

**North Carolina Department of Health and Human Services (DHHS)
Tailored Care Management Technical Advisory Group (TAG) Meeting #34 (Conducted Virtually)
January 24, 2025**

Tailored Care Management TAG Members	Organization
Erin Lewis	B&D Integrated Health Services
Julie Quisenberry	Coastal Horizons Center
Billy West	Daymark
Denita Lassiter (absent)	Dixon Social Interactive Services
Luevelyn Tillman (absent)	Greater Vision Counseling and Consultants
Keischa Pruden (absent)	Integrated Family Services, PLLC
Joanna Finer	Pinnacle Family Services
Sandy Feutz	RHA
Lisa Poteat	The Arc of NC
Eleana McMurry, LCSW	UNC Center for Excellence in Community Mental Health
Donna Stevenson	Alliance Health
Lynne Grey	Partners Health Management
Cindy Ehlers	Trillium Health Resources
Chris Bishop	Vaya Health
Cindy Lambert (absent)	Cherokee Indian Hospital Authority
Jessica Aguilar (absent)	N/A
Pamela Corbett (absent)	N/A
Jonathan Ellis (absent)	N/A
Alicia Jones (absent)	N/A
NC DHHS Staff Members	Title
Kristen Dubay	Chief Population Health Officer, NC Medicaid
Andrew Clendenin	Deputy Director of Population Health, NC Medicaid
Loul Alvarez	Associate Director, Population Health, NC Medicaid
Regina Manly	Senior Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Gwendolyn Sherrod	Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Eumeka Dudley	Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Tierra Leach	Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health

Agenda

- Welcome and Roll Call
- Extension of Temporary Payment Rate
- Tailored Care Management Provider Manual Updates
- Supporting Members' Physical Health Needs
- Announcements
- Public Comments

Extension of Temporary Payment Rate (slide 7-8) – Tierra Leach

The Department will extend the temporary payment rate of \$343.97 through June 30, 2025, which was previously set to expire on December 31, 2024. Effective July 1, 2025, the payment rate will be \$294.86. The add-on payment for Innovations and TBI waiver participants and for members obtaining 1915(i) services will continue to be \$79.73. (The Department will be submitting an updated Health Home SPA for CMS to approve this change.)

Provider Manual Updates (slide 9-16) – Tierra Leach and Gwendolyn Sherrod

On January 17, 2025, the Department released an updated Tailored Care Management Provider Manual. The updates address feedback providers shared during the Tailored Care Management Town Hall sessions on ways the Department can help ease provider burden and support program sustainability. A memo summarizing these updates is also available [here](#); additional details are also available in the [January TCM TAG](#) slides.¹

These updates include:

- New flexibilities and clarifications to the roles and responsibilities of care management staff, such as clarifying care manager's role in medication reconciliation
- New flexibilities and clarifications related to completing care management comprehensive assessment and reassessment
- Clarification on sharing the results of the care management comprehensive assessment and Care Plan/ISP

In the November TAG, the Department previewed potential revisions to the 24-hour coverage requirement. Based on stakeholder feedback, the Department will not be moving forward with revisions to this requirement at this time. AG participants asked the following questions about the manual updates:

- One participant asked if care managers are expected to complete the medication reconciliation.
 - The Department clarified that the care manager's role is *not* to complete medication reconciliation, but to ensure the process occurs annually, and at transitions of care, in which new medications are ordered, or existing orders are rewritten.
 - To support care managers in their role in ensuring medication reconciliation occurs by the appropriate care team member, the Department is developing a new training. (Additional information on this training will be shared at a later date.)
- Multiple participants asked about documentation of medication reconciliation, and specifically how it should be documented if the care manager attempted to coordinate medication reconciliation but was unsuccessful.

¹ Please note that Tailored Plans will have 60 days to review/provide input on these updates, which could result in modifications to the manual.

- The care manager should document when a clinical or other appropriate care team member conducts or attempts to conduct medication reconciliation in the care management data system/EHR.
- Multiple participants requested clarification on the difference and expected frequency of medication monitoring and medication reconciliation.
 - The Department will clarify this language in the next version of the provider manual.
- One participant asked for clarity on the current 24-hour coverage requirement, noting they have received inconsistent guidance across plans regarding actively monitoring and responding to ADT alerts on weekends and holidays.
 - The Department responded that it is working on updates to the 24-hour coverage requirement to reduce confusion.

Supporting Members' Physical Health Needs (slides 17-20) – Gwendolyn Sherrod

The Department is collaborating with AHEC to develop a new AHEC Learning Collaborative to further increase care managers' knowledge base of chronic and physical health conditions. The collaborative will include practical trainings, with a focus on 8 key health conditions/events, and a care manager toolkit for supporting members' physical health needs.

TAG participants asked the following questions and made the following comments about the new AHEC Learning Collaborative, and more broadly the training requirements:

- Multiple TAG participants asked if the trainings offered through the AHEC Learning Collaborative would be required, expressing concern that additional required trainings may be time consuming or duplicative.
 - The Department responded that they are in the process of reviewing the current trainings to determine requirements for completing these new trainings.
- Multiple providers recommended that the current required trainings are reviewed to determine if training material need updating and to evaluate if any trainings could be replaced with topics that may be more beneficial to care managers.
 - The Department responded that they are in the process of updating training topics.

Announcements (slides 21-24) – Gwendolyn Sherrod

Update on TCM Monitoring Tool

Based on feedback from the first TCM monitoring tool training, the Department and plans will host an additional comprehensive training on the monitoring tool and review on January 31, 2025. The Department and plans will also be incorporating additional guidance into the TCM monitoring tool to ensure inter-rater reliability across the plans.

Reminder: Hurricane Helene Tailored Care Management Flexibilities

Reminder that the Department has developed Tailored Care Management flexibilities, as listed on the [bulletin](#), for members who were impacted by the hurricane either directly or due to staff impacted and unable to provide services. The flexibilities are retroactively effective September 26, 2024, through February 28, 2025 (unless otherwise communicated by DHHS).

Public Comments (slide 25) – Gwendolyn Sherrod

The Department opened the meeting to the full group to provide feedback and ask questions. TAG members made the following comments:

- A TAG attendee asked if providers should expect Tailored Care Management to move out of the Health Home Authority to another authority.
 - The Department responded that Tailored Care Management will remain under the Health Home authority for the time being.

Tailored Care Management TAG members are encouraged to send any feedback or suggestions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.