



# Tailored Care Management Technical Advisory Group (TAG)

*Meeting #5: Key Tailored Care  
Management Updates and Healthy  
Opportunities Pilots Overview*

February 25, 2022

# Agenda

- **Welcome and Roll Call (5 mins)**
- **Tailored Care Management Updates (15 mins)**
  - AMH+/CMA Certification
  - Capacity Building
  - Data Technical Assistance Forum
- **Healthy Opportunities Pilots Overview (25 mins)**
- **Public Comments (10 mins)**
- **Next Steps (5 mins)**

# **Welcome and Roll Call**

# Department of Health and Human Services

Kelly Crosbie, MSW, LCSW	Gwendolyn Sherrod, MBA, MHA	Eumeka Dudley, BS	Regina Manly, MSA	Amanda Van Vleet, MPH	Keith McCoy, MD
Chief Quality Officer NC Medicaid, Quality and Population Health	Senior Program Manager for Quality of Life Programs, Population Health, NC Medicaid, Quality and Population Health	Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health	Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health	Associate Director of Innovation, NC Medicaid	Deputy CMO for Behavioral Health and IDD Community Systems, Chief Medical Office for Behavioral Health and IDD
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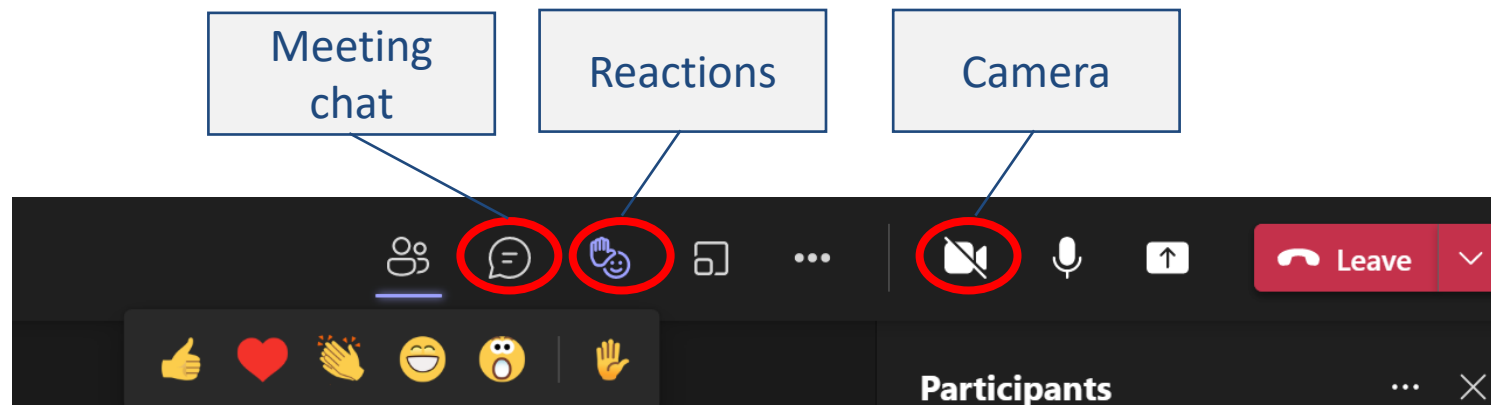
NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# Tailored Care Management TAG Membership

