



Tailored Care Management Technical Advisory Group (TAG)

Meeting #21

Tailored Care Management Updates

August 25, 2023

Agenda

- **Welcome and Roll Call**
- **NC Medicaid Update**
- **Tailored Care Management Updates**
 - **Provider and Community Engagement**
 - **Healthy Opportunities Pilot Launch for Tailored Care Management Eligible Population**
 - **Re-assignment Policy and Continuity of Care**
 - **HCBS/Conflict-Free Care Management**
- **Public Comments**

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	Tenille Lewis, MA
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	Population Health Coordinator

Contact: Medicaid.TailoredCareMgmt@dhhs.nc.gov



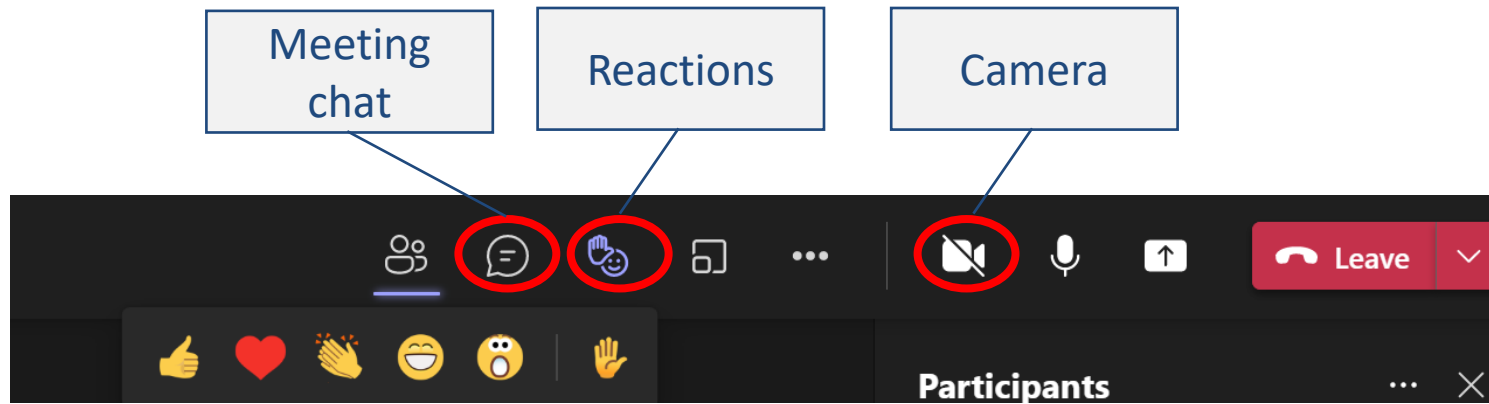
**NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES**

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
Ruth Craig	ECU Physicians	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
Donetta Wilson	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
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.



NC Medicaid Updates

Section 1115 Waiver Renewal

In 2018 the Department received approval from the Centers for Medicare and Medicaid Services (CMS) for its 1115 Demonstration Waiver, which allowed the transition to Medicaid managed care and investments in novel programs to better support NC Medicaid beneficiaries. The Department is seeking to renew its Demonstration for another five-year period (November 1, 2024 to October 31, 2029).

Objectives for the renewed Section 1115 Waiver period

- Support a continued, smooth transition to managed care, including launching Tailored Plans
- Strengthen access to a person-centered and well-coordinated system of care which addresses both medical and non-medical drivers of health, including building on the Healthy Opportunities Pilot infrastructure
- Strengthen the behavioral health and I/DD delivery system

Prior to submitting the renewal request to CMS, the Department is seeking input from stakeholders through

- **Five public hearings** between September 5 through September 15 for
- **A Public Comment period**; comments must be received by 5 p.m. EST, September 20, 2023.

Information on the proposed waiver, the date/time/place of the public hearings, and where to submit written public comments can all be found [here](#).

Tailored Care Management Updates

Provider and Community Engagement Initiatives

The Department continues to work with AMH+s/CMAAs and LME/MCOs to strengthen the Tailored Care Management model, address challenges, and help increase member engagement. Current initiatives include:

○ From June-August, the Department conducted **19 focus groups with 62 providers**

Thank you to all the providers that participated!

