

Tailored Care Management Technical Advisory Group (TAG)

Meeting #31

*Tailored Care Management Updates and
Tailored Plan Launch*

June 28, 2024

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

- **Welcome and Roll Call**
- **Tailored Care Management Provider Manual Updates**
- **Additional Tailored Care Management Updates**
- **Tailored Plan Launch**
- **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



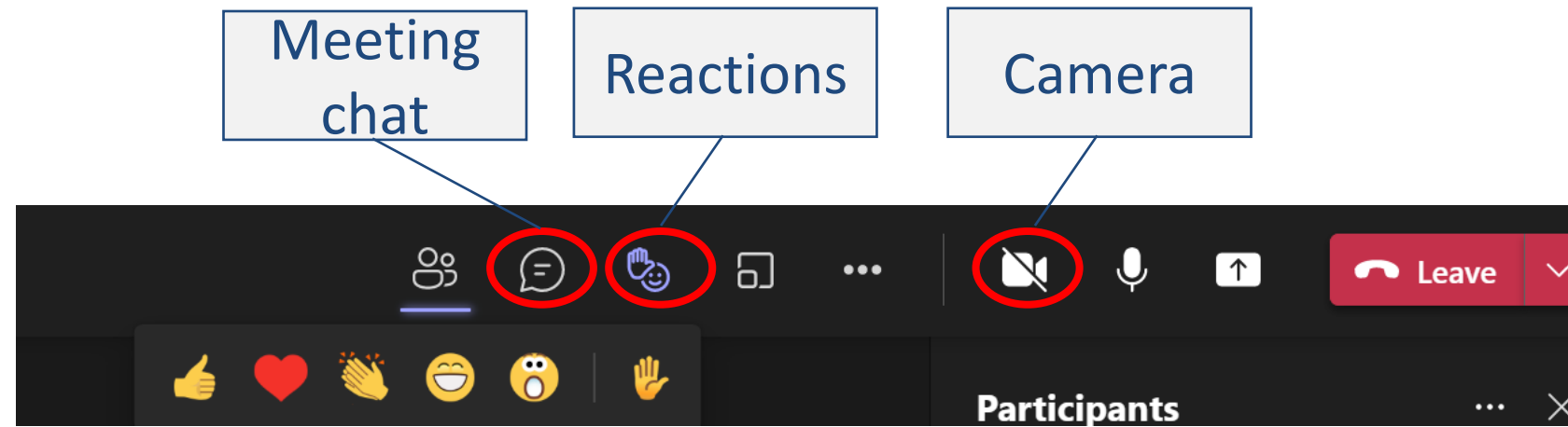
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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
Haley Huff	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.



Tailored Care Management Provider Updates

Updated Tailored Care Management Provider Manual

The Department released an updated Tailored Care Management Provider Manual on June 18, 2024. The [updated provider manual](#) and a [memo summarizing all updates](#) are posted on the Tailored Care Management webpage. These updates include:

- Details on the upcoming launch of Tailored Plans (*additional detail on later slides*)
- New policy on the use of clinically-appropriate assistive technologies for qualifying contacts (*additional detail on later slide*)
- Clarification on roles and responsibilities for crisis planning and response for participants in TCL
- Clarification on the care management data system (*additional detail on later slides*)
- New section on documentation guidance

Provider Manual
Tailored Care Management
Updated June 17, 2024

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Tailored Care Management Provider Manual
June 18, 2024

This document was updated on June 18, 2024. A summary of changes can be found in the Tailored Care Management Provider Manual Updates Memo, released on June 18, 2024. Revised standard terms and conditions are included to reflect these changes.

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

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Clinically-Appropriate Assistive Technologies for Qualifying Contacts

The updated provider manual notes that for members who request accommodations due to relevant health conditions, contacts can be delivered, at the discretion of the Tailored Plan / LME/MCO, AMH+, or CMA, using clinically-appropriate technologies (e.g., speech-to-text application, secure platforms for two-way instant messaging/texting).

- The Tailored Plan / LME/MCO, AMH+, or CMA must ensure that contacts are delivered in a manner that **ensures the security of protected health information** following compliance with all state and federal laws, including HIPAA and requirements related to records retention.
- In cases where two-way instant messaging/texting is utilized by the care manager and member who requested accommodations, **the instant messaging/texting must be via a secure portal meeting all Department required security and privacy requirements.**
- One way outreach where the member **does not respond and engage** with the care manager **does not count as a qualifying contact.**
- AMH+s/CMAs should **update existing policies** for communicating and sharing information with individuals and their legally responsible person/guardian **to include appropriate considerations for member accommodations.**

The Standard Terms and Conditions for Tailored Plan / LME/MCO Contracts with AMH+ Practices or CMAs (Appendix 1) were also updated to reflect these policy changes.