Name	Organization	Stakeholder
Erin Lewis	B&D Integrated Health Services	Provider Representative
Lauren Clark	Coastal Horizons Center	Provider Representative
Denita Lassiter	Dixon Social Interactive Services	Provider Representative
Jason Foltz, D.O.	ECU Physicians	Provider Representative
Natasha Holley	Integrated Family Services, PLLC	Provider Representative
DeVault Clevenger	Pinnacle Family Services	Provider Representative
Lisa Poteat	The Arc of NC	Provider Representative
John Gilmore, M.D.	UNC Center for Excellence in Community Mental Health	Provider Representative
Sean Schreiber	Alliance Health	Tailored Plan Awardee
Josh Walker	Eastpointe	Tailored Plan Awardee
Lynne Grey	Partners Health Management	Tailored Plan Awardee
Sabrina Russell	Sandhills Center	Tailored Plan Awardee
Cindy Ehlers	Trillium Health Resources	Tailored Plan Awardee
Rhonda Cox	Vaya Health	Tailored Plan Awardee
Cindy Lambert	Cherokee Indian Hospital Authority	Tribal Option Representative
Jessica Aguilar	N/A	Consumer Representative
Pamela Corbett	N/A	Consumer Representative
Alicia Jones	N/A	Consumer Representative
Cheryl Powell	N/A	Consumer Representative

# Increasing Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



# **AMH+/CMA Certification Update**

# Recap: AMH+ and CMA Certification Process

Providers must be certified to offer Tailored Care Management. In both the periods before and after Tailored Plan launch, there will be a single, statewide AMH+/CMA certification process for determining whether a provider organization should be certified.



- The Department has contracted with the National Committee for Quality Assurance (NCQA) to conduct desk and site reviews according to the Department’s AMH+/CMA certification criteria.\*
  - NCQA works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation. One of their areas of expertise is in conducting provider certification and recognition programs.
- Organizations that pass the site review will be certified.
- NCQA will also conduct recertification of providers on the Department’s behalf.
- The Department will maintain oversight over these processes.

After the conclusion of the certification process and shortly before Tailored Care Management launch, Tailored Plans (LME/MCOs) will conduct additional review of certified AMH+ practices and CMAs to verify that they are ready to perform the required Tailored Care Management functions.

The purpose of the provider certification process is to promote provider-based care management while also setting up guardrails to ensure that providers are ready to perform this critical role by Tailored Plan launch.

*\*AMH+/CMA certification is separate from NCQA’s Patient-Centered Medical Home (PCMH) program and NCQA case management certification and does not qualify as NCQA health plan accreditation.*



# AMH+ and CMA Certification Updates

In preparation for the launch of Tailored Care Management, two rounds of AMH+/CMA certification are currently underway.

Round	Application Deadline	Desk Reviews	Site Reviews
1	June 1, 2021	<ul style="list-style-type: none"><li>54 applicants passed desk reviews (<i>listing available <a href="#">here</a></i>)</li></ul>	<ul style="list-style-type: none"><li>Thus far, two organizations have passed the site review and are certified as CMAs</li><li>Remaining round one applicants must initiate site reviews by the end of February 2022</li><li>Round one site reviews are expected to be completed by the end of April 2022</li></ul>
2	September 30, 2021	<ul style="list-style-type: none"><li>32 applicants passed desk reviews (<i>listing available <a href="#">here</a></i>)</li></ul>	<ul style="list-style-type: none"><li>Applicants have begun receiving technical assistance to support preparations for delivering Tailored Care Management</li><li>Round two applicants must initiate site reviews by end of April 2022</li><li>Round two site reviews are expected to be completed by June 15, 2022</li></ul>

The Department will release information on the dates for the next round of AMH+/CMA certification at a later time.

# **Capacity Building Update**

# Recap: Capacity Building Overview

**In Fall 2021, the Department launched the Tailored Care Management Capacity Building Program, where approximately \$90 million will be distributed across the state to prepare as many providers as possible to offer Tailored Care Management.**

## Federal Requirements

- The capacity building program was designed to meet federal requirements for a managed care performance incentive arrangement, which allows the Department to obtain federal Medicaid matching funds for capacity building activities.<sup>1</sup>
- Under the federal regulations, funds must flow through managed care plans and must be earned based on performance (e.g., achieving milestones set by the Department).

