

Medicaid Managed Care
Policy Paper

North Carolina's Data Strategy for Tailored Care Management

North Carolina Department of
Health and Human Services

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This document is part of a series of Department of Health and Human Services policy papers that provide additional details to stakeholders regarding the transition of North Carolina Medicaid and NC Health Choice programs to a managed care model. This technical paper is written primarily for providers and health plans that will participate directly in Medicaid Managed Care; however, anyone may respond and provide feedback to the Department, including beneficiaries, advocates or other interested parties. Some topics mentioned in this document may be covered in more detail in other policy papers in the series. For more information, stakeholders are encouraged to review the Amended North Carolina Section 1115 Demonstration Waiver and previously released policy papers available at ncdhhs.gov/nc-medicaid-transformation.

Input is welcome and appreciated. Send comments to Medicaid.Transformation@dhhs.nc.gov. Please include “Data Strategy for Tailored Care Management” in the subject line.

Executive Summary

Purpose: This paper describes how Behavioral Health I/DD Tailored Plans and entities providing Tailored Care Management will use data and information to fulfill their care management responsibilities across seven core functional areas. The Department of Health and Human Services (the Department) welcomes stakeholder feedback on all elements of this strategy. Please email comments to Medicaid.Transformation@dhhs.nc.gov by Oct. 10, 2019, including “Data Strategy for Tailored Care Management” in the subject line.

Background: As North Carolina transitions its Medicaid and NC Health Choice programs from a predominantly fee-for-service delivery system to managed care, the Department is focused on building robust and effective models for managing beneficiaries’ comprehensive needs through care management. This care management vision includes both Standard Plans and Behavioral Health I/DD Tailored Plans providing fully integrated managed care with benefit packages that span physical and behavioral health services, as well as long-term services and supports and pharmacy benefits, and address unmet resource needs. Especially for individuals enrolled in the Behavioral Health I/DD Tailored Plans, this integration is an opportunity to break down silos among physical health, behavioral health, I/DD and traumatic brain injury, LTSS, pharmacy and human service providers, fostering care team member coordination and collaboration across disciplines and settings to improve health outcomes. This paper outlines the data, dataflows, and systems required to support this new intensive model of “Tailored Care Management.”

Vision: The Department believes that effective, integrated and well-coordinated care management depends on care team members having the ability to efficiently exchange timely and actionable member health information and use that information to monitor and respond to medical and nonmedical events that could impact a member’s wellbeing. The success of Tailored Care Management will depend upon Behavioral Health I/DD Tailored Plans, AMH+s, CMAs and pharmacies, and physical health, behavioral health and I/DD providers collecting, using and sharing data to support an integrated and coordinated approach to beneficiary care, including to: identify beneficiary health-related risk factors; develop actionable care plans to manage a beneficiary’s health and health-related needs; monitor and quickly respond to changes in a beneficiary’s health and risk status; track a beneficiary’s referrals and follow-up; and monitor a beneficiary’s medication adherence. This paper outlines the base data exchange and data use expectations to realize this vision.

Overview: This paper shares key data requirements and data use expectations for Behavioral Health I/DD Tailored Plans, AMH+s, and CMAs around seven core care management functions:

1. Enrollment
2. Behavioral Health I/DD Tailored Plan Population Health Management & Risk Stratification
3. Care Management Assignment & Engagement into Care Management
4. Care Management Comprehensive Assessment
5. Practice-level Risk Stratification
6. Care Team Formation and Person-Centered Care Planning
7. Ongoing Care Management

For each care management function, data, dataflow and system expectations are provided. This includes detail on data sources and types of data received, generated, collected and/or sent by Behavioral Health I/DD Tailored Plans, AMH+s and CMAs for care management; triggers for transmission or collection of data; and formats and methods for data transmission.

I. Introduction

The first priority of the North Carolina Department of Health and Human Services (the Department) is the health and well-being of the individuals we serve. As North Carolina transitions its Medicaid and NC Health Choice programs from a predominantly fee-for-service (FFS) delivery system to managed care, the Department is focused on building robust and effective models for managing beneficiaries' comprehensive needs through care management.¹

Over a five-year period, the majority of Medicaid and NC Health Choice beneficiaries will transition into one of two types of prepaid health plans (PHPs), customized to the populations they serve.²

- Standard Plans will launch in February 2020 and will serve the vast majority of Medicaid beneficiaries (approximately 1.6 million).³
- Behavioral Health and Intellectual/Developmental Disability (Behavioral Health I/DD) Tailored Plans will tentatively launch in July 2021 and will serve individuals with more serious behavioral health disorders (serious mental illnesses (SMI), serious emotional disturbances (SED), and/or severe substance use disorders (SUD)), intellectual/developmental disabilities (I/DDs) and traumatic brain injuries (TBIs).⁴

The Department's goal for the transition to managed care is to improve the health of North Carolinians by creating an integrated and well-coordinated system of care that addresses both medical and nonmedical drivers of health. This care management vision, outlined in "North Carolina's Care Management Strategy under Managed Care" and "North Carolina's Care Management Strategy for Behavioral Health and Intellectual/Developmental Disability Tailored Plans," includes both Standard Plans and Behavioral Health I/DD Tailored Plans, providing fully integrated managed care plans with benefit packages that span physical and behavioral health services, as well as long-term services and supports (LTSS) and pharmacy benefits, and address unmet resource needs.^{5,6} Especially for individuals enrolled in the Behavioral Health I/DD Tailored Plans, this integration is an opportunity to break down silos among physical health, behavioral health, I/DD and traumatic brain injury (TBI), LTSS, pharmacy and human service providers, fostering care team member coordination and collaboration across disciplines and settings to improve health outcomes.