○ Earlier this month, the Department released a **Member Education and Community Awareness Survey to providers.**

- The Department collected ideas and strategies for educating members and the community stakeholders on Tailored Care Management.
- The Department is currently reviewing the results.

○ In the coming months, the Department is launching a **provider workgroup** to develop a community engagement campaign.

- The workgroup will utilize the ideas from the survey and generate strategies through the workgroup to develop a community engagement campaign.
- The Department will extend invitations to join the workgroup to TAG members. Non-TAG members interested in joining can email Medicaid.TailoredCareMgmt@dhhs.nc.gov.

Additional details on the provider focus groups in the following slides

Provider Focus Groups: Highlighting Success Stories

Focus groups have highlighted the impact Tailored Care Management is having on our community. Providers shared numerous success stories related to:

- Connecting members to social services
- Supporting members receiving care and reducing barriers to care
- Providing education and guidance to the member and their family
- Assisting members in obtaining Innovations and (traumatic brain injury) TBI waivers

Two success stories highlighted in the next slides

Success Story #1

A success story from Pinnacle Family Services on how Tailored Care Management has helped stabilize a member, including reducing his emergency room utilization and connecting him to employment:



Background:

“One young man had a care manager who began working with him, at the time he was reporting to the ER monthly, sometimes multiple times a month. Mom was at her wits end, didn’t know what to do to help him or what resources were out there.”



Tailored Care Management Intervention:

“The care manager was having almost daily contact with the family to help deescalate where things were and get back to a good baseline. The care manager provided resources and was there for the family.”



Outcome:



“And since then, he has not reported to the ER at the same frequency. The young man is working on getting the job that he wanted with the support of our care manager. There’s still a way to go, but we’ve just seen a really great change in this young man in a time where we didn’t know if he was going to end up in prison because of some of the situations and behaviors that we had seen.”

Success Story #2

A success story from Daymark on how Tailored Care Management has helped connect a member to familial support systems, find him safe housing, and address overdue medical needs:



Background:

“An unhoused client had significant unmet needs and we were having an extremely difficult time locating him.”



Tailored Care Management Intervention:

“One of our care managers started pounding the pavement. He was in and out of the emergency department (ED) weekly, sometimes daily. The care manager was able to convince the ED that he was frequently taking her information and contacting her when he was in there with the social worker. They found one of his natural supports, his cousin to be able to coordinate with the ED and natural support and client.”



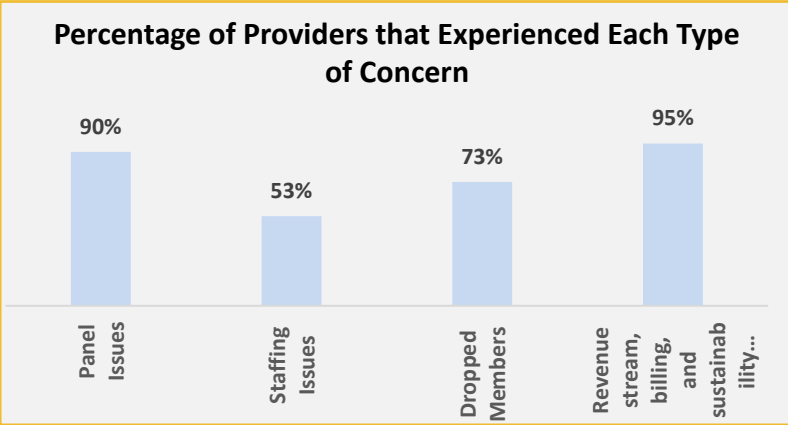
Outcome:

“[The care manager] completed the assessment, and they were able to find him housing in a safe place with shelter, food, meals every day. He had not had medical care in over a decade, so they are working to get him linked to a PCP, so that he can have medical needs addressed.”

