

**North Carolina Department of Health and Human Services (DHHS)**

**Tailored Care Management Technical Advisory Group (TAG) Meeting #18 (Conducted Virtually)**

**May 26, 2023**

<b>Tailored Care Management TAG Members</b>	<b>Organization</b>
Erin Lewis	B&D Integrated Health Services
Lauren Clark (absent; represented by Darlene Webb)	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. (absent; represented by Eleana McMurry)	UNC Center for Excellence in Community Mental Health
Sean Schreiber (absent; represented by Donna Stevenson)	Alliance Health
Beverly Gray (absent; represented by Lou Ann Simmons)	Eastpointe
Lynne Grey (absent)	Partners Health Management
Sabrina Russell	Sandhills Center
Cindy Ehlers	Trillium Health Resources
Rhonda Cox (absent)	Vaya Health
Cindy Lambert	Cherokee Indian Hospital Authority
Jessica Aguilar	Consumer Representative
Pamela Corbett (absent)	Consumer Representative
Alicia Jones (absent)	Consumer Representative
Cheryl Powell (absent)	Consumer Representative
<b>NC DHHS Staff Members</b>	<b>Title</b>
Kristen Dubay	Chief Population Health Officer, NC Medicaid
Loul Alvarez	Associate Director, Population Health, NC Medicaid
Gwendolyn Sherrod	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Eumeka Dudley	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Regina Manly	Senior Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Tierra Leach	Program Specialist, Tailored Care Management, NC Medicaid, Quality and Population Health
Tenille Lewis	Program Specialist, Tailored Care Management, NC Medicaid, Quality and Population Health

## Agenda

- Welcome and Roll Call
- Tailored Care Management Implementation Discussion and Updates
- Tailored Care Management Success Stories
- Public Comments and Next Steps

## Tailored Care Management Implementation Discussion and Updates (slides 7-12) – Tierra Leach and Kristen Dubay

The Department acknowledged the feedback received during the last TAG meeting related to certain aspects of the Tailored Care Management model that impact sustainability (e.g., outreach and engagement taking longer than expected, capacity building funds not stretching as far as needed, care manager-to-care team contacts taking a significant amount of time). The Department is considering strategies to mitigate the identified issues and is committed to supporting providers in successfully implementing the model.

To inform these ongoing discussions, the Department gathered additional feedback from AMH+ practices and CMAs on blended Tailored Care Management rates and care management comprehensive assessments.

### ***Blended Tailored Care Management Rates***

The Department is assessing the feasibility and impacts to providers of continuing with a blended rate of \$269.66 or switching to the acuity-based payment model on July 1, 2023. The Department clarified an earlier error in communication that incorrectly stated the Department is continuing with the blended rate; the Department is currently exploring extending the blended rate, but the Department has not completed the necessary internal steps to officially implement this policy.

The Department asked providers how the blended rate has impacted their experience in launching the model and if providers supported extending the blended rate for an additional six months.

- Three TAG members stated that the blended rate has been helpful with projecting revenue and accounting for the higher-than-anticipated needs of some low-acuity members, therefore serving as a stabilizing force in these past six months of the model. The blended rate also provides predictability of reimbursement for members whose acuity tier is shown as “unknown” or “blank”. Moving to acuity-based rates would negatively impact the financial sustainability of these providers.
- However, several TAG members thought the current blended rate amount of \$269.66 is not sustainable, noting that they are spending more time than anticipated on delivering the model (e.g., completing the care management comprehensive assessment, coordinating with other providers, and engaging/contacting members).
  - Two providers conducted modeling of what a sustainable rate would look like for them and arrived at a rate that exceeded the current blended rate, noting that the rate could

- be lower if care manager-to-care team contacts could count towards the contact requirements.
  - Providers also expressed that smaller than expected panel sizes and lower than expected levels of member engagement are impacting their sustainability.
  - A provider raised their concern that the rate for low acuity members with I/DD is especially low.
- Several TAG members believe the current Tailored Care Management rate assumptions underestimate the time and effort necessary to successfully operate the Tailored Care Management model.
  - Two providers noted that their current care manager caseloads are approximately one care manager to 25 members, and these providers do not believe increasing care manager caseloads beyond 25 members is sustainable.
- A TAG member also raised concerns that the model is too early in its development and that there are insufficient data at this point to implement acuity tiers at this time.

### ***Care Management Comprehensive Assessments***

The Department asked providers about their experiences in engaging members on and completing the care management comprehensive assessment.