The care management model for the Behavioral Health I/DD Tailored Plan population, "Tailored Care Management," will build on the Standard Plan care management model, but will be more intensive and customized, reflecting the specific needs of its population. Additional information on the model is provided

¹ For the purposes of this paper, "total medical, behavioral and unmet health-related resource needs" includes I/DD, traumatic brain injury (TBI) needs and pharmacy, and the term "Medicaid" refers to North Carolina Medicaid and NC Health Choice programs, unless specifically described otherwise.

² The Department is also considering creating a Specialized Foster Care Plan.

³ Standard Plans will launch statewide in February 2020.

⁴ The full Behavioral Health I/DD Tailored Plan eligibility criteria and data on eligible populations are available in the [Behavioral Health I/DD Tailored Plan Eligibility and Enrollment Final Policy Guidance](#). Individuals eligible for Behavioral Health I/DD Tailored Plans will by default remain in FFS and Local Management Entities-Managed Care Organizations (LME-MCOs) prior to Behavioral Health I/DD Tailored Plan launch, but will be able to choose to enroll in a Standard Plan.

⁵ "North Carolina's Care Management Strategy under Managed Care," published in March 2018, available here: https://files.nc.gov/ncdhhs/documents/CareMgmt-AMH_ConceptPaper_FINAL_20180309.pdf.

"North Carolina's Care Management Strategy for Behavioral Health and Intellectual/Development Disability Tailored Plans," published in May 2019, available here: <https://files.nc.gov/ncdhhs/TailoredPlan-CareManagement-PolicyPaper-FINAL-20180529.pdf>.

⁶ Certain high-intensity behavioral health, I/DD, and TBI services will be available only in Behavioral Health I/DD Tailored Plans, in recognition of the more intensive needs of that population.

below and is more fully described in the policy paper, “[North Carolina’s Care Management Strategy for Behavioral Health and Intellectual/ Developmental Disability Tailored Plans](#),”⁷ released in May 2019.

Integrated and well-coordinated care management depends on care team members having the ability to efficiently exchange timely and actionable member health information, and use that information to monitor and respond to medical and nonmedical events that could impact a member’s well-being. In July 2018, the Department released guidance on how Advanced Medical Homes (AMHs) will be expected to use data and health information technology (HIT) to support the Department’s overarching care management goals, particularly for Standard Plan members.⁸ This paper extends that guidance to Behavioral Health I/DD Tailored Plans and entities providing care management, providing detail on the data, dataflow and systems care managers will be expected to maintain to fulfill their care management responsibilities.

The Department welcomes feedback from prospective Behavioral Health I/DD Tailored Plans, Behavioral Health I/DD Tailored Plan care managers, beneficiaries, families and other stakeholders as it continues to refine the Tailored Care Management model and its related data use requirements.

II. Tailored Care Management Overview

The design of the Tailored Care Management model reflects the Department’s broader goal for integrated care in the Medicaid Managed Care environment. The Department envisions that Behavioral Health I/DD Tailored Plan beneficiaries will have a single designated care manager supported by a multidisciplinary care team to provide whole-person care management that addresses all of their needs, spanning physical health, behavioral health, I/DD, TBI, pharmacy, LTSS and unmet health-related resource needs.

As explained in greater detail in the Department’s “[North Carolina’s Care Management Strategy for Behavioral Health and Intellectual/Developmental Disability Tailored Plans](#)” policy paper, Tailored Care Management will differ in key ways from today’s model of local management entity-managed care organization (LME-MCO) care coordination. Tailored Care Management will be available throughout the entire duration of a beneficiary’s enrollment in a Behavioral Health I/DD Tailored Plan;⁹ will be based in provider settings to the maximum extent possible, supporting integrated care and collaboration; will prioritize frequent in-person interactions between care managers and beneficiaries; and will place additional emphasis on outcomes and population health management. The Tailored Care Management model will expect Behavioral Health I/DD Tailored Plans to build on the Standard Plan care management design while more comprehensively integrating physical health and designating a distinct role for providers.

The Department envisions that Tailored Care Management will be provided primarily by provider-based care managers who live near and are actively engaged in the communities of beneficiaries. Care managers may be embedded within AMH+ practices or Care Management Agencies (CMAs). AMH+ practices are Tier 3 AMHs that have demonstrated capacity to provide integrated care management for the beneficiaries who will be in the Behavioral Health I/DD Tailored Plan population. A CMA is a non-AMH+ provider of behavioral health or I/DD services that meets criteria to be certified by the Department to provide Tailored Care Management

