Tailored Care Management 107:

Conflict-Free Care Management and Additional Care Coordination Functions for Members Enrolled in the Innovations or TBI Waiver

November 19, 2021

Tailored Care Management Webinar Series

Today's webinar is a part of a series to help develop a shared understanding of the Tailored Care Management model across the North Carolina provider community and any anyone else who is interested.

Date *Fridays 12 -1 PM*	**Topic**
October 1, 2021	Introduction to Tailored Care Management
October 8, 2021	Becoming an AMH+/CMA
October 15, 2021	Health IT Requirements and Data Sharing
October 22, 2021	Partnering with a Clinically Integrated Network and Other Partners
October 29, 2021	Delivery of Tailored Care Management
November 5, 2021	Transitional Care Management Community Inclusion Activities
November 19, 2021	**Conflict-Free Care Management and Additional Care Coordination Functions for Members Enrolled in the Innovations or TBI Waiver**
December 3, 2021	Deep Dive on Data Specifications
December 10, 2021	Intro to Oversight and Quality Measurement/Improvement Misconceptions on the Tailored Care Management Model

See slide 8 for updates

Tailored Care Management Webinar Series

- Time permitting, we will be holding a Q&A session at the conclusion of today's presentation.
  - You may ask a question at any time throughout the presentation, using the Q&A text box
  - Q&A Text Box is located at the lower right-hand side of the screen
  - Simply type in your question and click send

For additional questions on Tailored Care Management, please email:
Medicaid.TailoredCareMgmt@dhhs.nc.gov

- A recording of today's presentation and the slide deck will be available at https://medicaid.ncdhhs.gov/transformation/tailored-care-management/tailored-care-management-training.

For more information on Tailored Care Management, please visit:
https://medicaid.ncdhhs.gov/transformation/tailored-care-management

Presenters

Kelly Crosbie, MSW, LCSW	Krystal M. Hilton, MPH	Gwendolyn Sherrod, M.B.A., M.H.A.	Mya W. Lewis, MHA	Kenneth Bausell, BSN, RN
Chief Quality Officer NC Medicaid, Quality and Population Health	Associate Director of Population Health, NC Medicaid, Quality and Population Health	Senior Program Manager for Special Programs, NC Medicaid, Quality and Population Health	IDD and TBI Section Chief, Division of Mental Health, Developmental Disabilities and, Substance Abuse Services	IDD Manager

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agenda

- Key Updates
- Overview of Innovations/TBI Waivers
- Additional Requirements for Members Enrolled in the Innovations or TBI Waiver
- Conflict-Free Care Management
- Question & Answer

Key Updates

Behavioral Health I/DD Tailored Plans: Updated Launch

The NC Medicaid Tailored Plans will now launch on December 1, 2022. The original launch date had been planned for July 1, 2022.

- The Department's goal remains to **ensure a seamless and successful experience** for beneficiaries, their families and advocates, providers, and other stakeholders committed to improving the health of North Carolinians.
- These additional five months will provide **the Department and Tailored Plan awardees** with the necessary time to ensure this transition addresses the complexities of a high-quality behavioral health and I/DD system.
- The new launch date will allow **providers** more time to prepare for the transition to Tailored Plans (e.g., submitting and completing contracts with Tailored Plans, installing care management model technology, testing care management processes, and ensuring care management staff are trained).
- **Beneficiaries** who are in NC Medicaid Direct or EBCI Tribal Option and receive enhanced behavioral health, I/DD, or TBI services from a current LME/MCO will continue to receive care in the same way until the Tailored Plans launch on December 1, 2022.

For more details regarding this date change, please see the Behavioral Health I/DD Tailored Plans: Updated Launch Fact Sheet.

Updated Launch Implications for Tailored Care Management

AMH+/CMA certification activities and capacity building activities will remain the same.

- **AMH+/CMA certification activities** will continue as planned, but certified providers will begin delivering Tailored Care Management on December 1, 2022:
  - Round two desk reviews are expected to be completed by mid-December 2021.
  - More information on round one site reviews is expected to be available this month.
- Via its partnership with AHEC, the Department will continue to make **technical assistance** available for all providers who have passed the desk review.
- **Capacity building** activities will continue as planned:
  - Future Tailored Plans should continue working with AMH+/CMA certification candidates to assess their capacity building needs.
  - Future Tailored Plans' distribution plans are due November 30, 2021.
  - The Department intends to begin releasing capacity building funds in early 2022.

