

Tailored Care Management 102:

Becoming an Advanced Medical Home Plus (AMH+) Practice and Care Management Agency (CMA)

October 8, 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 <i>Fridays 12 -1 PM</i>	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	Billing
December 10, 2021	Oversight and Quality Measurement/Improvement

★ *Today's Focus*

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
- A recording of today's presentation and the slide deck will be available at the below website.

For more information on Tailored Care Management, please visit:

<https://medicaid.ncdhhs.gov/transformation/tailored-care-management>

Presenters

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**NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES**

Agenda

- **Recap: Tailored Care Management Model**
- **Key Updates**
- **Application Process and Certification Requirements for AMH+ Practices and CMAs**
- **Q & A**

Recap: Tailored Care Management Model Overview

What is Tailored Care Management?

Key Features of Tailored Care Management

- **Tailored Care Management is the primary care management model for BH I/DD 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, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health-related resource needs.**

Key Updates

Key Updates on Certification Process

In preparation for the launch of Tailored Care Management, the Department has initiated two rounds of AMH+/CMA certification. Fifty-four providers passed desk reviews in the first round, and thirty-nine providers have submitted applications for the second round.

Round	Application Deadline	Desk Reviews/Site Reviews	Expected Date to Launch Tailored Care Management
1	June 1, 2021	<ul style="list-style-type: none"> ▪ Desk reviews: Summer 2021 ▪ Site reviews: Fall 2021 	July 1, 2022
2	September 30, 2021	<ul style="list-style-type: none"> ▪ Desk reviews: Fall 2021 ▪ Site reviews: Winter 2022 	July 1, 2022 – January 1, 2023

The AMH+ and CMA certification process is distinct from both the Medicaid enrollment and AMH attestation processes.

Details on future rounds of certification will be posted at:
<https://medicaid.ncdhhs.gov/transformation/tailored-care-management>

**Application Process and Certification
Requirements for
AMH+ Practices and CMAs**

AMH+ and CMA Certification Process

In both the periods before and after Tailored Plan launch, there will be a single, statewide AMH+/CMA certification process for determining whether a provider organization should be certified to perform Tailored Care Management.



The Department has contracted with the National Committee for Quality Assurance (NCQA) to conduct desk and site reviews going forward according to the criteria that have been previously published.¹ NCQA will also conduct recertification of providers on the Department’s behalf. The Department will maintain oversight over these processes.

Tailored Plan (LME/MCO) Role

1. AMH+/CMA certification is separate from NCQA’s PCMH program and NCQA case management certification and does not qualify as NCQA health plan accreditation.

AMH+ and CMA Certification Process – *continued*

- **Desk Review**: Review of each written application to determine whether the organization has the potential to satisfy the full criteria at Tailored Plan launch.

*The **desk review tool** provides guidance on what reviewers will look for in applications:*

<https://files.nc.gov/ncdma/AMH--CMA-Certification-Desk-Review-Guide-and-Scoring-Tool-Draft-4.13.2021lc.pdf>

- **Site Review**: One or more site reviews with providers that “pass” the desk review to drive a final decision on certification, and to increase understanding of each organization’s capacity, strengths, and areas for improvement, including need for capacity building funding.
- **Readiness Review**: Additional review of certified AMH+ practices and CMAs shortly before Tailored Care Management launch to verify that they are ready to perform the required Tailored Care Management functions.

Role of CIN or Other Partners in Application Process

Note: 10/22 webinar will provide a deeper dive on partnering with a CIN/Other Partner

The Department will allow – but not require – AMH+ practices and CMAs to work with a Clinically Integrated Network (CIN) or Other Partner to assist with the requirements of the Tailored Care Management model. CINs or Other Partners may answer certain questions in the AMH+/CMA application, if applicable to an organization’s application.

How may CINs or Other Partners Serve AMH+ practices and CMAs?

- Supporting application process by completing the **CIN or Other Partner Supplement**
- Providing **local care management** staffing, functions and services
- Supporting **AMH+ and CMA analytics and data integration**
- **Assisting in the contracting process or directly contracting with Tailored Plans** on behalf of AMH+ practices/CMAs

How does the certification process work if a provider has not yet decided whether to contract with a CIN or Other Partner?