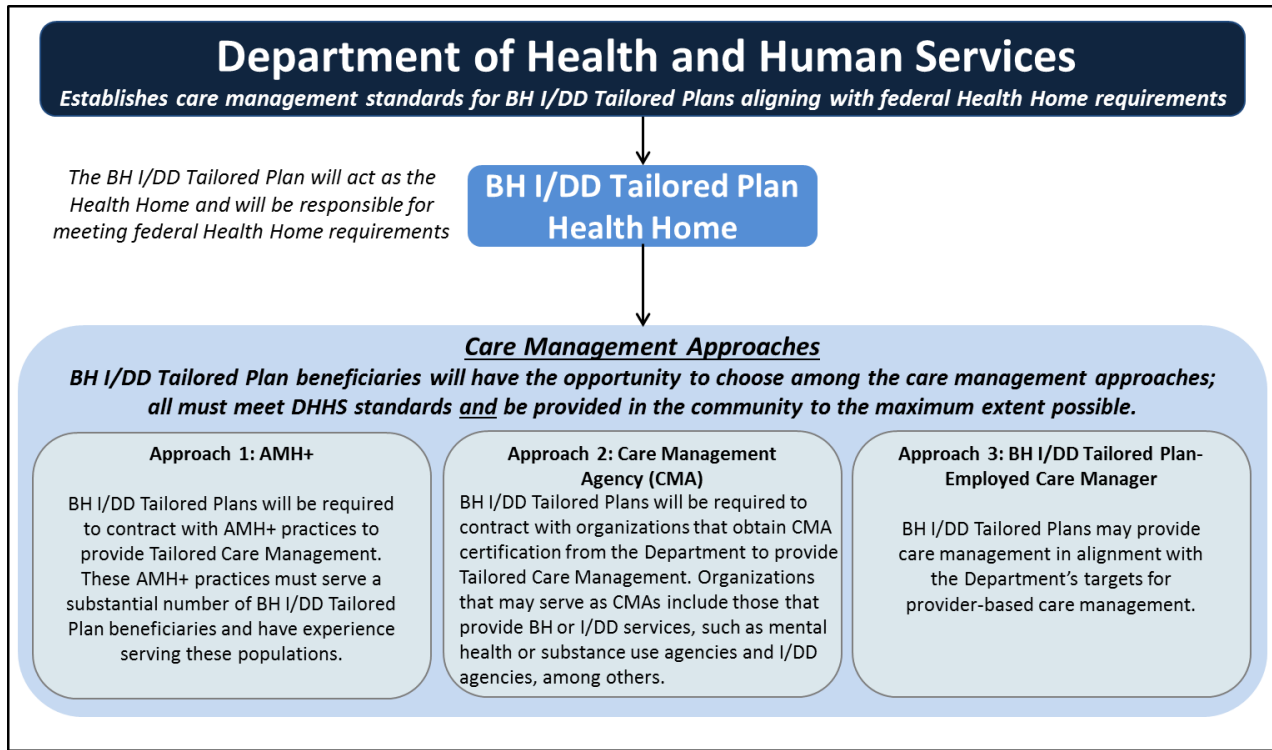
⁷ “North Carolina’s Care Management Strategy for Behavioral Health and Intellectual/Development Disability Tailored Plans,” published in May 2019, is available at <https://files.nc.gov/ncdhhs/TailoredPlan-CareManagement-PolicyPaper-FINAL-20180529.pdf>.

⁸ “Data Strategy to Support the Advanced Medical Home Program in North Carolina,” published in July 2018, is available at https://files.nc.gov/ncdhhs/AMH-Data-PolicyPaper_FINAL_2018720.pdf.

⁹ Unlike LME-MCO care coordination and Standard Plan care management, Behavioral Health I/DD Tailored Plan members do not need to screen into care management services.

(Figure 1).¹⁰ However, the Department understands that, in practice, beneficiaries may also receive or choose care management directly from Behavioral Health I/DD Tailored Plans, especially during the four-year “glide path” as care management migrates toward a largely provider-based system.

FIGURE 1: OVERVIEW OF TAILORED CARE MANAGEMENT APPROACH



We encourage all readers to review the Department’s “[North Carolina’s Care Management Strategy for Behavioral Health and Intellectual/Developmental Disability Tailored Plans](#)” policy paper for more information on the Tailored Care Management model.¹¹

¹⁰ The Department plans to implement a process to certify providers and agencies to deliver provider-based care management under this model as AMH+ practices or CMAs. Because of the specialized needs of Behavioral Health I/DD Tailored Plan populations, as well as the requirements to meet Health Home standards, this certification process will be more extensive than the previously established attestation process for entry into Tier 3 of the AMH program. For more information, please see the Department’s “North Carolina’s Care Management Strategy for Behavioral Health and Intellectual/Development Disability Tailored Plans” policy paper, published in May 2019, and available at <https://files.nc.gov/ncdhhs/TailoredPlan-CareManagement-PolicyPaper-FINAL-20180529.pdf>.

¹¹ For more information on the Behavioral Health I/DD Tailored Plan Health Home care management model, please see “North Carolina’s Care Management Strategy for Behavioral Health and Intellectual/Development Disability Tailored Plans,” published in May 2019, and available at <https://files.nc.gov/ncdhhs/TailoredPlan-CareManagement-PolicyPaper-FINAL-20180529.pdf>.

Role of Clinically Integrated Networks and Other Partners

Similar to AMH certification under Standard Plans, ***the Department is anticipating allowing—but not requiring—CMAs and AMH+ practices to contract with Clinically Integrated Networks (CINs) or other partners to assist with the requirements of the Tailored Care Management Model.*** CINs and other partners may perform data management and/or advanced care management on behalf of CMAs or AMH+ practices, as long as any care management organized at the CIN level is fully integrated with the care team and is in full communication with external providers as specified in the Department’s requirements. CINs may be a hospital, health system, integrated delivery network or Independent Practice Association (IPA); another provider-based network or association; or a technology vendor. Most practices attesting for entry into AMH Tier 3 under Standard Plans indicated that they would be working with a CIN or other partner to meet the requirements of the Standard Plan care management model.

III. Behavioral Health I/DD Tailored Plan Care Management Data Requirements and Use Expectations

The efficient exchange of timely and actionable beneficiary health information will be crucial to the Tailored Care Management model. Behavioral Health I/DD Tailored Plans, AMH+s, CMAs and pharmacies, and physical health, behavioral health and I/DD providers will be expected to regularly collect, use and share data in support of an integrated and coordinated approach to beneficiary care, including to:

- Identify beneficiary health-related risk factors
- Develop actionable care plans to manage a beneficiary’s health and health-related needs
- Monitor and quickly respond to changes in a beneficiary’s health and risk status (e.g., admission, discharge and transfers from sites of care and/or changes in service utilization)
- Track a beneficiary’s referrals and follow-ups
- Monitor a beneficiary’s medication adherence
- Manage transitions of care between care settings

This paper shares key data-related decisions from the Department’s care management design process, including data requirements and data use expectations for future Behavioral Health I/DD Tailored Plans, AMH+s and CMAs. These requirements were developed according to five guiding principles (Figure 2: Behavioral Health I/DD Tailored Plan Data Strategy Guiding Principles) and organized around seven core Behavioral Health I/DD Tailored Plan care management functions:

1. Enrollment
2. Behavioral Health I/DD Tailored Plan Population Health Management & Risk Stratification
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6. Care Team Formation and Person-Centered Care Planning
7. Ongoing Care Management

FIGURE 2: BEHAVIORAL HEALTH I/DD TAILORED PLAN DATA STRATEGY GUIDING PRINCIPLES

Principles
<p>Information Accessibility: Behavioral Health I/DD Tailored Plans, AMH+s and CMAs should have access to timely and comprehensive member-level information for the member’s physical, behavioral, I/DD, TBI, LTSS and pharmacy, and unmet resource needs to support integration under the Tailored Care Management model.</p>
<p>Sufficient Data Capabilities: Behavioral Health I/DD Tailored Plans, AMH+s and CMAs should be equipped with an effective and secure data infrastructure, trained staff and business processes that allow for responsive care management.</p>
<p>Standard Plan Alignment: Behavioral Health I/DD Tailored Plan care management data and HIT requirements should be consistent with those developed for Standard Plans to the extent possible, minimizing provider administrative and operational burden as many providers are expected to work with both plan types.</p>
<p>Standardization for Operational Efficiency: Behavioral Health I/DD Tailored Plans, AMH+s and CMAs costs and administrative burden should be minimized to the extent possible through the development of common data standards and formats.</p>
<p>Member Engagement and Empowerment: Medicaid beneficiaries are the primary owners of their health information. Behavioral Health I/DD Tailored Plans, AMH+s and CMAs should provide members with easy access to their health information in a manner that is easily understood to the extent practicable.</p>

For each care management function, data, dataflow and system expectations are provided in this paper to the extent they are relevant and known. This includes detail on the following: data sources and types of data received, generated, collected and/or sent by Behavioral Health I/DD Tailored Plans, AMH+s and CMAs for care management; triggers for transmission or collection of data; and formats and methods for data transmission.

1. **Enrollment.** At Behavioral Health I/DD Tailored Plan launch, the Department will auto-enroll eligible individuals into regional Behavioral Health I/DD Tailored Plans. Eligible individuals will be identified by the Department through regular reviews of encounter and claims data. Individuals who are not determined through this process to be eligible can request an eligibility review.¹²

On enrollment of these individuals at Behavioral Health I/DD Tailored Plan launch, the Department will generate and share information with the Behavioral Health I/DD Tailored Plan, including each member’s:

- Eligibility information (i.e., 834 files)
- Historical claims/encounters data (physical and behavioral health data, pharmacy data), with up to a 24-month look-back¹³
- Medical and pharmacy prior approval and lock-in data
- Care plan data

¹² For more information on the expected Behavioral Health I/DD Tailored Plan eligibility and enrollment process, see “Behavioral Health and Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment,” published in March 2019, available here: <https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf>.

¹³ The Department will provide additional guidance related to the impact of 42 CFR Part II as it becomes available.

- Relevant clinical data acquired through the Request to Stay in NC Medicaid Direct (Fee for Service) and LME-MCO request form process (if applicable).

While the Department expects to generate these “Transition Files” at Behavioral Health I/DD Tailored Plan launch, thereafter it expects these files will be generated by and transferred among Behavioral Health I/DD Tailored Plans and Standard Plans/Health Plans as members migrate.^{14,15} The Department expects that Behavioral Health I/DD Tailored Plans will have HIT capable of collecting, processing, analyzing and sharing administrative and encounter data to support whole-person care management.

2. **Behavioral Health I/DD Tailored Plan Population Health Management & Risk Stratification.** The Department envisions that Behavioral Health I/DD Tailored Plans will use data and data analytics to drive health improvement across their whole population.¹⁶ A data-driven approach to population health includes risk scoring and stratification, including supporting assignment into care management, and using data to assess the success of care management interventions and make continuous adjustments to drive improvement.¹⁷ Risk scoring and stratification at the Behavioral Health I/DD Tailored Plan level will help identify where additional supports, investments and condition-specific monitoring may be beneficial for its population, and to hold providers accountable for being responsive to members’ care needs (e.g., contact requirements).^{18,19}

As under Standard Plans, Behavioral Health I/DD Tailored Plans will have flexibility to implement their own risk scoring and stratification methodologies, which they will be expected to describe as part of their RFA responses.

Behavioral Health I/DD Tailored Plans’ methodologies will be required to take a whole-person approach, incorporating claims and encounter histories across physical and behavioral health, as well as

¹⁴ The Department may still generate such files for the transfer of individuals who remain in “Medicaid Direct” (i.e., FFS) or of smaller files with data otherwise unavailable to the BH I/DD Tailored Plans (e.g., Eligibility Request Form data).

¹⁵ After member enrollment, to support care management, Behavioral Health I/DD Tailored Plans will be expected to collect and maintain member and provider service use data for all services furnished to members through a claims processing system or other method as requested by the Department; Behavioral Health I/DD Tailored Plans must also maintain a health information system that allows for the collection, integration, analysis, and aggregate and person-level reporting of member data for internal use, sharing with providers of Tailored Care Management, and Department submission, as necessary (see Section IV). It is expected that the Behavioral Health I/DD Tailored Plan will also have access to in real time or near real time to an ADT data source that identifies when beneficiaries are admitted, discharged, or transferred to/from an emergency department or hospital.

¹⁶ The Department expects Behavioral Health I/DD Tailored Plans will develop programs and interventions for their populations in alignment with the Department’s Quality Strategy.