## Key Areas of Investment

- Care management related health information technology infrastructure
- Workforce development (hiring and training care managers)
- Operational readiness (e.g., developing policies/procedures/workflows)

# Capacity Building Funding Update

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- Over the past few months, Tailored Plans have been working to develop capacity building distribution plans detailing their approach (including quarterly targets and proposed budget) for meeting capacity building milestones.
- Tailored Plans submitted their final proposed distribution plans to the Department in mid-February 2022.
- The Department is in the process of reviewing these distribution plans and expects to begin distributing capacity building funds to Tailored Plans in March 2022.
- Tailored Plans will begin distributing capacity building funds to providers once they are certified as an AMH+ or CMA.

# **Data Technical Assistance Forum Update**

# Data Technical Assistance Forum

The Department is introducing a new provider forum offering technical assistance on Tailored Care Management data and system requirements.

- **Audience:** AMH+/CMA certification candidates; Clinically Integrated Networks (CINs); Tailored Plans
- **Key Topics:** Tailored Care Management Standard Data Interfaces Specifications; Care Management Data Flow and E2E Testing Readiness
- **Expected Launch Date:** March 10, 2022
- **How to Participate:** The Department will send invites to participants by March 4, 2022

# **Healthy Opportunities Pilots Overview**

# Context for Today

## The Healthy Opportunities Pilots Will Offer Critical Supports for Tailored Plan Members

- The **Healthy Opportunities Pilots** will test evidence-based, health-related social service interventions designed to reduce costs and improve health for qualifying Medicaid managed care enrollees.
- Tailored Plan members have among the most **substantial healthcare needs** in the Medicaid program and, on average, their care needs are more expensive than those of Standard Plan members.
- In addition to having significant healthcare needs, Tailored Plan members are more likely to **struggle with social needs** such as **homelessness** and **food insecurity**. Accordingly, they are likely to **meaningfully benefit from Healthy Opportunities Pilot services**.
- As a result, the Department will **coordinate and collaborate** with Tailored Plans, AMH+ practices/CMAs, and other stakeholders **to ensure a successful Pilot launch for the Tailored Plan population on March 1, 2023**.



# What Are the Healthy Opportunities Pilots?

The federal government authorized up to \$650 million in state and federal Medicaid funding for North Carolina to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

- Pilot funds will be used over the demonstration period (currently approved through 2024) to cover the cost of federally-approved Pilot services in four priority domains and support Tailored Plan administrative costs.

## The Pilots will offer services in the Four Priority Domains

Housing



Food



Transportation



Interpersonal  
Violence



# Why Do We Need the Pilots?

**The Pilots present an unprecedented opportunity to provide selected evidence-based, non-medical interventions to Medicaid enrollees to address social needs within Medicaid managed care.**

- Social and economic factors have a significant impact on individuals' and communities' health—driving as much as 80% of health outcomes
- The Pilots will facilitate coordination and collaboration between different Pilot entities, including individual care managers and care teams (referred to as care management teams throughout) and Human Service Organizations (HSOs), to provide “whole person care” to Pilot enrollees
- The Pilots will help evaluate the effectiveness of non-medical services on health outcomes and costs, with the ultimate goal of making successful Pilot services available statewide through the Medicaid managed care program



# Who Qualifies for the Pilots?

**Tailored Plan members are likely eligible to participate in the Pilots due to their high-degree of overlap with the physical/behavioral eligibility criteria. To qualify for Pilot services, Tailored Plan members must live in a Pilot Region (see slide 21 for regions) and have:**



## **At least one Physical/Behavioral Health Criteria:**

(varies by population)

- **Adults** (e.g., having two or more qualifying chronic conditions, including chronic mental illness, I/DD, and TBI)
- **Pregnant Women** (e.g., history of poor birth outcomes such as low birth weight, condition likely to complicate pregnancy such as hypertension)
- **Children, ages 0-3** (e.g., neonatal intensive care unit graduate)
- **Children 0-20** (e.g., experiencing three or more categories of adverse childhood experiences such as history of abuse and household substance use)