Clarification on Care Management Documentation

The Department has received various questions around whether the care management data system can be part of an electronic health record (EHR). The Department would like to clarify that a care management data system can either be a care management software platform **OR** a care management module within the EHR.

- The updated Tailored Care Management Provider Manual reflects and clarifies these care management data system requirements.
- AMH+s/CMAs may also use a care management software platform maintained by a CIN/Other Partner or Tailored Plan / LME/MCO.
- AMH+s/CMA are not required to use a Tailored Plan's or LME/MCO's system

AMH+s/CMAs may want to consider using their remaining capacity build funds to modify their current care management data system (e.g., adding a care management module to their established EHR).

Additional Tailored Care Management Updates

1915(i) Update

The 1915(i) assessment tool has been updated and is now live on the [Tailored Care Management webpage](#). All providers are expected to transition to the updated assessment tool by 9/30/24. The Department made the following updates to the 1915(i) assessment tool:

- We've clarified that, "MID" is defined as the Medicaid ID (MID).
- A new field has been added to clarify whether this is a reassessment for 1915(i) services.
- The question *"Is the individual in need of habilitative/rehabilitative services"* has been separated into two questions:
 - Is the individual in need of rehabilitative service for Instrumental Activities of Daily Livings (IADLs), Social Skills, or Employment Skills?
 - Is the individual in need of habilitative service for Activities of Daily Living (ADLs), IADLs, Social Skills, or Employment Skills?

Name	
MID (Medicaid ID)	
DOB	

Is this a reassessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------	------------------------------	-----------------------------

Is the individual in need of rehabilitative service for IADLs, Social Skills, or Employment Skills?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment: _____
Is the individual in need of habilitative service for ADLs, IADLs, Social Skills, or Employment Skills?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment: _____

Tailored Plan Launch

Tailored Plan Launch



**Tailored Plans will be launching statewide
on July 1, 2024.**

The Department would like to thank all TAG
members for their support and continued
partnership.



Context: North Carolina Medicaid System

North Carolina's Medicaid delivery system consist of various components. The focus of today's conversation is Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans, which are launching July 1, 2024.

Medicaid Managed Care Plans

NC Medicaid Direct

Existing Fee For Service Delivery System; Includes LME/MCOs for Behavioral Health and I/DD services

Individuals delayed, excluded, or exempt from integrated Medicaid managed care (e.g., dual eligibles, long-stay nursing population)

Tailored Plan

Launching July 1, 2024

Individuals with serious mental illness (SMI), serious emotional disturbance (SED), severe substance use disorder (SUD), I/DD, or Traumatic Brain Injuries (TBI)

Standard Plan

Launched July 2021

Majority of Medicaid population

Children and Families Specialty Plan

Request for Proposal released February 2024

Children and youth currently and formerly involved in the child welfare system and their families

Eastern Band of Cherokee Indians (EBCI) Tribal Option

Launched July 2021

Tribal members and their families. Provides physical health and Rx through NC Medicaid Direct; case management

Most individuals who are currently covered by NC Medicaid Direct and are using services for their mental illness, severe substance use, I/DD, or TBI will move to a Tailored Plan as of July 1.

Overview of Tailored Plans

Tailored Plans are a *new* kind of NC Medicaid Managed Care health plan, launching July 1, 2024.

Tailored Plans include services for people with more intense needs, including people with:

**Serious Mental
Illness (SMI)
&
Serious Emotional
Disturbance (SED)**

**Severe
Substance
Use
Disorders
(SUD)**

**Intellectual/
Developmental
Disabilities
(I/DD)**

**Traumatic
Brain
Injuries
(TBI)**

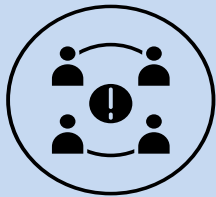
**Individuals who currently get NC Medicaid services for these needs may be moved to a Tailored Plan.
The name is changing, but the services are not.**

More about Tailored Plans



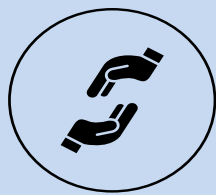
Tailored Plans are designed to put members first

Members will receive Medicaid services through their Tailored Plan, an integrated managed care plan providing access to a broad set of services to address whole-person needs (*see next slide*).



All member's health needs are met in one plan

With a Tailored Plan, a member's physical health, pharmacy, Behavioral Health, IDD, TBI, LTSS and unmet health related resource needs are all addressed in one health plan.



