

North Carolina Department of Health and Human Services (DHHS)

Tailored Care Management Technical Advisory Group (TAG) Meeting #10 (Conducted Virtually)

August 26, 2022

| Tailored Care Management TAG Members | Organization |
|---|--|
| Erin Lewis | B&D Integrated Health Services |
| Lauren Clark | Coastal Horizons Center |
| Denita Lassiter (absent) | Dixon Social Interactive Services |
| Jason Foltz, D.O. | ECU Physicians |
| Natasha Holley (absent) | Integrated Family Services, PLLC |
| DeVault Clevenger (absent) | Pinnacle Family Services |
| Lisa Poteat | The Arc of NC |
| John Gilmore, M.D. | UNC Center for Excellence in Community Mental Health |
| Sean Schreiber (absent; represented by Donna Stevenson) | 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 | 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 Quality of Life 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
- Key Updates
 - Readiness Review Update
 - Workforce Updates
 - Tailored Care Management Phased Roll-Out
- Misconceptions and Frequently Asked Questions (FAQs)
- Public Comments
- Next Steps

Welcome, Roll Call, and Key Updates (slides 3-14) – Gwen Sherrod

The Department provided the following key updates:

Readiness Reviews

To date, 11 providers have passed Readiness Reviews. A TAG member asked whether the Department believes it is on-track given that only 11 providers have passed Readiness Reviews so far. The Department responded that NCQA is completing three to four reviews per day, with a goal of completing all reviews by mid-September. The Department also noted that this is a team effort with all entities collaborating to finish Readiness Reviews and contracting in a timely manner.

Workforce Updates

Based on feedback from a broad range of stakeholders, including providers and Tailored Plans, the Department is updating care manager and supervising care manager qualification requirements to allow for a broader range of degrees and licensure and updating the extender supervision requirements to permit additional flexibility (full summary of flexibilities described in August 26th TAG slide deck).

A TAG member asked whether Community Health Workers (CHWs) are able to work as extenders. The Department responded that yes, provided they meet the other qualifications outlined in the Provider Manual and complete the required Tailored Care Management training. The Department is also working on its CHW strategy to ensure that it continues to support these valuable members of the workforce.

Tailored Care Management Phased Roll-Out

To ensure providers certified as AMH+ practices and CMAs are ready to provide Tailored Care Management services to members at Tailored Plan launch and on an ongoing basis, the Department will have a two-part phased assignment approach.

- Providers that pass their NCQA Readiness Review and contract with Tailored Plans by September 30, 2022, will be included in Tailored Care Management auto-assignment to launch Tailored Care Management on December 1, 2022.
- Providers that pass their NCQA Readiness Review and contract with Tailored Plans by December 31, 2022, will be included in Tailored Care Management auto-assignment to launch Tailored Care Management on February 1, 2023.

A TAG member stated that it takes three to five weeks after a Readiness Review is complete to get the official notice of passing, which may cause a provider to miss the September 30 deadline to be included in Tailored Care Management auto-assignment for December 1 launch. The Department responded that it is aware of this issue and is collaborating with NCQA to complete this process as quickly as possible.

A TAG member asked for the deadline for Tailored Plans to notify the Department of an executed contract for December 1 launch. The Department responded that the deadline is September 30.

A TAG member asked if a Tailored Plan can execute a contract contingent on a provider passing Readiness Review so providers can meet the September 30 deadline. The Department has no concerns with this approach, though the final determination rests with the Tailored Plan and the provider signing the contract.

Misconceptions and FAQs (slides 15-23) – Regina Manly

The Department presented responses to various misconceptions and FAQs regarding Tailored Care Management assignment, crisis requirements for providers, members who are out of state/region/county, part-time/hybrid care managers, multiple care managers per member, and the role of clinical consultants. The Department will publish a comprehensive FAQ document in September providing clarity on these and other topics.

