

Tailored Care Management Technical Advisory Group (TAG)

Meeting #34

*Provider Manual and Tailored Care
Management Updates*


January 24, 2025

Announcement

Please note that we request that no one record this call or use an AI software/device to record or transcribe the call. DHHS is awaiting additional direction from our Privacy and Security Office on how we need to support these AI Tools. Thank you for your cooperation.

HIPAA-covered DHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall **immediately** notify the DHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link:
<https://security.ncdhhs.gov/>

Agenda

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- **Welcome and Roll Call**
 - **Extension of Temporary Payment Rate**
 - **Tailored Care Management Provider Manual Updates**
 - **Strategies to Support Members' Physical Health Needs**
 - **Other Announcements**
 - **TCM Monitoring Tool Updates**
 - **Hurricane Helene Flexibilities**
 - **Public Comments**

Welcome and Roll Call

Department of Health and Human Services

Kristen Dubay, MPP	Andrew Clendenin, MSW	Loul Alvarez, MPA	Regina Manly, MSA	Eumeka Dudley, MHS	Gwendolyn Sherrod, MBA, MHA	Tierra Leach, MS, LCMHC-A, NCC
Chief Population Health Officer	Deputy Director, Population Health	Associate Director, Population Health	Senior Program Manager, Tailored Care Management	Program Manager, Tailored Care Management	Program Manager, Tailored Care Management	Program Manager, Tailored Care Management

Contact: Medicaid.TailoredCareMgmt@dhhs.nc.gov



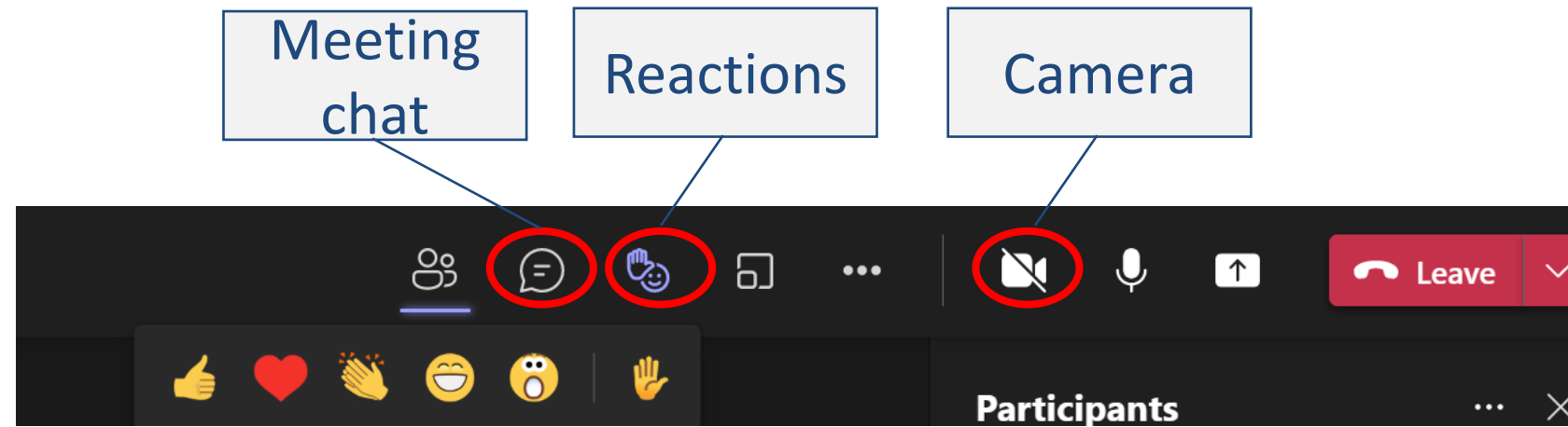
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Tailored Care Management TAG Membership

