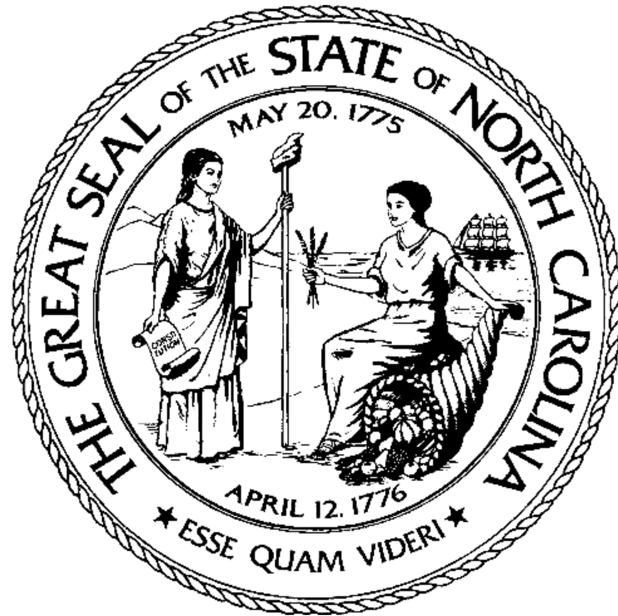


Tailored Care Management Technical Advisory Group (TAG)

Meeting #29
Role of Care Management In Integrated Care and Tailored Care Management Updates

April 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

- Tailored Plan Launch: Care Management is Key to Integrated Care
- Tailored Care Management Updates
    - Update on Round 4 Certification
    - Clarifying Acuity-Based Contact Requirements and Payment Rates
- Monitoring Tool
- Discussion

Welcome and Roll Call

Department of Health and Human Services

Kristen Dubay, MPP	Loul Alvarez, MPA	Regina Manly, MSA	Eumeka Dudley, MHS	Gwendolyn Sherrod, MBA, MHA	Tierra Leach, MS, LCMHC-A, NCC
Chief Population Health Officer	Associate Director, Population Health	Senior Program Manager, Tailored Care Management	Program Lead, Tailored Care Management	Program Lead, Tailored Care Management	Program Specialist, Tailored Care Management
Contact: Medicaid.TailoredCareMgmt@dhhs.nc.gov					

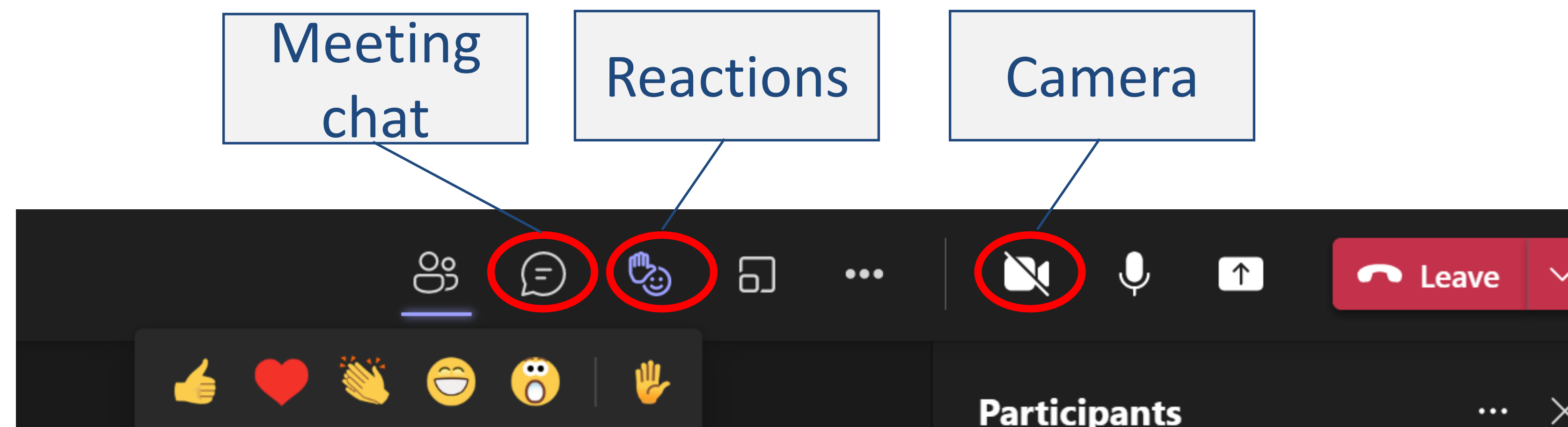
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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 Plan Launch:

Care Management is Key to Integrated Care

Care Management is Key to Integrated Care

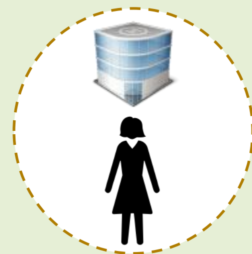
With Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans (Tailored Plans) set to launch on July 1, 2024, the Department would like to highlight the crucial role care management plays in integrated care.

Vision for Medicaid Transformation

Tailored Plans will continue to advance the Department's Medicaid Transformation vision. Under the Medicaid Transformation, most individuals will receive Medicaid services through integrated managed care plans (e.g., Tailored Plans, Standard Plans). A small percentage of high-needs individuals will remain in NC Medicaid Direct.

Tailored Plans

Members who transition to Tailored Plans will be enrolled in integrated, comprehensive Medicaid managed care plans.

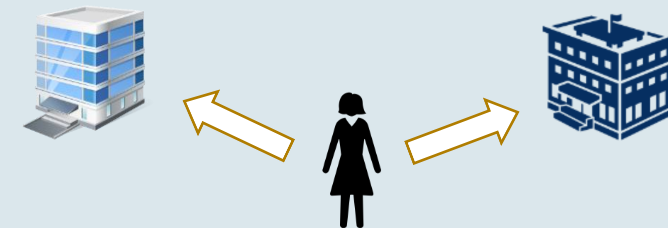


Tailored Plans provide access to a broad set of services to address whole-person needs, which include:

- Physical health
- Behavioral health
- I/DD and TBI-related needs
- Long-term services and supports (LTSS) needs
- Pharmacy needs

NC Medicaid Direct

Members who remain in NC Medicaid Direct will continue to receive services as they currently do.



NC Medicaid Direct provides:

- Physical health services
- LTSS
- Pharmacy benefits

LME/MCOs provide:

- Behavioral health services
- I/DD services
- TBI services

Tailored Care Management supports eligible members in receiving integrated care management in Tailored Plans and NC Medicaid Direct.

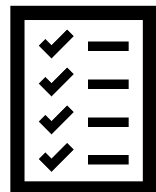
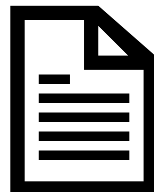
Care Management Is Key to Integration

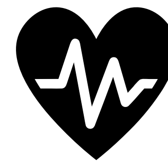
- **Care management is foundational to the success of Medicaid Transformation and provides the "glue" for integrated care, fostering coordination and collaboration among care team members across disciplines and settings.**
- **Integration is particularly important for the Tailored Plan population given that by design, all Tailored Plan members have complex needs associated with a behavioral health condition, I/DD, or TBI.**
- **Tailored Care Management was built on the principle that provider- and community-based care management is crucial to the success of fully integrated managed care. The same expectations for whole-person care management exist regardless of whether the member is obtaining Tailored Care Management at a Tailored Plan, AMH+ practice, or CMA.**

How Do Care Managers Deliver Integrated Care Management?

Tailored Care Management includes the following components that help identify and address a member's whole-person needs:

1. Care management comprehensive assessment
2. Care plan/Individual Support Plan (ISP)
3. Engagement and coordination with a member's Primary Care Physician (PCP)
4. Engagement and coordination with other members of the care team
5. Referrals to services addressing unmet health-related resource needs
6. Access to member data and insights from the care management data system



Discussion on the Integration of Care

How is Tailored Care Management supporting integration?

- **Do you have examples of care managers addressing both a member's physical health and behavioral health-related needs?**
- **What are strategies for convening interdisciplinary care teams?**
- **How are care managers ensuring that members are connected to primary care?**
- **How are care managers connecting members to services addressing their unmet health-related resource needs?**

Tailored Care Management Updates

Update on Round 4 Tailored Care Management Certification

- **The Department is focused on improving Tailored Care Management assignments for Round 1-3 providers, and at this time, will not pursue a Round 4 certification for AMH+s and CMAs.**
- **LME/MCOs will inform the Department of any provider gaps (e.g., geographic gap or population segment—behavioral health, I/DD, adult, child) and work with the Department to make exceptions for providers that would fill a current gap.**

Clarifying Acuity-Based Contact Requirements and Payment Rates

The Department is aware that there is confusion amongst stakeholders on the role of acuity tiers in the model. The Department no longer requires acuity-based contacts and does not tier monthly payments by acuity.