Support from Tailored Care Managers

Tailored Care Managers help members get the medical or specialized care they need. They can help schedule members' medical appointments, arrange transportation, help with food/housing insecurity, employment, and more.

Services Offered by Tailored Plans



Tailored Plans are “tailored” for people who have more complex health needs and who need long-term rehabilitation and care, either in a treatment facility, at home, or in the community.



Tailored Plans offer certain services that Standard Plans don't have.

Examples of Tailored Plan services include

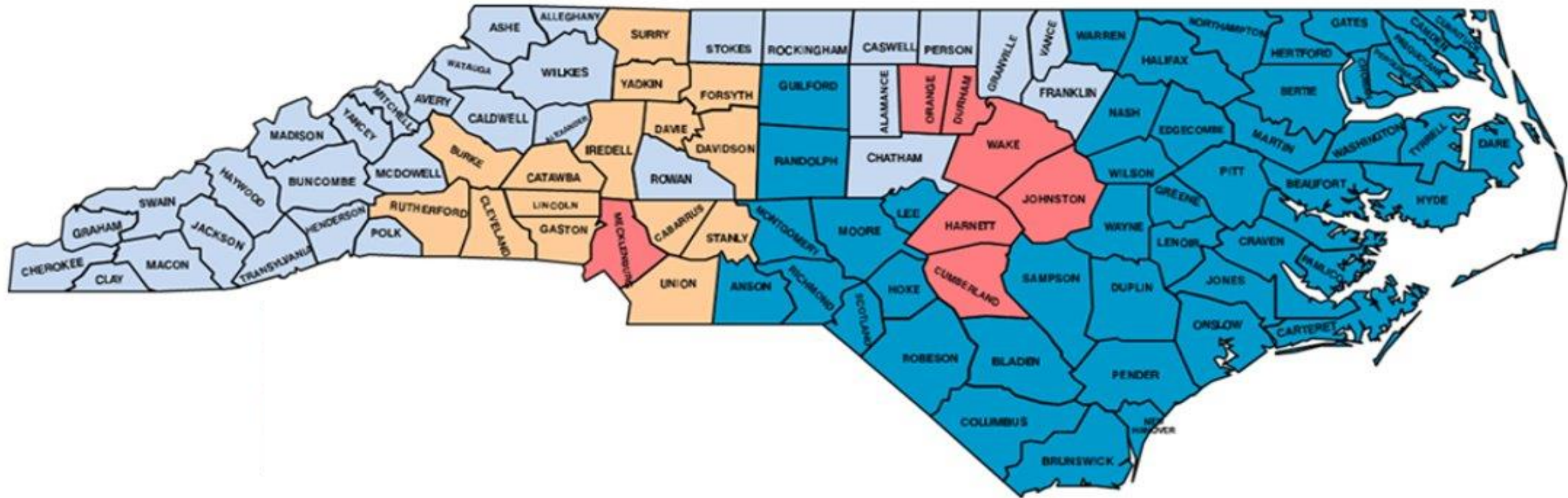
- ✓ Assertive community treatment (ACT)
- ✓ Child and adolescent day treatment services
- ✓ Community support team (CST)
- ✓ Residential treatment facility services
- ✓ Substance abuse medically monitored residential treatment
- ✓ Substance abuse non-medical community residential treatment
- ✓ Innovations Waiver services*
- ✓ Intermediate Care Facility for individuals with Intellectual Disabilities (ICF-IID) services*
- ✓ State-Funded (non-Medicaid) services
- ✓ TBI Waiver services*
- ✓ Transitions to Community Living (TCL) program services*

This is not an inclusive list of Tailored Plan services

*Members who receive these services must be in a Tailored Plan. These services are also offered by NC Medicaid Direct for people who would otherwise be in a Tailored Plan if not being in an exempt, excluded, or delayed group.

4 Tailored Plans Will Serve North Carolina

Tailored Plans will be managed by the four existing Local Management Entity/Managed Care Organizations (LME/MCOs) serving North Carolina: Alliance, Partners, Trillium, and Vaya. If an individual is moving to a Tailored Plan, the Tailored Plan will be managed by one of these four companies.



Alliance 800-510-9132

Partners 888-235-4673

Trillium 877-685-2415

Vaya 800-962-9003

For an interactive map, visit: <https://www.ncdhhs.gov/providers/lme-mco-directory>

How Members Can Get a Tailored Plan

A letter was mailed in mid-April informing eligible individuals which Tailored Plan they are in. Tailored Plan assignment is based on the *county* where a person gets Medicaid benefits.



Auto-Enrollment for Existing Medicaid Members

- Members who already have NC Medicaid had their eligibility for Tailored Plans automatically reviewed.
- Members moving to a Tailored Plan were sent a new member health plan ID card and welcome packet from their Tailored Plan.



Request to move to a Tailored Plan



- For members who have mental health disorders, SUD, I/DD or TBI support needs and believe they are Tailored Plan-eligible, the member or their providers can ask to move to a Tailored Plan by submitting a request form.
- The “Request to Move to NC Medicaid Direct or LME/MCO” form can be accessed online at: <https://ncmedicaidplans.gov/en/member-resources>

NOTE: Individuals may decline/refuse to enroll in a Tailored Plan and enroll in a Standard Plan instead, but some services are only available in the Tailored Plan.




(See slide 6 for some of the Tailored Plan specific services. Please note that all Tailored Plan services are not listed.)

What Is New and What Is Staying the Same for Members

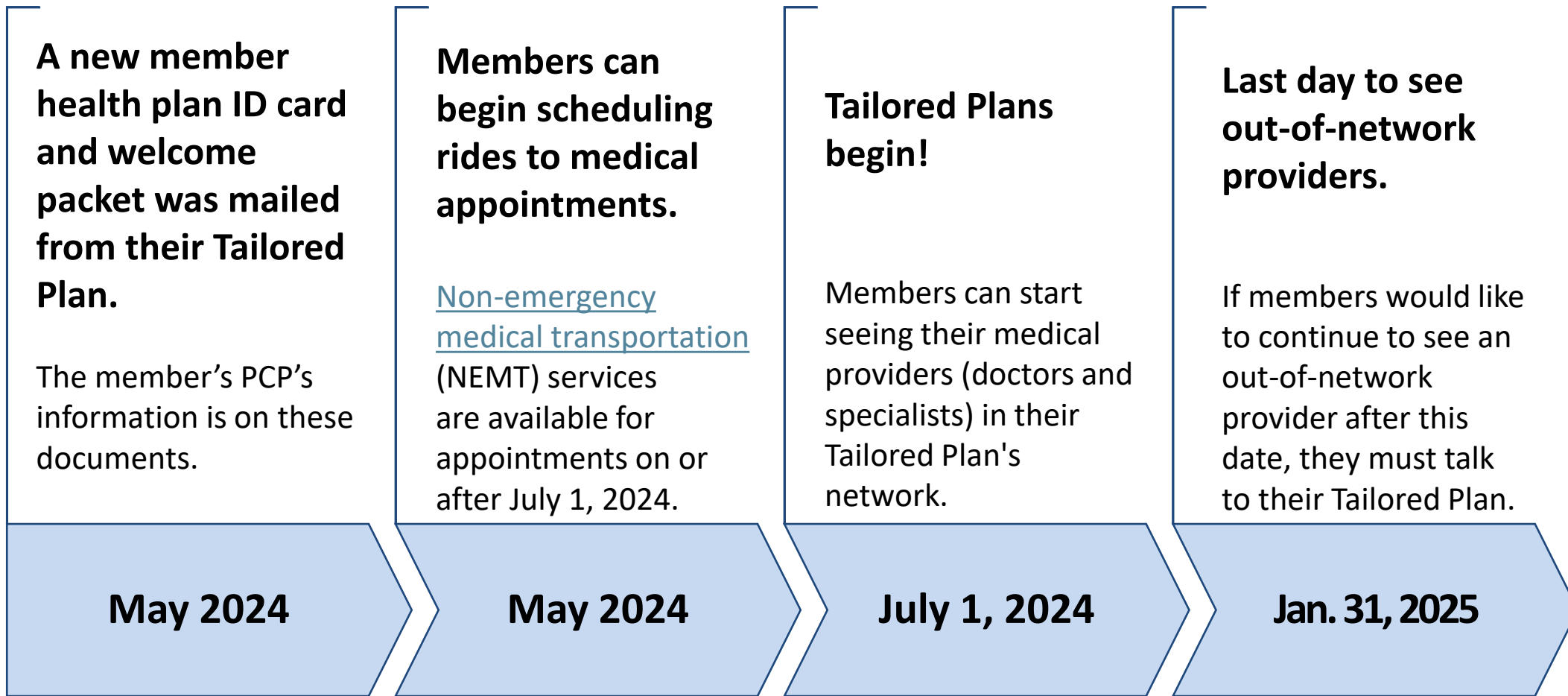
What is New for Members?

