

Tailored Care Management Technical Advisory Group (TAG)

Meeting #27

*Provider Success Stories and Tailored Care
Management Updates*

February 23, 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 Care Management Promising Practices**
- **Highlighting Tailored Care Management Success Stories**
- **Tailored Care Management Updates**
 - **Updated Tailored Care Management Provider Manual**
 - **Launch of Provider-Based Tailored Care Management for TCL Participants**
- **Upcoming Launch of Tailored Plans**
- **Underlying Assumptions of the Tailored Care Management Payment Rates**
- **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 |

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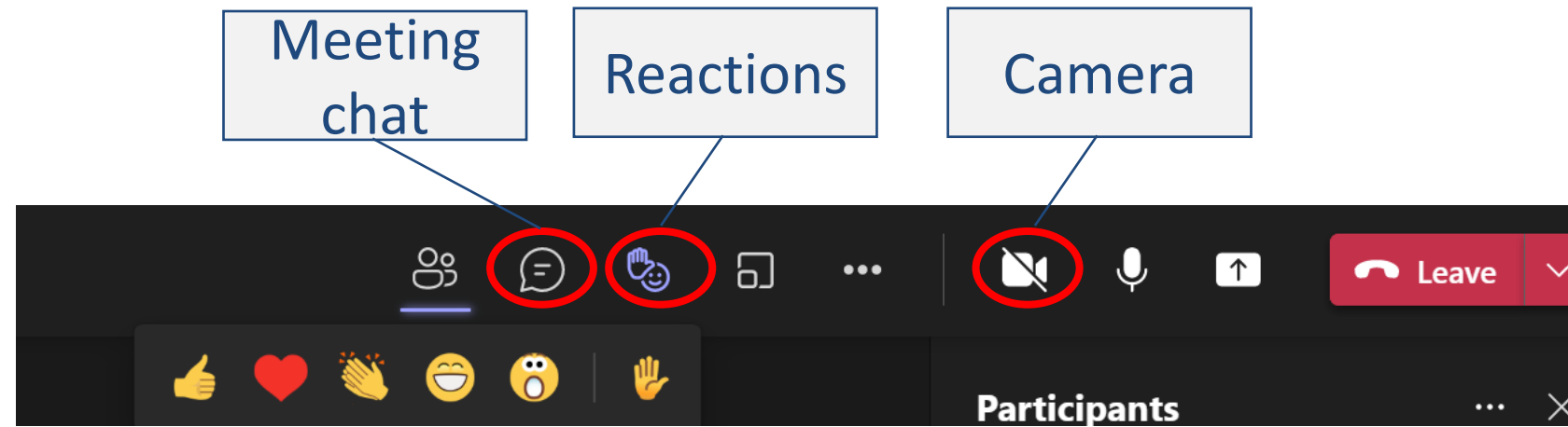
**NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES**

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 Care Management Promising Practices

EMPLOYEE ENGAGEMENT AND RETENTION IN TCM

LEIGH HERRING DAUGHTRIDGE, LCSW
VICE PRESIDENT OF CARE MANAGEMENT, BEHAVIORAL HEALTH

ANNA MARSHALL, BA
VICE PRESIDENT OF CARE MANAGEMENT, IDD AND TAILORED PLAN



EMPLOYEE RETENTION

- 88% of the current team have been employed with Monarch since launching TCM
- Turnover Rate: 17.6%
- Case Manager Tenure Statistics (Source: Zippia.com)
 - Less than 1 year: 22%
 - 1-2 years: 39%



STRATEGIES FOR RETENTION

Employee engagement, member support, and team building are critical components of staff retention. At Monarch, we have designed a multi-layer approach to retaining employees.

- Monthly Employee Rounding
- Team Huddles
- Skip Level Meetings
- Monthly All Team Meetings



EMPLOYEE ROUNDING AND SUPERVISION

Rounding: Brief monthly check-ins with each direct report. The focus of these discussions is building connections with the employee as an individual. Standard questions are used throughout the agency. Rounding typically takes about 5-7 minutes.

Supervision (individual coaching): Longer monthly discussion focused on situations the employee has encountered throughout the month. Such as, barriers the employee faces in delivery of TCM, professional development and highlighting successes of the employee.



