- Providing **local care management** staffing, functions and services
- Supporting **AMH+ analytics and data integration**
- **Assisting in the contracting process or directly contracting with BH I/DD Tailored Plans** on behalf of AMH+ practices/CMAs

How does the Certification Process Work if a CIN/Other Partner may be Involved?

- **The Department will certify individual AMH+ practices and CMAs, not CINs**
- Organizations that have not yet decided whether/how to affiliate with a CIN/Other Partner **may** begin the application process now
 - *Final certification decision prior to BH I/DD Tailored Plan launch will include assessment of how roles and responsibilities will be shared between provider and CIN/Other Partner*

2. Organizational Standing/Experience

Certification Criteria	Key Application Content	What DHHS will be Looking For
2.1. Relevant experience	<ul style="list-style-type: none"> Information provided about current scope of services and populations Description of organization's history and length of experience 	<ul style="list-style-type: none"> Alignment of prior experience with application: generally, at least 2 year history of services aligned with population served, in NC Integration of mental health and SUD for BH agencies
2.2. Provider relationships and linkages	<ul style="list-style-type: none"> Description of current contracts and arrangements with other providers, including those that could play the "clinical consultant" role 	<ul style="list-style-type: none"> Relationships/formal linkages in place Plan for strengthening relationships for "clinical consultant" roles
2.3. Capacity and sustainability	<ul style="list-style-type: none"> Attachment of most recently audited financial report Description of leadership team for Tailored Care Management 	<ul style="list-style-type: none"> Evidence of financial capacity (e.g., balanced budget) Clear leadership roles and accountability
2.4. Oversight	<ul style="list-style-type: none"> Board approval Organizational chart Description of how management and oversight will occur 	<ul style="list-style-type: none"> Appropriate structures in place to oversee the Tailored Care Management model Strong governance with appropriate executive and management structure and approval of the application

Category 3: Staffing

By BH I/DD Tailored Plan launch, care managers at AMH+ practices and CMAs must meet minimum requirements below:

Care Management Staff	Minimum Requirements
Care managers serving all members	<ul style="list-style-type: none"> ▪ Bachelor's degree in a field related to health, psychology, sociology, social work, nursing, or another relevant human services area; and ▪ Two years of experience working directly with individuals with behavioral health conditions (if serving members with behavioral health needs) or with I/DD or TBI (if serving members with I/DD or TBI needs). ▪ For care managers serving members with LTSS needs: two years of prior LTSS and/or HCBS coordination, care delivery monitoring, and care management experience, in addition to the requirements cited above.
Supervising care managers	<ul style="list-style-type: none"> ▪ A master's-level fully Licensed Clinical Social Worker (LCSW), fully Licensed Professional Counselor (LPC), fully Licensed Psychological Associate (LPA), or a registered nurse with a Bachelor of Science in Nursing (BSN); and ▪ Three years of supervisory experience working directly with the population being served.
Supervising care managers serving members with I/DD or TBI (must have <u>one</u> of the following minimum qualifications)	<ul style="list-style-type: none"> ▪ A bachelor's degree in a human services field (including nursing) and five years of supervisory experience working with complex individuals with I/DD or TBI, or ▪ A master's degree in a human services field (including nursing), with three years of supervisory experience working directly with complex individuals with I/DD or TBI.

Category 4: Delivery of Tailored Care Management

Certification Criteria	Key Application Content	What DHHS will be Looking For
4.1. Policies and procedures for communication with members	<ul style="list-style-type: none"> Attestation that the organization will develop policies 	<ul style="list-style-type: none"> [Attestation]
4.2. Capacity to engage with members through frequent contact	<ul style="list-style-type: none"> Description of strategy to meet minimum contact requirements 	<p><i>Clear strategy for how the organization will meet each of the minimum requirements and tailor to the population being served.</i></p>
4.3. Care management comprehensive assessments and reassessments	<ul style="list-style-type: none"> Description of approach to care management comprehensive assessment 	
4.4. Care plans and Individual Support Plans (ISPs)	<ul style="list-style-type: none"> Description of approach to care plans/ISPs 	
4.5. Care teams	<ul style="list-style-type: none"> Description of approach to developing care team and convening regular conferences, including foreseen challenges Description of strategy to share and manage access to patient information 	

