



Tailored Care Management Technical Advisory Group (TAG)

Meeting #3: Capacity Building

December 17, 2021

Agenda

- **Welcome and Roll Call (5 mins)**
- **Key Updates (5 mins)**
- **Capacity Building (35 mins)**
 - Capacity Building Overview
 - Distribution Plan Update
 - Discussion
- **Public Comments (10 mins)**
- **Next Steps (5 mins)**

Welcome and Roll Call

Department of Health and Human Services

Kelly Crosbie, MSW, LCSW	Krystal M. Hilton, MPH	Gwendolyn Sherrod, MBA, MHA	Keith McCoy, MD	Mya W. Lewis, MHA	Eumeka Dudley, BS
Chief Quality Officer NC Medicaid, Quality and Population Health	Associate Director of Population Health, NC Medicaid, Quality and Population Health	Senior Program Manager for Population Health, NC Medicaid, Quality and Population Health	Deputy CMO for Behavioral Health and IDD Community Systems, Chief Medical Office for Behavioral Health and IDD	IDD and TBI Section Chief, Division of Mental Health, Developmental Disabilities and, Substance Abuse Services	Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health



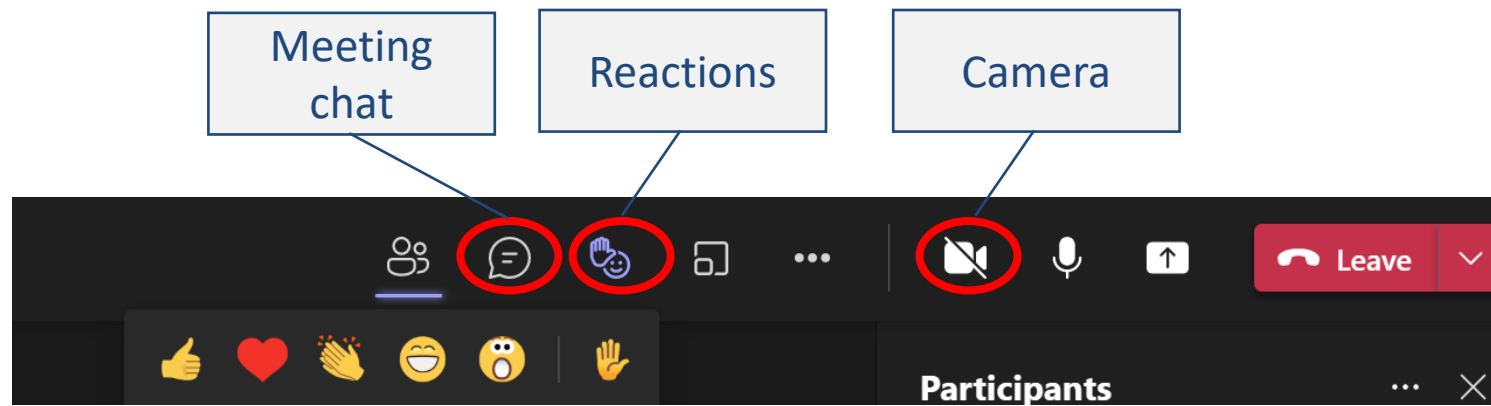
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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
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.



Key Updates

Key Updates

The Department expects to release the following resources in the coming weeks.

***Updated* Tailored Care
Management Provider Manual**

***New* Guidance on Care
Manager Extenders**

***Updated* Tailored Care
Management Rates**

***New* Frequently Asked
Questions (FAQ) Resource from
Tailored Care Management
Webinar Series**

Resources will be posted to the Tailored Care Management webpage:
<https://medicaid.ncdhhs.gov/transformation/tailored-care-management>

Capacity Building Overview

Capacity Building Overview

This Fall, 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. Funds will be distributed starting in early 2022 and the program will run through at least June 2023.

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)

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.¹
 - 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).

Eligibility for Capacity Building Funds

The Department will emphasize equity in distributing capacity building funds:

- Targeting investments to address health disparities and improve health and wellness for all Medicaid members.
- Ensuring the needs of providers who have been historically underutilized and rural providers are identified and addressed.
- Building a robust care management workforce and provider networks that are representative of the diverse population in the state.

Eligibility

All LME/MCOs awarded a Tailored Plan contract and providers certified as an AMH+ practice or CMA will be eligible to participate in the capacity building program, while funding remains available.

- Tailored Plan awardees will need to enter into capacity building contracts with AMH+ practices and CMAs in their region (either as new contracts or amendments to existing contracts).

AMH+ practices and CMAs may choose to use their capacity building funds to contract with Clinically Integrated Networks (CINs) or Other Partners for the purpose of capacity building (e.g., to make health information technology investments).

- CINs or Other Partners will not be eligible to receive capacity building funds directly from the Department or Tailored Plan awardees.

Funds Flow Overview

Tailored Plan awardees are eligible to earn capacity building payments on a quarterly basis for meeting defined targets and milestones related to partnering with AMH+ practices and CMAs to support development of needed care management capacity.