¹⁷ Behavioral Health I/DD Tailored Plans will be required to have the technical capacity to review the utilization patterns of all enrollees receiving care management (whether from Behavioral Health I/DD Tailored Plans, AMH+ practices or CMAs). The utilization review will look for utilization patterns that may suggest that care managers have steered beneficiaries in a way that favors particular providers, favors less cost-effective interventions, or results in under- or over-utilization of services. As part of their standard utilization management responsibilities, Behavioral Health I/DD Tailored Plans will assess whether beneficiaries are receiving the appropriate level of care corresponding to their clinical information.

¹⁸ Scores may also be used to inform care management assignment.

¹⁹ The Department will establish minimum levels of contact between care managers and beneficiaries engaged in the Tailored Care Management model, including contact that is provided face-to-face within the practice setting, in the home, or in another community setting. Behavioral Health I/DD Tailored Plans and Behavioral Health I/DD Tailored Plan care managers will be expected to have systems capable of monitoring and/or reporting on these requirements.

immunization histories, lab results and markers of unmet health resource needs. Data sources to support this process may include:

- Data contained within the Transition File, as shared by the Department or other Standard Plans/Behavioral Health I/DD Tailored Plans
- Beneficiary data previously maintained by the Behavioral Health I/DD Tailored Plan (e.g., LME-MCO medical records)
- Newly generated encounter data from the member
- Admit, Discharge and Transfer (ADT) data received through public or private health information exchanges, including NC HealthConnex
- Data available through the NC Controlled Substances Reporting System (CSRS), the NC Immunization Registry (NCIR) or the NC Healthcare Enterprise Accounts Receivable Tracking System (HEARTS)
- Data available through NCCARE360²⁰ or other sources of information for unmet health-related resource needs
- Standardized Acuity Tier set for the purpose of payment and contact requirements²¹

Behavioral Health I/DD Tailored Plans implementing their own risk stratification methodologies will likely choose to monitor the data available to them (e.g., claims/encounters, ADT data, clinical data from AMH+s/CMA, NCCARE360) to identify potential “triggering events” that would require care intervention and/or risk score recalculation.²²

With the majority of Tailored Care Management expected to occur at the provider (AMH+/CMA) level, data sharing between the Behavioral Health I/DD Tailored Plan and CMAs/AMH+s will be foundational to the success of the model.²³ Behavioral Health I/DD Tailored Plans will be expected to share beneficiary risk scores in a machine-readable format with AMH+s/CMAs for their attributed populations. Scores should be shared along with information on the factors that were included in score development and how care managers should interpret results. Further, Behavioral Health I/DD Tailored Plans will be expected to share any clinically relevant information identified through the risk score development process that could indicate that a member faces particular health or health-related risk factors, or has the potential to be a cost/utilization outlier. The Department expects Behavioral Health

²⁰ NCCARE360 is a developing statewide human service organization referral platform that will help connect individuals that have an unmet resource need (i.e., housing, transportation, food, safety) with available community resources.

²¹ As discussed in the “North Carolina’s Care Management Strategy for Behavioral Health and Intellectual/Developmental Disability Tailored Plans,” the Department plans to develop a standardized methodology for Behavioral Health I/DD Tailored Plans to assign acuity tiers to all beneficiaries for the purposes of setting standardized, acuity-adjusted payment levels for care management. The methodology for acuity tiering has not yet been determined. Behavioral Health I/DD Tailored Plan level may choose to conduct risk scoring and stratification beyond that required for acuity tiering, taking a broader range of inputs into account for the purpose of segmenting and monitoring their assignment populations. Risk scoring and stratification at the AMH+/CMA level will further stratify assigned populations for care management.

²² Behavioral Health I/DD Tailored Plans will be expected to describe this monitoring and response process in the RFA. State-facilitated acuity tiering may have different requirements, which will be discussed in future guidance.

²³ These new dataflows will likely build on the processes and standards currently being established between Standard Plans and AMH+s to ensure consistency and continuity across NC Medicaid Managed Care system.

I/DD Tailored Plans to similarly share revised risk score data with AMH+s and CMAs as previously described, along with explanations of why the risk score recalculations were conducted.

- Care Management Assignment & Engagement into Care Management.** After enrollment into the Behavioral Health I/DD Tailored Plan, members will be auto-enrolled into care management if they are not enrolled in a service or program that is duplicative of the Tailored Care Management model.^{24,25} The Behavioral Health I/DD Tailored Plan will be responsible for assigning members to an AMH+, CMA or to the Behavioral Health I/DD Tailored Plan itself for ongoing care management, accounting for member preferences. The assignment process will aim to place beneficiaries in community-based care management delivered by providers to the greatest extent possible. The Department expects that Behavioral Health I/DD Tailored Plans will use data available to them to inform this process, including AMH+/CMA assignment files; Medicaid provider files; historical provider information (e.g., legacy LME-MCO data); and information directly collected from the member. After a member is assigned for care management to an AMH+, CMA or a Behavioral Health I/DD Tailored Plan, that entity will assign a specific care manager to the member based on the information provided to it by the Behavioral Health I/DD Tailored Plan. Members will have the option of switching AMH+s/CMAs and care managers at any time.

AMH+s and CMAs serving in a care management capacity will receive the data listed in “Figure 3: Care Manager Data Access” in a machine-readable format from Behavioral Health I/DD Tailored Plans to inform their beneficiary outreach and care management activities.²⁶ Data will be shared by the Behavioral Health I/DD Tailored Plan as it is updated or otherwise specified.

