Tailored Care Management FAQs
September 15, 2022

Care Manager Qualifications

1. **What are the qualifications for care managers in Tailored Care Management?**
   Response: Care managers for Tailored Care Management may now meet North Carolina's definition of Qualified Professional (QP) per **10A NCAC 27G .0104**
   *Full-time Mental Health/Developmental Disabilities/Substance Abuse Services experience required for credentialing as a Qualified Professional may be obtained before or after obtaining the educational degree.
   ***See Request to Renew a Waiver of Rules 10A NCAC 27G .0104 and 10A NCAC 28A .0102 Memo (Dated 2.25.22)**

   Care managers serving members with long-term services and supports (LTSS) needs must also have two years of prior LTSS and/or home and community-based services (HCBS) coordination, care delivery monitoring, and care management experience, in addition to the requirement cited above. (This experience may be concurrent with the years of experience required to become a Qualified Professional.)

2. **Do professionals with a non-human services degree meet the qualifications to be a care manager in Tailored Care Management?**
   Response: Yes. Per **10A NCAC 27G .0104** North Carolina's Qualified Professional Definition, Qualified Professionals can be a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

   *Full-time Mental Health/Developmental Disabilities/Substance Abuse Services experience required for credentialing as a Qualified Professional may be obtained before or after obtaining the educational degree.
   ***See Request to Renew a Waiver of Rules 10A NCAC 27G .0104 and 10A NCAC 28A .0102 Memo (Dated 2.25.22)**

3. **Can care managers and/or care manager supervisors/extenders work from a remote office such as a home office (i.e. not reporting to the provider's office)?**
   Response: Tailored Care Management is a community-based service that requires care managers/supervisors/extenders to be familiar with services and supports in the member's community. Tailored Care Management providers may choose to employ care managers who work from a home office or one of the provider's brick and mortar locations. This flexibility may allow care managers serving rural areas to support members in multiple counties. The Department is not prescribing the work locations of care managers, care manager supervisors, and extenders providing Tailored Care Management providing Tailored Care Management, but these individuals must have the ability to meet requirements for in-person contacts.

Care Manager Supervisor Qualifications

4. **What are the requirements for behavioral health (BH) supervising care managers?**
   Response: BH Supervising care managers serving members with behavioral health conditions may now have the following minimum qualifications:
   - A license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession including Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Addiction Specialist (LCAS), Licensed Clinical Mental Health Counselor (LCMHC), Licensed Psychological Associate (LPA), **or** a Registered Nurse (RN) license issued by the North Carolina Board of Nursing; **and**
   - Three years of experience providing care management, case management, or care coordination to the population being served.
     Please note that clinicians operating in the role of BH supervising care managers is to supervise care management not the practice of clinical (MH, SUD) services, therefore the Professional Scope of Practice does not apply.

5. **What are the qualifications for I/DD/TBI supervising care managers?**
   Response: Supervising care managers serving members with an intellectual/developmental disability (I/DD) or a traumatic brain injury (TBI) must have one of the following minimum qualifications:
   - A Bachelor's degree and **five** years of experience providing care management, case management, or care coordination to complex individuals with I/DD or TBI; or
   - A Master's degree in a human service field and **three** years of experience providing care management, case management, or care coordination to complex individuals with an I/DD or a TBI.

6. **May professionals with a non-human services bachelor's or master's degree meet the qualifications for a supervising care manager for members with I/DD or TBI?**
   Response: A professional with a non-human services bachelor's or master's degree must have **five** years of experience providing care management, case management, or care coordination to complex individuals with I/DD or TBI.

Relevant Experience

7. **What counts as care management and care coordination experience for the purpose of determining whether a person meets care manager or supervising care manager requirements?**
   Response: Care managers need to have care coordination, care management, or case management experience. Experience is inclusive of care management/case management/care coordination assessment, treatment planning/person-centered plan (PCP)/individual support plan (ISP) development, referral and follow-up and any of the other requirements of the functions/services that a Tailored Care Management care manager must provide. Providers and Tailored Plans are responsible for ensuring that the people they hire have sufficient experience that mirrors the required care management functions in the policy.

8. **Does clinical home experience count as care management experience?**
   Response: Yes. See response to Question # 7.

9. **Does "coordination of services" qualify as care management experience?**

Response: Yes. See response to Question # 7.

10. **Would other professionals (examples: Exceptional Children Teachers/Directors, High School Vocational Rehabilitation Counselors) meet the experience criteria for care managers?**
    Response: Other professionals would meet the experience criteria for care managers if they meet **both**:
    - North Carolina's definition of Qualified Professional (QP) per **10A NCAC 27G .0104, and**
    - Experience requirements. Experience is inclusive of care management/case management/care coordination assessment, treatment planning/PCP/ISP development, referral and follow-up and any of the other requirements of the functions/services that a Tailored Care Management care manager must provide. Providers are responsible for ensuring that the people they hire have sufficient experience that mirrors the required care management functions in the policy.