- Several TAG members noted that the care management comprehensive assessment is taking longer than expected, sometimes taking up to four hours across multiple meetings with the member. A provider reported significant time is needed outside of the meeting with the member to prepare and conduct research.
  - Some members opt out of Tailored Care Management after learning how long the assessment takes.
  - Other members request follow-ups by phone to complete the assessment, which moves away from the expectation that the assessment be conducted in-person.
    - As specified in the [Provider Manual](#), the Department recognizes that in limited circumstances it will be necessary to complete the assessment via technology conferencing tools (e.g., audio, video, and/or web). For members with high acuity the provider has 60 days to complete the CMCA. For members with moderate or low acuity, the provider has 90 days to complete the CMCA.
- Several TAG members stated that conducting the care management comprehensive assessment is preventing providers from addressing a member's immediate needs. These providers suggested a brief assessment to engage members and address their immediate needs before conducting the comprehensive assessment to promote member buy-in and engagement with the model.
  - The Department has previously clarified that providers can assist members with immediate needs and this service can be billed as a Tailored Care Management contact as long as the member consents to participating in the model and their consent is documented (see FAQ #5 on slide 25 of the [March 2023 TAG presentation](#) for more information).
- Two TAG members also raised scenarios of care management comprehensive assessments for members who are children where the child was not present or was nonverbal. The TAG

members asked whether completing the assessment with the parent/guardian counts and can be billed.

- The Department will consider this feedback and ways to provide additional clarity in future guidance and/or TAG meetings.

### ***Other Tailored Care Management Updates***

The Department provided the following additional Tailored Care Management updates:

- **New Forum for Provider Feedback:** To continue to learn about providers' experiences in deploying the model, the Department is exploring standing up a new forum to collect provider feedback in partnership with AHEC. Additional details are forthcoming.
- **Additional Capacity Building Funding:** The Department is working diligently to identify additional capacity building funds to support provider sustainability and the AMH+/CMA workforce. Funds will be limited, and the Department is assessing how the funds can have the greatest impact on Tailored Care Management sustainability. Additional details are forthcoming.
- **TAG Membership Refresh:** With initial TAG member term lengths coming to an end, the Department has started the process to refresh the TAG membership and anticipates launching the "refreshed" TAG in July 2023.
  - The Department will release an application on June 1 for new provider and consumer representatives to apply to be on the TAG and interested representatives will have until June 15 to submit their application (two weeks).
  - The Department will review the applications and provide responses to applicants before the July TAG meeting. More information and the application process will be posted on the [Tailored Care Management webpage](#).

### ***General Tailored Care Management Questions***

TAG members asked the following questions and provided the following feedback on Tailored Care Management implementation.

- A TAG member stated that the current policies for care management assignment do not allow for sufficient flexibility for LME/MCOs to assign additional members to providers with open panel slots.
  - The Department clarified that LME/MCOs have the flexibility to add members to providers with open panel slots.
  - An LME/MCO representative noted that in some instances an open panel slot may not be filled because there are no members to fill that spot.
- An LME/MCO representative stated that there is a significant number of members with co-occurring diagnoses but that they are unable to assign those members to an AMH+/CMA unless the provider is certified to serve people with co-occurring diagnoses.
  - The Department added that LME/MCOs cannot assign members to providers that are not certified to serve them (e.g., if the provider is only certified for adults, LME/MCOs cannot assign that provider children). This restriction is to make sure that the provider is ready and capable of serving members with specific needs, including co-occurring diagnoses.
  - One provider shared that they considered applying for a new designation to serve members with co-occurring diagnoses but found the process too burdensome. (*Note:*

*The State is in the process of releasing an updated process to request changes to certification, including adding additional population designations.)*

- An I/DD provider shared that they were initially certified to serve members with dual mental health and I/DD diagnoses and were surprised by the severity of the behavioral health needs in its assigned members.
- A TAG member recommended the State explore revisiting how the acuity tier and assignment algorithm handles members with dual diagnoses to account for the severity of each diagnosis and assign the member to a provider who is qualified/experienced in serving members with that level of need.
  - The Department will take this suggestion back for internal discussion.

### **Tailored Care Management Success Stories (slides 13-25) – Gwen Sherrod**

The Department introduced three speakers to present Tailored Care Management success stories: Monarch, the Arc, and Dixon Social Interactive Services. These stories provided the opportunity for others to hear about how instrumental Tailored Care Management has been in the lives of members. TAG members appreciated hearing the success stories and thanked the speakers for sharing their experiences and impact on members.

### **Public Comments and Next Steps (slides 26-30) – Gwen Sherrod**

The Department noted for TAG members and other stakeholders to review the latest updates on the [Tailored Care Management web page](#). The Department will also discuss the feedback received during today's Tailored Care Management TAG meeting.

Tailored Care Management TAG members are encouraged to send any additional feedback or suggestions to [Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov).