

North Carolina Department of Health and Human Services (DHHS)

Tailored Care Management Technical Advisory Group (TAG) Meeting #7 (Conducted Virtually)

June 3, 2022

Tailored Care Management TAG Members	Organization
Erin Lewis	B&D Integrated Health Services
Lauren Clark	Coastal Horizons Center
Denita Lassiter	Dixon Social Interactive Services
Jason Foltz, D.O.	ECU Physicians
Natasha Holley (absent)	Integrated Family Services, PLLC
DeVault Clevenger	Pinnacle Family Services
Lisa Poteat	The Arc of NC
John Gilmore, M.D.	UNC Center for Excellence in Community Mental Health
Sean Schreiber (delegate)	Alliance Health
Beverly Gray	Eastpointe
Lynne Grey (absent)	Partners Health Management
Sabrina Russell	Sandhills Center
Cindy Ehlers	Trillium Health Resources
Rhonda Cox	Vaya Health
Cindy Lambert (absent)	Cherokee Indian Hospital Authority
Jessica Aguilar (absent)	Consumer Representative
Pamela Corbett	Consumer Representative
Alicia Jones (absent)	Consumer Representative
Cheryl Powell	Consumer Representative
NC DHHS Staff Members	Title
Kelly Crosbie	Chief Quality Officer NC Medicaid, Quality and Population Health
Loul Alvarez	Associate Director, Population Health (Medicaid)
Gwendolyn Sherrod	Senior Program Manager for Special Programs, NC Medicaid, Quality and Population Health
Eumeka Dudley	Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health
Regina Manly	Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health
Keith McCoy	Deputy CMO for Behavioral Health and IDD Community Systems, Chief Medical Office for Behavioral Health and IDD

Agenda

- Welcome and Roll Call
- Tailored Care Management TAG Survey Results
- Key Updates
 - Timeline Review
 - AMH+/CMA Readiness Reviews
 - Tailored Care Management Data Testing

- Tailored Care Management Assignment and Member Choice
- Public Comments
- Next Steps

Welcome, Roll Call, and Tailored Care Management TAG Survey Results (slides 1-8) – Kelly Crosbie

The Department presented the results of an April 2022 survey requesting Tailored Care Management TAG members' feedback on topics to discuss during TAG meetings. The TAG members who responded were most interested in assignment/member choice of organizations performing Tailored Care Management and AMH+ and CMA readiness reviews, which were key discussion topics during this meeting.

Key Updates (slides 9-22) – Kelly Crosbie

The Department provided updates and responded to Tailored Care Management TAG members' questions on key Tailored Care Management timelines, as well as the following topics:

Readiness Reviews. The Department shared that AMH+/CMA readiness reviews will take place from July 15 to September 30, 2022. The Department is currently working with Tailored Plans and the National Committee for Quality Assurance (NCQA) to finalize the readiness review process. A TAG member asked if Tailored Plans and NCQA are developing a standard readiness review form/process, and if providers can demonstrate readiness once, rather than multiple times, when working with multiple Tailored Plans. The Department stated that the readiness review design seeks to create statewide consistency and minimize provider burden through use of standardized checklists, scoring tools, and document submission processes. There will be standard criteria for providers to demonstrate that they can effectively deliver Tailored Care Management in each of the regions they plan to serve, and providers will not have to complete different readiness reviews multiple times.

Data Integration Testing. The Department reviewed data integration testing expectations for Tailored Plans and Tailored Care Management providers and their Clinically Integrated Networks (CINs)/data partners. Notably, data integration testing for providers should be completed by September 30, 2022, in order for providers to contract with Tailored Plans and be considered for member auto assignment.

Tailored Care Management Member Choice and Auto Assignment. The Department provided an overview of the Tailored Care Management member choice and auto assignment processes. Starting August 15, 2022, Tailored Plan members will be able to choose to obtain Tailored Care Management through an AMH+, CMA, or Tailored Plan. If a member does not express a preference by October 14, 2022, they will be assigned to an organization that provides Tailored Care Management and also receive a care manager assignment. Auto assignment will be based on various factors, such as a member's geographic location and existing provider relationships, as well as the provider's panel size capacity. Tailored Care Management TAG members asked the following questions:

- Several TAG members asked about the relationship between panel size and member engagement (i.e., how should their panel size account for the reality that they will not be able to

engage all assigned members in Tailored Care Management), and for more clarity on how the Department defines “engagement”.

- The Department defines “engagement” as a billable encounter with a member, and noted that a list of billable services that count towards Tailored Care Management engagement attempts is available in the Tailored Care Management Provider Manual, which can be found [here](#).¹
- The Department acknowledged that not all members of a provider’s panel will respond to engagement attempts. Based on previous feedback from Tailored Plans and providers, the Department roughly estimates an initial engagement rate of about 70% for members with intellectual/developmental disabilities (I/DD) and 30% for members with behavioral health conditions. The Department noted that they will do some more thinking around how billing relates to engagement attempts.
- A TAG member questioned if providers are required to offer 24/7 crisis response for assigned members even if the member has not engaged.

Public Comments and Next Steps (slides 23-26) – Kelly Crosbie

Throughout the discussion, participants provided the following comments:

- A participant asked for clarity on whether Tailored Care Management staff need to be hired and onboarded ahead of the readiness review. The Department does not expect AMH+s/CMAs to have hired and onboarded all staff prior to the readiness reviews.
- A participant asked if there is a certain deadline by which members can switch their care management assignment. The Department confirmed that there is not a cutoff period for members to choose to change the organization they are assigned to for care management.²
- A participant asked whether assumptions about the panel size capacity that providers will declare fed into the Department’s glide path requirements for 30% of Tailored Care Management to be provider-based in year one of program launch. The Department noted that the glide path targets are estimates to support a gradual build-up of provider-based care management. If providers are not equipped to take on a larger panel size, providers do not have to do so just for the sake of meeting the glide path targets.
- A participant asked if auto assignment will be executed periodically to move members from Tailored Plans to providers along the glide path. The Department answered that generally, members who are engaged in care management should not be re-assigned solely for the purpose of the glide path.
- A participant referenced the updated [Tailored Care Management rate guidance](#), asking how the expected member engagement percentages relate to caseload assumptions. Caseload

¹ There are six required Health Home services that count as billable encounters towards Tailored Care Management. These services are: 1) comprehensive care management, 2) care coordination, 3) health promotion, 4) comprehensive transitional care from inpatient to other settings (including appropriate follow-up), 5) individual and family supports (which includes authorized representatives), and 6) referral to community and social support services.

² Members can change the organization they are assigned to for Tailored Care Management and/or change care managers twice per year without cause and any time with cause.

assumptions are not related to the engagement assumptions. The participant also raised a concern that the contact requirements and rate assumptions do not accommodate for efforts to initially engage a member in Tailored Care Management, especially when multiple attempts are needed. The Department will consider this feedback when determining any potential future programmatic updates.

Tailored Care Management TAG members are encouraged to send any additional feedback or suggestions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.