TEAM HUDDLES (GROUP COACHING)

DAILY-WEEKLY MEETINGS FOCUSED ON CASE STAFFING AND SERVICE DELIVERY NEEDS

| SUBJECT | DESCRIPTION |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Success Stories | The team shares recent member needs that have been met, resources that have been successfully provided/linked. This starts the meeting with a positive. |
| Engagement/Outreach | The team highlights initial and ongoing efforts to locate and engage members. New and Current member engagement are both reviewed. The team shares strategies of what has worked/not worked. |
| Case Staffing | The team reviews identified barriers with specific members on their caseload and seeks guidance from the team to meet the needs of the member. |
| Consultation Needs | The team reviews situations that may need additional support from consultants. |
| On-Call Updates | Reviewing information from overnight/weekend on-call shifts. |

MONTHLY ALL TEAM MEETING

Focused on agency/state updates for TCM, gathering input and ideas on specific topics, sharing resources, training refreshers, and sharing updates from the Skip Level Action Plan.



SKIP LEVEL MEETINGS

A meeting where a manager's manager meets directly with employees, without that manager in attendance.

Relationship Building

A chance to spend 1:1 time with employees that do not report directly to this manager.

Employee Perspective

Allows for gathering of unfiltered information about what is going well in the organization and what areas need improvement.

Identify Trends

Analyze responses from all Skip Level meetings to identify common trends (good and bad)

Create Action Plan

Highlights the trends and identifies strategies, responsible parties, and sharing updates during the Monthly All Team Meeting



This approach drives transparency, accountability and team buy-in.

THANK YOU

Highlighting Tailored Care Management Success Stories

Highlighting Tailored Care Management Success Stories

As part of the work to increase member facing materials, TCM success stories have been published to the [Tailored Care Management webpage](#). It is important to capture the critical and impactful work that providers are doing to consistently support members and enhance their quality of life and access to needed resources. Here are a few of the published success stories:

Success Story #1

A hard to engage individual with TCM had significant unmet needs and was facing housing issues.

The individual was in and out of the emergency room weekly, sometimes daily. The Care Manager was made aware that the individual was in the emergency room. The Care Manager was able to establish trust with the emergency room staff and was put in contact with a hospital social worker. The Care Manager worked collaboratively with the social worker to identify a close family member for support. Due to the Care Manager's efforts, the individual engaged in TCM. Through TCM, the Care Manager located safe housing in addition to daily meals for the member. Prior to this connection, the individual shared that they had gone years without health care. The Care Manager is now working to link the individual to a Primary Care Provider. – Daymark Recovery Services

Success Story #2

TCM efforts of getting people primary care visits are working.

One individual was completely blind in one eye. Yearly, Medicaid covers the replacement of the individual's specially made contact. Unfortunately, before the next time insurance covered the cost, the individual lost their contact. With the help of TCM, the individual was able to get a replacement lens at no cost. – Primary Care Solutions

Discussion

Are there any additional success stories providers would like to share?

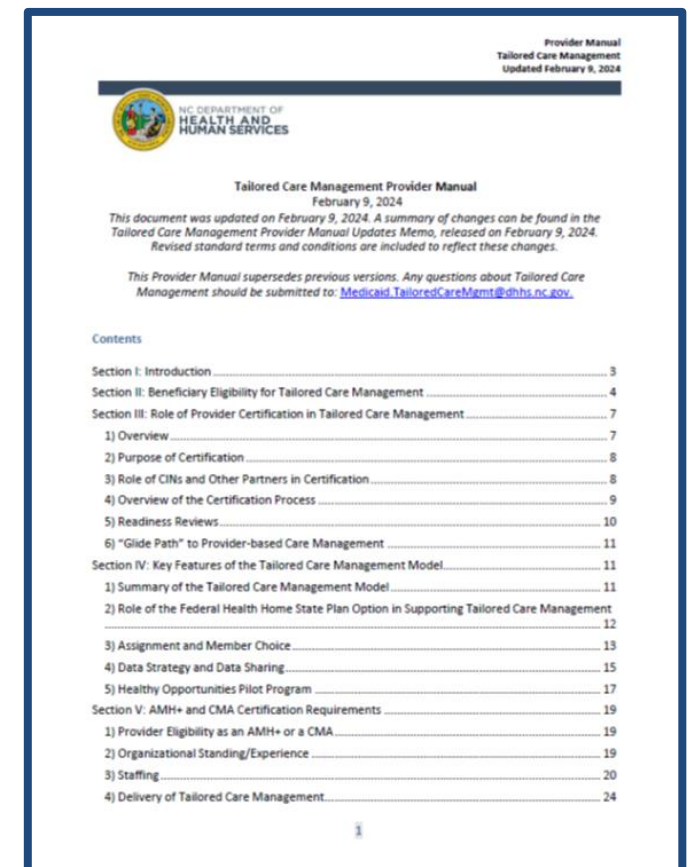
How impactful do you think Tailored Care Management has been for members?