-  **Providers must be in-network**
Members' providers (doctors and specialists) must be in the Tailored Plan's network (also called "in-network") to be covered. However, members can keep seeing their current providers until Jan. 31, 2025, even if they are "out of network" for the Tailored Plan.
-  **Members must choose a new PCP if theirs is not in-network**
Members who do not choose a Primary Care Provider (PCP) in their Tailored Plan's network will have one assigned to them. **Members have until Jan. 31, 2025, to change their PCP without cause.**

What is Staying the Same?

-  **Plan covers the same services as before**
This includes I/DD, TBI, mental health, substance use, and care management services.
-  **Waiver and Waitlist members keep their spots**
Innovations and TBI Waiver members keep their slots.
-  **Same Tailored Care Manager**
Members have access to a Tailored Care Manager, who can help members get needed health services. For members who have an existing Tailored Care Manager, they won't change.

Timeline for Members Moving to Tailored Plans



Members not Moving To Tailored Plans

After Tailored Plans launch on July 1, 2024, several populations will remain in NC Medicaid Direct and will not move to Tailored Plans because they are delayed or excluded from managed care.

- ✓ Instead of enrolling in a Tailored Plan, these populations will continue to obtain their Medicaid coverage and Tailored Care Management through NC Medicaid Direct.
- ✓ Members who remain in NC Medicaid Direct will keep their existing providers and assigned Tailored Care Management care manager, providing continuity for members during this transition.

Populations delayed or excluded from managed care upon Tailored Plan launch include:

1. Foster care, adoption, former foster youth populations Individuals who are dually eligible for Medicaid/Medicare and have full Medicaid
2. Long-stay nursing home beneficiaries
3. Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) 1915(c) waiver enrollees (children and adults with physical disabilities and/or who are medically fragile)
4. Individuals who are considered “medically needy” and in the spend-down group
5. Individuals in the Health Insurance Premium Payment (HIPP) Program
6. Individuals who are federally recognized tribal members or others eligible for Indian Health Service



All Members in Tailored Plans Are Eligible for Tailored Care Management

Individuals receiving Tailored Care Management today and are moving to a Tailored Plan on July 1, 2024, will continue to get Tailored Care Management from their existing assigned care manager. Individuals will not experience any disruption in their care management.

Tailored Care Management offers support to help members get the medical care they need and can help with:



Arranging medical appointments



Help members join prevention programs



Find resources for home maintenance and repairs



Find medicine and medical supplies



Find housing options and financial help



Support transitions out of hospital or nursing facilities



Provide support with chronic health issues



Locate after school care or childcare



Arrange transportation

Recap: Duplicative Services and Opting out of Tailored Care Management.

Eligible members are *auto enrolled* in Tailored Care Management unless they (1) are receiving a service duplicative to Tailored Care Management or (2) decide to opt-out of Tailored Care Management. Individuals who are in NC Medicaid Direct can get Tailored Care Management if they have a Behavioral Health condition, I/DD, or TBI.

The member is receiving a service Duplicative to Tailored Care Management

Services duplicative of Tailored Care Management are:

- Assertive Community Treatment (ACT)
- Child ACT
- Critical Time Intervention
- Primary care case management*
- High Fidelity Wraparound (HFW)
- Tribal Option*
- Program of All-Inclusive Care for the Elderly (PACE)*
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)
- Stays of 90+ days in a Skilled Nursing Facility
- Community Alternatives Program for Children (CAP/C) waiver services*
- Community Alternatives Program for Disabled Adults (CAP/DA) waiver services*
- Care Management for At-Risk Children (CMARC)

OR

The member decides to opt-out of Tailored Care Management

Members can choose not to use (opt-out) Tailored Care Management.

- To do so, members must contact their LME/MCO and request to opt-out of Tailored Care Management.
- Members can opt-out of Tailored Care Management at any time without any changes to other services they get.

*Population will remain in NC Medicaid Direct and will not move to a Tailored Plan.

Additional Resources



Additional resources on Tailored Plans and Tailored Care Management are available at:

- ✓ <https://medicaid.ncdhhs.gov/tailored-plans>, and
- ✓ <https://medicaid.ncdhhs.gov/tailored-care-management>



The Department encourages Tailored Care Management providers to contact their LME/MCO for specific concerns and issues. Tailored Care Management providers can also contact the Provider Ombudsman.



The Department can also be reached at
Medicaid.HelpCenter@dhhs.nc.gov.

Questions?



Looking Ahead: July TAG Meeting



Are there specific topics that you would like to discuss during the next TAG meeting scheduled for July 26, 2024?

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.

Upcoming 2024 Meeting:

July 26, August 23

Previous Meetings:

- **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](#))
- **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](#))