11. **Are care managers allowed to work part-time or in a hybrid role? For example:**
    - **An AMH+/CMA with clinical staff (e.g., outpatient therapists) who split their roles between delivering Tailored Care Management and clinical activities (e.g., 0.5 full-time equivalent (FTE) for outpatient activities and 0.5 FTE for Tailored Care Management activities),**
    - **An AMH+/CMA with QPs who split their roles between delivering Tailored Care Management and delivering enhanced behavioral health services (e.g., psychosocial rehabilitation, child and adolescent day treatment), or**
    - **An AMH+/CMA with an assigned Tailored Care Management caseload that requires 4.5 FTE care managers.**

    Response: Yes, care managers can work part-time or in a hybrid role provided the AMH+/CMA ensures the care manager meets the Tailored Care Management qualifications and has sufficient capacity to deliver Tailored Care Management to their assigned members.

12. **Are there instances where care managers can cover members assigned to another care manager when it affects timely member engagement or care?**
    Response: Yes. In limited situations, care managers may cover another care manager's member to ensure they are receiving Tailored Care Management in a timely manner.

13. **If supervising care manager fills in for a care manager while they're on vacation, even though the supervising care manager is not the assigned care manager, will the CMA/AMH+ get credit for the work the supervising care manager does (i.e., the contacts delivered during this period)?**
    Response: Yes.

14. **Can multiple care managers share or be responsible for one member?**
    Response: No. A guiding principle of Tailored Care Management is each Tailored Plan member will receive integrated, whole-person care management from a dedicated care manager with expertise and training in addressing behavioral health, I/DD, and/or TBI needs in addition to physical health needs and unmet health-related resource needs. In some instances, supervising care managers will provide coverage for care managers (e.g., when a care manager is on vacation or sick leave). Care managers can also leverage the use of extenders for providing Tailored Care Management.

Clinical Consultants

15. **What is the role of clinical consultants on the care team?**
    Clinical consultants are:
    - An adult psychiatrist or child and adolescent psychiatrist (depending on the population being served)
    - A neuropsychologist or psychologist
    - For CMAs: A primary care physician appropriate for the population being served, to the extent the member's PCP is not available for consultation

Response: AMH+s/CMAs should develop relationships with clinical consultants to provide subject matter expert advice to the care team. AMH+s/CMAs may employ or contract with consultants or do so through a CIN or Other Partner. Clinical consultants should be available by phone to staff within AMH+s/CMAs to advise on complex clinical issues on an ad hoc basis.

Consultants can be used to staff/review complex medical issues. They can help with medication review and reconciliation. A consultant could discuss a member's medical or medication issues or concerns with the member's PCP.

Examples of leveraging Consultants SME advice.

- A member engaged in Tailored Care Management at a CMA has diabetes mellitus and SMI, is taking olanzapine, and is unable to achieve adequate glucose control (blood glucose levels routinely >300 and occasionally <80; HgbA1c >11). The care manager or supervising care manager may choose to have the CMA's primary care physician (PCP) clinical consultant review this member's medical case and/or directly discuss the case to make recommendations, especially in situations where the member's assigned PCP is not available, appropriately responsive, or when the CM has quality of care concerns. A PCP consultant may decide to specifically reach out to the member's PCP with identified concerns or recommendations for collaboration regarding diabetic treatment goals and psychotropic use (olanzapine).
- An adult member, with recent cancer diagnosis and severe SUD on MOUD through the PCP, is engaged in Tailored Care Management at an AMH+ practice and has a PHQ-9 that indicates severe depression and possible suicidal ideations. The care manager, who is alerted through EHR notification of the PHQ-9 sets up a consultation for the member's PCP with the AMH+'s Psychiatrist/Psychologist consultant to provide guidance about how to best address this urgent situation.
- An adolescent member with ADHD and type-1 DM, both managed by the PCP, is recently discharged from IIH and engaged in Tailored Care Management at an AMH+ practice; her new outpatient therapist reports to the TCM care manager that the members appears to be developing early symptoms of psychosis in the context of increasing THC use and the therapist unsure how to connect her to the right clinical resources in their rural area. The care manager notifies the supervising care manager and contacts the psychiatrist or psychologist serving as a clinical consultant to advise on this urgent situation.