## **At least one Social Risk Factor:**

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

**Meet service specific eligibility criteria, as needed.**

# What Services Can Eligible Tailored Plan Members Receive Through the Pilots?

The federal government has approved 29 services to be offered through the Pilots in five priority service domains. Examples include:



## Housing

- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month's rent and security deposit)



## Food

- Linkages to community-based food services (e.g., SNAP/WIC application support)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery



## Transportation

- Linkages to existing public transit
- Payment for transit to support access to pilot services (e.g., bus passes, taxi vouchers, ride-sharing credits)



## Interpersonal Violence

- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services

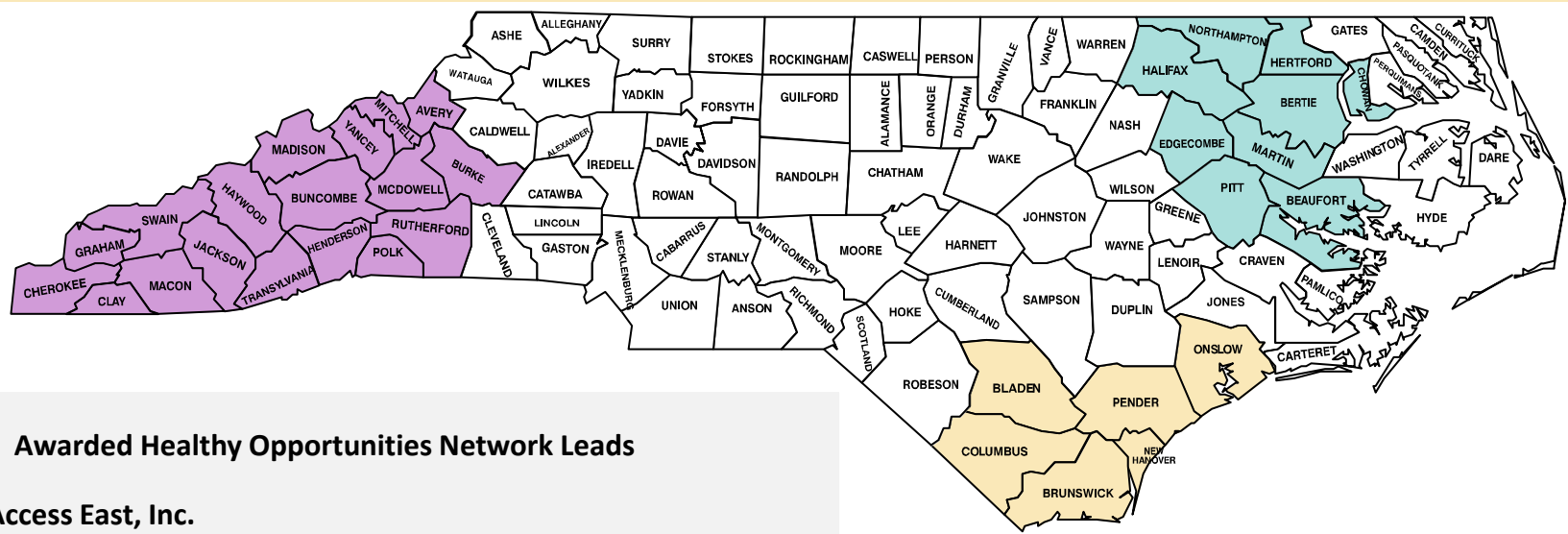


## Cross-Domain

- Medical respite care
- Linkages to health-related legal supports

# Where in North Carolina Will the Pilots Operate?

The Department has procured Network Leads (NLs) with deep roots in their community that will facilitate collaboration across the healthcare and human service providers. Tailored Plans, Network Leads, and HSOs will work with communities to implement the Pilots.