Provider Focus Group: Identifying Challenges

The Department appreciated providers' honesty in sharing challenges they have faced. Common challenges are summarized below as well as actions the Department is taking to help address these challenges:

Challenges	Actions the Department is Taking
Panel issues , such as the size of panels and ability to reach members.	<ul style="list-style-type: none"> Working with LME/MCOs on ways to increase provider panel sizes
Staffing issues due to competition with other healthcare entities.	<ul style="list-style-type: none"> Providers are encouraged to share specific issues they are facing and how the Department could be helpful
Dropped members from a provider panel without a clear reason as to why.	<ul style="list-style-type: none"> Developing strategies to reduce unnecessary member reassignments (see slide 18)
Revenue/Billing/Sustainability issues related to providers being able to offer Tailored Care Management as a service line.	<ul style="list-style-type: none"> Developing AMH+/CMA survey to test rate assumption and collect feedback on providers actual time/costs in delivering the model



Healthy Opportunities Pilot Overview

Healthy Opportunities Pilot Launch for Tailored Care Management Population

As previously announced, the Pilot will launch for the Tailored Care Management-eligible population on February 1, 2024. Below are next steps to support the planning and launch of the Pilot:

- **August:** AMH+/CMAs to complete Pilot Participation Survey to provide input on their interest and readiness to participate in the Pilot. Survey was released August 15, 2023, and available [here](#).
 - The survey asks **providers to submit essential information** about their organization, such as the organization's Pilot point of contact and the specific Pilot-participating counties the provider will serve.
 - Survey responses will help the Department **assess a provider's readiness** to effectively operationalize the Pilot program.
 - The deadline for survey responses is **August 31, 2023**.
 - AMH+s/CMAs that are not ready to participate in the Pilot starting February 1, 2024, will have the opportunity to join at a later date.
- **Early Fall:** Release of Pilot Provider Manual Addendum and Standard Terms and Conditions
- **Fall-Early 2024:** Pilot Care Manager Trainings

If you have any questions or require clarification, please reach out to andrea.price-stogsdill@dhhs.nc.gov & leonard.a.croom@dhhs.nc.gov.

Updates on Re-Assignment Policy and Continuity of Care

Tailored Care Management Reassignment and Continuity of Care

Based on feedback from AMH+s/CMAs, the Department is working with LME/MCOs to increase provider panels and minimize reassignments and disruptions in care management. The Department's goals for care management reassignments are:

- To assign a member to a provider that can meet their care needs and that the member is reassigned if needs can no longer be met by assigned provider.
- To allow space for the LME/MCO and AMH+/CMA to employ clinical judgment to inform reassignments decisions
- To limit unnecessary member reassignments
- To allow flexibility for LME/MCOs to use different data sources and/or code sets that enable better assessment of care needs
- Department can maintain and provide oversight of these processes

What specific scenarios/challenges does the TAG recommend the Department explore as part of this work?

HCBS/Conflict-Free Care Management

What Are Conflict-Free Rules and How Do They Apply?

Federal regulations require case management for Medicaid beneficiaries obtaining HCBS to be “conflict-free,” which generally means that case/care management activities, including the assessment and coordination of services, be independent from the delivery of HCBS services.¹

For NC Medicaid, conflict-free rules apply to individuals who are

- Enrolled in the 1915(c) Innovations and TBI waivers, or
- Obtaining HCBS currently authorized under the State’s 1915(b)(3) waiver (services to be transitioned to 1915(i)).

What Are Conflict-Free Rules and How Do They Apply?

continued

- The intent of conflict-free requirements is to **promote consumer choice and independence** by limiting any conscious or unconscious bias by a care manager when assisting a consumer in identifying HCBS needs and developing plans to access services (i.e., preventing a care manager from steering consumers to the agency where they are employed).
- For Tailored Care Management, this means a behavioral health, I/DD, or TBI provider cannot deliver both Tailored Care Management (in their capacity as a CMA) and 1915(c) Innovations/TBI or 1915(i) HCBS to the same individual.
 - Since AMH+ practices and Tailored Plans do not deliver HCBS, conflict-free case management rules are not applicable.

Implications of Conflict-Free Rules on Tailored Care Management Assignment

Permissible Scenarios for Conflict-Free Care Management

- To comply with federal rules, when making Tailored Care Management assignments for members enrolled in the Innovations/TBI waivers and those obtaining 1915(i) HCBS, Tailored Plans will only be permitted to assign members to one of the three following scenarios:
 - A. A CMA that is not delivering HCBS to the same member
 - B. An AMH+
 - C. A Tailored Plan-employed care manager

Impermissible Scenarios for Conflict-Free Care Management

- Tailored Plans will *not* be permitted to assign members to a CMA that would provide both care management and HCBS to the same person.

