

**Behavioral Health I/DD Tailored Plan:  
Memo on Tailored Care Management Updates**

In December 2019, the North Carolina Department of Health and Human Services (the Department) released the draft Tailored Care Management Provider Manual and application questions for providers interested in becoming Advanced Medical Home Plus (AMH+) practices or Care Management Agencies (CMAs). The Department received many thoughtful comments on the draft Provider Manual and has made several updates, reflected in the final Provider Manual and application questions.

**As a result of the Public Health Emergency COVID-19, the Tailored Care Management certification process has been suspended.** The manual is being published at this time to allow providers maximum time to understand requirements and begin to prepare. To ensure providers have enough time to prepare their applications once the certification process resumes, the Department will announce the revised certification timelines well in advance of the first application deadline.

For more information on Tailored Care Management, please visit the Department's [Behavioral Health I/DD Tailored Plan webpage](#), and send any comments or questions to [Medicaid.transformation@dhhs.nc.gov](mailto:Medicaid.transformation@dhhs.nc.gov).

**Tailored Care Management Updates** This memo contains updates and clarifications on:

- I. Application Process
- II. Eligibility of AMH Tier 3 Primary Care Practices as AMH+ Practices
- III. BH I/DD Tailored Plans in CIN or Other Partner Role
- IV. Staffing
- V. Assignment
- VI. Innovations and TBI Waiver Opt-Outs of Tailored Care Management
- VII. Delivery of Tailored Care Management
- VIII. NCCARE360
- IX. Training

**I. Role of CINs/Other Partners in Application Process**

The Department recognizes that many providers plan to work with Clinically Integrated Networks (CINs) or Other Partners to perform the required Tailored Care Management functions. In response to comments from stakeholders, the Department has developed an application pathway called the "CIN or Other Partner Supplement," which allows CINs or Other Partners to answer certain application questions on behalf of multiple AMH+ or CMA applicants, where applicable. The Department will still certify individual provider organizations, not CINs or Other Partners. Individual provider organizations will be responsible for submitting the AMH+ and CMA Questions *and* the CIN or Other Partner Supplement (if applicable) to the Department.

**II. Eligibility of AMH Tier 3 Primary Care Practices as AMH+ Practices**

The Department intends to allow AMH Tier 3 practices with significant prior experience providing primary care to the BH I/DD Tailored Plan eligible population to deliver Tailored Care Management. After receiving questions from stakeholders about the level of experience required, the Department has added specificity to the eligibility definition for AMH+ practices. Accordingly, the finalized Provider Manual contains a requirement that each AMH+ applicant have at least 100 active Medicaid patients who have a serious mental illness (SMI), serious emotional disturbance (SED), or severe substance use

disorder (SUD) diagnosis; an intellectual/developmental disability (I/DD); or a traumatic brain injury (TBI). “Active” patients are those with at least two encounters with the AMH+ applicant’s practice team in the past 18 months. AMH+ applicants will be required to attest to this requirement as part of their application to the Department. The Department acknowledges that only a minority of AMH Tier 3 practices will meet this requirement and is intentionally finalizing this policy to ensure that the Tailored Care Management model builds from a basis of strong primary care by practices with proven experience working specifically with the BH I/DD Tailored Plan population.

### III. BH I/DD Tailored Plans in CIN or Other Partner Role

The Department recognizes that some AMH+ practices or CMAs may use the BH I/DD Tailored Plan’s IT products to meet the care management data system requirements. The finalized Provider Manual clarifies that, in this scenario, the BH I/DD Tailored Plan would be considered an “Other Partner” (not a CIN) for health IT support only. Subsidiaries of LME/MCOs, BH I/DD Tailored Plans, or other health plans may not otherwise be considered CINs or Other Partners for the purposes of Tailored Care Management.

### IV. Staffing

The Department received many helpful comments on the staffing requirements for care managers and is finalizing the following minimum requirements:

- **Supervising care managers serving members with behavioral health conditions must have the following minimum qualifications:**
  - A master’s-level fully Licensed Clinical Social Worker (LCSW), fully Licensed Clinical Mental Health Counselor (LCMHC), fully Licensed Psychological Associate (LPA), fully Licensed Marriage and Family Therapist (LMFT), or licensure as an RN; and
  - Three years of experience providing care management, case management, or care coordination to the population being served.
- **Supervising care managers serving members with an I/DD or a TBI must have one of the following minimum qualifications:**
  - A bachelor’s degree in a field related to health, psychology, sociology, social work, nursing, or another relevant human services area; and Five years of experience providing care management, case management, or care coordination to complex individuals with I/DD or TBI; or
  - A master’s degree in a field related to health, psychology, sociology, social work (e.g., LCSW), nursing, or another relevant human services area, or licensure as an RN and Three years of experience providing care management, case management, or care coordination to complex individuals with an I/DD or a TBI.

Additionally, the finalized Provider Manual clarifies that for the requirement to access clinical consultants, the AMH+ or CMA has the option to contract with or employ clinical consultants directly or do so through a CIN or Other Partner.