FIGURE 3: CARE MANAGER DATA ACCESS

Data Type	Data Included
Member Information	Information about newly assigned Behavioral Health I/DD Tailored Plan members, including current contact and demographic information (i.e., flat file 834s), pharmacy lock-in data Behavioral Health I/DD Tailored Plan-qualifying codes or other clinically relevant and available data (e.g., Behavioral Health I/DD Tailored Plan Eligibility Request form data, “reason” codes)
Risk Stratification/ Scoring information	<ul style="list-style-type: none"> • Risk score/stratification results • Information on whether the member falls into particular risk categories or represents a cost or utilization outlier • Details on the risk stratification’s methodology
Member data	The first delivery should include up to 24 months of historical data, with new data delivered at least monthly thereafter
Medical encounter data	The first delivery should include up to 24 months of historical data, with new data delivered at least monthly thereafter
Pharmacy data	The first delivery should include up to 24 months of historical data, with new data delivered at least weekly thereafter

²⁴ If a member opts out of Health Home care management, Behavioral Health I/DD Tailored Plans will still be required to provide the minimum level of care coordination set by federal requirements, funded through the capitation rate. If a beneficiary enrolled in the Innovations or TBI waiver opts out of Health Home care management, the beneficiary will still be entitled to waiver services and the Behavioral Health I/DD Tailored Plan must provide care coordination for home- and community-based services in compliance with the waivers.

²⁵ The Department will define duplicative services in future guidance; will likely include Assertive Community Treatment Team (ACTT) and Intermediate Care Facility (ICF) services.

²⁶ Similarly, Behavioral Health I/DD Tailored Plans will be expected to use these data for similar purposes if/when serving in a care management capacity.

The Department expects Behavioral Health I/DD Tailored Plans will share these data with AMH+s, CMAs or their CINs and other partners only for their attributed members and using the same specifications that the Behavioral Health I/DD Tailored Plan will use to share data with the Department, where applicable. AMH+s and CMAs should have consistent access to timely, complete and cohesive beneficiary data across their physical, behavioral health, pharmacy, I/DD and TBI experiences. AMH+s and CMAs should receive complete and consolidated data files for their assigned beneficiaries from the Behavioral Health I/DD Tailored Plan to minimize administrative burden and data intake complexity.

Standardized data sharing formats and protocols will continue to be developed by Behavioral Health I/DD Tailored Plans, AMH+s and CMAs with the Department, building on Standard Plan and AMH standards established during managed care launch.

4. **Care Management Comprehensive Assessment.** The Department expects that assigned care managers will conduct care management comprehensive assessments—a required comprehensive, in-person evaluation of the member’s physical and behavioral health, I/DD, TBI or LTSS condition(s) and pharmacy needs, and unmet health-related resource needs.²⁷ The collected information will be the base for each member’s care plan, as discussed in “6. Care Team Formation and Person-Centered Care Planning.” The care manager will populate the care management comprehensive assessment with information provided directly by the member or guardian and, through the AMH+ or CMA or Behavioral Health I/DD Tailored Plan, with data from other available sources, including:

- Data provided by the Behavioral Health I/DD Tailored Plan, including member information, risk stratification data, and encounter and pharmacy data histories (see “3. Care Management Assignment & Engagement into Care Management”).
- Data transferred to the AMH+, CMA or Behavioral Health I/DD Tailored Plan from previous AMH+s, CMAs or Behavioral Health I/DD Tailored Plans, which may include the member’s:
 - Medical record
 - Care Needs Screening and Comprehensive Assessment information (if member transferred from a Standard Plan)
 - Previous care management assessment information (if member transferred from another Behavioral Health I/DD Tailored Plan care manager)
 - Other clinical data
- Newly administered, transferred or otherwise accessible clinical assessment or level-of-care (LOC) determination tool data²⁸

²⁷ While care management comprehensive assessments must be completed by assigned care managers, data extractions may be conducted by a CIN or another partner contracted with an AMH or CMA.

²⁸ The Department will require that AMH+s, CMAs and Behavioral Health I/DD Tailored Plans serving in a care management capacity have the capacity to intake, store and share LOC data in an electronic format for easy integration within a care plan/individual support plan, including American Society for Addiction Medicine (ASAM) for medically necessary substance abuse service screening information; Level of Care Utilization System (LOCUS) scores for mental health service reviews; Child and Adolescent Level of Care Utilization System (CALOCUS) scores for medically necessary mental health service reviews; and the Supports Intensity Scale (SIS) for I/DD medically necessary reviews. Data for state-funded beneficiaries may be also available through data sources like NC Support Needs Assessment Profile (NCSNAP).

- Other clinically relevant data (e.g., ADT data; immunization data through NCIR, CSR, NCCARE360 data) collected by the care manager or its CIN or other partner.

Reassessment will be required at least annually, on beneficiary request; after changes in level of care determination tool scores, care transitions; after joining the Innovations/TBI waiver waiting list; and/or after a significant change in health or functional status. The AMH+ or CMA may be expected to transmit assessments to the Behavioral Health I/DD Tailored Plan along with information on why any reassessments were conducted.

The care management assessment will be expected to be developed and curated in a care management documentation system to be easily shareable in an electronic format with other care team members. The Department will not specify required transmission methods for care management assessment data among AMH+s, CMAs, care team members and Behavioral Health I/DD Tailored Plans at this time. Additional standardized data sharing formats and protocols may be developed with the Department at a later date.

5. **Practice Level Risk Stratification.** AMH+s and CMAs will be expected to develop risk scores/strata for attributed members and use those scores to actively target and engage individual beneficiaries in care management interventions. Care manager risk stratification will likely use:

- Data received from the Behavioral Health I/DD Tailored Plan, including beneficiary, encounter/claims and pharmacy data (see “3. Care Management Assignment & Engagement into Care Management”) and Behavioral Health I/DD Tailored Plan risk score results (see “2. Behavioral Health I/DD Tailored Plan Population Health Management & Risk Stratification”)
- Data collected by the care manager for the purposes of populating the care management comprehensive assessment (see “4. Care Management Comprehensive Assessment”)

AMH+s, CMAs and Behavioral Health I/DD Tailored Plans serving in a care management capacity will be expected to continually monitor the data they receive or collect to identify “triggering events” that would require care intervention and/or risk score recalculation.