Tailored Care Management Updates

Updated Tailored Care Management Provider Manual

The Department released an updated Tailored Care Management Provider Manual on February 9, 2024. The [updated provider manual](#) and a [memo summarizing all updates](#) are posted on the Tailored Care Management webpage. These updates include:

- Updated monthly Tailored Care Management payment rates and add-on payment (*additional details on the updated rates on later slides*)
- Details on Healthy Opportunities Pilot for members in Tailored Care Management
- Clarification that Health Home activities are that are **not member-facing do not count as qualifying contacts** and cannot be billed (Note: this is not a policy change)¹
- Clarification that care managers and extenders should each document their work in the care management data system²
- Information on Tailored Care Management for Transitions to Community Living (TCL) participants (*additional details on next slide*)



¹ See the [January TAG presentation](#) for scenarios of what counts as a qualifying contact. ² As needed, care managers may also document the work of the extender.

Updates on Tailored Care Management for Transitions to Community Living (TCL) Participants

With the upcoming launch of provider-based Tailored Care Management for TCL participants (key dates in the next slide), the manual was updated to include the following:

- An overview of TCL and its intersection with Tailored Care Management
- Information on the process to **designate AMH+s/CMAs as eligible to provide Tailored Care Management to TCL participants**
- Details on the **roles and responsibilities of Tailored Care Management and TCL staff** for TCL participants receiving Tailored Care Management
 - Care Managers delivering Tailored Care Management to TCL participants will **not** be responsible for TCL functions
 - Care Managers will be expected to participate in any care team meetings convened by TCL staff during a TCL participant's transition to supportive housing and coordinate with TCL staff on care management functions
- Additional Standard Terms and Conditions for LME/MCO contracts with AMH+s/CMAs providing Tailored Care Management to TCL participants

Please see the TAG presentations from [July 2023](#) and [January 2024](#) for additional details on TCL and the AMH+/CMA TCL designation process.

Key Dates for Launch of Provider-Based Tailored Care Management for TCL Participants

As a reminder, the Department is seeking to have at least one TCL-designated Tailored Care Management provider in each LME/MCO region to begin serving TCL participants on April 1, 2024.

Below are key dates on launching this process:

| Key Dates* | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <i>AHEC Training – TCL Part 1: Overview</i> | <i>February 6, 2024</i> |
| <i>LME/MCOs submit Letter of Support Request Form</i> | <i>February 8, 2024</i> |
| <i>AHEC Training – TCL Part 2: Distinction for Tailored Care Management Training</i> | <i>February 12, 2024</i> |
| <i>NCQA Office Hours</i> | <i>February 15, 2024</i> |
| <i>AMH+s/CMAAs request Letter of Support from LME/MCOs</i> | <i>February 12, 2024 – February 18, 2024</i> |
| LME/MCO respond to requests for Letter of Support | Tuesday, February 13, 2024 – Wednesday, February 28, 2024 |
| TCL Distinction Applications Open | Monday, February 19, 2024 – Monday, March 4, 2024 |
| NCQA Application Review Period | Monday, March 4, 2024 – Thursday, March 28, 2024 |
| Launch of first cohort of Tailored Care Management providers designated for TCL | April 1, 2024 |

* Greyed out rows are key dates that have already passed.

Upcoming Launch of Tailored Plans

Discussion on the Upcoming Launch of Tailored Plans

Tailored Plans are [set to launch](#) on July 1, 2024. Care managers play an important role in supporting members during this transition.

What resources would plans/providers find helpful in supporting their members during this transition?

What challenges do plans/providers face during this transition?

Underlying Assumptions of the Tailored Care Management Payment Rates

Updated Memo on Payment Rates Assumptions

To reflect the updated monthly payment rates, the Department is releasing an updated memo detailing the underlying assumptions of Tailored Care Management Payments.