TAG members asked the following questions and provided the following feedback:

- *Tailored Care Management Assignment.* A TAG member shared that providers are operating under tight timelines to meet the contracting deadline of September 30 to be included in the auto-assignment run and hire and train staff before Tailored Plan launch on December 1. Providers would like the Department to work with Tailored Plans and providers to speed up the contracting process.
 - The Department responded that it is engaging with all parties to understand the challenges and expedite the process where possible.
- *Clinical Consultants.* A TAG member stated that certain providers are struggling to contract with clinical consultants since the consultants believe they need liability insurance, which is holding up the Readiness Review process and contracting with Tailored Plans.
 - The Department responded that it will look into this issue and that it is in regular communication with NCQA to address issues as they arise.
- *Exceptional Children (EC) Teachers.* A TAG member asked if EC teachers meet the experience requirements of Tailored Care Management care managers given their knowledge of convening support teams, drafting care plans, coordinating with schools, and making referrals to other services. Tailored Plans have given providers different answers on this question.
 - The Department responded that EC teachers and other professionals (e.g., High School Vocational Rehabilitation Counselors) would meet the criteria for care managers if they meet both:
 - North Carolina’s definition of Qualified Professional (QP) per 10A NCAC 27G .0104, and

- Experience requirements. Experience is inclusive of care management/case management/care coordination, assessment, treatment planning, person-centered plan (PCP)/individual support plan (ISP) development, referral and follow-up, and any of the other requirements of the functions/services that a Tailored Care Management care manager must provide. Providers are responsible for ensuring that the individuals they hire have sufficient experience that mirrors the required care management functions.¹

Public Comments (slide 24) – Eumeka Dudley

The Department opened up the meeting to public comment. Stakeholders asked the following questions and provided the following feedback:

- Are there instances where care managers can cover members assigned to another care manager when it affects timely member engagement or care?
 - The Department responded that yes, in limited situations, care managers may cover another care manager’s members to ensure members are receiving Tailored Care Management in a timely manner.
- Has the Department considered reimbursing providers for the time spent to engage difficult-to-reach members?
 - The Department responded that yes, it is working on this issue and will provide a forthcoming update as it works with Tailored Plans on how to best support providers in engaging members and have enough resources for the first three months of Tailored Plan launch.
- Will there be a smooth transition of members obtaining community navigator services to Tailored Care Management care managers as the Department phases out community navigators?
 - The Department believes this issue deserves an in-depth conversation in the near future. The Department has identified members in services that will not be available to them after Tailored Plan launch (e.g., Community Care of North Carolina care management, Care Management for At-Risk Children, NC Integrated Care for Kids). The Department is developing a process for warm handoff meetings for these members in the three to four weeks before Tailored Plan launch, which it will bring for TAG feedback at a future meeting.
- Is the Department requesting additional capacity building funds for Round 3 providers?
 - The Department is committed to supporting providers in the initial years of the Tailored Care Management program and is working with the General Assembly to identify the funding to do so.

¹ All Tailored Care Management care managers must also complete the required Tailored Care Management training, which is described in the [Provider Manual](#) (updated August 25, 2022).

- Will the Department revisit the Tailored Care Management reporting requirements for providers?
 - The Department responded that it will work with AHEC to provide additional training and technical assistance on reporting requirements for providers. The main report for providers is the patient risk list that includes member contacts, assessments, care plans, and dates of services.
- Spanish-speaking families are reporting that they do not understand the member letter in Spanish, including how to choose a care manager.
 - The Department responded that the member letter is about enrolling in a Tailored Plan and choosing a primary care provider and organization where they will obtain Tailored Care Management. The Tailored Plan will then send information about the organization and choosing a care manager.

Next Steps (slides 25-27) – Eumeka Dudley

The Department noted for TAG members and other stakeholders to keep an eye out for upcoming bulletins, the updated Tailored Care Management Provider Manual, and associated guidance on workforce updates.

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