- **Individual AMH+ practices and CMAs will be certified – not CINs**
- Organizations that have not yet decided whether/how to affiliate with a CIN or Other Partner **may** begin the application process now
 - *Final certification decision prior to Tailored Plan launch will include assessment of how roles and responsibilities will be shared between provider and CIN or Other Partner*

A “CIN or Other Partner” is an organization with which an AMH+ or CMA may be affiliated that helps the AMH+ or CMA meet the requirements of the model.

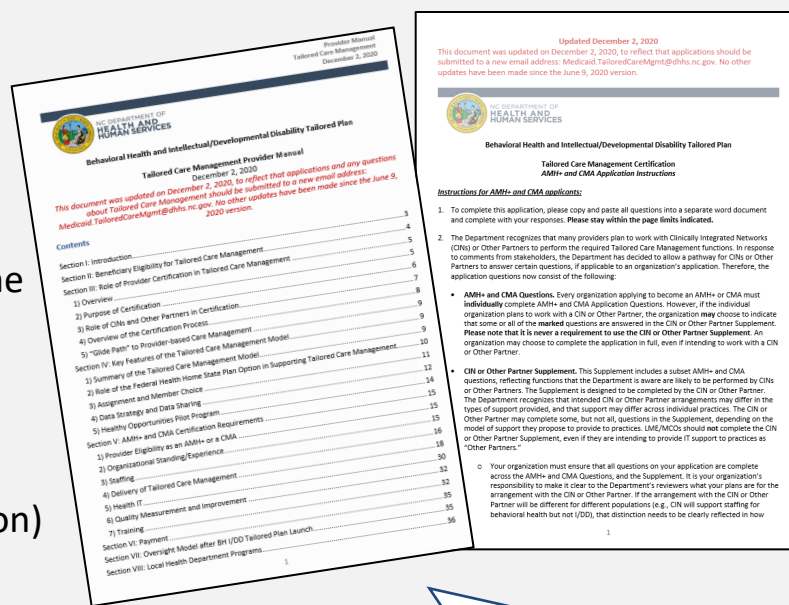
Certification Requirements Overview

The AMH+ and CMA certification application assesses whether organizations are credibly on track to deliver Tailored Care Management by Tailored Plan launch.

Requirements:

- 1 Meet **eligibility definitions** as an AMH+ or CMA
- 2 Show appropriate **organizational standing/experience**
- 3 Show appropriate **staffing**
- 4 Demonstrate the ability to deliver all **required elements** of the Tailored Care Management model
- 5 Meet **health IT** requirements
- 6 Meet **quality measurement and improvement** requirements
- 7 Participate in **required training** (occurs after initial certification)

Organizations do not have to be fully ready now, but in their applications should have described their plans to achieve readiness by Tailored Care Management launch.



*Organizations should cross-reference the Tailored Care Management **Provider Manual** when completing the **Application Form**.*

1. Eligibility

Advanced Medical Home Plus (AMH+)

Definition: Primary care practices **actively serving as AMH Tier 3 practices**, whose providers have experience delivering primary care services to the Tailored Plan eligible population or can otherwise demonstrate strong competency to serve that population. To demonstrate experience and competency to serve the Tailored Plan eligible population, **each AMH+ applicant must attest that it has a patient panel with at least 100 active Medicaid patients who have an SMI, SED, or severe SUD; an I/DD; or a TBI.** “Active” patients are those with at least two encounters with the AMH+ applicant’s practice team in the past 18 months.

AMH+ practices may, but are not required to, offer integrated primary care and behavioral health or I/DD services.

To be eligible to become an AMH+, the practice must **intend to become a network primary care provider for Tailored Plans.**

Care Management Agency (CMA)

Definition: Provider organizations with **experience delivering behavioral health, I/DD, and/or TBI services to the Tailored Plan eligible population**, that will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model.

To be eligible to become a CMA, an organization’s **primary purpose** at the time of certification must be the delivery of NC Medicaid, NC Health Choice, or State-funded services, other than care management, to the Tailored Plan eligible population in North Carolina. The “CMA” designation is new and will be unique to providers serving the Tailored Plan population.

AMH+ practices or CMAs must not be owned by, or be subsidiaries of, Tailored Plans.

Certification will be Organized by Population

Organizations must indicate the population(s) for which they are applying to be certified.