Updates on Topics for Future Webinars

Webinar Date	Original Topic	New Topic	Additional Information
Friday, December 3, 2021	Billing	Deep Dive on Tailored Care Management Data Specifications	Webinar will be rescheduled for early 2022 and include information on Tailored Care Management rates, acuity tier methodology, and billing codes
Friday, December 10, 2021	Oversight and Quality Measurement/ Improvement	Intro to Oversight and Quality and Common Misconceptions on the Tailored Care Management Model	The Department is currently in the process of finalizing oversight and quality requirements and will provide a more detailed update in early 2022.

Overview of Innovations/TBI Waivers

Overview of Innovations/TBI Waivers

The Innovations and Traumatic Brain Injury (TBI) 1915(c) waivers provide home and community-based services (HCBS) to individuals with intellectual and developmental disabilities (I/DD) or a TBI, respectively.

	1915(c) Innovations Waiver	1915(c) TBI Waiver
Eligibility	Medicaid beneficiaries with I/DD who are at risk for institutional care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID).	Individuals with TBI who are currently in nursing facilities or specialty rehabilitation hospitals, or who are in the community and at risk for placement in a nursing home or specialty rehabilitation hospital.
Availability of Waiver Services	• Waiver services are available statewide • Individuals must apply to enroll in the waiver; there is currently a waiting list	• Waiver services are only available in the Alliance catchment area (Wake, Durham, Johnston and Cumberland counties) • Individuals must apply to enroll in waiver; there is currently no waiting list
Examples of Services ** services available in both waivers*	• Assistive technology* • Community living and support • Crisis services* • Home modifications* • Supported employment* • Supported living	• Cognitive rehabilitation • Community networking/transition* • Day supports* • Occupational therapy • Personal care • Speech language therapy

Current and Future State: Coverage of Innovations and TBI Waiver Services

Current State

- **LME/MCOs cover Innovations and TBI waiver services.**

Future State

- **Tailored Plans will cover Innovations and TBI waiver services.**
- **All individuals enrolled in the Innovations and TBI waivers will be enrolled in a Tailored Plan for all of their Medicaid-covered services.**

Current and Future State: Innovations and TBI Waiver Care Coordination

Current State

- **LME/MCOs deliver Innovations and TBI waiver care coordination, but do not deliver whole-person care management.**

Future State

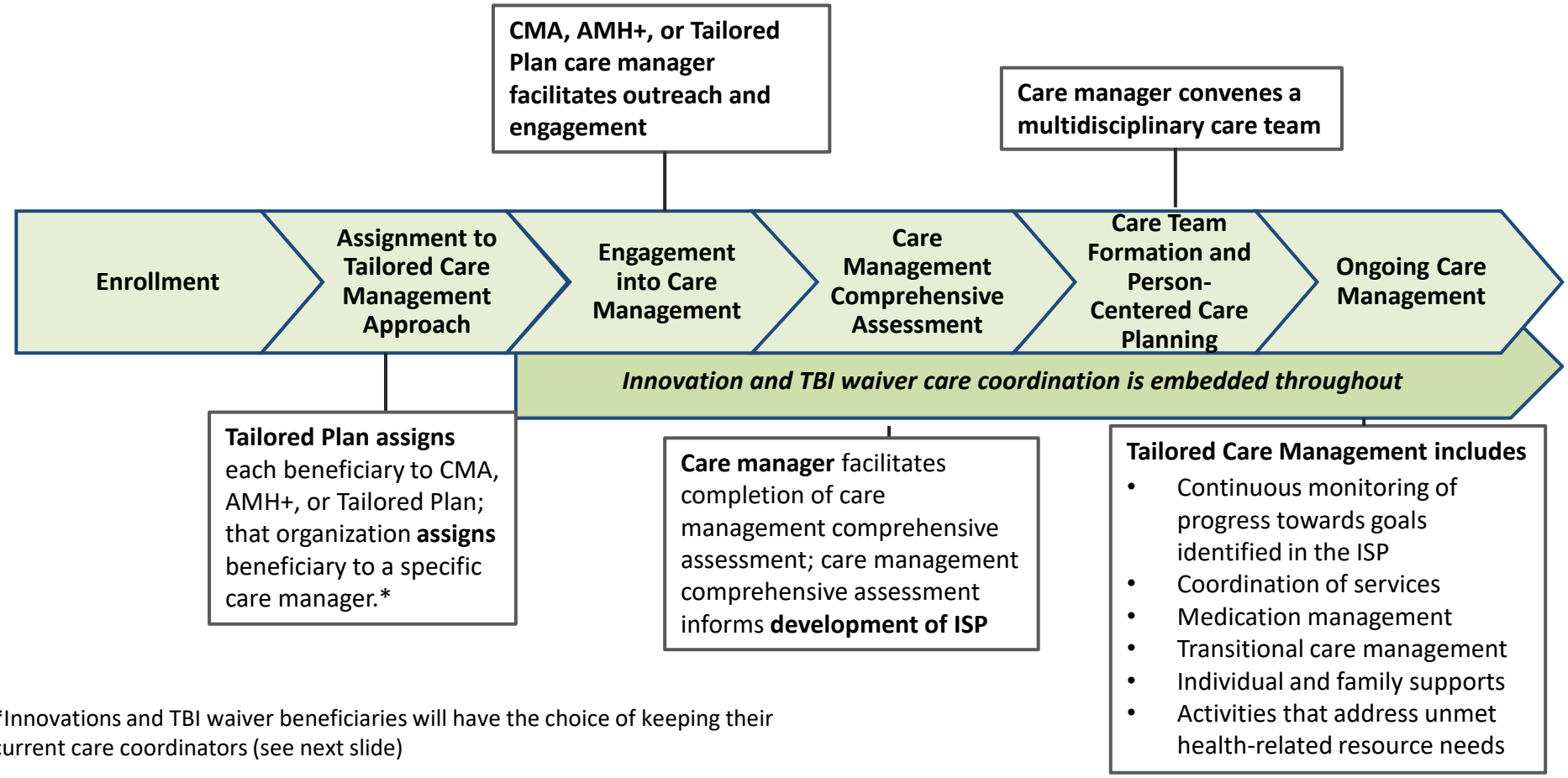
- **Individuals enrolled in the Innovations and TBI waivers will have access to Tailored Care Management delivered by AMH+ practices, CMAs, or care managers based at a Tailored Plan,** which will encompass all care coordination activities required by the Innovations and TBI waivers, in addition to whole-person care management.