Name	Organization	Stakeholder
Erin Lewis	B&D Integrated Health Services	Provider Representative
Julie Quisenberry	Coastal Horizons Center	Provider Representative
Billy West	Daymark	Provider Representative
Denita Lassiter	Dixon Social Interactive Services	Provider Representative
Luevelyn Tillman	Greater Vision Counseling and Consultants	Provider Representative
Keischa Pruden	Integrated Family Services, PLLC	Provider Representative
Joanna Finer	Pinnacle Family Services	Provider Representative
Sandy Feutz	RHA	Provider Representative
Lisa Poteat	The Arc of NC	Provider Representative
Eleana McMurry, LCSW	UNC Center for Excellence in Community Mental Health	Provider Representative
Donna Stevenson	Alliance Health	Tailored Plan Awardee
Lynne Grey	Partners Health Management	Tailored Plan Awardee
Cindy Ehlers	Trillium Health Resources	Tailored Plan Awardee
Chris Bishop	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
Jonathan Ellis	N/A	Consumer Representative
Alicia Jones	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.



Extension of Temporary Payment Rate

Extension of Temporary Tailored Care Management Payment Rate

The Department will extend the temporary payment rate of \$343.97 through June 30, 2025.

(Previously the \$343.97 rate was 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

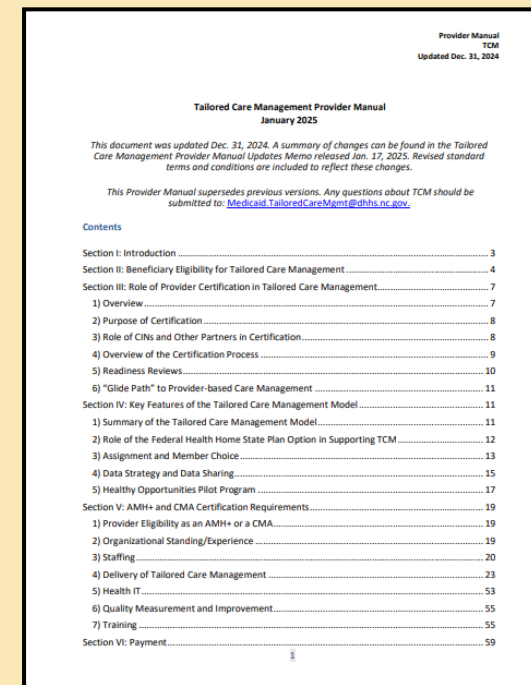
Updated Tailored Care Management Provider Manual

The Department released an updated Tailored Care Management Provider Manual on January 17, 2025.

These updates include clarifications to misconceptions and feedback providers shared during the Tailored Care Management Town Hall sessions on ways the Department can help ease provider burden and support program sustainability.

Tailored Plans will have 60 days to review/provide input on these updates which could result in modifications.

In the following slides, we highlight key updates.



Provider Manual
TCM
Updated Dec. 31, 2024

Tailored Care Management Provider Manual
January 2025

This document was updated Dec. 31, 2024. A summary of changes can be found in the Tailored Care Management Provider Manual Updates Memo released Jan. 17, 2025. Revised Standard terms and conditions are included to reflect these changes.

This Provider Manual supersedes previous versions. Any questions about TCM should be submitted to: Medicaid.TailoredCareMgmt@dhhs.nc.gov

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The updated manual and a memo summarizing the updates is available on the Tailored Care Management webpage.

Note: The requirements in the manual apply to Tailored Plans / LME/MCOs in their role as Tailored Care Management providers, in addition to AMH+ practices and CMAs.¹ (This is also clarified in the updated manual.)

1. Tailored Plans/ LME/MCOs are also held accountable to the requirements in Tailored Plan / LME/MCO contracts.

Updates to Roles and Responsibilities of Care Management Staff

Based on the Town Hall, the updated manual includes new flexibility for supervising care managers' role in reviewing Care Plans/ISPs and clarifications of care managers' role in medication reconciliation and 1915(i) care coordination.