NOTE: If a member is obtaining Tailored Care Management from a CMA and then becomes eligible and enrolled in the Innovations or TBI waiver or 1915(i) HCBS, the Tailored Plan/PIHP will need to ensure the CMA is not also providing HCBS to that member. In this scenario, the Tailored Plan/PIHP will need to either ensure that the member does not obtain HCBS from their CMA or re-assign the member to a new organization for care management to ensure compliance with federal requirements.

Additional Information/Resources

- The Department's guidance on conflict-free care management is available at: <https://medicaid.ncdhhs.gov/media/10092/open>
- CMS provides guidance on mitigating conflict of interest in case management, available at: <https://www.medicare.gov/medicaid/hcbs/training/index.html#conflict>

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 3:30-4:30 pm ET.

Upcoming 2023 Meetings:

September 22, October 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](#))

Appendix

When Will the Pilot Launch for the LME/MCO Population?

The Pilot launched for the Standard Plan population in 2022. The Pilot will launch for the Tailored Care Management eligible population February 1, 2024. LME-MCOs, in their role as Prepaid Inpatient Health Plans (PIHPs), will administer the Pilot for this population.

Tailored Care Management Members Eligible to Enroll in the Pilot February 1, 2024*
<ul style="list-style-type: none">Assigned to an AMH+/CMA for Tailored Care Management
<ul style="list-style-type: none">Assigned to an LME/MCO for Tailored Care ManagementWho are eligible for Tailored Care Management but have opted outNot participating in Tailored Care Management because they are receiving ACT/HFW

