Tailored Care Management Technical Advisory Group (TAG)

Meeting #19

Policy Changes to Address Tailored Care Management Implementation Challenges

June 23, 2023

Agenda

- Welcome and Roll Call
- Policy Changes to Address Tailored Care Management Implementation Challenges
- Distribution of Additional Capacity Building Funding
- Other Planned Activities
- Public Comments
- Next Steps

Welcome and Roll Call

Department of Health and Human Services

Kristen Dubay, MPP	Loul Alvarez, MPA	Gwendolyn Sherrod, MBA, MHA	Eumeka Dudley, MHS	Regina Manly, MSA	Tierra Leach, MS, LCMHC-A, NCC	Tenille Lewis, MA
Chief Population Health Officer	Associate Director, Population Health	Program Lead, Tailored Care Management	Program Lead, Tailored Care Management	Senior Program Manager, Tailored Care Management	Program Specialist, Tailored Care Management	Population Health Coordinator
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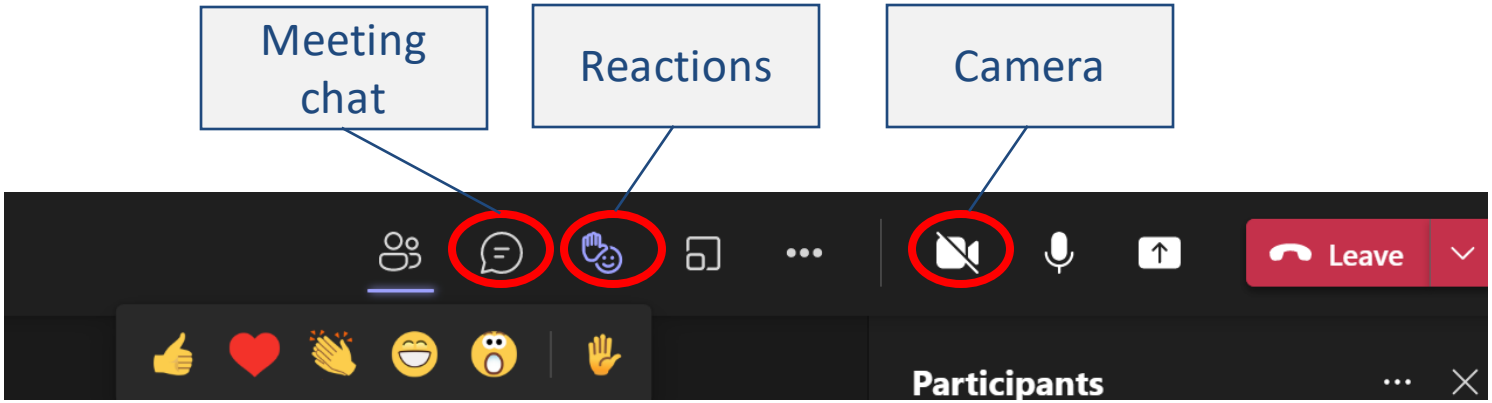
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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
DeVault Clevenger	Pinnacle Family Services	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
Beverly Gray	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.



Update on TCM TAG Membership Refresh

The Department is continuing the process to refresh the TAG membership and will launch the "refreshed" TAG July 2023. See below for a status update:

- Existing LME/MCO representatives will either continue serving on the TAG or change their specific plan representative.
- Some provider and consumer representatives will continue serving on the TAG for another term.
- The Department welcomes the following three new provider representatives to the TAG:

New TAG Member	Population Segments Served
RHA (CMA)	MH/SUD Adult/Child Co-Occurring Adult/Child IDD, Innovations Waiver
Greater Vision Counseling and Consultants (CMA)	MH/SUD Adult/Child Co-Occurring Adult/Child
Daymark (CMA)	MH/SUD Adult/Child

- The Department is continuing outreach to identify additional consumer representatives to serve on the refreshed TAG starting in July.

Policy Changes to Address Tailored Care Management Implementation Challenges

Tailored Care Management Policy Changes

Over the past few months, this group has shared concerns regarding the Tailored Care Management payment model and AMH+s'/CMAs' ability to sustain the model. In response, the Department is taking the below actions in efforts to stabilize and support AMH+s/CMAs in the ongoing implementation of the model:

- **Continuation of Blended Rate through June 30, 2024**
- **Suspension of Acuity-Based Contacts and Updates to Contact Monitoring Approach**
- **Clarification of In-Person Contact Expectations**

Additional details are on the following slides

Additionally, the Department is in the process of updating the Tailored Care Management Provider Manual to reflect the above and other changes; the revised manual will be released in the coming days.

Blended Rate Will Continue Through June 2024

On June 13, 2023, the Department announced that it will continue the blended Tailored Care Management rate ($269.66) through June 30, 2024, with an add-on of $78.94 for Innovations and TBI waiver participants and for members obtaining 1915(i) services.

- **Updated Policy:** To bill in any given month, the care manager, or extender where appropriate, must provide **one** qualifying contact. ***A qualifying contact is the delivery of one or more of the six Health Home services*** *(see appendix)* through phone/video/in-person with the member/guardian.