- **New Flexibility:** Supervising care managers are no longer required to review all Care Plans/Individual Support Plans (ISPs); rather, supervising care managers are **responsible for providing oversight and support** to ensure complete and high-quality Care Plans/ISPs.
 - Providers and supervising care managers **may determine the level of supervision needed for care managers.**
 - **Standards for the supervising care manager's monitoring** of care management comprehensive assessments and Care Plans/ISPs should be documented in the provider's written policies and procedures.

The Department recommends providers develop a glide path for new care managers, in which initially all Care Plans/ISPs are reviewed, and supervising care manager's review gradually decreases over time and based upon performance.

- **Clarification:** The update manual provides additional clarifications on the care manager's role in medication reconciliation, including ensuring it is completed annually, and at transitions of care.
 - The care manager's role is not to complete medication reconciliation, but to ensure the process occurs.

Given ongoing questions plans/providers have on the care manager's role in medication reconciliation, the Department is developing a new training. *(Additional information on this training will be shared at a later date.)*

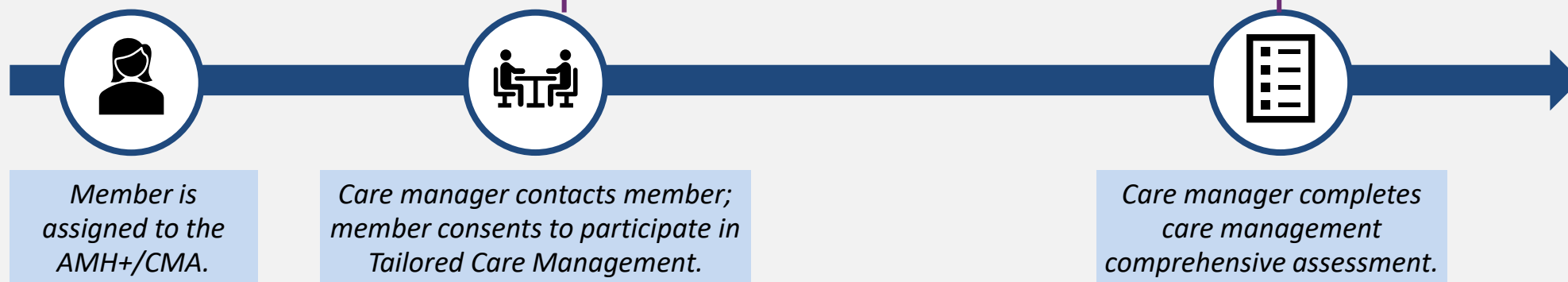
- **Clarification:** The manual provides **clarification on the care manager's role in 1915(i) care coordination**, which includes convening a person-centered planning meeting, writing goal(s) for each 1915(i) service, and obtaining the signature of the 1915(i) provider on the Care Plan/ISP.

Updates on Completion of the Care Management Comprehensive Assessment and Supporting Member Prior to Completion

The updated provider manual revises the timeframe for completion of the assessment and clarifies care managers' support of members prior to completion of the assessment.

Revised Timeline

New Flexibility: Care managers must undertake best efforts to complete the care management comprehensive assessment **within 90 days of consent.**
(Previously, the requirement was to complete the assessment within 90 days of assignment.)



Clarification: Care manager can support a member with their immediate needs before completing the care management comprehensive assessment, when initial conversations with the member and the results of the care needs screening indicate the member has urgent needs.

Based on the identified immediate needs, care managers should develop an interim care plan or interim ISP that includes member information, goal, and a short crisis plan.*

* The development of this initial care plan/interim ISP does not suffice to meet the requirement to develop a full Care Plan/ISP nor does it change the requirements for care managers to make best effort to complete the care management comprehensive assessment within 90 days of consent and to complete the full Care Plan/ISP within 30 days of completion of the care management comprehensive assessment.

