

**North Carolina Department of Health and Human Services (DHHS)
Tailored Care Management Technical Advisory Group (TAG) Meeting #25 (Conducted Virtually)
December 15, 2023**

Tailored Care Management TAG Members	Organization
Erin Lewis	B&D Integrated Health Services
Julie Quisenberry	Coastal Horizons Center
Billy West	Daymark
Denita Lassiter	Dixon Social Interactive Services
Ruth Craig	ECU Physicians
Luevelyn Tillman	Greater Vision Counseling and Consultants
Keischa Pruden	Integrated Family Services, PLLC
Haley Huff	Pinnacle Family Services
Sandy Feutz	RHA
Lisa Poteat	The Arc of NC
Eleana McMurry, LCSW	UNC Center for Excellence in Community Mental Health
Donna Stevenson	Alliance Health
Donetta Wilson (absent)	Eastpointe
Lynne Grey (absent; represented by Wyatt Bell)	Partners Health Management
Sabrina Russell	Sandhills Center
Cindy Ehlers	Trillium Health Resources
Chris Bishop	Vaya Health
Cindy Lambert (absent)	Cherokee Indian Hospital Authority
Jessica Aguilar (absent)	N/A
Pamela Corbett (absent)	N/A
Jonathan Ellis (absent)	N/A
Alicia Jones (absent)	N/A
NC DHHS Staff Members	Title
Kristen Dubay	Chief Population Health Officer, NC Medicaid
Loul Alvarez	Associate Director, Population Health, NC Medicaid
Gwendolyn Sherrod	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Eumeka Dudley	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Regina Manly	Senior Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Tierra Leach	Program Specialist, Tailored Care Management, NC Medicaid, Quality and Population Health

Agenda

- Welcome and Roll Call
- Year-End Retrospective and Plan for the Upcoming Year
- Deep Dive: Provider Rate Survey – Key Takeaways
- Public Comments

Year-End Retrospective (slides 7-15) – Tierra Leach

2023 Achievements

The Department summarized many of the Tailored Care Management achievements that occurred in 2023. These included:

- Supporting providing capacity building and stabilization
- Increasing provider-based care management
- Improving the auto assignment process
- Receiving approval from CMS on the Health Home State Plan Amendment
- Continuing to refine the model
- Increasing the number of members receiving Tailored Care Management over time

See the [December TAG presentation](#) for more details on these achievement and a chart of the increase in members receiving Tailored Care Management over time.

Multiple TAG members commented that they appreciated the level of collaboration among the Department, plans, and providers and the commitment to work together to continue to improve Tailored Care Management.

Opportunities for Improvement

The Department met with providers and plans throughout the year to identify challenges, review potential opportunities for improvement, and develop mitigation strategies related to assignment challenges, engagement challenges, workforce challenges, and payment model challenges (additional detail on the payment model below).

Payment Model Evolution

The Department summarized the following challenges with the current payment model that providers and plans have cited: uncompensated costs/efforts, insufficient ongoing funding for member engagement/outreach, unpredictable flow of funds, and extensive documentation and administration requirements.

Informed by feedback from plans, provider focus groups, the provider rate assumption survey, and research on other states' practices, the Department has been exploring options to evolve the payment model to mitigate these challenges. The TAG members discussed the below proposed guiding principles for this work:

- Promote fidelity to the core principle of Tailored Care Management being a member-facing, community-based model

- Promote value—state is paying for effective care management that leads to improvements in member health and member experience
- Ensure model is sustainable for providers and plans
- Minimize complexity and potential disruption/destabilization for providers, plans, members, and the Department, including new onerous data requirements
- Ensure model is compliant with CMS Health Home payment requirements

TAG members generally agreed with the principles and asked for the Department to add language around ensuring the payment model supports what’s best for member experience, health, and well-being. Multiple TAG members expressed concern that the core principle of Tailored Care Management being a community-based model may be difficult to achieve with current workforce issues, e.g., providers’ difficulties recruiting and maintaining care managers/supervisors, the limited care manager applicant pool.

The Departments will update the TAG on which option(s) the Department is exploring in Q1 of 2024. The final option will depend on budget constraints and implementation feasibility.

Where We Are Headed in 2024

There are many Tailored Care Management changes to look forward to in 2024. These include:

- Launch of Tailored Plans
- Launch of Healthy Opportunities Pilots for Tailored Care Management-eligible populations
- Increase in those eligible for Tailored Care Management from the Medicaid Expansion population
- Launch of a revised payment model
- Expanding choice options for TCL members

Provider Rate Survey (slides 16-25) – Eumeka Dudley

The Department shared key takeaways from each of the provider rate survey sections (time spent, contact, engagement, panel, expenses, and staffing) and asked follow-up discussion questions. These results are being used to inform ongoing discussion about potential modifications to the payment approach. See the [December TAG presentation](#) for these key findings by section.

The Department asked the TAG how long does each collateral contact last and to give examples of how collateral contacts support a member’s care manager. TAG members responded as follows:

- Multiple TAG members noted the length of collateral contacts can differ greatly depending on the member and the member’s needs.
- Multiple TAG members mentioned that they believed that collateral contacts were the essence to Tailored Care Management as it connects members to care and support they need.
- One TAG member noted that when care managers help members in crisis, it requires a great amount of time on non-member/guardian-facing tasks (e.g., calling providers and other supports in efforts to help stabilize member).
- A provider expressed that in some months they are unable to make direct contact with the member but connect with members of the care team to discuss the member’s health status.

- One TAG member noted that their staff dedicated several days trying to search for a residential treatment facility to which an individual could be discharged.
 - A representative from an LME/MCO responded that in these types of instances AMH+s/CMAs should elevate these challenges to their LME/MCOs. Ongoing communication between AMH+s/CMAs and LME/MCOs can help ensure the member gets what they need and that the care management provided is in an efficient and effective manner.

One TAG member noted that to help promote Tailored Care Management engagement, their organization is pairing health promotion with Tailored Care Management education/outreach. For example, they are contacting members to educate them on flu season and ways to limit the spread of infection, and as part of this outreach, they are sharing information on Tailored Care Management.

Public Comments (slides 26-27) – Eumeka Dudley

There were no additional questions asked by TAG members.

Tailored Care Management TAG members are encouraged to send any feedback or suggestions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.