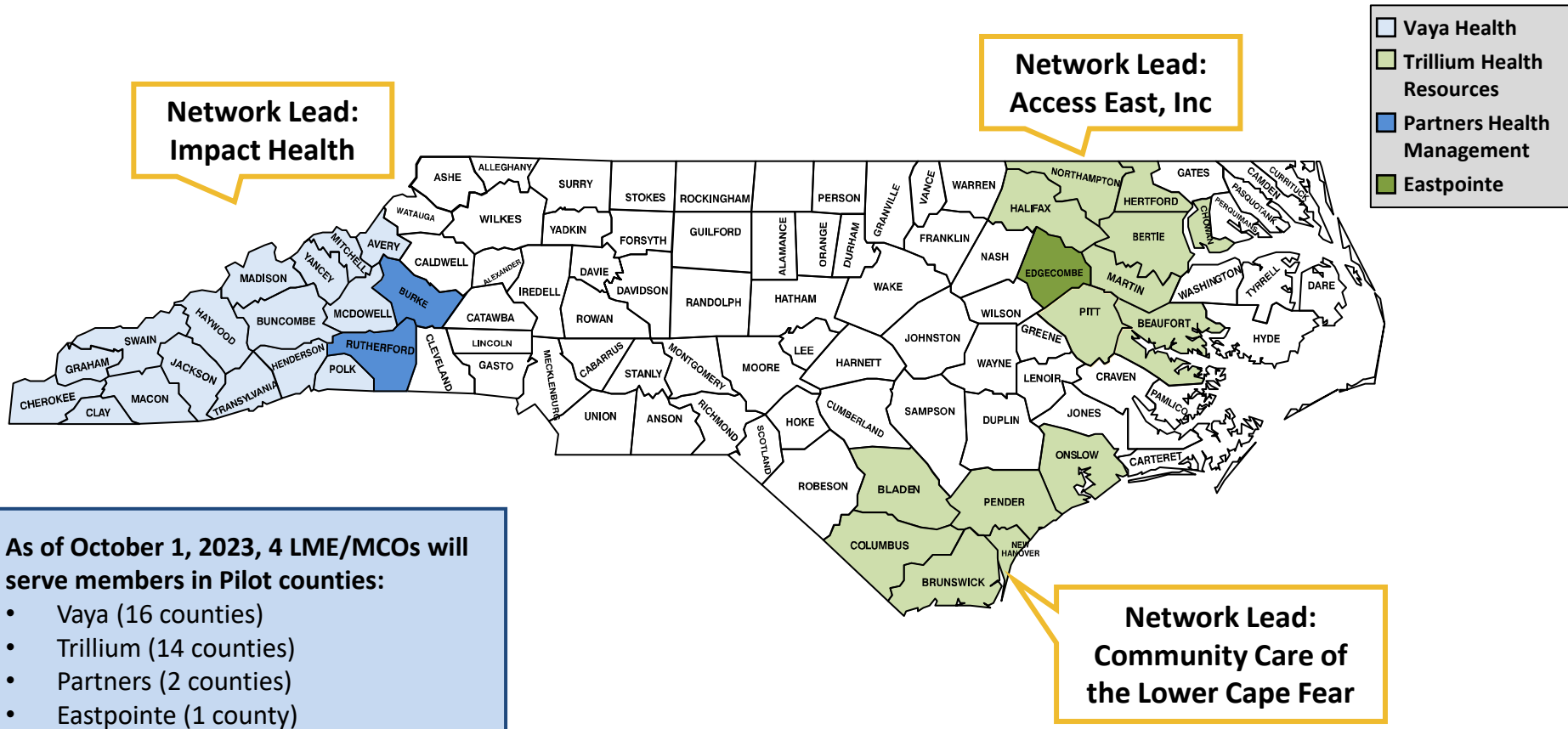


Entity Delivering Pilot Care Management
<ul style="list-style-type: none">For AMH+/CMAs that opt into the Pilot, AMH+/CMA care management teams will deliver Pilot care managementFor AMH+/CMAs that do not opt into the Pilot, LME/MCO care management teams will deliver Pilot care management
<ul style="list-style-type: none">LME/MCO based care management teams will deliver Pilot care management

Note: Upon Tailored Plan launch, eligible populations in NC Medicaid Direct will transition to a Tailored Plan and continue to have access to both Tailored Care Management and the Pilot.

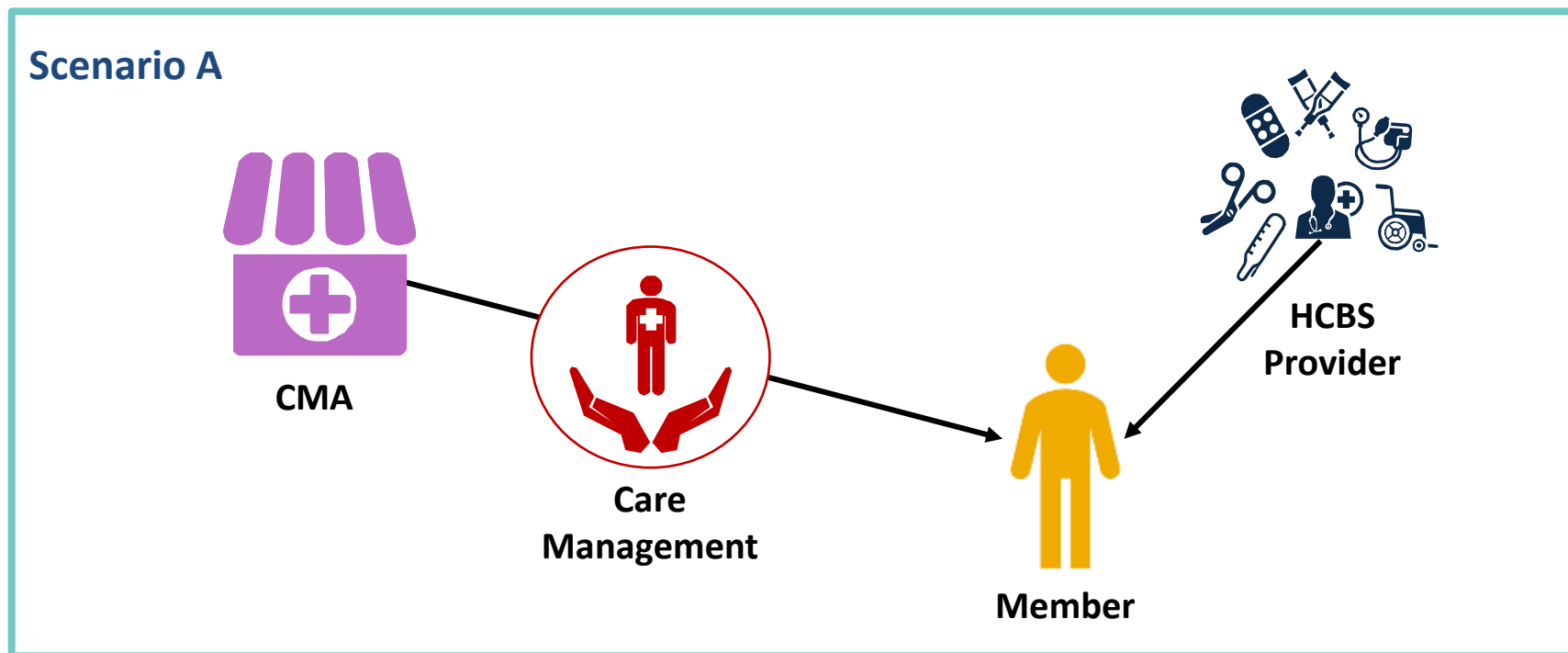
Where in North Carolina Does the Pilot Operate?