Updates to the Care Management Comprehensive Assessment Based on Town Hall Feedback

The Department received feedback in the Town Hall sessions regarding the scope, length, and timing of the care management comprehensive assessment. Based on this feedback, the provider manual was updated as follows:

- ***New Flexibility:*** Care managers can **prioritize certain domains based on the member's preferences and needs** and defer other domains until the care manager has established trust with the member.
- ***Clarification:*** Care managers have the flexibility to administer the care management comprehensive assessment **over the course of multiple contacts.**
- ***Clarification:*** Care managers can **rely upon relevant assessments and other data** to complete portions of the care management comprehensive assessment and then confirm the accuracy of this information with the member and/or legally responsible person/guardian.
- ***Clarification:*** Although care managers are expected to make best efforts to complete the care management comprehensive assessment in person, the manual clarifies that, **in limited circumstances, it may be necessary to complete it using HIPAA-compliant technology conferencing tools.**

Additional Updates on the Care Management Comprehensive Assessment and Care Plan/ISP Based on Town Hall Feedback

The Department also received feedback in the Town Hall regarding reassessments and sharing of the results of the assessment and Care Plan/ISP. Based on this feedback, the provider manual was updated as follows:

Updates to Reassessment

- **Clarification:** In instance in which a reassessment is required (e.g., triggering event—such as inpatient hospitalization, becoming pregnant) and a care management comprehensive assessment was recently performed, **the reassessment may consist of an addendum or update to a previous assessment**, rather than a full reassessment, and **should capture specific updates relevant to that triggering event.**

Updates to Sharing Results of Care Management Comprehensive Assessment and Care Plan/ISP

- **Clarification:** The updated manual clarifies sharing of the care management comprehensive assessment results and Care Plan/ISP.
 - Care managers should make **best effort to proactively share the results of the care management comprehensive assessment and Care Plan/ISP** within 14 days of completion with the:
 - Member
 - Member’s legally responsible person/guardian (where applicable)
 - Member’s primary care, behavioral health, I/DD, and TBI providers (including 1915(i) providers)
 - For others in the broader care team, care managers do not always need to proactively share these documents, but should use their judgement and knowledge of the member’s needs for identifying when to share these documents proactively or when at the request of the member and/or legally responsible person/guardian.

(Previously the manual noted that the results of the assessment and Care Plan/ISP should be made available within 14 days.)

Additional Updates to the Provider Manual

The manual also includes the additional following updates:

- **Clarification:** As part of the transitional care management requirements, care managers should document **unsuccessful attempts to connect with the member directly** during their stay in a facility and note when they are able to connect with the member or a hospital social worker, or other facility staff working with the member.
 - Note: Previous iterations of the provider manual noted that a care manager or care team member is required to visit a member during their stay in a facility and be present on the day of discharge; however, the Department recognizes that in some instances care managers may not be able to connect with the member directly during their stay.
- **Clarification:** The updated manual clarifies that **release of information documents can be documented and stored in either the AMH+/CMA's EHR or care management data system.**
- **Clarification:** Even if there are no NCCARES360 resources available, **providers should track closed-loop referrals** to ensure that follow-up is completed, and members needs are met.

No Revisions to the 24-hour Coverage Requirement guidance

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 the 24-hour coverage requirement at this time.**

Supporting Members' Physical Health Needs

Focus on Supporting Members' Physical Health Needs

A key focus for the Department in 2025 is ensuring members' physical health needs are supported through Tailored Care Management.

Reminder on Care Manager's Role in Supporting Members' Physical Health Needs

Tailored Care Management requires care managers to take a whole-person approach, including supporting member's physical health needs. These requirements include:

- Assessing physical health needs as part of the care management comprehensive assessment.
- Assisting members in accessing needed physical health care, including assisting with scheduling and preparing members for appointments and arranging for transportation as needed.
- Coordinating with physical health care team members inclusive of primary care and specialty providers.
- Managing care transitions from one setting to another for a physical health condition by reviewing the discharge plan with the member and facility staff and assisting members to access needed social services and supports identified as part of the transitional care management process.
- Ensuring member has an annual physical exam or well-child visit, based on the appropriate age-related frequency.