Care Manager Extenders

16. **What functions can an extender perform?**
    Response: Extenders may support care managers in delivering Tailored Care Management by performing activities that fall within the below categories:

- Performing general outreach, engagement, and follow-up with members;

- Coordinating services/appointments (e.g., appointment/wellness reminders, arranging transportation);
- Engaging in health promotion activities (as defined in the Tailored Care Management Provider Manual) and knowledge sharing;
- Sharing information with the care manager and other members of the care team on the member's circumstances;
- Providing and tracking referrals and providing information and assistance in obtaining and maintaining community-based resources and social support services;
- Participating in case conferences;
- Support the care manager in assessing and addressing unmet health-related resource needs.

When using an extender, the care manager should direct the extender's care management functions and ensure that the extender is only charged with responsibilities within the extender's scope of functions. The care manager and supervising care manager must ensure that all services are well-coordinated, including functions delegated to extenders. Supervising care managers, care managers, and extenders should be in regular communication and coordinate their efforts to mitigate duplicative or inappropriate outreach to assigned members.

17. **What is the role of the care manager/care manager supervisor in overseeing the work of extenders?**
    Response: The care management functions of an extenders must be **directed** by the care manager at an AMH+ practice, CMA, or Tailored Plan. Tailored Care Management providers have the flexibility to determine how may FTEs report to a care manager or care manager supervisor.

18. **Now that care manager supervisors may supervise extenders, does this change the number of care manager FTEs who may report to them?**
    Response: No changes have been made to that policy and supervising care managers may supervise up to 8 FTE care managers.

19. **Can Community Health Workers (CHWs) work as extenders?**
    Response: Yes, provided the CHWs meet the other qualifications outlined in the provider manual and complete the required Tailored Care Management training.

20. **Are registered nurses (RNs), outpatient therapists (OTs), or other specialists considered extenders and do their activities count as Tailored Care Management contacts?**
    Response: The extender policy accounts for contacts by the care manager, supervising care manager, and extenders who are defined in the policy. The policy does not permit contacts to be delivered by these other individuals. Other specialists could be care managers themselves (if they meet care manager qualifications). Many provider types (such as the member's home and community-based services (HCBS) provider, primary care physician (PCP), behavioral health clinician) are part of the care team and their activities do not count as care management contacts.

Tailored Care Management Contracting

21. **What is the deadline for passing readiness and contracting with the Tailored Plans to be included in Care Management Auto Assignment for the December 1, 2022, launch (referred to in this document as "December Launch")?**
    Response: September 30, 2022.

22. **What is the deadline for passing readiness and contracting with Tailored Plans to be included in Care Management Auto Assignment for the February 1, 2023, launch (referred to in this document as "February Launch")?**
Response: December 31, 2022.

23. **Is any action required on my part (TCM provider) if a provider doesn't meet the September 30th deadline?**
Response: No. Providers are automatically added to February Launch and must wait until February to launch as an AMH+/CMA.

24. **Can providers newly offer Tailored Care Management services after the February 1, 2023, launch?**
Response: Yes. New Tailored Care Management providers will be added to Tailored Plans' networks on a rolling basis as they pass readiness and contract with Tailored Plans.

25. **What is the deadline for passing readiness and contracting with Tailored Plans to be included in the Tailored Plans' and Enrolment Broker provider directories and available for member choice for Tailored Plan launch?**
Response: September 30, 2022. Providers will be added to directories and available for member choice on a rolling basis as they pass readiness and contract with Tailored Plans.

Tailored Care Management Care Management Assignment

26. **Will all Tailored Plan members be assigned a care manager at Tailored Plan launch?**
Response: All Tailored Plan eligible members will be assigned a care manager at launch, though the Department recognizes outreach to and engagement of all members will take time.
Note: Members who are not eligible (examples: members enrolled in CAP, CAP/DA) for TCM will not be assigned a Care Manager.

27. **I'm a December Launch provider. When February Launch starts on February 1, will any members from my assigned panel be re-assigned to them?**
Response: December Launch providers will retain all of their assigned members after February Launch; members will not be re-assigned from December Launch to February Launch providers. February Launch providers will be assigned newly enrolled Tailored Plan members and existing Tailored Plan members who were originally assigned to their Tailored Plan for Tailored Care Management but had not yet engaged.

28. **If I'm a new provider that launches after December Launch and February Launch, who will be members of my assigned panel?**
Response: December Launch providers will retain all of their assigned members after February Launch; members will not be re-assigned from December Launch to February Launch providers. February Launch providers and those who launch afterwards will be assigned newly enrolled Tailored Plan members and existing Tailored Plan members who were originally assigned to their Tailored Plan for Tailored Care Management but had not yet engaged.

29. **What are the expectations for a member's care manager when a member moves to a new Tailored Plan region and is enrolled in a different Tailored Plan?**

Response: The care manager working with the member prior to their move should work with the member to ensure a smooth transition. AMH+s, CMAs, and Tailored Plans are required to provide a warm handoff to the member's new AMH+/CMA/plan-based care manager.

