

Tailored Care Management Technical Advisory Group (TAG)

Meeting #32

Tailored Care Management Updates and
Transitions to Community Living Roundtable

July 26, 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 Plan Launch: Flexibilities to Ease Provider Administrative Burden**
- **Tailored Care Management Updates**
 - **Clinically-Appropriate Assistive Technologies for Qualifying Contacts**
 - **Provider Manual Updates: Documentation Guidance Section**
 - **Transitions to Community Living (TCL) Roundtable**
 - **TCM Monitoring Tool Pilot**
- **Public Comments**

Welcome and Roll Call

Department of Health and Human Services

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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

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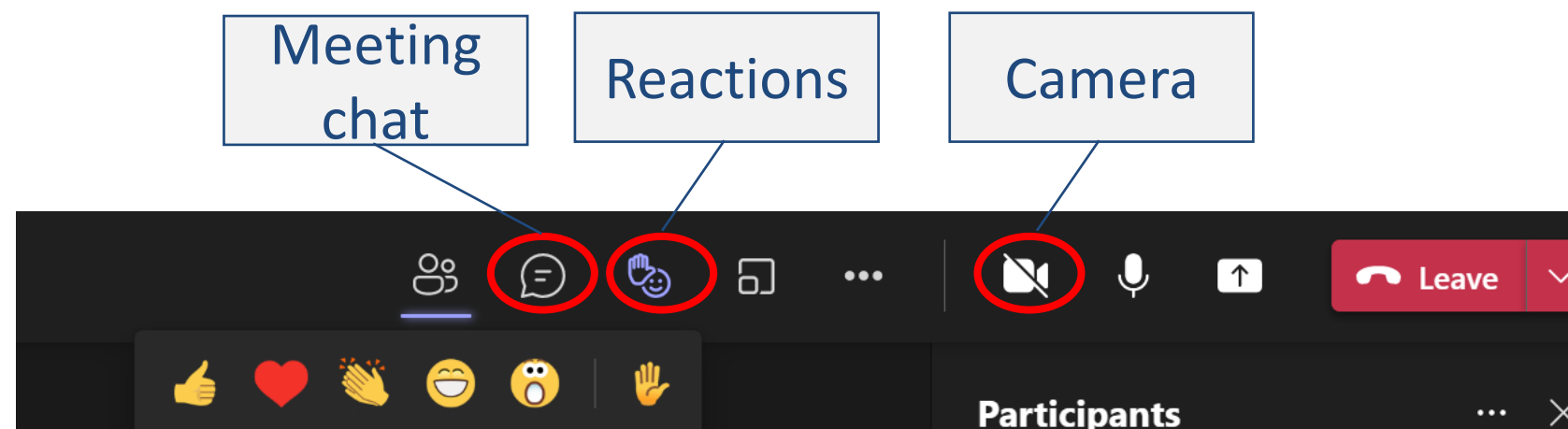
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Tailored Care Management TAG Membership

Name	Organization	Stakeholder
Erin Lewis	B&D Integrated Health Services	Provider Representative
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 Plan Launch: Transition of Care

Tailored Plan Launch: Transition of Care

In previous TAG meetings, the group requested to review policies in place after Tailored Plan launch to help ensure smooth transitions of care for members moving into a Tailored Plan.

The Department has implemented the following policy flexibilities to ease provider administrative burden at launch and ensure individuals receive uninterrupted care.

Flexibilities to Ease Provider Administrative Burden and Ensure Members Receive Uninterrupted Care at Tailored Plan Launch

Policy Flexibilities

▪ Out of Network Provider Rates:

- Between July 1, 2024, and Sept. 30, 2024, in addition to out of network requirements found in the Department's Transition of Care policy, **Tailored Plans must also pay for services for Medicaid-eligible nonparticipating/out of network providers equal to those of in network providers for 91 days after Tailored Plan launch.** Medically necessary services for physical and behavioral health will be reimbursed at 100% of the NC Medicaid fee-for-service rate for both in- and out- of network providers.
- Starting on Oct. 1, 2024, out-of-network providers with whom the Tailored Plan has made a good faith effort to contract will be reimbursed at no more than 90% of the Medicaid fee-for-service rate. *Note: Out of network providers must still be enrolled in NC Medicaid to be reimbursed by the Tailored Plan.*

▪ Out of Network Providers Follow In-Network PA Rules:

- Between July 1, 2024, and Jan. 31, 2025, Tailored Plans will permit uncontracted, **out of network providers enrolled in NC Medicaid to follow in-network provider prior authorization rules.** Starting on Feb. 1, 2025, out-of-network providers must seek authorizations for all services.

If members are experiencing issues with continuing to see their out of network provider during the specified date, please submit an [Ombudsman ticket](#).

Please see the [bulletin on flexibilities](#) for additional information.