### V. Assignment

In order to include appropriate parameters to increase the effectiveness of care management assignments, the Department has added the following two requirements in the finalized Provider Manual:

- The BH I/DD Tailored Plan will be required to take into account the geographic location of the member to ensure reasonable accessibility when making a care management assignment.

- The BH I/DD Tailored Plan will be required to ensure that there is capacity at an AMH+ practice or CMA before assigning a member to that AMH+ practice or CMA for care management. AMH+ practices and CMAs may set limits on their care management panel sizes (i.e., decline assignments based on capacity). The BH I/DD Tailored Plan will be required to ensure that AMH+ practices and CMAs do not place overly restrictive limits on their panel sizes.

#### **VI. Innovations and TBI Waiver Opt-Outs of Tailored Care Management**

In the finalized Provider Manual, the Department clarifies that for individuals enrolled in the 1915(c) Innovations and TBI waivers, Tailored Care Management will encompass waiver care coordination. Care managers serving individuals enrolled in one of these home- and community-based service (HCBS) waivers will be responsible for addressing members' whole-person needs alongside coordinating their HCBS waiver services. However, if individuals enrolled in these waivers decide to opt out of Tailored Care Management, they will remain enrolled in the applicable waiver and will still be entitled to coordination of waiver services through the BH I/DD Tailored Plan.

#### **VII. Delivery of Tailored Care Management**

The Department has made the following additions and clarifications to the section of the Provider Manual titled "Delivery of Tailored Care Management:"

##### *Member Engagement*

For members with an I/DD or a TBI who have a guardian, telephonic contact may be with a guardian in lieu of the member, where appropriate or necessary. In-person contact must involve the member.

##### *Care Management Comprehensive Assessment and Reassessment*

- Adds justice system involvement (adults) or juvenile justice involvement and/or expulsions or exclusions from school (children and adolescents) as a required component of the care management comprehensive assessment.
- Adds foster care involvement as a triggering event for a reassessment.

##### *Care Plan/Individual Supports Plan (ISP)*

- Clarifies that the care plan or ISP must be shared with the BH I/DD Tailored Plan.
- Adds Rancho Los Amigos Levels of Cognitive Functioning Scale whose results should be incorporated into the ISP (as applicable).

##### *Care Teams*

Adds that the care team may include in-reach and transition staff, as applicable.

##### *Medication Monitoring*

Adds that a community pharmacist at the CIN level may assume a role in medication monitoring, in communication with the AMH+ or CMA.

##### *Transitions for Special Populations*

Adds that AMH+ practices and CMAs will be responsible for additional transition-related responsibilities for the following members: 1) Adults with SMI who are transitioning out of adult care homes, who are not subject to the Medicaid Institution for Mental Disease (IMD) exclusion and who are not transitioning into permanent supportive housing; and 2) Children and youth (up to age 21) transitioning out of state psychiatric hospitals, psychiatric residential treatment facilities

(PRTFs), and residential treatment levels II – IV and who are not transitioning into permanent supportive housing.

*Innovations and TBI Waiver Responsibilities*

Adds that AMH+ practices and CMAs that are certified to provide Tailored Care Management to individuals enrolled in the 1915(c) Innovations and TBI waivers will be responsible for coordinating these individuals' waiver services in addition to performing the Tailored Care Management requirements detailed in the Provider Manual. These additional requirements for individuals enrolled in the Innovations or TBI waiver include:

- Support completion of assessments beyond the care management comprehensive assessment, and incorporate results into care management comprehensive assessment.
- Facilitate provider choice and assignment process for Innovations and TBI waiver enrollees, including arranging provider interviews as needed.
- Coordinate information and resources for self-directed services for Innovations waiver enrollees, as applicable.
- Perform additional responsibilities related to developing and monitoring implementation of the ISP for Innovations and TBI waiver enrollees beyond those required for other individuals engaged in Tailored Care Management.

**VIII. NCCARE360**

The use of NCCARE360 will play an important role in Tailored Care Management to address unmet health related resource needs and promote health. AMH+ practices and CMAs must begin to utilize NCCARE360 once fully certified as fully functional statewide to identify and connect members to community-based resources. Additionally, AMH+ practices and CMAs must:

- Use NCCARE360 once certified as fully functional statewide as their community-based organization and social service agency resource repository to identify local community-based resources;
- Refer members to the community-based organizations and social service agencies available on NCCARE360; and
- Track closed-loop referrals.

**IX. Training**

The Department recognizes that care managers may work across multiple BH I/DD Tailored Plan regions. As such, the finalized Provider Manual clarifies that care managers and supervisors working in multiple BH I/DD Tailored Plan regions will be required to complete and pass the training curriculum in only the BH I/DD Tailored Plan region where they serve the most members and will not be required to complete additional training curriculums for each region. The BH I/DD Tailored Plan will allow care managers and supervisors to waive out of components of the required training if the care manager or supervisor can verify that he or she has previously completed training and demonstrated competency in a specific training domain. The BH I/DD Tailored Plan may require care managers and supervisors to complete additional region-specific trainings beyond those in the required Tailored Care Management domains.

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