- **The Department does NOT require care managers to deliver contacts based on a member's assigned acuity tier (i.e., acuity-based contact requirements).** To submit a claim for payment for a member in a month, plans and providers are required to deliver at least one qualifying contact.*
- **As of June 13, 2023, the Department announced that it would continue using the single payment rate and not move forward with implementing acuity-based payment rates.**
- Although the Department **does not intend to implement/re-launch acuity-based contact requirements** in the future, we will be reviewing and determining generally expected population-based engagement rates.
- Members' acuity tiers are shared with LME/MCOs and AMH+s/CMAs **as a tool to inform decision-making** to address member needs, assignment of care manager, and risk stratification.
  - For example, 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). **However, care managers should still use their clinical judgement and the results of the care management comprehensive assessment to determine the member's needs and acuity.**

Please note that the Provider Manual and PIHP/TP Contracts will be updated to reflect this policy.

* A qualifying contact is defined as a member-facing interaction (telephone call, two-way real time audio/video, or in-person) that includes the member and/or legally responsible person/guardian, as indicated, that fulfills one or more of the six core Health Home services.

Discussion on Acuity Tiers

- **Do plans/providers find the acuity tiers useful to inform decision-making?**
- **What other data are you using to inform initial decision-making (including additional data shared by the LME/MCOs)?**

Tailored Care Management Monitoring Tool

Draft TCM Statewide Monitoring Tool

The Tailored Care Management (TCM) Monitoring Tool was developed through collaboration with all LME/MCOs, NCQA, and the Department to ensure adherence to the required guidelines of the Tailored Care Management model and to monitor the quality of services in a standardized and consistent way.

Draft TCM Statewide Monitoring Tool

Pilot

- The LME/MCOs will be ***piloting the TCM Monitoring Tool in June,*** which will allow us to identify any initial barriers in the process and make final edits to the Tool if needed.
  - Thank you to Monarch for graciously agreeing to be our collective statewide TCM provider for the pilot.
  - Each LME/MCO will also be reaching out to smaller regionally-specific providers for inclusion in the pilot; only one provider will be selected per LME/MCO for the pilot.
  - The pilot providers will receive technical assistance and not corrective action plans.

Draft TCM Statewide Monitoring Tool

Overview of Initial Monitoring After Pilot

- Initial monitoring reviews will begin after Tailored Plan launch. All initial monitoring reviews are for the purpose of technical assistance, and not corrective action plans.

- The initial monitoring review will be a sample of up to 10 engaged Tailored Care Management members per population segment served as evidenced by paid claims, with a cap of 30 total members.
  - The review sample will be based on paid claims within the timeframe ranging from 6 months to 3 months before the monitoring period (~90-day timeframe). For example, if the monitoring period starts 8/1/2024, then the claims would be sampled from February 1, 2024 – April 30, 2024.

- Providers will be notified 28-days in advance of the intended monitoring activities. This will allow time for providers to work with their care management platform vendors to establish user login access for the monitoring staff. Each LME/MCO / Tailored Plan will work with providers regarding access to records.

Draft TCM Statewide Monitoring Tool

Review Tools

The Monitoring Tool is an excel workbook that contains 7 active TCM Review Tools:

- TCM Monitoring Tool – this is the primary review tool
- 5 Addendum Tools – secondary tools used in addition to the primary TCM Monitoring Tool for members in special populations
    - Foster Care, Adoption Assistance, Former Foster Care Youth Addendum
    - 1915(i) Addendum
    - Innovations-TBI Waiver Addendum
    - Community Inclusion Addendum
    - Transitions to Community Living (TCL) Addendum *(Future Tool)*
- Staff Qualifications Worksheet

Draft TCM Statewide Monitoring Tool

Review Items

- The TCM Monitoring Tool has 73 review items:
  - 23 review items related to the Care Management Comprehensive Assessment
  - 14 review items related to the Care Plan/ISP
  - 13 items related to the general provision of care management
  - 7 items related to documentation
  - 16 items are situational based on age (child/adult) or a triggering event (e.g., ED, inpatient admission)
- Each Addendum Tool has 5 to 14 review items.

All review items can be directly cross-walked to the Tailored Care Management Provider Manual. The corresponding section number from the Tailored Care Management Provider Manual is included in each review item on all Tools.

Draft TCM Statewide Monitoring Tool

Scoring

- There are three (3) scoring options:
  - ❑Met
  - ❑Not Met
  - ❑Not Applicable (N/A)
- Each tool includes a “Resources” column to the right of each review item, which identifies the evidence to be reviewed to determine the score.
- When an item is found to be not applicable, it is not factored into the score for that item in the tool.

Draft TCM Statewide Monitoring Tool

TCM Monitoring Tool (Primary Tool)

NC Standardized Care Mangement Monitoring Tool

TCM PROVIDER NAME:	ABC Services, Inc.
FACILITY NAME:	NA
NAME OF REVIEWER(S):	Damali Alston
REVIEW DATE(S):	7/1/2024 to 7/3/2024

ITEM:	REVIEW ITEMS:	RESOURCES:	NCQA PHM Factor	NCQA LTSS Factor	1	2	3	4	
					Assignment Date: 9/01/2023 CMCA Due Date: 11/30/2023 Care Plan/ISP Due Date: 12/30/2023 Acuity Level: Moderate	Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	Assi CMC Care Acui
1	**Documentation of member consent to TCM, including date of consent, is evident in the care management data system.** *TCM Provider Manual, Section 4.3 Care Management Comprehensive Assessment*	Review for the required element as indicated. Care Managers should document in the care management system that the member provided consent, including date of consent.			Met	Met	Not Met	Met	
2	**CMCA is initiated in person (preferred), or in limited circumstances via telephone or two-way real time video and audio conferencing.** *TCM Provider Manual, Section 4.3 Care Management Comprehensive Assessment*	Review for the required element as indicated. In limited circumstances it will be necessary to complete the assessment via technology conferencing tools (e.g. audio, video, and/or web).			Met	Met	Met	Met	
3	*CMCA completion:* Contract year 1. **Members identified as high acuity: within 60 days of the effective date of Tailored Care Management assignment. Members identified as moderate/low acuity: within 90 days of the effective date of Tailored Care Management assignment.** **During the second and subsequent years of operation, Care Management must undertake best efforts to complete the care management comprehensive assessment within 60 days of Tailored Care Management assignment for all members.** *TCM Provider Manual, Section 4.3 Care Management Comprehensive Assessment* *Innovations or TBI waiver recipients: CMCA completion should align with the annual ISP update.*	Review for the required element as indicated. Documentation shows at least three strategic follow-up attempts to contact the member if the first attempt is unsuccessful, (e.g., going to the home or working with a known provider to meet the member at an appointment) to complete the CMCA. In the event that a member has a current completed care management comprehensive assessment that meets all Tailored Care Management comprehensive assessment requirements for a particular member within the last 12 months, that care management comprehensive assessment may be used to satisfy this requirement. **Note TCM Flexibilites and Program Updates applicable: 12/01/22 - 3/31/23: CMCA completion within 120 days*	PHM-5.D.12	NA	Met	Not Met	Not Met	Met	
4	**For children ages zero up to three, CMCA evaluates and assesses Early Intervention services.** *TCM Provider Manual, Section 4.3 Care Management Comprehensive Assessment*	Review for required element, to include, whether the child is receiving Early Intervention (EI) services, the child's current EI services, frequency of EI services provided, Which local Children's Developmental Service Agency (CDSA) or subcontracted agency is providing the services, and contact information for the CDSA service coordinator. See Monitoring Tool Resource List.			N/A	N/A	Met	Met	
5	**CMCA evaluates and assesses member's immediate care needs, current diagnoses, self-reported health status, current services and providers across all health domains, and current medication(s) including dose and schedule.** *TCM Provider Manual, Section 4.3 Care Management Comprehensive Assessment*	Review CMCA for required elements. See Monitoring Tool Resource List.	PHM-5.D.1	LTSS-1.D.1	Met	Not Met	Met	Met	

Draft TCM Statewide Monitoring Tool

All Tools
Scoring and Weighting

Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	Assignment Date: CMCA Due Date: Care Plan/ISP Due Date: Acuity Level:	SCORE				
25	26	27	28	29	30	# MET	% MET	# NOT MET	% NOT MET	# N/A
Met	Not Met	N/A	Met	Met	Met	23	82%	5	18%	2
N/A	Met	Met	N/A	Met	Met	24	86%	4	14%	2

**Record items marked NA are not included in the scoring.*

71	**Notes reference professionals by first/last name and title and the reason for involvement in the member's care at minimum one time an episode.** ***(Possibly TBD when DHB shares more specific TCM Documentation standards)***	Evidence in notes.			Not Met	Met	Not Met	Met
72	**Evidence that monthly Care Management billing is a qualifying contact with the member and/or legally responsible person/guardian.** *TCM Provider manual, Section 4.2 Capacity to engage with members through frequent contact*	Review of corresponding note in the care management platform. In-person contact must involve the member. Telephonic or two-way real time video contact may be with a legally responsible person/guardian in lieu of the member, only where appropriate or necessary. Contacts that are not required to be in-person may be telephonic or through two-way real time video.			Not Met	Met	Met	Met
73	**Note corresponding to monthly TCM claim reflects one of the six required Health Home Services.** *TCM Provider manual, Section 4.2 Capacity to engage with members through frequent contact*	Evidence in note attached to monthly claim includes at least one of the activities in the model. See Monitoring Tool Resource List.			Met	Met	Met	Met
				Total Met	51	55	63	55
				% Met	81%	80%	90%	86%
				Total Not Met	12	14	7	9
				% Not Met	19%	20%	10%	14%
				Total N/A	10	4	3	9

Draft TCM Statewide Monitoring Tool

Overall Summary Worksheet

Summary Results For All Review Items

Care Mangement Monitoring Tool	# Scorable Items	# N/A	# Met	# Not Met	% Met
TCM Monitoring Tool (Primary Tool)	333	34	279	54	83.8%
Foster Care, Adoption Assistance, and Former Foster Youth Addendum	0	0	0	0	0.0%
1915(i) Addendum	10	0	10	0	100.0%
Innovations - TBI Waiver Addendum	0	0	0	0	0.0%
Community Inclusion Addendum	0	0	0	0	0.0%
TCL Addendum (Future)	0	0	0	0	0%
Staff Qualifications	0	0	0	0	0.0%
Grand Total	**343**	**34**	**289**	**54**	**84.3%**

- The Overall Summary worksheet calculates overall performance for each scored TCM Review Tool, as well as for all scored tools combined.
- The Department has not set a minimum threshold or overall score for passing.
- LME/MCO / Tailored Plans will report findings, trends, strengths, and opportunities for improvement to the Department.
- Data from all initial reviews will be used to determine additional trainings to be offered and to set future threshold and overall passing scores.

Draft TCM Statewide Monitoring Tool

Transparency

- Tailored Care Management providers will receive a copy of the completed Tool and a Technical Assistance Plan, if applicable.
- TCM Monitoring will only involve review of documents needed to determine the met, not met, or N/A status for the review tool items.
- The tool will be posted on the Department's website and each LME/MCO / Tailored Plan's website for Tailored Care Management providers to download and review.
- The criteria by which Tailored Care Management providers will be evaluated is solely based on the Tailored Care Management Provider Manual.

This is a transparent process. LME/MCO / Tailored Plans and Tailored Care Management providers have all the tools and the same resource information at their disposal. Everything you need to know to enable success is laid out in the tools and in the Tailored Care Management Provider Manual.

Draft TCM Statewide Monitoring Tool

Next Steps

- The LME/MCO workgroup is finalizing a standardized process for conducting the reviews.
- As noted earlier, the LME/MCOs will be piloting the TCM Monitoring Tool in June which will allow us to identify any initial barriers in the process and make final edits to the Tool if needed.
- We anticipate implementing statewide monitoring after Tailored Plan Go Live on July 1, 2024.

Draft TCM Statewide Monitoring Tool

We understand that this is the first opportunity the provider community has had to preview the tool and recognize that you will want to review with your internal teams. We would like to receive your questions and feedback.
The Department and LME/MCOs will compile a Q&A document related to the annual monitoring tool.

Please submit questions and any feedback on the tool via email to Medicaid.TailoredCareMgmt@dhhs.nc.gov no later than EOD Friday May 3, 2024.

Questions?

Tailored Care Management TAG Meeting Cadence

Upcoming 2024 Meeting:

Tuesday, May 21, from 2:00 – 3:00 PM

Please note different date/time for the May TAG

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)

Public Comments