Additional requirements to support a member's physical health needs are included in the manual.

In addition to coordinating with primary care/physical care team members, care managers can also leverage Tailored Plan Clinicians and/or Tailored Care Management Clinical Consultants* for complex cases and questions related to a member's physical and behavioral health needs.

* AMH+s/CMA's must have access to the following clinical consultants: a general psychiatrist or child and adolescent psychiatrist; a neuropsychologist or psychologist; and for CMA's, a primary care physician (PCP) to the extent the beneficiary's PCP is not available for consultation. The AMH+ or CMA may employ or contract with consultants or do so through a CIN or Other Partner, and the consultant should be available by phone to staff within AMH+ practices and CMA's to advise on complex clinical issues on an ad hoc basis.

New AHEC Learning Collaborative on Chronic Health Conditions

The Department, in collaboration with AHEC, is also developing a new AHEC Learning Collaborative to further increase care managers' knowledge base of chronic and physical health conditions. The collaborative will include:

Practical Trainings

- Focus on 8 key health conditions/events. *(as detailed to the right)*
- Emphasize the care manager's role in educating members about their conditions, identifying successes and concerns, and supporting members to obtain healthcare as needed.

Care Manager Toolkit

- Inclusive of talking points and checklists that guide conversations with members to facilitate member education and coaching.

<p>Diabetes Care</p> <p>A1C Numbers Community Resources for Nutritional Eating Vision Exams Strategies for Healthy Weight to Manage Diabetes</p>	<p>Care Managing Member with Kidney Health</p> <p>Hypertension High Cholesterol Strategies for Healthy Weight to Manage Hypertension Kidney Disease</p>
<p>Healthy Weight and Health Outcomes</p> <p>BMI Obesity and Links to Chronic Conditions Exercise</p>	<p>Cardiac Health</p> <p>Congestive Heart Failure Strategies for Healthy Weight to Manage Condition</p>
<p>Respiratory Health</p> <p>COPD Asthma Sleep Apnea Pulmonary Hypertension</p>	<p>Supporting Positive Health</p> <p>Dental Care Hearing and Overall Health Care Vision and Overall Health Care Smoking Cessation</p>
<p>Preventative Health Screenings Screenings by Gender and Age</p> <p>Preventative Health Screenings Cancer Screenings for Early Detection Helping Members Manage Appointments Support with Findings</p>	<p>Transitions of Care</p> <p>Discharge Summary Facilitating Medication Reconciliation Medical Supplies and Equipment Safety Precautions to Prepare Home for Member's Return OT, PT, Speech Follow Up Appointments with Primary Care/Specialists</p>

Announcements

Update on TCM Monitoring Tool

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

Reminder: Hurricane Helene Tailored Care Management Flexibilities

The Tailored Care Management flexibilities listed below are intended 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 Sept. 26, 2024, through Feb. 28, 2025 (unless otherwise communicated by DHHS).

Hurricane Helene TCM Flexibilities

1. Two-way Instant messaging/texting between the Care Managers, Care Manager Extenders or Care Management Supervisor and the Member and/or Legally Responsible Person/Guardian
 - This is considered a qualifying contact, as applicable, for members impacted by Hurricane Helene.
2. Tailored Care Management Comprehensive Assessment and Care Plan/ISP Flexibilities
 - An expiring assessments that is currently meeting a member's needs may be extended by 90 days.
 - Providers can assist members with their immediate needs prior to completion of the care management comprehensive assessment and provide any urgent links/supports to address those needs.

(Note: This flexibility does not apply for members receiving Innovations or 1915(i) services.)
3. Care Manager Extender Functions Flexibilities
 - To support care managers who may be over capacity due to the impact of the disaster, care manager extenders may gather information for the completion of a care management comprehensive assessment.

Additional flexibilities on next slide.