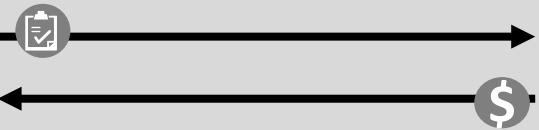
- For their first milestone, Tailored Plans submitted a **distribution plan** to the Department for review and approval reflecting an assessment of regional needs and proposed approach for meeting those needs.
- After approval of their Distribution Plans, on a quarterly basis, Tailored Plan awardees will report on progress made by their contracted AMH+ practices and CMAs. As milestones/targets are achieved, funding will be released.

In reviewing distribution plans the Department will ensure that Tailored Plans have detailed an approach for meeting the needs of historically underutilized and rural providers, building a diverse workforce, and addressing health disparities.

Funds Flow Overview

Distribution Plan Submission

Tailored Plan awardees submit distribution plans, based on assessment of regional needs



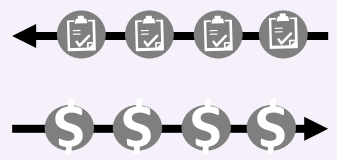
The Department approves plans and distributes some funds

Additional Milestones and Reporting

Tailored Plan awardees meet targets/milestones and submit quarterly reports on progress to date

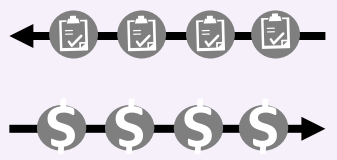
AMH+ practices/CMAAs demonstrate progress in building their capacity, via quarterly reporting to the Tailored Plan awardees

The Department



The Department distributes funds

Tailored Plan Awardees



Tailored Plan awardees distribute funds

AMH+ Practices/CMAAs

Capacity Building Payments

Actual capacity building payments earned by Tailored Plans, AMH+ practices, and CMAs will differ based on needs (as reflected in the distribution plans) and achievement of targets/milestones.

- The Department expects that at least 90% of funding will be associated with milestones focused on investments at the AMH+ and CMA levels.
- Tailored Plans, AMH+ practices, and CMAs must demonstrate progress on the quarterly capacity building targets/milestones in order to continue to receive funding anticipated in their approved budgets.

Capacity Building Milestones

The Department has identified six milestones aimed at enhancing health information technology infrastructure, building the care manager workforce across the state, and promoting operational readiness. These milestones include sub-milestones, including some targeted at supporting historically underutilized and rural providers.

Milestone 1	Submission of a detailed distribution plan that specifies the Tailored Plan’s approach (including quarterly targets) and proposed budget for meeting the remaining capacity building milestones, for the Department’s approval <i>Distribution plan will be based on assessment of regional needs</i>
Milestone 2	Submission of a Tailored Care Management training curriculum and conducting trainings for care managers employed by Tailored Plan awardee and contracted AMH+ practices and CMAs
Milestone 3	Purchase or upgrades of care management related health information technology infrastructure and systems for AMH+ practices and CMAs
Milestone 4	Hiring new care managers and supervisors at AMH+ practices and CMAs
Milestone 5	Completing Tailored Care Management training for AMH+ practices and CMAs care managers and supervisors
Milestone 6	AMH+ practices and CMAs meeting other competencies linked to operationalizing Tailored Care Management (e.g., development of policies and procedures and education and outreach to members on the Tailored Care Management outreach)

Capacity Building Reporting

- On a quarterly basis, Tailored Plan awardees must submit a Capacity Building Quarterly Report showing the milestones and/or associated targets that have been met.
- On a monthly basis, Tailored Plan awardees must also submit a monthly report with progress updates on achieving milestones/targets.
- AMH+ practices and CMAs will need to report on progress towards milestones 3-6 to Tailored Plans at least quarterly; AMH+/CMA reporting obligations should be specified in the capacity building contract the providers enter with the plans.

Tailored Plans must use the standard Department-defined templates and submit reports by the required deadlines. For the templates, reporting schedule, and more information see the [Tailored Care Management Capacity Building Program webpage](#).

Capacity Building Distribution Plan Update

Distribution Plan Submission and Review

- The Department received Tailored Plans' distribution plans and is reviewing the requests and meeting with Tailored Plans to better understand their regional needs.
- In early 2022, once distribution plans are approved, the Department will begin to distribute funding to Tailored Plans.
- Tailored Plans will then begin to distribute funding to providers once they are certified as an AMH+ or CMA.

Capacity Building Discussion

1. How are providers feeling about the rollout of the capacity building program?
2. Are there lessons learned or best practices on assessing capacity building needs so far?
3. Tailored Plan awardees may update their distribution plans as more becomes known on the needs of providers and as more providers are certified. Which areas of need do you expect will need the most revisions and when?
4. What types of capacity building agreements (e.g., MOUs) have been established between Tailored Plan awardees and AMH+ practices/CMAs?
 - a. What type of reports are providers being asked to provide?
5. Other feedback on the capacity building program so far?

Public Comments

Next Steps

Next Steps

Tailored Care Management TAG Members

- Share today's discussion key takeaways with your networks
- Continue considering potential organization members for Tailored Care Management TAG Data Subcommittee

Department

- Discuss feedback received during today's Tailored Care Management TAG meeting
- Prepare for January 28th 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:

January 28, February 25, March 25, April 22, May 27, June 24, July 22,
August 26, September 23

Previous Meetings:

- **Meeting #1:** Friday, October 29, 3:00 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #2:** Friday, November 19, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))