- **If a member enrolled in the Innovations or TBI waiver opts out of Tailored Care Management, the Tailored Plan will provide waiver care coordination services.**

Tailored Care Management Requirements for Members Enrolled in the Innovations or TBI Waiver

Innovations and TBI Waiver Enrollees Will Have Access to All Components of Tailored Care Management

All members enrolled in the Innovations and TBI waivers will have access to all component of Tailored Care Management:



*Innovations and TBI waiver beneficiaries will have the choice of keeping their current care coordinators (see next slide)

Innovations and TBI Waivers – Care Manager Assignment

Innovations and TBI waiver beneficiaries will have the choice of keeping their current care LME/MCO care coordinators if the coordinator meets all of the below criteria

- Meets the Tailored Care Management qualifications and training requirements, and
- Is employed by the member's Tailored Plan or in the Tailored Plan's network (i.e., employed by an AMH+, CMA, or CIN/Other Partner that is in-network), and
- The assignment does not violate conflict free-rules (for discussion today).

Innovations and TBI Waivers – Assessments

Like other Tailored Plan members, individuals enrolled in the Innovations and TBI waivers will obtain a care management comprehensive assessment. To the maximum extent possible, care managers will be responsible for incorporating the results of other Innovations or TBI waiver-related assessments into the care management comprehensive assessment.

Information Incorporated into the Care Management Comprehensive Assessment

- NC Innovations Risk/Support Needs Assessment and TBI Risk/Support Needs Assessment
- Waiver level of care (LOC) determination
- Results of the Supports Intensity Scale (SIS)

NOTE:

- The care management comprehensive assessment must be conducted annually.

See appendix for more detailed requirements related to the timing of completing the care management comprehensive assessment and ISP for Innovations/TBI waiver enrollees

Innovations and TBI Waivers – ISP

The ISP is used to request authorization for waiver services in addition to documenting all of an Innovation or TBI waiver enrollee's care management needs.

Care manager ISP-related responsibilities include

- Convening person-centered planning meeting and completing the ISP
- Submitting the ISP to the Tailored Plan for review (for care managers based at AMH+ and CMAs)
- Monitoring ISP implementation and resolving or escalating issues (e.g., ensuring member is satisfied with the services being rendered)

Tailored Plan ISP-related responsibilities include

- Ensuring the ISP was completed
- Reviewing the ISP for waiver compliance, medical necessity, and the member's health and safety needs
- Approving or denying the ISP within standard service authorization periods
- Ensuring that waiver services begin within 45 days of ISP approval
- Monitoring of service delivery (e.g., ensure services utilized do not exceed authorization)

NOTE:

- In Year 1 of Tailored Plan operation, the ISP developed prior to Tailored Plan launch will continue to serve as the ISP under Tailored Care Management, until updated

Innovations and TBI Waivers – Self-Directed Services

Individuals in the Innovations and TBI waivers have the option of self-directing waiver services.