## Awarded Healthy Opportunities Network Leads

-  **Access East, Inc.**  
Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt
-  **Community Care of the Lower Cape Fear**  
Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
-  **Impact Health**  
Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

- Only four Tailored Plans will serve members in Pilot counties:**
- Vaya (16 counties)
  - Trillium (14 counties)
  - Eastpointe\* (1 county)
  - Partners\* (2 counties)
- \*Partners and Eastpointe only serve one or two counties*

# What is the Role of the Tailored Plans in the Pilot?

**Tailored Plans will maintain responsibility for administration and oversight of Pilot implementation within counties included in Pilot regions.**

## Tailored Plan Roles & Responsibilities

- **Actively-manage a capped allocation of Pilot funding** from the Department to maximize the value of Pilot funding
- **Receive invoices/claims and pay HSOs** for Pilot services delivered
- **Determine eligibility and authorize Services** for members that qualify for and will benefit from Pilot services
- **Contract with Network Leads** and engage with them and their contracted HSOs to ensure that HSO networks and services are meeting members' needs
- **Collect and submit data** to the Department to support Pilot evaluation and oversight
- **Participate in learning collaboratives and convenings** to discuss best practices and lessons learned from Pilot implementation and service delivery
- **Earn value-based incentive payments** by meeting milestones related to operational capacity and enrollees' outcomes and costs

*See the next slide for Tailored Plans' responsibilities related to delivering Pilot care management*

# What is the Role of Care Management Teams in the Pilots?

**In the Pilots, care management teams will be based at Tailored Plans and AMH+ practices/CMAAs. Pilot responsibilities will be integrated into existing Tailored Care Management processes. An individual's assigned Tailored Care Manager will concurrently provide Tailored Care Management and Pilot Care Management.**

## Care Management Team Roles & Responsibilities

- **Assess Pilot eligibility** for individuals based on a range of potential data sources
- **Recommend specific Pilot services for individual, qualified enrollees**
- **Understand if Pilot enrollees are enrolled in other federal, state and local programs** to maximize the value of Pilot expenditures
- **Obtain consent and enroll** eligible and qualifying individuals into the Pilots
- **Refer Pilot enrollees** to HSOs that are within the Network Lead's contracted HSO network for authorized Pilot services
- **Ensure Pilot enrollees receive integrated** physical, behavioral, I/DD, TBI, and social need care management

**Tailored Plans and AMH+ practices/CMAAs will receive additional funding for Pilot activities.**

# Activities to Enable a March 2023 Healthy Opportunities-Tailored Plan Launch

The Department is aiming to launch the Healthy Opportunities Pilots for the Tailored Plan population on March 1, 2023.

In order to enable a successful Healthy Opportunities-Tailored Plan launch the Department will:

- Facilitate engagement session with Tailored Plan on core Pilot responsibilities (February-April 2022)
- Engage with AMH+ practices/CMAAs on readiness to participate in Pilot activities (throughout 2022)
- Execute needed contractual updates:
  - DHHS-Tailored Plan contract
  - Network Lead-Tailored Plan Model Contract
  - Tailored Plan-AMH+/CMA Standard Terms and Conditions (for participating AMH+ practices/CMAAs)\*

The Department will determine the timing for AMH+/CMA participation in the Pilots at a later date.

**For Discussion:** The Department is seeking feedback from AMH+ practices/CMAAs on their readiness and capacity to participate in the Pilots at the March 2023 launch.



# **Public Comments**

## **Next Steps**

# Next Steps

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## **Tailored Care Management TAG Members**

- Share today's discussion key takeaways with your networks

## **Department**

- Discuss feedback received during today's Tailored Care Management TAG meeting
- Prepare for March 25 Tailored Care Management TAG session

# Tailored Care Management TAG Meeting Cadence

Tailored Care Management TAG meetings will generally take place the last Friday of every month from 3:30-4:30 pm ET.

## ***2022 Meetings:***

March 25, April 22, May 27, June 24, July 22, August 26, September 23

## ***Previous Meetings:***

- **Meeting #1:** Friday, October 29, 2021. 3:00 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #2:** Friday, November 19, 2021, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #3:** Friday, December 17, 2021, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #4:** Friday, January 28, 2022, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))