The Pilot operates in three geographic regions of the state led by Network Leads. As of February 1, 2024, Pilot regions will be served by four LME/MCOs: Vaya, Trillium, Eastpointe, and Partners.



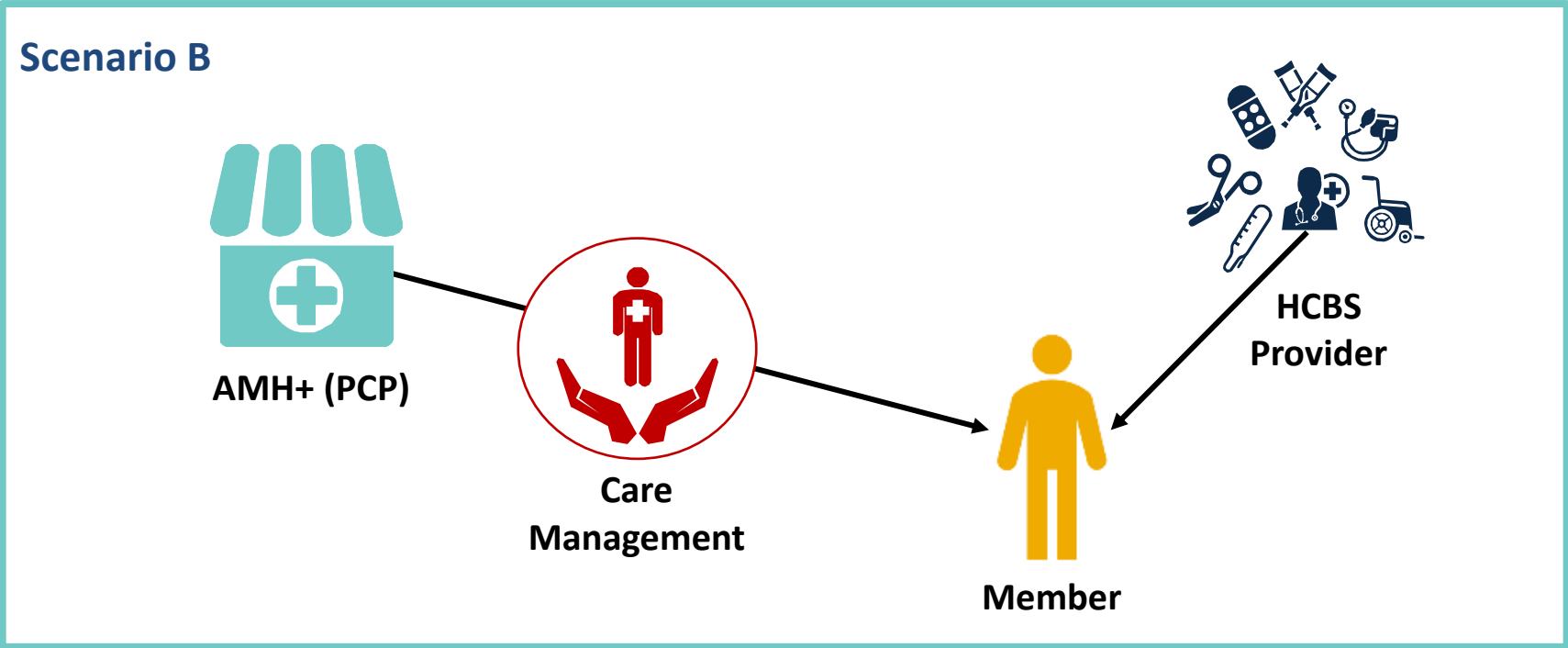
Permissible Scenario A: CMA Not Delivering HCBS to the Same Member

A person enrolled in the Innovations/TBI waiver or obtaining 1915(i) services can obtain care management through a CMA as long as the member is obtaining HCBS through a different provider organization.