For individuals who choose this option to self-direct services, the care manager is responsible for:

- Ensuring that waiver enrollees interested in self-directed services receive relevant information and training.
- Assisting in appointing a representative to help manage self-directed services, as applicable
- Providing self-directed budget information
- Assessing the employer of record, managing employer, and representative, if applicable, to determine the areas of support needed to self-direct services

Innovations and TBI Waivers – Contact Requirements

In addition to the Tailored Care Management contact requirements, there are also contact requirements as part of the Innovations and TBI waivers.

When determining required care management contacts for an Innovations or TBI waiver enrollee, the assigned organization providing Tailored Care Management (AMH+, CMA, or Tailored Plan) must perform, the greater number of contacts required by either:

- 1915(c) waiver, or
- Tailored Care Management

Conflict-Free Care Management

What Are Conflict-Free Rules and How Do They Apply?

Federal regulations require case management for Medicaid beneficiaries obtaining HCBS to be "conflict-free," which generally means that case/care management activities, including the assessment and coordination of services, be independent from the delivery of HCBS services.[1]

For NC Medicaid, conflict-free rules apply to individuals who are

- Enrolled in the 1915(c) Innovations and TBI waivers, or
- Obtaining HCBS currently authorized under the State's 1915(b)(3) waiver.
  - Today, LME/MCOs the provide a subset of HCBS known as "1915(b)(3) services" to Medicaid beneficiaries with significant behavioral health needs, I/DDs, and TBI.
  - With the transition from LME/MCOs to Tailored Plans, the Department will continue providing the following services, but they will transition to and be known as 1915(i) HCBS (a different federal authorization pathway).

Current 1915(b)(3) Benefits		Future 1915(i) Benefit
Supported Employment	➤	Supported Employment
Individual Support and Transitional Living Skills	➤	Individual Support
Respite	➤	Respite
In-Home Skill Building	➤	Community Living and Supports
One-time Transitional Costs	➤	Community Transition

1. Conflict-free case management regulations can be found at 42 CFR 441.301(c)(1)(vi) for 1915(c) waiver HCBS and 42 CFR 441.730(b) for 1915(i) State Plan HCBS.

What Are Conflict-Free Rules and How Do They Apply? *continued*

- The intent of conflict-free requirements is to **promote consumer choice and independence** by limiting any conscious or unconscious bias by a care manager when assisting a consumer in identifying HCBS needs and developing plans to access services (i.e., preventing a care manager from steering consumers to the agency where they are employed).

- For Tailored Care Management, this means a behavioral health, I/DD, or TBI provider cannot deliver both Tailored Care Management (in their capacity as a CMA) and 1915(c) Innovations/TBI or 1915(i) HCBS to the same individual.
    - Since AMH+ practices and Tailored Plans do not deliver HCBS, conflict-free case management rules are not applicable.

Implications of Conflict-Free Rules on Tailored Care Management Assignment

Permissible Scenarios for Conflict-Free Care Management

To comply with federal rules, when making Tailored Care Management assignments for members enrolled in the Innovations/TBI waivers and those obtaining 1915(i) HCBS, Tailored Plans will only be permitted to assign members to one of the three following scenarios:

A. A CMA that is not delivering HCBS to the same member

B. An AMH+

C. A Tailored Plan-employed care manager

Impermissible Scenarios for Conflict-Free Care Management

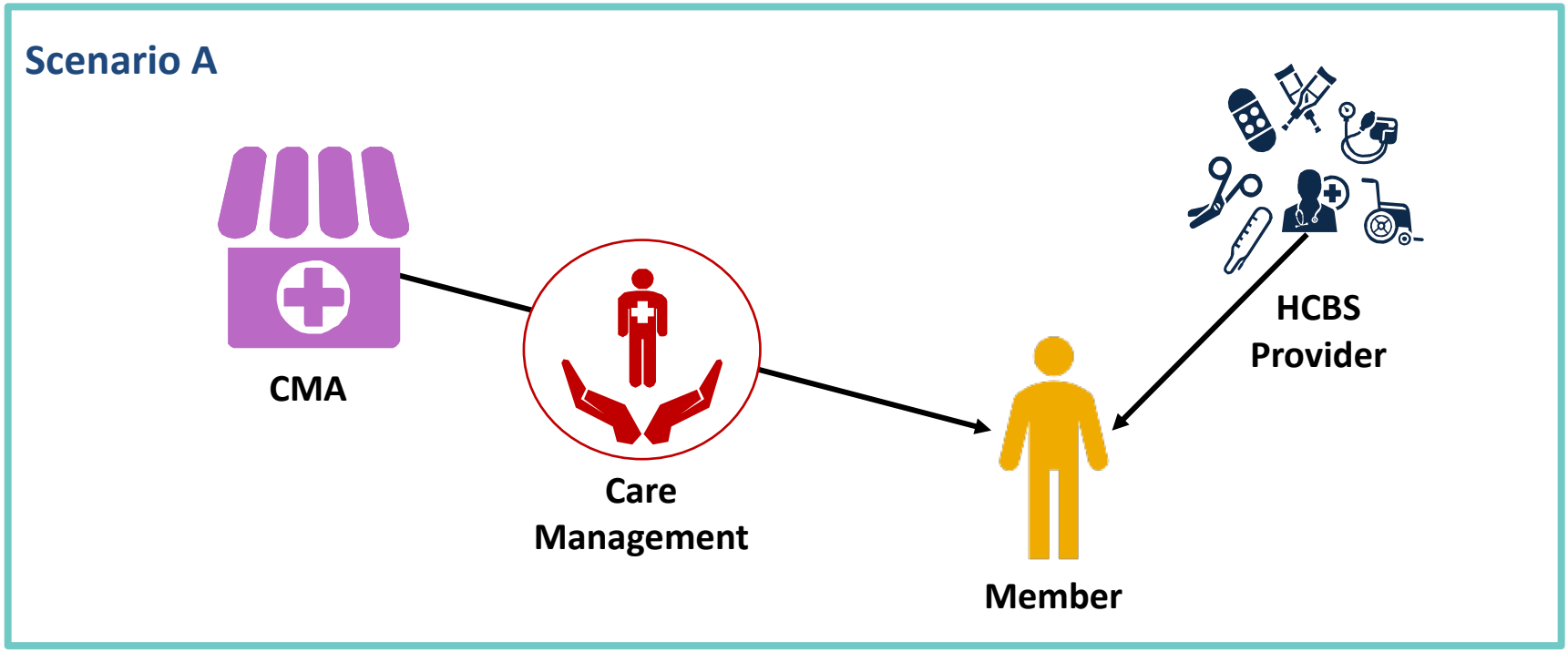
Tailored Plans will *not* be permitted to assign members to a CMA that would provide both care management and HCBS to the same person.

- The Department is planning to connect with CMS to determine its approach for conflict-free care management for individuals in the Tribal Option, including the extent to firewalls can be used.

NOTE: If a member is obtaining Tailored Care Management from a CMA and then becomes eligible and enrolled in the Innovations or TBI waiver or 1915(i) HCBS, the Tailored Plan will need to ensure the CMA is not also providing HCBS to that member. In this scenario, the Tailored Plan will need to either ensure that the member does not obtain HCBS from their CMA or re-assign the member to a new organization for care management to ensure compliance with federal requirements.