Mental Health and Substance Use Disorder (SUD)

- Adult
- Child/adolescent

I/DD

TBI

Innovations Waiver

TBI Waiver

Co-occurring I/DD and Behavioral Health

- Adult
- Child/adolescent



- AMH+ certification will be at the **practice site level**, in alignment with the current AMH certification process.
- CMA certification will be at the level of the **entire organization**. However, if a potential CMA spans multiple Tailored Plan regions, the organization will be certified at the level of each **region**.

2. Organizational Standing/Experience

Certification Criteria	Key Application Content	What NCQA will be Looking For
2.1. Relevant experience	<ul style="list-style-type: none"> Information provided about current scope of services and populations Description of organization's history and length of experience 	<ul style="list-style-type: none"> Alignment of prior experience with population: generally, at least 2 year history of services aligned with population served, in NC Integration of mental health and SUD for BH agencies
2.2. Provider relationships and linkages	<ul style="list-style-type: none"> Description of current contracts and arrangements with other providers, including those that could play the "clinical consultant" role 	<ul style="list-style-type: none"> Relationships/formal linkages in place Plan for strengthening relationships for "clinical consultant" roles
2.3. Capacity and sustainability	<ul style="list-style-type: none"> Attachment of most recently audited financial report Description of leadership team for Tailored Care Management 	<ul style="list-style-type: none"> Evidence of financial capacity (e.g., balanced budget) Clear leadership roles and accountability
2.4. Oversight	<ul style="list-style-type: none"> Board approval Organizational chart Description of how management and oversight will occur 	<ul style="list-style-type: none"> Appropriate structures in place to oversee the Tailored Care Management model Strong governance with appropriate executive and management structure and approval of the application

Deep Dive: Clinical Consultants

AMH+ practices and CMAs should develop relationships with clinical consultants to provide subject matter expert advice to the care team.

- 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

AMH+ practices and 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+ practices and CMAs to advise on complex clinical issues on an ad hoc basis.

Category 3: Staffing

By Tailored Plan launch, care managers at AMH+ practices and CMAs must meet minimum requirements below:

Care Management Staff	Minimum Requirements
Care managers serving all members	<ul style="list-style-type: none"> A bachelor's degree in a field related to health, psychology, sociology, social work, nursing, or another relevant human services area, or licensure as a registered nurse (RN); and Two years of experience working directly with individuals with behavioral health conditions (if serving members with behavioral health needs) or with an I/DD or a TBI (if serving members with I/DD or TBI needs); and For care managers serving members with LTSS needs: two years of prior LTSS and/or HCBS coordination, care delivery monitoring, and care management experience, in addition to the requirements cited above. (This experience may be concurrent with the two years of experience working directly with individuals with behavioral health conditions, an I/DD, or a TBI, above.)
Supervising care managers serving members with behavioral health conditions	<ul style="list-style-type: none"> A master's-level fully Licensed Clinical Social Worker (LCSW), fully Licensed Clinical Mental Health Counselor (LCMHC), fully Licensed Psychological Associate (LPA), fully Licensed Marriage and Family Therapist (LMFT), or licensure as an RN; and Three years of experience providing care management, case management, or care coordination to the population being served.
Supervising care managers serving members with I/DD or a TBI (must have <u>one</u> of the following minimum qualifications)	<ul style="list-style-type: none"> A bachelor's degree in a field related to health, psychology, sociology, social work, nursing, or another relevant human services area 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 field related to health, psychology, sociology, social work (e.g., LCSW), nursing, or another relevant human services area, or licensure as an RN and three years of experience providing care management, case management, or care coordination to complex individuals with an I/DD or a TBI.

Category 4: Delivery of Tailored Care Management

Certification Criteria	Key Application Content	What NCQA will be Looking For
4.1. Policies and procedures for communication with members	<ul style="list-style-type: none"> Attestation that the organization will develop policies 	<ul style="list-style-type: none"> [Attestation]
4.2. Capacity to engage with members through frequent contact	<ul style="list-style-type: none"> Description of strategy to meet minimum contact requirements 	<p><i>Clear strategy for how the organization will meet each of the minimum requirements and tailor to the population being served.</i></p>
4.3. Care management comprehensive assessments and reassessments	<ul style="list-style-type: none"> Description of approach to care management comprehensive assessment 	
4.4. Care plans and Individual Support Plans (ISPs)	<ul style="list-style-type: none"> Description of approach to care plans/ISPs 	
4.5. Care teams	<ul style="list-style-type: none"> Description of approach to developing care team and convening regular conferences, including foreseen challenges Description of strategy to share and manage access to patient information 	