Reminder: Hurricane Helene Tailored Care Management Flexibilities (continued)

The Tailored Care Management flexibilities listed below are intended 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 Sept. 26, 2024, through Feb. 28, 2025 (unless otherwise communicated by DHHS).

Additional Hurricane Helene TCM Flexibilities

4. Documentation of Service Notes

- Tailored Care Management documentation requirements for services rendered to members/guardians impacted by the hurricane may be documented within 30 days of the completed contact.
- All contacts completed with a member or on behalf of member should be documented in the service record as soon as possible.

5. Relax Training Requirements for Tailored Care Management Care Managers, Supervising Care Managers and Care Manager Extenders

- To increase capacity of care management teams during the timeframe of the Hurricane Helene Public Health Emergency (PHE):
 - Care manager supervisors, care managers, care manager extenders may deploy to the field without completion of the core Tailored Care Management trainings.
 - Tailored Care Management supervisors, care managers and care manager extenders may extend the due date for refresher trainings to 30 days following the end of the Hurricane Helene PHE.

The bulletin, [Hurricane Helene Policy Flexibilities to Support Providers and Members \(published Dec. 12, 2024\)](#), includes additional information on flexibilities.

Public Comments

Tailored Care Management TAG Meeting Cadence

Tailored Care Management TAG meetings will generally take place the fourth Friday of every month from 10:00-11:00 am ET.

- **Meeting #1:** Friday, October 29, 2021 (presentation, minutes)
- **Meeting #2:** Friday, November 19, 2021 (presentation, minutes)
- **Meeting #3:** Friday, December 17, 2021 (presentation, minutes)
- **Meeting #4:** Friday, January 28, 2022 (presentation, minutes)
- **Meeting #5:** Friday, February 25, 2022 (presentation, minutes)
- **Meeting #6:** Friday, March 25, 2022 (presentation, minutes)
- **Meeting #7:** Friday, June 3, 2022 (presentation, minutes)
- **Meeting #8:** Friday, June 24, 2022 (presentation, minutes)
- **Meeting #9:** Friday, July 22, 2022 (presentation, minutes)
- **Meeting #10:** Friday, August 26, 2022 (presentation, minutes)
- **Meeting #11:** Friday, September 23, 2022 (presentation, minutes)
- **Meeting #12:** Thursday, October 27, 2022 (presentation, minutes)
- **Meeting #13:** Friday, November 18, 2022 (presentation, minutes)
- **Meeting #14:** Friday, December 16, 2022 (presentation, minutes)
- **Meeting #15:** Friday, February 24, 2023 (presentation, minutes)
- **Meeting #16:** Friday, March 24, 2023 (presentation, minutes)
- **Meeting #17:** Friday, April 28, 2023 (presentation, minutes)

Previous Meetings:

- **Meeting #18:** Friday, May 26, 2023 (presentation, minutes)
- **Meeting #19:** Friday, June 23, 2023 (presentation, minutes)
- **Meeting #20:** Friday, July 28, 2023 (presentation, minutes)
- **Meeting #21:** Friday, August 25, 2023 (presentation, minutes)
- **Meeting #22:** Friday, September 22, 2023 (presentation, minutes)
- **Meeting #23:** Friday, October 27, 2023 (presentation, minutes)
- **Meeting #24:** Friday, November 17, 2023 (presentation, minutes)
- **Meeting #25:** Friday, December 15, 2023 (presentation, minutes)
- **Meeting #26:** Friday, January 26, 2024 (presentation, minutes)
- **Meeting #27:** Friday, February 23, 2024 (presentation, minutes)
- **Meeting #28:** Friday, March 22, 2024 (presentation, minutes)
- **Meeting #29:** Friday, April 26, 2024 (presentation, minutes)
- **Meeting #30:** Tuesday, May 21, 2024 (presentation, minutes)
- **Meeting #31:** Friday, June 28, 2024 (presentation, minutes)
- **Meeting #32:** Friday, July 26, 2024 (presentation, minutes)
- **Meeting #33:** Friday, November 22, 2024 (presentation, minutes)