30. **Do care managers have to travel for required in-person contacts for a member who is receiving treatment (e.g., substance use disorder residential treatment) or temporarily residing in a group home or psychiatric residential treatment facility (PRTF) out of the county, out of the provider's region, or out of the state?**

    Response: Generally, the Department expects care managers to have in-person contacts with the member according to the minimum contact requirements for the member's acuity tier, even when a member is temporarily receiving treatment or residing in a group home or PRTF out of the county/region/state (assuming the member's condition/situation allows for it).

    If a member assigned to an AMH+/CMA is obtaining treatment or residing in an area outside of the AMH+/CMA's geographic footprint and length of stay is such that the AMH+/CMA will not be able to fulfill in-person contact requirements, the AMH+/CMA should contact the Tailored Plan to determine whether it is appropriate to reassign the member. If the AMH+/CMA and Tailored Plan determine that a reassignment is appropriate:

    - The Tailored Plan may reassign the member to a plan-based care manager or another AMH+/CMA. Tailored Plans may contract with AMH+s/CMAs outside of their geographic region to serve members residing in other regions who have not changed their county of Medicaid eligibility (e.g., this may apply to some members residing in a group home).
    - The care manager must make a warm handoff to the receiving AMH+/CMA or Tailored Plan to promote a smooth transition and minimize disruption to the member.

Twenty-four-Hour Coverage for Tailored Care Management Providers

31. **What are the Department's expectations for AMH+s/CMAs to provide 24-hour coverage?**

Response: There are no changes for CMAs who are providing treatment services that require first responder and crisis responsibilities. Tailored care managers are not required to be the first responder for emergency medical conditions, including behavioral health crisis but they need to have someone available who can be responsive to calls (e.g., answer calls and respond to voicemail messages). This does not need to be a 24/7 live call center. The person on call for 24-hour coverage should be able to help members access support services and provide crisis service providers access to needed information including care plans and advance directives (e.g., a member is admitted into the hospital and the hospital calls the number for help in identifying a member's guardian).

Other Topics

32. **Who is responsible for writing the Person Centered Plan/treatment plan/service plan/ISP for BH-IDD children and adults who receive state funded, B3 and other Medicaid benefits like IIH, MST, CST, (i) option services etc.?**

Response: Providers of state funded, B3 and other Medicaid benefits (*examples IIH, MST, CST, (i)), Individual Supports) will continue to be responsible for writing Person Centered Plans. TCM Care Managers are responsible for writing a comprehensive Care Plan/ISP that is inclusive of services that member is receiving where possible. Care Managers are responsible for writing ISPs for members receiving services on the Innovations/TTBI Waiver.
*Note: This is not an exhaustive list of BH-IDD services.

33. <u>Question:</u> How is this person-centered plan/treatment plan different from the Tailored Care Management care plan?
<u>Response:</u> Person-centered plans/treatment plans are service plans that are used to authorize enhanced behavioral health benefits. Person-centered plans describe the services that address an individual's identified/assessed clinical and support needs and focus on the strengths, interests, and goals of an individual. The goal of a person-centered plan is to provide the rationale for authorizing a specific service and monitoring its delivery to the individual.

While person-centered plans include some of the elements of a Tailored Care Management care plan/individual support plan (ISP), they are limited to describing clinical needs. The Tailored Care Management care plan/ISP will be a more comprehensive document that includes the results from the care management comprehensive assessment, claims analysis and risk scoring, any available medical records, and screening and/or level of care determination tools. The Tailored Care Management care plan/ISP is also a life-long plan that is updated on annual basis and during life transitions *(see below for a comparison of the domains within the two plans)*. Person-centered plans should be used as an input or otherwise inform the Tailored Care Management care plan to coordinate services and avoid duplication.

The only instance where a care plan/ISP will be used to authorize services is for members enrolled in the Innovations or TBI 1915(c) waivers or obtaining 1915(i) home and community-based services. Tailored Care Management explicitly incorporates additional requirements for developing and monitoring the implementation of the ISP for the Innovations/TBI waivers and 1915(i) services.

Person-Centered Plan Domains	Tailored Care Management Care Plan/ISP Domains
• *Profile* stating what's important to the individual, how to best support them, and what's working/what's not working • *Action plan* describing specific goals, who is responsible, the service and frequency, and progress towards the goals • *crisis prevention and intervention plan* • *plan signatures*	• Immediate care and functional needs • Current services and providers across all health needs • Detailed medication history • Unmet health-related resource needs • Cultural considerations • Education • Justice system involvement • Measurable goals • Clinical needs • Intended outcomes • Social/educational/other services needed by the member

	• Strategies to mitigate risks to the health/safety/well-being of the member • Emergency/natural disaster/crisis plan • Life transitions plans (if applicable) • Strategies to improve self-management and planning skills