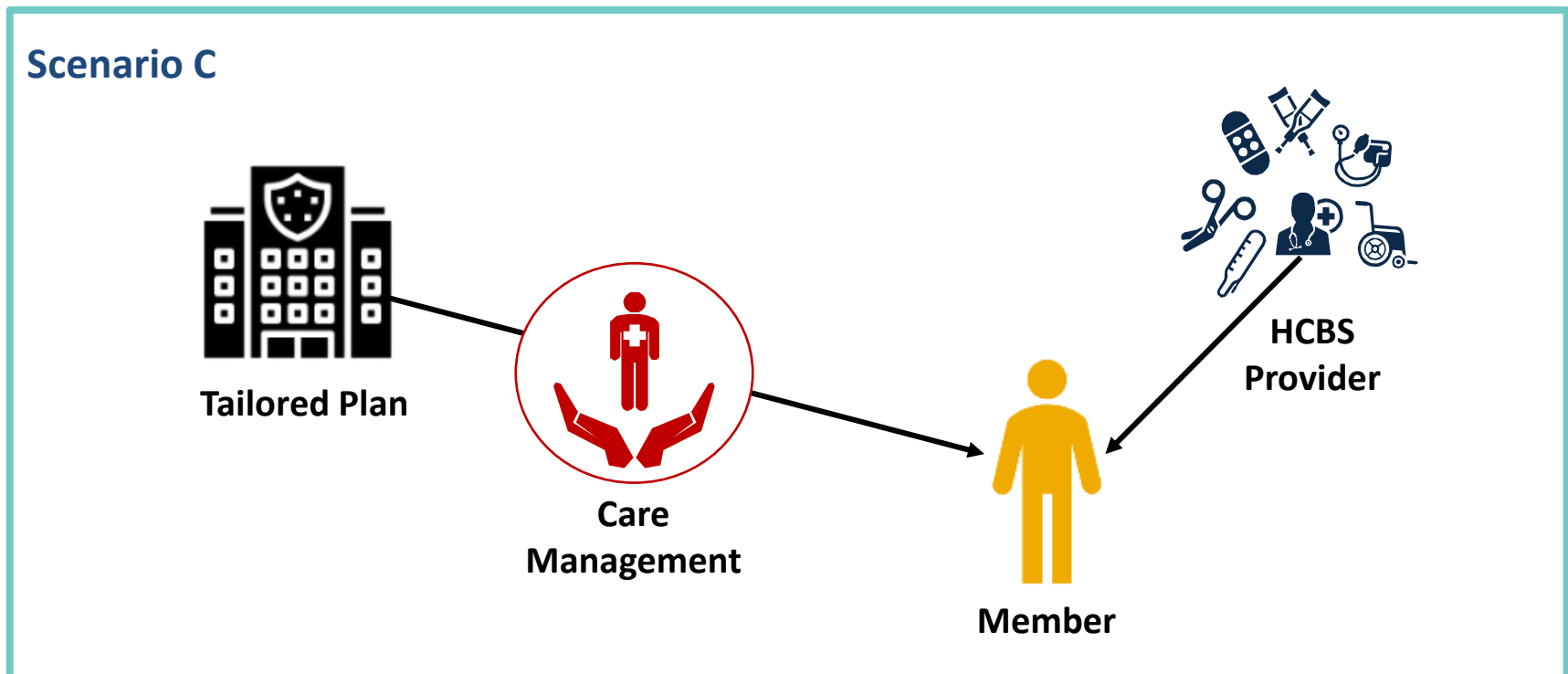
Permissible Scenario B: AMH+

A person enrolled in the Innovations/TBI waiver or obtaining 1915(i) services can obtain care management through an AMH+ because the member will obtain HCBS through a separate provider organization.



Permissible Scenario C: Tailored Plan-Employed Care Manager

A person enrolled in the Innovations/TBI waiver or obtaining 1915(i) services can obtain care management through a Tailored Plan-employed care manager because the member will obtain HCBS from providers in the community.



Impermissible Scenario: CMA Providing Both Care Management and HCBS to Member

A person enrolled in the Innovations/TBI waiver or obtaining 1915(i) services cannot obtain care management through a CMA if that CMA is also providing HCBS to that member.