Clarification on Clinically-Appropriate Assistive Technologies For Qualifying Contacts

Clarification on Clinically-Appropriate Assistive Technologies for Qualifying Contacts

The Department received questions regarding the new policy on the use of clinically-appropriate assistive technologies for qualifying contacts.

The following slides provide answers to these questions.

Reminder: New Policy on Clinically-Appropriate Assistive Technologies for Qualifying Contacts

As a reminder, 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.
 - Tailored Plans / LME/MCOs, AMH+s, and CMAs are responsible for vetting compliance with HIPPA and other laws; as was the case when purchasing care management platforms and other technologies.
- 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.

FAQ #1: Documentation of Health Condition for Assistive Technologies



Does a member need to have documentation of a relevant health condition to request clinically-appropriate assistive technologies (e.g., speech-to-text application, secure platforms for two-way instant messaging/texting) for Tailored Care Management qualifying contacts?



- **Yes, as specified in the Provider Manual, member preferences for accommodation requests should be documented in the care plan/ISP and reviewed with the supervising care manager. This update to the care plan/ISP can be made as part of the next care plan/ISP update.***
- Additionally, the care manager should update the care management service record to document the accommodations due to relevant health conditions.

* Per the Provider Manual, The AMH+ or CMA must ensure that each Care Plan or ISP is regularly, comprehensively updated, incorporating input from the member and members of the care team, as part of ongoing care management: At minimum every 12 months; When the member's circumstances or needs change significantly; At the member's request; Within 30 days of care management comprehensive (re)assessment; Following a change in the member's foster care placement living arrangement or (as appropriate; and/or after specific triggering events.

FAQ #2: Relevant Health Condition for Assistive Technologies



What relevant health conditions may warrant the delivery of clinically-appropriate assistive technologies (e.g., speech-to-text application, secure platforms for two-way instant messaging/texting)?



- An individual who has a condition that affects their ability to receive, comprehend, or process information may request clinically appropriate assistive technologies (e.g., speech-to-text application, secure platforms for two-way instant messaging/texting) to ensure effective communication and support. The Department recognizes that there may be a variety of conditions that may warrant such technologies and leaves this at the discretion of the Tailored Plan / LME/MCO, AMH+s, or CMA.

FAQ #3: Qualifying Real Time Member Contact



Can communication over email count as a qualifying contact using clinically-appropriate assistive technology (e.g., speech-to-text application, secure platforms for two-way instant messaging/texting)?



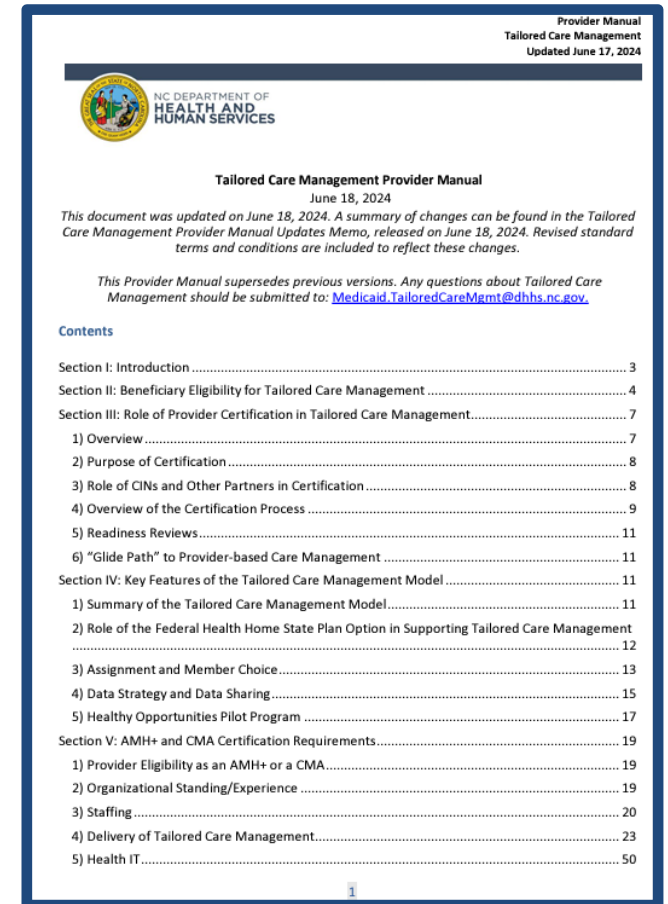
- **Email exchange does not count as a qualifying contact at this time.**

Tailored Care Management Provider Manual Update: Documentation Guidance Section

Documentation Guidance Section of the Provider Manual

As previously discussed during the June 2024 TAG meeting, the Department released an updated Tailored Care Management Provider Manual on June 18, 2024.

In the following slides, the Department further details the new section on documentation guidance (Section IX).