If providers met this criteria starting in December 2022, they may bill for the months when they delivered one qualifying contact to the member.

- **Existing/Continuing Policy:** LME/MCOs will continue to pay AMH+ practices and CMAs based on the completion of the first contact each month.
- **Existing/Continuing Policy:** AMH+s/CMAs will still need to submit a claim to the LME/MCO, and the LME/MCO will pay the provider the blended rate after the month of service.
- The Department is in the process of publishing an updated Tailored Care Management billing guide with more information for the field.

Suspension of Acuity-Based Contacts and Updates to Contact Monitoring Approach

Based on stakeholder concerns of system readiness and operational complexity, the Department is suspending acuity-based contact requirements. Care managers/care teams should use their clinical judgement and the results of the care management comprehensive assessment to determine the intensity of care management and the number of contacts a member needs.

- The blended payment rate of $269.66 assumes each consented and engaged member will receive two monthly contacts, including one in-person contact per quarter. Contacts that are not in-person can be telephonic/video. The Department is not enforcing these contact expectations and expects members may receive above or below this volume in reality.

- LME/MCOs and AMH+s/CMAs will not be held to acuity-based contact requirements at this time. Instead, they are expected to deliver the volume of contacts necessary to sufficiently serve each individual member. This volume is to be determined by the care manager/care teams.
  - The Department will observe the cumulative number of contacts delivered by an AMH+/CMA/plan across the consented and engaged member panel to see how it compares to the assumptions in the rates (i.e., to see if more or less contacts are being delivered than accounted for in the rates).
  - With this information, the Department will explore whether an acuity-based approach may be appropriate in the future to better align the payment rates with the level of effort required to engage meaningfully with different populations.
  - Failure to meet any previously established contact requirements will not result in corrective action during this period (length TBD).

Acuity Tier Data Should Be Used for Other Purposes

Providers won't be held to acuity-based contact requirements and the Department will not use monthly member contacts by acuity to recoup payments at this time. However, acuity tiers continue to provide useful information for LME/MCOs and AMH+s/CMAs. Acuity tier information should guide:

- **Decision making to address member needs.** Acuity tiers provide care managers with a preliminary indication of a member's level of need that can guide decision making (e.g., whom to prioritize for outreach, who may have significant immediate needs).
- **The timing for completing the care management comprehensive assessment.** Care managers must undertake best efforts to complete the care management comprehensive assessment within the following timeframes:
  - Members identified as high acuity: within 60 days of Tailored Care Management enrollment.
  - Members identified as moderate/low acuity: within 90 days of Tailored Care Management enrollment.
- **Care manager and supervising care manager assignments.** The assigned LME/MCO, AMH+, or CMA must assign a care manager who meets the minimum qualification requirements. If an individual is dually diagnosed with a behavioral health condition and an I/DD or a TBI, the organization should use their clinical judgement in assigning a supervising care manager and must ensure that the supervising care manager is qualified to oversee the member's care manager.
- **Risk stratification.** Acuity tiers can still serve as a method that LME/MCOs, AMH+s, and CMAs use to segment and manage their populations under Tailored Care Management.

In-Person Contact Expectations

To address questions from the field, the Department would also like to clarify expectations around in-person contacts:

- Tailored Care Management providers are expected to make a best effort attempt to complete the care management comprehensive assessment in person, in a location that meets the member's needs.
  - **Update:** For any members who have a guardian and for children/adolescents with a parent/guardian, a care manager should meet the member, and the member should participate in the assessment to the maximum extent they are able to.
- **Update:** For any members who have a guardian and for children/adolescents with a parent/guardian, telephonic or two-way real time video contact may be with a guardian in lieu of the member, only where appropriate or necessary. In-person contact must involve the member.
- **Update:** The Department also recognizes that in some instances members will have an urgent need that needs to be addressed before completing the care management comprehensive assessment.
  - As member needs are identified, providers can assist members with immediate needs and provide any urgent links/supports to address those needs.
  - This service can be billed as a Tailored Care Management contact as long as the member consents to participating in Tailored Care Management and the provider documents this consent.

Distribution of Additional Capacity Building Funding

Distribution of Additional Capacity Building Funding

The Department has identified additional capacity building funds to support the higher than anticipated outreach and start-up costs to achieve Tailored Care Management program sustainability.

As with previous rounds of capacity building funds, these resources will be distributed by the Department to the LME/MCOs based on completed milestones.

Available funding will be allocated to the LME/MCOs based on plans'

- member assignments to AMH+s/CMAs (as of 5/30/23),
- updated distribution plan requests, and
- stewardship of previously distributed funds.

Priorities for New Capacity Building Funding

The Department's priorities for this phase of capacity building funding include:

1) Helping to ensure Medicaid members eligible for Tailored Care Management services get the care management services they need to maximize their health with streamlined access to needed services

2) Stabilizing community-based Tailored Care Management providers that are effectively supporting members and still struggling to maintain their Tailored Care Management service line; providing additional resources based on distribution plan milestones to support their higher than anticipated costs for starting and implementing the Tailored Care Management program

3) Distribution of the funding will consider:
    a) Community-based Tailored Care Management providers' assigned panels,
    b) Allocations/distributions to date, and
    c) Historically Underutilized Provider (HUP) provider allocations.