The following slides detail the assumptions that were relied upon to build up the Tailored Care Management monthly payment rates. These assumptions include:

- **Contact Assumptions**
- **Workflow Assumptions**
- **Caseload Assumptions**
- **Cost Assumptions**

***Note:** These assumptions are intended as estimates of average Tailored Care Management care manager costs and caseloads and are not programmatic requirements.*

How Should the Payment Rates Memo be Used?

How to use the memo

- To understand how the Department determined the Tailored Care Management payment rates
- To understand how the Department utilized the 2023 Tailored Care Management provider survey and perspectives to inform rate development

How NOT to use the memo

- Do not view these assumptions as new Tailored Care Management requirements
- Do not use the assumptions to determine the *intensity* of care management or the *number of contacts* a member needs— care managers should use the results of the care management comprehensive assessment to determine the level of intensity a particular member requires

Reminder

To bill for Tailored Care Management in any given month, **one qualifying contact** must be delivered through a real-time telephone call, two-way real-time video, or an in-person visit.

Tailored Care Management Payment Rate Increase

As a reminder, based on the feedback from the provider rate survey and other forums, the Department has temporarily increased the monthly payment rate. This monthly payment rate is the same across plans, AMH+ practices, and CMAs.

- Effective February 1, 2024, through June 30, 2024, the Department has **temporarily increased the payment rate from \$269.66 to \$343.97 (a 28% increase) for each member with a qualifying contact in the month.***
- Effective July 1, 2024, the payment rate will be **\$294.86 for each member with a qualifying contact in the month—a 9% payment rate increase.**
- The add-on for Innovations and TBI waiver participants and for members obtaining 1915(i) services is **\$79.73 starting on February 1, 2024.**

These slides will focus on the rate build-up for \$294.86

* The temporary payment rate includes consideration for a higher volume of care manager outreach as providers make initial connection and engagement with their assigned panels. 28

Contact Assumptions

The Department believes frequent member-facing contacts, including in-person contacts, are critical for the success of Tailored Care Management. The payment rate assumes the below contact assumptions, which were developed with input from clinical experts and provider survey information.

- **Outreach Activities:** The updated rate includes **time spent on outreach activities** to establish relationships and keep consented members engaged.
 - The rate reflects that an average of **five to six outreach attempts (10-20 minutes in duration) are required to engage a member for two months.**
- **Average Engaged Member Contacts:** The rate assumes each consented and engaged member receives on average **three qualifying member-facing contacts in a month and one in-person contact per quarter.**
 - These **three monthly contacts are assumed to be 1 hour in length** (30 minutes for the contact and 30 minutes for preparation and documentation) and delivered through telephonic or two-way real time video contacts.
 - The **quarterly in-person contact is assumed to be 2 hours** (1 hour for the contact and 1 hour for travel, preparation, and documentation).
- **Additional Contact Assumption:** One monthly collateral contact of 15-30 minutes in length is assumed.

***Note:** These are contact assumptions, but a provider/plan does not need to meet these assumptions to receive payment. To bill for Tailored Care Management services, a provider/plan must have one member-facing contact in the month.*

Workflow Assumptions

The payment rate incorporates the following workflow assumptions of the care manager, extender, and supervisor:

- Care Manager Workflow:** In addition to the time spent on member-related contacts and outreach (as detailed in the previous slide), the rates assume **care managers have five hours of non-member-related activities per week.**
 - The non-member-related activities cover items such as training, staff meetings, and other typical employment activities (e.g., completion of timecards, supervisor meetings, etc.).

- Care Manager Extender Workflow:** The payment rate assumes that a **share of care manager productive time will be replaced by extenders who would take up certain non-clinical functions.**¹

- The assumed share of productive time borne by care managers and extenders is as follows:

| Care Manager | Extender |
|--------------|----------|
| 70% | 30% |

- Extenders taking up a share of care manager functions results in care managers being able to serve more members per FTE.

- Supervising Care Manager Workflow:** The rates assume a full-time supervising care manager will not oversee more than eight care managers and do not carry their own caseload.²

Note: *The care manager and extender assumptions are not programmatic requirements.*

¹ Additional detail on the role of extenders in the [Provider Manual](#) and the [Care Manager Extender Guidance](#).

² The [Tailored Care Management Provider Manual](#) requires that supervising care managers must not oversee more than eight care managers.

Caseload Assumptions

Based on the contact and workflow assumptions described on the previous slides, the Department's actuary developed a caseload assumption.

- The payment rate assumes that **one FTE care manager has a caseload of 30.5 consented and engaged members** (i.e., members who receive all the assumed contacts in a given month).
 - This ratio assumes that the caseload does not include any members enrolled in Innovations or TBI 1915(c) waivers or members obtaining 1915(i) services.
- A caseload of members all enrolled in Innovations or TBI waivers or obtaining 1915(i) services results in a ratio of 23.8 members per FTE care manager, given the additional care manager activities required to support members enrolled in Innovation/TBI waiver or obtaining 1915(i) services.
- The ratio for a blended caseload of members receiving and not receiving the add-on payment is assumed to be 25.5 members per FTE care manager.
 - This assumes that 75% of a care manager's caseload are members receiving the add-on payment, with the understanding that the actual percentage will vary across plans/providers.

Note: *These caseload assumptions are not programmatic requirements.*

Cost Assumptions

The Department-calculated payment rate is based on the cost of employing sufficient staff to serve the members in the assumed caseload.

- The updated rates **increased the care manager, extender, and supervisor base salary and benefit assumptions** to account for wage inflation and reflect a State Fiscal Year 2025 estimated wage level.
 - Base salary and benefit assumptions are noted on the table to the right.
 - Benefits include, but are not limited to, health care, employer-paid taxes, and paid time-off (PTO).
- The Department assumed an additional 15% in program-related and overhead costs per FTE care manager.
- The estimated cost of monthly clinical consultant time for each consented and engaged member is also accounted for in the rate.

| Staffing Cost Assumptions | Payment Rate Assumption |
|----------------------------------------------------------|-------------------------|
| Care Manager Personnel Costs, Per FTE | \$80,621 |
| Base Salary | \$62,497 |
| Benefits | \$18,124 |
| Extender Personnel Costs, Per FTE | \$69,012 |
| Base Salary | \$53,498 |
| Benefits | \$15,514 |
| Supervising Care Manager Personnel Costs, Per FTE | \$95,869 |
| Base Salary | \$74,317 |
| Benefits | \$21,552 |

Add-On Payment Rate Assumptions

The monthly add-on payment rate for members enrolled in Innovations and TBI waivers or obtaining 1915(i) reflects the additional care coordination responsibilities required for these HCBS programs.

- The add-on rate assumes care managers will spend **15 additional hours per member per year** on additional care coordination responsibilities.
- It is assumed that **care manager extenders will not be able to conduct any of the additional responsibilities** required for these HCBS programs (i.e., 100% of the 15 additional hours will be conducted by the care manager).
- The updated add-on rate also **reflects the increases to wages and benefits based on inflation** (*similar to the previous slide*).

Note: *These add-on payment rate assumptions are not programmatic requirements.*

Full Tailored Care Management Monthly Payment Rate Build-Up

Below is the full rate build-up for the monthly payment rate (excluding the add-on payment) based on the assumptions detailed in the previous slides.

| Cost Component | Amount |
|----------------------------------------------------------------------------------------------------------------------------|------------------|
| Annual Care Manager Wage and Benefit Costs (1.0 FTE) | \$80,621 |
| Annual Extender Wage and Benefit Costs (1.0 FTE) | \$69,012 |
| Annual Supervisor Wage and Benefit Costs (1.0 FTE) | \$95,869 |
| Total Care Team Wage and Benefit Costs (0.7 FTE Care Manager, 0.3 FTE Extender, and 0.125 FTE Supervisor) | \$89,122 |
| Annual Overhead and Program-Related Costs (15% of Total Costs, Inclusive of Overhead and Program-Related Costs) | \$15,727 |
| Total Annual Costs | \$104,850 |
| Total Monthly Costs | \$8,737 |
| Total Monthly Costs Per Consented and Engaged Member (30.5:1) | \$287 |
| Monthly Clinical Consultant Costs per Consented and Engaged Member | \$8 |
| Total Tailored Care Management Payment Rate | \$294.86 |

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.

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 #25:** Friday, January 26, 2024 ([presentation](#), [minutes](#))