Deep Dive: Care Team Formation

AMH+ practices and CMAs must establish a multidisciplinary care team for each member. The care team should include the member, the member's care manager and the following individuals, depending on the member's needs:

- Supervising care manager
- Primary care provider
- Behavioral health provider(s)
- I/DD and/or TBI providers, as applicable
- Other specialists
- Nutritionists
- Pharmacists and pharmacy techs
- The member's obstetrician/gynecologist (for pregnant women)
- In-reach and transition staff, as applicable
- Care manager extenders (e.g., community navigators, peer support specialists, community health workers)
- Other providers and individuals, as determined by the care manager and member

The AMH+ or CMA does not need to have all the care team members on staff or embedded in the practice.

Providers of various specialties may participate in care teams virtually from other settings.

The Department intends to release additional guidance on which functions extenders can perform.

Category 4: Delivery of Tailored Care Management

Certification Criteria	Key Application Content	What NCQA will be Looking For
4.6. Required components of Tailored Care Management	<ul style="list-style-type: none"> ▪ Description of approach to meet each of the required components ▪ Attestation to provide or arrange for 24/7 coverage for services, consultation or referral, and treatment for emergency medical conditions 	<p><i>Experience and capabilities for:</i></p> <ul style="list-style-type: none"> ▪ Care coordination ▪ Twenty-four hour coverage ▪ Ensuring annual physical exam is carried out ▪ Continuous monitoring ▪ Medication monitoring ▪ System of Care ▪ Individual and family supports ▪ Health promotion
4.7. Addressing unmet health-related resource needs	<ul style="list-style-type: none"> ▪ Description of relationships with community organizations ▪ Description of experience in addressing unmet health-related resource needs 	<ul style="list-style-type: none"> ▪ Experience and competency providing referral, information and assistance
4.8. Transitional care management	<ul style="list-style-type: none"> ▪ Attestation of access to ADT data ▪ Description of methodologies to respond to ADT data ▪ Description of transition approaches for special populations and diversion from institutional settings 	<ul style="list-style-type: none"> ▪ Experience and capability managing transitions ▪ Plan for achieving ADT access, if not in place ▪ Evidence of an approach to identifying and diverting members who are at risk of requiring care in an adult care home or an institutional setting
4.9. Innovations and TBI Waiver Care Coordination (if applicable)	<ul style="list-style-type: none"> ▪ Description of approaches to address additional requirements if serving this population 	<ul style="list-style-type: none"> ▪ Experience serving this population

Category 5: Health Information Technology

Certification Criteria	Key Application Content	What NCQA will be Looking For
5.1. Use an Electronic Health Record (EHR) or clinical system of record	<ul style="list-style-type: none"> Attestation that EHR or clinical system of record is in place Description of EHR or clinical system of record 	<ul style="list-style-type: none"> EHR or clinical system of record must be in place at the time of application
5.2. Use a care management data system	<ul style="list-style-type: none"> Description of care management data system Description of how claims/encounter data will be imported, curated, and analyzed 	<ul style="list-style-type: none"> Description of system in place or planned at the organization and/or proposal to work with Tailored Plan or CIN to implement Note: no requirement to use the Tailored Plan's care management data system
5.3. Use ADT information	<ul style="list-style-type: none"> Attestation of access to ADT data Description of methodologies to respond to ADT data 	<ul style="list-style-type: none"> Plan for achieving ADT access, if not in place today
5.4. Use NCCARE360	[Use of NCCARE360 is not required now , but will be required when the application is certified as being fully deployed].	
5.5. Risk stratify the population under Tailored Care Management beyond acuity tiering	[Currently optional] <i>Encouraged, and required from Year Three of Tailored Plans onwards</i>	

Category 5: Health Information Technology

IT Capabilities Supporting Care Management

- Manage population health
- Respond to individual beneficiary needs
- Track referrals and follow-ups
- Monitor medication adherence
- Respond to unmet health-related resource needs
- Document and store beneficiary care plans/ISPs
- Facilitate “warm hand-offs” of beneficiaries between plans, care managers, and care settings, as needed
- Interface with NCCARE360



The Department will work with Tailored Plans, AMH+ practices, and CMAs to develop consensus around specific data formats, contents, triggers, and transmission methods for critical data exchanges.