As more care management is provided in community-based settings, AMH+s and CMAs may be required to share their new or recalculated risk scores back with the Behavioral Health I/DD Tailored Plans, as well as the factors that were included in the development of the score; information on how the score should be interpreted; identified beneficiary risk factors; and, if applicable, why the risk stratification was triggered. The Department will not specify required methods for transmitting AMH+/CMA practice risk stratification data at this time. Standardized data sharing formats and protocols may be developed with the Department at a later date.

6. **Care Team Formation and Person-Centered Care Planning.** Behavioral Health I/DD Tailored Plan beneficiaries (and their authorized representative, to the extent applicable) will be directly involved in the development of their own care plans or individual support plans (ISPs) through a person-centered planning process within a care team.²⁹ The care manager will lead care plan/ISP development in collaboration with the member, his/her multidisciplinary care team, and other individuals identified by the member to contribute to the process. The care plan/ISP will document the member’s health-related strengths, needs and goals; the types and frequency of needed services (including those required to

²⁹ For individuals with an I/DD or TBI, including those enrolled in the Innovations and TBI waiver, an ISP will be developed. For beneficiaries enrolled in the Innovations or TBI waiver, the ISP will document the beneficiary’s approved waiver services.

address unmet health resource needs); and the care team member responsible for providing each service. AMH+s, CMAs and Behavioral Health I/DD Tailored Plans serving in a care management capacity will be expected to curate this information in care management documentation systems that allow care team members to:

- Access and/or contribute to relevant portions of a member’s care plan/ISP, while remaining in compliance with applicable federal and state laws and regulations
- Reference and comment on the member’s care plan/ISP – in coordination with a member’s care manager— in support of the member’s care management
- Share the care plan/ISP in an electronic format for easy integration within another care management documentation system³⁰

The Department expects Behavioral Health I/DD Tailored Plans will ensure contracted care managers have appropriate care management documentation systems in place.

7. **Ongoing Care Management.** The Department strongly believes that for Tailored Care Management to be successful, AMH+s, CMAs, and Behavioral Health I/DD Tailored Plans serving in a care management capacity must formalize and activate relationships across the traditional physical/behavioral health divide and between the traditional health care system and community and social services. These organizations will be expected to work with a member’s care team and the human service organizations he/she depends on to understand and respond to health needs as they emerge. They will also be expected to facilitate “warm hand-offs” between and among plans,³¹ care managers and care settings. Members’ new plans, care team members and providers should have uninterrupted access to timely and complete information on all of member’s health needs to provide continuous care management.

Effective care coordination and care management among providers requires that AMH+s, CMAs and Behavioral Health I/DD Tailored Plans serving in a care management capacity have access to complete and timely information on members’ current care setting and status (e.g., automated event-notification alerts); information on their physical health, behavioral health, LTSS, pharmacy, I/DD, TBI and unmet health-related resource needs (i.e., clinical and unmet health-related resource need information); and a mechanism to support the exchange of information between care team members to address identified needs as they arise (i.e., care management system). Having a HIT infrastructure for the capture and exchange of information among a member’s care team will be crucial to supporting care management.

Automated Event-Notification Alerts

The Department expects that providers of Tailored Care Management (AMH+s, CMAs and/or Behavioral Health I/DD Tailored Plans) will have access to automated, real-time notifications when members have been admitted to, discharged from or transferred from a hospital, emergency department or other critical care setting, and will use this information to activate outreach and inform ongoing care planning. Providers of Tailored Care Management should have systematic, clinically appropriate processes in place with designated staffing to

³⁰ Behavioral Health I/DD Tailored Plans will be required to ensure assigned AMH+s, CMAs, and Behavioral Health I/DD Tailored Plans serving in a care management capacity have these capabilities.

³¹ Behavioral Health I/DD Tailored Plan-to-Behavioral Health I/DD Tailored Plan or Behavioral Health I/DD Tailored Plan-to-Standard Plan

support care transitions, responding to high-risk ADT alerts as they arise.³² For example, the Department expects that AMH+s, CMAs and Behavioral Health I/DD Tailored Plans serving in a care management capacity will initiate near real-time or real-time responses to emergency department admission notifications and will conduct timely follow-up outreach of discharge alerts to address any outpatient needs and to promote healthy recoveries (e.g., post-discharge planning).

Clinical and Unmet Health-related Resource Need Information

The Department expects that providers of Tailored Care Management will have access to timely and complete clinical data including members' medical records, lab results, immunizations record, controlled substance prescriptions, behavioral health, I/DD and TBI service use information, and information regarding unmet health-related resource needs.³³ AMH+s, CMAs and Behavioral Health I/DD Tailored Plans serving in a care management capacity will be expected to curate and provide care team access to the member's latest care plan/ISP and relevant summative information about the beneficiary, including the latest care manager risk score, known health risks and previous gaps in care.

The Department also expects that providers of Tailored Care Management will refer members to community-based services through NCCARE360. While NCCARE360 is still a developing resource, AMH+s/CMAs should ensure their care management platforms will be capable of supporting the exchange and integration of social needs information once NCCARE360 is live at a community-based level.³⁴

The care management systems that AMH+s/CMAs select to support these data requirements and data use expectations, as further discussed in the next section, should also provide care team members with protected communication channels to share notes and alert other care team members of medical changes or challenges as they arise.

Care Management Documentation System Requirements

AMH+s, CMAs and Behavioral Health I/DD Tailored Plans serving in a care management capacity --- either directly or through their Clinically Integrated Networks (CINs) or other data partners - will be expected to have care management data systems that allow for the collection, processing and analysis, and sharing of administrative, clinical and human service data to support whole-person care management, as described herein.