Process to Distribute Additional Funds

- LME/MCOs reached out to AMH+s/CMAs to identify provider needs.
  NOTE
  - Funds are only available for Round 1 and Round 2 AMH+s/CMAs.
  - LME/MCOs are not required to allocate additional funds to all AMH+s/CMAs.
- LME/MCOs submitted distribution plan updates, based on AMH+/CMA needs, to the Department by Friday, June 23.
- Department will review and approve updated distribution plans from LME/MCOs by June 30, 2023.

Other Planned Activities

Tailored Care Management Focus Groups

The Department has scheduled June focus groups with Tailored Care Management providers who asked to discuss the program and Tailored Care Management implementation with the Department.

Provider-selected focus group topics include:

- Tailored Care Management provider panel issues
- Tailored Care Management staffing
- Dropped members and the process of getting them back on the panel
- Tailored Care Management revenue stream, billing, and sustainability

Other Planned Activities

In addition to the updates described today, the Department is taking the following steps to continue addressing challenges identified by the field.

- Evaluating the underlying assumptions of the Tailored Care Management rate methodology to determine if changes are appropriate based on experience in the field
- Continuing to clarify Tailored Care Management policy/program expectations and updating where needed
- Releasing an updated provider manual
- Working with the LME/MCOs to determine opportunities for increases in AMH+/CMA assignment panels
- Establishing a designation process for Tailored Care Management providers seeking to serve Transitions to Community Living (TCL) participants and providing additional guidance on staff roles/responsibilities for individuals in TCL
- Preparing for Medicaid coverage expansion and its implications for Tailored Care Management providers and eligible members

Questions?

Public Comments

Next Steps

Next Steps

Tailored Care Management TAG Members

- Review updates on Tailored Care Management webpage

Department

- Discuss feedback received during today's Tailored Care Management TAG meeting

Tailored Care Management TAG Meeting Cadence

Tailored Care Management TAG meetings will generally take place the fourth Friday of every month from 3:30-4:30 pm ET.

Upcoming 2023 Meetings:

July 28, August 25, September 22

Previous Meetings:

- **Meeting #1:** Friday, October 29, 2021, 3:00 – 4:30 pm ET (presentation, minutes)
- **Meeting #2:** Friday, November 19, 2021, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #3:** Friday, December 17, 2021, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #4:** Friday, January 28, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #5:** Friday, February 25, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #6:** Friday, March 25, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #7:** Friday, June 3, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #8:** Friday, June 24, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #9:** Friday, July 22, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #10:** Friday, August 26, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #11:** Friday, September 23, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #12:** Thursday, October 27, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #13:** Friday, November 18, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #14:** Friday, December 16, 2022, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #15:** Friday, February 24, 2023, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #16:** Friday, March 24, 2023, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #17:** Friday, April 28, 2023, 3:30 – 4:30 pm ET (presentation, minutes)
- **Meeting #18:** Friday, May 26, 2023, 3:30 – 4:30 pm ET (presentation, minutes)

Appendix

What Counts as a Qualifying Contact?

Tailored Care Management is built around the six core Health Home services. Below are examples of activities care managers may complete in delivering a qualifying Tailored Care Management contact (see Provider Manual for additional details):

- **Comprehensive care management**, including
  - Completion of care management comprehensive assessments and care plan/ISP
  - Phone call or in-person meeting focused on chronic care management
- **Care coordination,** including
  - Working with the member on coordination across settings of care and services (e.g., appointment/wellness reminders and social services coordination/referrals)
  - Assistance in scheduling and preparing members for appointments (e.g., phone call to provide a reminder and help arrange transportation)
- **Health promotion,** including
  - Providing education on members' chronic conditions
  - Teaching self-management skills and sharing self-help recovery resources
  - Providing education on common environmental risk factors including but not limited to the health effects of exposure to second- and third-hand tobacco smoke and e-cigarette aerosols and liquids and their effects on family and children

What Counts as a Qualifying Contact? *cont.*

- **Comprehensive transitional care/follow-up,** including
  - Visiting the member during the member's stay in the institution and be present on the day of discharge
  - Reviewing the discharge plan with the member and facility staff
  - Referring and assisting members in accessing needed social services and supports identified as part of the transitional care management process, including access to housing
  - Developing a 90-day post-discharge transition plan prior to discharge from residential or inpatient settings, in consultation with the member, facility staff, and the member's care team

- **Individual & family support,** including
  - Providing education and guidance on self-advocacy to the member, family members, and support members
  - Connecting the member and caregivers to education and training to help the member improve function, develop socialization and adaptive skills, and navigate the service system
  - Providing information to the member, family members, and support members about the member's rights, protections, and responsibilities, including the right to change providers, the grievance and complaint resolution process, and fair hearing processes

- **Referral to community & social support services,** including
  - Providing referral, information, and assistance and follow-up in obtaining and maintaining community-based resources and social support services
  - Providing comprehensive assistance securing key health-related services (e.g., filling out and submitting applications