Provider Manual
Tailored Care Management
Updated June 17, 2024

NC DEPARTMENT OF
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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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The [updated provider manual](#) and a [memo summarizing all updates](#) are posted on the Tailored Care Management webpage.

General Documentation Guidance

The Provider Manual includes a new section that provides information and guidance on documentation standards to ensure clear, concise, and correct documentation.*

Documentation Guidance Dos

- ✓ **Ensure Accuracy:** Document information as observed or reported.
- ✓ **Record Timely:** Document significant details promptly to avoid inaccuracies.
- ✓ **Be Objective:** Avoid drawing conclusions; clearly distinguish professional opinions from facts.
- ✓ **Be Specific and Descriptive:** Provide detailed, meaningful descriptions without unnecessary verbosity.
- ✓ **Maintain Consistency:** Explain any contradictions and provide reasons for discrepancies.

Documentation Guidance Don'ts

- × **Be Unprofessional or Biased:** Avoid critical or biased remarks about services or individuals unless necessary for documentation, with proper justification.
- × **Use Names Inappropriately:** Limit the use of names to clinically relevant situations; ensure consent and privacy considerations.
- × **Rely on Unsubstantiated Information:** Only document information based on facts, reports, or direct observations.

Tailored Care Management Service Record and Service Note

The service record is the official document that reflects all the aspects of Health Home service delivery, providing the essential evidence of the quality of care delivered. Care management service notes are the heart of the care management service record, documenting the care management activities conducted on behalf of a member.

Tailored Care Management Service Record

- The service record helps to ensure that the member's needs are being met, and that care is coordinated among providers
- All information developed or received by the AMH+/CMA about the assigned member receiving Tailored Care Management should be included in the service record, including:
 - Consent to participate in Tailored Care Management (can be verbal and then documented)
 - In case of emergency information
 - Results of the care management comprehensive assessment
 - Accommodations due to relevant health conditions
- All contacts completed with member or on behalf of member should be documented via a service note, which is stored within the service record. While there are no specific formats required, all service notes should include, but are not limited to the following
 - Member's name, name of collateral contacts (as applicable), and legally responsible person/guardian contact (as applicable)
 - Health Home service/care management activity attempted or provided
 - Date of care management activity
 - Goal addressed/tasks performed
 - Staff signature (Electronic or digital signatures on documents within the service record are permissible)

Additional information about the service record and service note are included in the [updated provider manual](#).

Transitions to Community Living (TCL) Roundtable

Tailored Care Management for Transitions to Community Living (TCL) Roundtable

The Department launched a roundtable to identify and resolve gaps and needs for TCL participants transitioning from their plan-based Tailored Care Management services to a community-based provider.

- The roundtable will consist of providers with TCL distinction, the Tailored Plans / LME/MCOs, and the Department and will meet monthly.
- The roundtable aims to serve as a space for members' TCL teams and Tailored Care Management teams to communicate and effectively collaborate to ensure quality of care and best member outcomes.

Standing discussion topics may include:

- Warm hand-off process
- Alignment on Tailored Care Management and TCL after member transitions
- Transition barrier identification
- Member/guardian participation
- Crisis prevention/intervention
- TCM focus on linking member to behavioral health and physical health providers
- Interaction with physical health teams for assessment recommendations leading to physician orders for physical and specialty care services

Update on TCM Monitoring Tool Piloting

Draft TCM Statewide Monitoring Tool Update

Pilot Update

All MCO/Tailored Plans initiated a pilot TCM review with Monarch the week of June 24th.

- Each MCO/Tailored Plan sample included 20 members with TCM claims during the period January 1, 2024 – March 31, 2024

Strengths of the Tool

- ❖ The tool is comprehensive and covers all aspects of TCM requirements.
- ❖ The sample size was adequate (10 members per population segment served).

Draft TCM Statewide Monitoring Tool

Next Steps

The LME/MCO workgroup is scheduled to meet on July 30, 2024

Topics to review - Tool improvement and Process Improvement:

- Initial request for documentation did not accurately capture what was needed for the review
 - ✓ Updates to the initial documentation request form
- Explore additional documentation review options (access to care management platform, documentation upload, screenshots of documentation)
- Updates needed to the Individual Records and Personnel List tabs for ease of use by the reviewers
- Updates to documentation requirement items to reflect the updated June 18, 2024 TCM Manual
- Review for updates to specific items on the Tools based on the pilot reviews
 - ✓ Redundancies in questions that may result in inadvertent lowering of score
 - ✓ Training certificates vs. AHEC training site – discuss options for ease of tracking and verification
 - ✓ Tool formatting updates for ease of use of the Tools for the reviewers
- Documentation of TCM provider strengths
- Overview of Technical Assistance Plans and process

Questions?



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:

August 23 and September 27

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](#))
- **Meeting #31:** Friday, June 28, 2024 ([presentation](#), [minutes](#))