These systems should have the ability to:

- Engage physical health, behavioral health, I/DD and TBI claims and encounter data, clinical data, ADT data, and risk stratification information, extracting and flagging relevant clinical information for the purposes of care management

³² AMH+s, CMAs, Behavioral Health I/DD Tailored Plans, and their CINs/data partners will be expected to maintain their own systematic, clinically-appropriate care management processes that incorporate ADT information. These processes may build on existing statewide systems, including NC HealthConnex and systems run by the North Carolina Healthcare Association or other sources.

³³ AMH+, CMA, and Behavioral Health I/DD Tailored Plan (for those serving in a care management capacity) system data sources may include those mentioned throughout this paper, including the member (e.g., care management comprehensive assessment), Behavioral Health I/DD Tailored Plan (e.g., claims/encounter data), care manager (e.g., risk scores), and external parties (e.g., NC HealthConnex) including the state (e.g., immunizations, prescriptions for controlled substances).

³⁴ For more information, see "Using Standardized Social Determinants of Health Screening Questions to Identify and Assist Patients with Unmet Health-related Resource Needs in North Carolina" published April 5, 2018, available here:

https://files.nc.gov/ncdohhs/documents/SDOH-Screening-Tool_Paper_FINAL_20180405.pdf

- Document, store and share member clinical information, including relevant assessments and care plans
- Provide role-based access (i.e., as appropriate, necessary and legally allowed to their given care management role) to that information for the member and other participants in the care team

Through such data use, systems should allow AMH+s, CMAs and Behavioral Health I/DD Tailored Plans serving in a care management capacity to:

- Identify risk factors for individual beneficiaries
- Develop actionable care plans
- Monitor and quickly respond to changes in a beneficiary's health status
- Track a beneficiary's referrals and providing alerts where care gaps occur
- Monitor a beneficiary's medication adherence
- Share reports and summary of care records to other care providers
- Support data analytics and performance, and send quality measures (where applicable)

Additional data, dataflow and system requirements will be discussed in future guidance.

IV. Data Security and Privacy Standards

Behavioral Health I/DD Tailored Plans, AMH+s, CMA practices and CINs will be expected to comply with all federal, North Carolina and Department privacy and security requirements regarding the collection, storage, transmission, destruction and use of data including Medicaid claims and encounters. AMH+s or CMAs and any contracted CINs or partners will be expected to have a valid and signed Data Use Agreement in place before submitting any request for data from a Behavioral Health I/DD Tailored Plan. AMH+s or CMAs and CINs or partners must certify that their requests involve only their attributable patients and must restrict their use of the data for care coordination activities that are improving the quality and efficiency of care.

The AMH+s or CMAs and their CINs or data partners must establish appropriate administrative, technical and physical safeguards that will provide a level and scope of security that is not lower than the level and scope of security requirements established by the following federal and state guidance:

- Office of Management and Budget (OMB) in [OMB Circular No. A-130, Appendix III](#) - Security of Federal Automated Information Systems
- Federal Information Processing Standard 200 "[Minimum Security Requirements for Federal Information and Information Systems](#)"
- Special Publication 800-53 "[Recommended Security Controls for Federal Information Systems](#)"
- The most recent Information Security and Privacy guidance [shared](#) by CMS
- North Carolina's "[Statewide Information Security Manual](#)"
- North Carolina Department of Health and Human Services' Privacy and Security [Policies and Manuals](#)

V. Oversight and Accountability for Data Sharing

Behavioral Health I/DD Tailored Plans and AMH+s or CMAs will be accountable to the Department for adhering to this data strategy through managed care contracting and the Behavioral Health I/DD AMH+ and CMA certification process.

Behavioral Health I/DD Tailored Plan Accountability. The Department will exercise oversight of Behavioral Health I/DD Tailored Plans to ensure that data sharing with AMH+s or CMAs occurs as required. Timely and secure sharing of assignment files, risk stratification results and encounter data will be required in the Department's contract. As part of annual reporting to the Department, Behavioral Health I/DD Tailored Plans will be required to demonstrate that they shared all identified elements of required data with their AMH+ or CMA practices. Additionally, AMH+ or CMA practices will be able to raise any complaints with Behavioral Health I/DD Tailored Plans through a general Behavioral Health I/DD Tailored Plan provider appeals process. Finally, to ensure that data transfer from Behavioral Health I/DD Tailored Plans to AMH+ practices or CMA occurs, the Department is considering tying financial withholds to Behavioral Health I/DD Tailored Plans demonstration of plan-to-AMH+ data transfer.

Behavioral Health I/DD AMH and CMA Accountability. AMH+ practices and CMAs will be accountable to Behavioral Health I/DD Tailored Plans rather than directly to the Department.³⁵ However, the Department will initially play a direct role in provider accountability through a certification process for CMAs and AMH+s as described in the in the Department's "[North Carolina's Care Management Strategy for Behavioral Health and Intellectual/Developmental Disability Tailored Plans](#)" policy paper. The certification process will include criteria and questions designed to ensure that certified organizations have the capacity to ingest and manage the data they receive from Behavioral Health I/DD Tailored Plans. For example, AMH+ practices and CMAs will be required to use a system that is capable of storing a care plan/ISP; they will be required to demonstrate that they have access to and use ADT feeds; and they will be expected to interface with NCCARE360. The Department will require that the standard contract template between certified AMH+ or CMA practices and Behavioral Health I/DD Tailored Plans also includes these requirements.

VI. Next Steps

The Department is eager to continue engaging with stakeholders as it refines its Tailored Care Management model and begins operational planning. Stakeholder feedback on data, dataflow and system requirements is welcome and will be important to ensuring a smooth rollout of Tailored Care Management. Comments may be submitted to Medicaid.Transformation@dhhs.nc.gov. Please include "Data Strategy for Tailored Care Management" in the subject line. Input received by Oct. 10, 2019, will be used by the Department as it develops the Request for Applications.

³⁵ CINs will be accountable to their AMH+ practices and CMAs