AMH+ Practice and CMA Dataflows

Tailored Plan to AMH+ and CMA Dataflows

Tailored Plans will be expected to share the following data in a machine-readable format with AMH+ practices, CMAs, or their designated CINs or Other Partners, for their attributed members to support Tailored Care Management:

- **Member assignment information**, including demographic data and any relevant clinical and available eligibility information
- **Member claims/encounter data**, including historical physical (PH), behavioral health (BH), and pharmacy (Rx) claims/encounter data with new data delivered monthly (PH/BH) or weekly (Rx)
- **Acuity tiering and risk stratification information**
- **Quality measure performance information** at the practice-level (format TBD)
- Other data or information that may be used to support Tailored Care Management (e.g., previously established care plans, ADT data, historical member clinical information)

Additional AMH+ and CMA Data Requirements

AMH+ practices and CMAs will also be expected to acquire and use the following data to support Tailored Care Management:

- **Admission, Discharge, and Transfer (ADT)** information
- **Relevant clinical information** for population health care management processes, including data from the care management comprehensive assessment, care plan/ISP, and referral data

Category 6: Quality Measurement and Improvement

Certification Criteria	Key Application Content	What NCQA will be Looking For
6. Ability to use data to drive internal quality improvement through quality measurement and continuous quality improvement (CQI)	<ul style="list-style-type: none"> ▪ Description of plan to evaluate care management systems, processes, and services (internal QI) ▪ Description of plan to participate in quality measure documentation and data analysis (i.e., how the provider would use quality measure data from the Tailored Plan; or gather information to share with the Tailored Plan as needed) 	<ul style="list-style-type: none"> ▪ Approach for using internal data to drive improvement using a systematic process ▪ Experience using and reporting quality measures

Category 6: Quality Measurement and Improvement

After launch of Tailored Plans, AMH+ practices and CMAs will be required to gather, process, and share data with Tailored Plans – as well as use data shared by Tailored Plans – for the purpose of quality measurement and reporting.

- DHHS will use a wide range of measures to assess Tailored Plans, including but not limited to the Federally-required Health Home Core Measures (see appendix for list of Health Home Core measures).
 - Many of these measures will be calculated directly by DHHS using encounter data and will not require additional information from plans or practices.
- DHHS will calculate results on a subset of those measures to assess performance for individual AMH+/CMAs.
 - DHHS is exploring using a smaller subset of those measures to inform Tailored Care Management incentive payments in future years (i.e., not in Year 1).

The full list of Tailored Plan quality measures can be found in the [Technical Specifications document](#)

Category 7: Training

Each Tailored Plan will design and implement a training plan, within DHHS guidelines on the topics that must be covered.

Certification Criteria	Key Application Content	What NCQA will be Looking For
7. Training	<ul style="list-style-type: none"> ▪ Attestation of intention to complete required trainings 	<p>Ensure care managers and supervisors will complete required trainings on:</p> <ul style="list-style-type: none"> ▪ Tailored Plan eligibility and services ▪ Whole-person health and unmet resource needs ▪ Community integration ▪ Components of Health Home care management ▪ Health promotion ▪ Other care management skills ▪ Additional trainings for care managers and supervisors serving the following populations: <ul style="list-style-type: none"> ▪ Members with I/DD or TBI ▪ Children ▪ Pregnant and postpartum women with SUD or SUD history ▪ Members with LTSS needs

Questions?

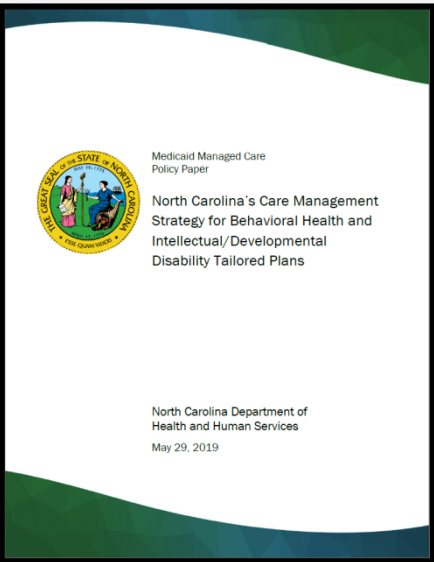
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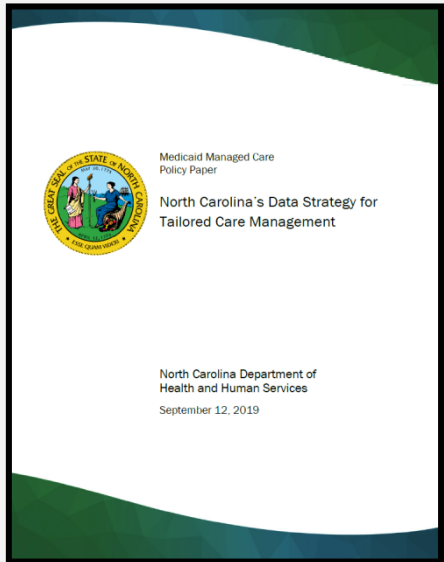
 **Upcoming
Webinar**