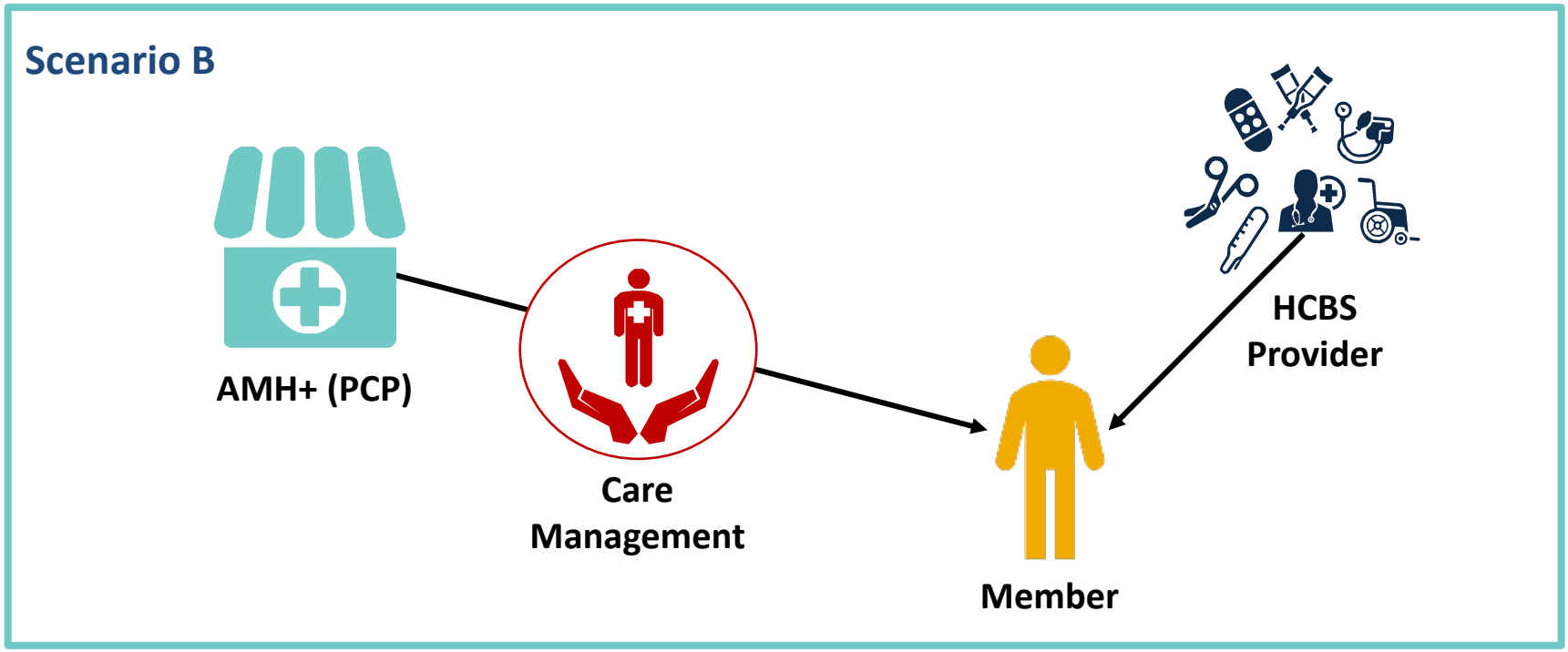
Permissible Scenario A: CMA Not Delivering HCBS to the Same Member

A person enrolled in the Innovations/TBI waiver or obtaining 1915(i) services can obtain care management through a CMA as long as the member is obtaining HCBS through a different provider organization.



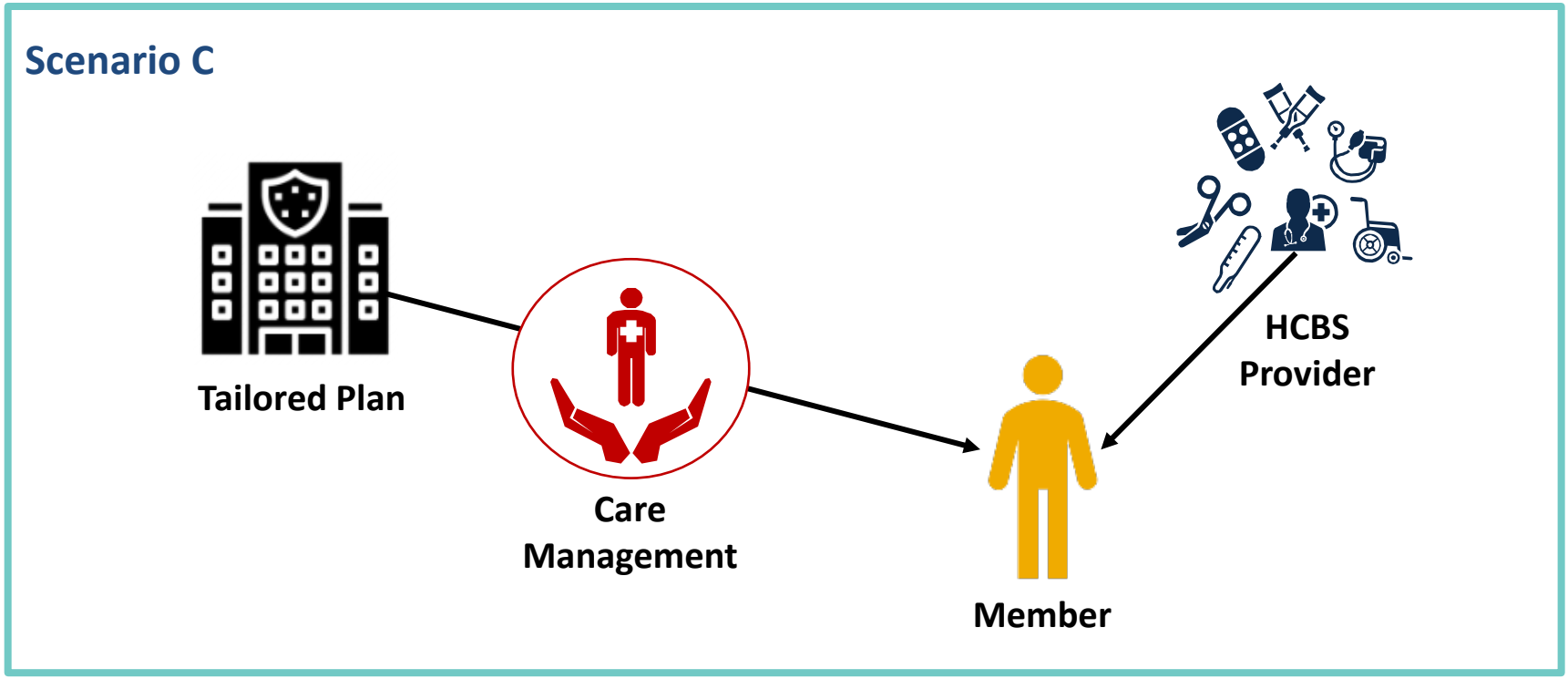
Permissible Scenario B: AMH+

A person enrolled in the Innovations/TBI waiver or obtaining 1915(i) services can obtain care management through an AMH+ because the member will obtain HCBS through a separate provider organization.



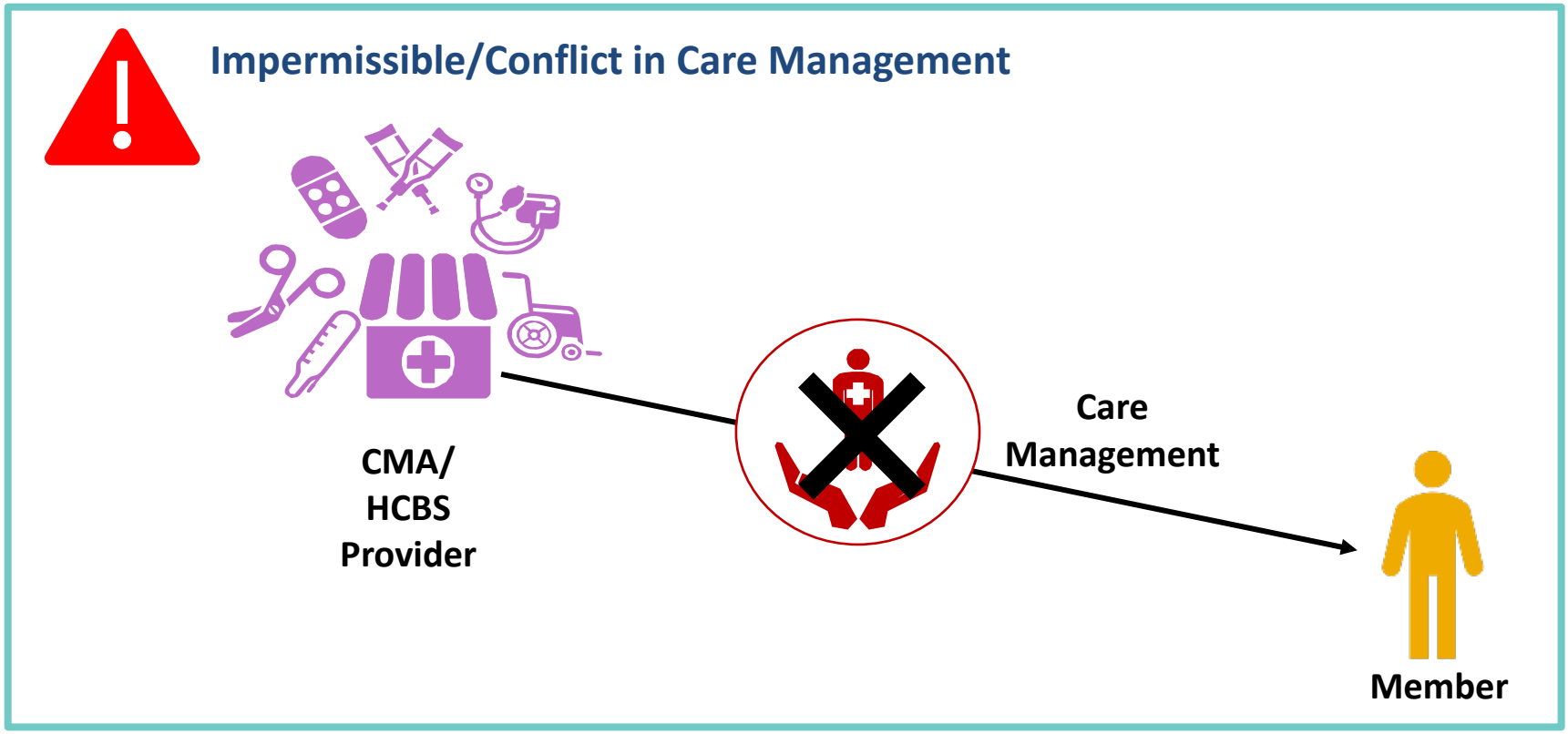
Permissible Scenario C: Tailored Plan-Employed Care Manager

A person enrolled in the Innovations/TBI waiver or obtaining 1915(i) services can obtain care management through a Tailored Plan-employed care manager because the member will obtain HCBS from providers in the community.



Impermissible Scenario: CMA Providing Both Care Management and HCBS to Member

A person enrolled in the Innovations/TBI waiver or obtaining 1915(i) services *cannot* obtain care management through a CMA if that CMA is also providing HCBS to that member.



Additional Information/Resources

- The Department's guidance on conflict free care management is available at: https://medicaid.ncdhhs.gov/media/10092/open

- CMS provides guidance on mitigating conflict of interest in case management, available at: https://www.medicaid.gov/medicaid/hcbs/training/index.html#conflict

Questions & Answers

Tailored Care Management Webinar Series

Date *Fridays 12 -1 PM*	**Topic**
October 1, 2021	Introduction to Tailored Care Management
October 8, 2021	Becoming an AMH+/CMA
October 15, 2021	Health IT Requirements and Data Sharing
October 22, 2021	Partnering with a Clinically Integrated Network and Other Partners
October 29, 2021	Delivery of Tailored Care Management
November 5, 2021	Transitional Care Management Community Inclusion Activities
November 19, 2021	Conflict-Free Care Management and Additional Care Coordination Functions for Members Enrolled in the Innovations or TBI Waiver
December 3, 2021	**Deep Dive on Data Specifications**
December 10, 2021	Intro to Oversight and Quality Measurement/Improvement Misconceptions on the Tailored Care Management Model

Appendix

What is Tailored Care Management?

Key Features of Tailored Care Management

Tailored Care Management is the primary care management model for Tailored Plans.

- All Tailored Plan Members are eligible for Tailored Care Management*, including individuals enrolled in the 1915(c) Innovations and TBI waivers.
- Individuals enrolled in NC Medicaid Direct (e.g., dual eligibles) will also have access to Tailored Care Management, if they otherwise would be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.

Tailored Plan members will be assigned to one of three approaches for obtaining Tailored Care Management: an Advanced Medical Home Plus (AMH+) practice, Care Management Agency (CMA), or a plan-based care manager.

- The Department strongly believes that care management should be provider-based and performed at the site of care (i.e., at an AMH+/CMA) to the maximum extent possible.
- Providers must be certified as an AMH+ practice or CMA to perform Tailored Care Management.

Under Tailored Care Management, members will have a single care manager who will be equipped to manage all of their needs, spanning physical health, BH, I/DD, TBI, pharmacy, long-term services and supports (LTSS), and unmet health-related resource needs.

*Unless they are receiving a duplicative service

Timing requirements for completing the ISP and care management comprehensive assessment.

- If the member's ISP annual update is in the first six (6) months of Year 1 of Tailored Plan launch, the assigned organization providing Tailored Care Management should completes the care management comprehensive assessment prior to completing the ISP.
- If the member's annual update is in the second half of Year 1 of Tailored Plan launch, the assigned organization providing Tailored Care Management completes the care management comprehensive assessment according to the timeframes required for all other Tailored Plan Members.
    - The care management comprehensive assessment should be completed prior to the annual ISP update, and in subsequent years, the timing of the comprehensive care management reassessment should align with the ISP annual update.
- The ISP developed prior to Tailored Plan launch will continue to serve as the ISP under Tailored Care Management in Year 1 Tailored Plan operation, until updated.
- The Tailored Plan must ensure that the ISP is aligned with Tailored Care Management requirements at the member's next annual update (during the month before the individual's birth month), after a triggering event or at the member's request.
- Prior to the annual update, the member's care management comprehensive assessment results may be used to amend the ISP if appropriate, but a full update is not required.