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

**Tailored Care Management Technical Advisory Group (TAG) Meeting #13 (Conducted Virtually)**

**November 18, 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 (absent) | Alliance Health |
| Beverly Gray (absent) | Eastpointe |
| Lynne Grey (absent) | Partners Health Management |
| Sabrina Russell | Sandhills Center |
| Cindy Ehlers (absent) | Trillium Health Resources |
| Rhonda Cox (absent) | Vaya Health |
| Cindy Lambert (absent) | Cherokee Indian Hospital Authority |
| Jessica Aguilar | Consumer Representative |
| Pamela Corbett | Consumer Representative |
| Alicia Jones (absent) | Consumer Representative |
| Cheryl Powell (absent) | 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 |

## Agenda

- Welcome and Roll Call
- Tailored Care Management Updates
    - Tailored Care Management Assignment Overview
    - New Opportunity for Members to Express Choice
    - Update on AMH+/CMA Certification
    - Update on Community Navigator/Guide Benefit
- Priorities for Launch

- Public Comments
- Next Steps

**Tailored Care Management Updates (slides 8-21) – Kelly Crosbie and Regina Manly**

The Department provided updates on Tailored Care Management in preparation for the December 1, 2022, launch:

*Tailored Care Management Assignment*

All eligible members have been assigned to an AMH+ practice, CMA, or LME/MCO-based care manager, and all letters informing members of their assignment will be mailed out by November 23.

The Department announced that members will have the flexibility to change their assigned Tailored Care Management provider without cause at any time, with no limit on the number of changes, until March 31, 2023. Members should call their LME/MCOs to obtain information about their options for Tailored Care Management.

*AMH+/CMA Certification*

Seventy (70) providers have been certified to date, and Round 3 of certification has recently launched, with 120 providers expressing interest. These providers will begin submitting applications via NCQA's portal this month.

A TAG member asked if the Department has considered the risk of oversaturation of providers in certain regions and that providers may not have enough members on their assigned panel to be financially sustainable. The Department noted that it is aware of this risk and recognizes the importance of striking a balance between having enough providers for members to meaningfully express choice and providers having enough members assigned to them to financially sustain the service. The Department is monitoring provider capacity and member engagement and will work to address any issues as they arise.

*Community Navigator/Guide*

The Department intends to phase out the community navigator/guide benefit as of April 1, 2023, because the benefit is duplicative with Tailored Care Management. The one exception is that the community navigator/guide benefit will continue to be available after April 1, 2023, to individuals enrolled in the Innovations waiver who self-direct services after April 1, 2023; in this scenario, the community navigator/guide benefit will only encompass functions related to self-direction. The Department will work with the LME/MCOs to identify members currently obtaining the community navigator/guide benefit and will support an active warm transition process with providers to help these members move to Tailored Care Management by April 1, 2023. The Department plans to provide additional updates at upcoming meetings with stakeholders.

**Priorities for Launch (slides 22-26) – Kelly Crosbie**

The Department emphasized that the priorities for the initial months of the Tailored Care Management model are member outreach and obtaining member consent.

The Department asked for feedback from TAG members regarding their current and planned efforts to educate and engage members in Tailored Care Management.

- A provider is currently operating a care management program similar to Tailored Care Management and will transition eligible members to Tailored Care Management starting December 1. The transition to Tailored Care Management has been well-received by members and the provider organization is excited to receive reimbursement for Tailored Care Management since it aligns so closely with what they have already been doing.
- Providers are developing their own materials (e.g., one-pagers, letters, webinars) to inform and educate members on Tailored Care Management, emphasizing member choice in selecting where to obtain Tailored Care Management.
- A TAG member highlighted a need for more consumer-friendly educational materials for Spanish speakers.
    - The Department appreciated this feedback and understood the need for more educational materials for Spanish speakers. The Department is working with their internal communications team on updating more materials in Spanish. The Department would also appreciate support from stakeholders and committee members.
    - Another TAG member offered to share their resources that have been translated into Spanish to address this need as well.

The following questions were also addressed:

- Is the care management comprehensive assessment conducted before a member is assigned to a Tailored Care Management provider?
    - No. Assignment to a Tailored Care Management provider occurs before the care management comprehensive assessment, and the provider that the member chooses (or is assigned to, in the instance where a member does not express choice) will conduct the care management comprehensive assessment.
- In the instance where a member does not express choice, to what extent are member clinical needs assessed when making assignments to a Tailored Care Management provider?
    - Providers are certified to serve specific populations (e.g., adults, children, mental health, substance use disorder, I/DD, TBI) and the Tailored Care Management assignment algorithm takes these population-specific certifications as well as a member's physical and behavioral health needs into account. The Department continues to explore adding more information to refine the assignment process.
- What resources are available to members on their choices of Tailored Care Management providers?
    - LME/MCOs have member handbooks and letters that explain members' choices. Members can also call their LME/MCO to obtain assistance with choosing a provider. The Department is working with LME/MCOs to refine member communications and call

scripts that explain Tailored Care Management and the choice process. Provider networks will grow as implementation of Tailored Care Management continues, which will further promote choice for members.

**Public Comments (slide 27) – Gwen Sherrod**

The Department opened the meeting to public comment.

- A stakeholder asked if there is flexibility for providers to reallocate existing capacity building funds associated with Milestone 4.2 (staff salaries for 90 days pre- and post-Tailored Care Management launch) to account for the fact that providers will continue to hire care managers as the model ramps up (beyond the "90-days post launch" as currently described in capacity building materials).
    - Capacity building funds earmarked for salaries do not have to be spent within a specified timeframe, as long as the provider is continuing to meet ongoing targets agreed upon by the Plan and the provider continues to demonstrate progress on capacity building milestones. Provider-facing guidance from the Department likewise indicated that funds would be distributed through at least June 2023 for investment in hiring and training care managers.
- A stakeholder asked for clarification on the consent requirements for members enrolled in the Innovations or TBI waivers.
    - As part of the Individual Support Plan (ISP) development process, these members must provide a (wet or electronic) signature on their ISP to indicate informed consent. (*See provider manual for additional guidance on consent and ISP process)*
- A stakeholder inquired about payment for the multiple outreach attempts to engage a member and obtain their consent to participate in Tailored Care Management.
    - While the Department recognizes that it may take multiple outreach attempts to engage members and obtain member consent, the payment model for Tailored Care Management accounts for these multiple contacts in a given month. An organization delivering Tailored Care Management will receive the full monthly payment after their first documented contact for a member in any given month.

**Next Steps (slides 28-30) – 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 also noted that the final meeting of 2022 will be held on December 16.

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