Category 4: Delivery of Tailored Care Management

Certification Criteria	Key Application Content	What DHHS will be Looking For
4.6. Required components of Tailored Care Management	<ul style="list-style-type: none"> ▪ Description of approach to meet each of the required components ▪ Attestation to provide or arrange for 24/7 coverage for services, consultation or referral, and treatment for emergency medical conditions 	<p><i>Experience and capabilities for:</i></p> <ul style="list-style-type: none"> ▪ Care coordination ▪ Twenty-four hour coverage ▪ Ensuring annual physical exam is carried out ▪ Continuous monitoring ▪ Medication monitoring ▪ System of Care ▪ Individual and family supports ▪ Health promotion
4.7. Addressing unmet health-related resource needs	<ul style="list-style-type: none"> ▪ Description of relationships with community organizations ▪ Description of experience in addressing unmet health-related resource needs 	<ul style="list-style-type: none"> ▪ Experience and competency providing referral, information and assistance
4.8. Transitional care management	<ul style="list-style-type: none"> ▪ Attestation of access to ADT data ▪ Description of methodologies to respond to ADT data 	<ul style="list-style-type: none"> ▪ Experience and capability managing transitions ▪ Plan for achieving ADT access, if not in place
4.9. Diversion	<ul style="list-style-type: none"> ▪ Description of approach to diversion from institutional settings 	<ul style="list-style-type: none"> ▪ Evidence of an approach to identifying and diverting members who are at risk of requiring care in an adult care home or an institutional setting

Category 5: Health Information Technology

Certification Criteria	Key Application Content	What DHHS will be Looking For
5.1. Use an Electronic Health Record (EHR)	<ul style="list-style-type: none"> Attestations that EHR is in place Description of EHR 	<ul style="list-style-type: none"> EHR must be in place at the time of application
5.2. Use a care management data system	<ul style="list-style-type: none"> Description of care management data system Description of how claims/encounter data will be imported, curated, and analyzed 	<ul style="list-style-type: none"> Description of system in place or planned at the organization and/or proposal to work with BH I/DD Tailored Plan or CIN Note: no requirement to use the BH I/DD Tailored Plan's care management data system
5.3. Use ADT information	<ul style="list-style-type: none"> Attestation of access to ADT data Description of methodologies to respond to ADT data 	<ul style="list-style-type: none"> Plan for achieving ADT access, if not in place today
5.4. Use NCCARE360	[Use of NCCARE360 is not required now , but will be required when the application is certified as being fully deployed].	
5.5. <i>(Encouraged, and required from Year Three of BH I/DD Tailored Plans onwards)</i> Risk stratify the population under Tailored Care Management beyond acuity tiering	[Currently optional]	

Category 6: Quality Measurement and Improvement

Certification Criteria	Key Application Content	What DHHS will be Looking For
6.1. Ability to use data to drive internal quality improvement through continuous quality improvement (CQI)	<ul style="list-style-type: none"> ▪ Description of plan to evaluate care management systems, processes, and services 	<ul style="list-style-type: none"> ▪ Approach for using internal data to drive improvement using a systematic process
6.2. Quality Measurement	<ul style="list-style-type: none"> ▪ Description of plan to participate in quality measure documentation and data analysis 	<ul style="list-style-type: none"> ▪ Experience using and reporting quality measures

Category 7: Training

Each BH I/DD Tailored Plan will design and implement a training plan, within DHHS guidelines on the topics that must be covered.

Certification Criteria	Key Application Content	What DHHS will be Looking For
<p>7. Training</p>	<ul style="list-style-type: none"> ▪ Attestation of intention to complete required trainings 	<p>Ensure care managers and supervisors will complete required trainings on:</p> <ul style="list-style-type: none"> ▪ BH I/DD Tailored Plan eligibility and services ▪ Whole-person health and unmet resource needs ▪ Community integration ▪ Components of Health Home Care Management ▪ Health promotion ▪ Other care management skills ▪ Additional trainings for care managers and supervisors serving the following populations: <ul style="list-style-type: none"> ▪ Members with I/DD or TBI ▪ Children ▪ Pregnant and postpartum women with SUD or SUD history ▪ Members with LTSS needs

Q & A