Information about the Tailored Care Management Model

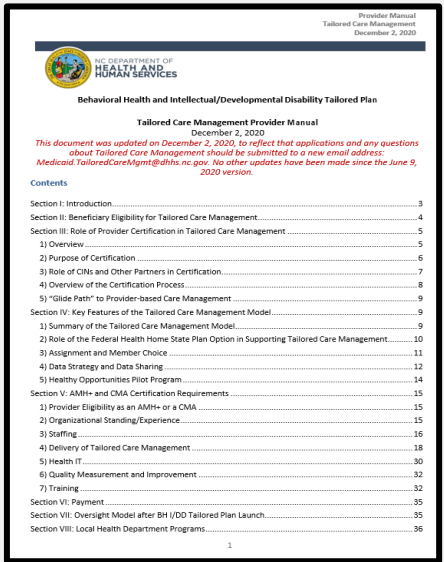
Key documents can be found on the Department’s Medicaid webpage.



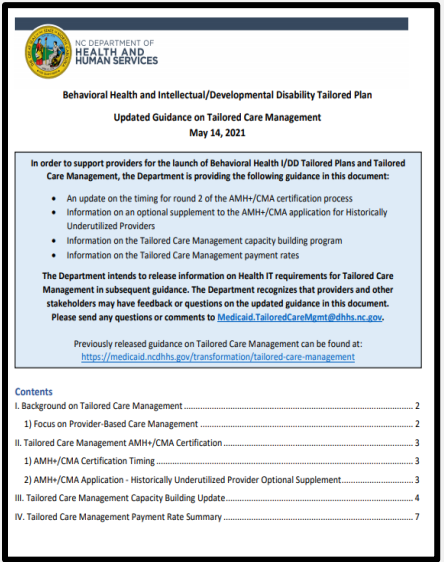
May 2019: [Concept Paper](#)



September 2019: [Data Strategy Paper](#)



June/December 2020*: Final [Provider Manual](#) and [Application Questions](#)



May 2021: [Updated Guidance](#)

*In December 2020, the Department made minor updates to the Provider Manual and application questions released in June 2020 to reflect an updated email address for submitting applications.

Information about the Tailored Care Management Model

The Tailored Plan Request for Applications (RFA) and draft rate book are available at:
<https://medicaid.ncdhhs.gov/transformation/requests-proposals-rfps-and-requests-information-rfis>

Request for Application 30-2020-052-DHB BH I/DD Tailored Plan
Section V. Scope of Services, A - B

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Nov 2020: [RFA](#)

RFA #30-2020-052-DHB
Section IX. Medicaid Tailored Plan Draft Rate Book

Behavioral Health/Intellectual and
Development Disabilities Tailored Plan Draft
Rate Book
Contract Year 1
North Carolina Department of Health and
Human Services

November 9, 2020

Nov 2020: [Draft Rate Book](#)

Appendix

Health Home Core Measures

The Department will use a broad set of measures to assess Tailored Plans, including but not limited to the Federal Health Home Core Measures.

Federal Health Home Core and Utilization Measures

- *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment**
- Controlling High Blood Pressure
- Screening for Depression and Follow-Up Plan
- Follow-Up After Hospitalization for Mental Illness
- Plan All-Cause Readmission Rate
- *Use of Pharmacotherapy for Opioid Use Disorder**
- *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence**
- *Prevention Quality Indicator (PQI) 92: Chronic Condition Composite*
- *Admission to an Institution from the Community**
- *Ambulatory Care: Emergency Department Visits**
- *Inpatient Utilization**

* Measures will be measured directly by DHHS and will not require AMH+/CMA input.