

Tailored Care Management Technical Advisory Group (TAG)

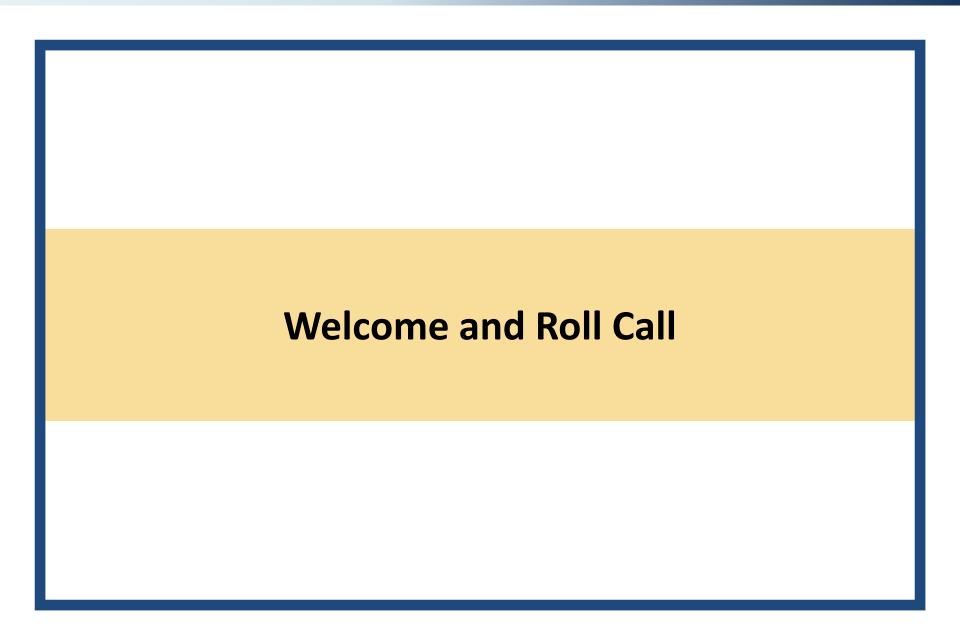
Meeting #13:

Tailored Care Management Updates and Priorities for Launch

November 18, 2022

Agenda

Welcome and Roll Call (5 min) **Tailored Care Management Updates (20 min) Tailored Care Management Assignment Overview New Opportunity for Members to Express Choice Update on AMH+/CMA Certification Update on Community Navigator Benefit Priorities for Launch (20 min) Public Comments (10 min) Next Steps (5 min)**



Department of Health and Human Services

Kelly Crosbie, MSW, LCSW	Gwendolyn Sherrod, MBA, MHA	Eumeka Dudley, BS	Regina Manly, MSA	Loul Alvarez, MPA
Chief Quality Officer	Senior Program Manager, Tailored Care Management	Tailored Care Management Program Manager	Tailored Care Management Program Manager	Associate Director, Population Health
Contact: Medicaid.Tail				



Tailored Care Management TAG Membership

Name	Organization	Stakeholder
Erin Lewis	B&D Integrated Health Services	Provider Representative
Lauren Clark	Coastal Horizons Center	Provider Representative
Denita Lassiter	Dixon Social Interactive Services	Provider Representative
Jason Foltz, D.O.	ECU Physicians	Provider Representative

Integrated Family Services, PLLC

Partners Health Management

Cherokee Indian Hospital Authority

Trillium Health Resources

UNC Center for Excellence in Community Mental Health

Pinnacle Family Services

The Arc of NC

Alliance Health

Sandhills Center

Vaya Health

N/A

N/A

N/A

N/A

Eastpointe

Provider Representative

Provider Representative

Provider Representative

Provider Representative

Tailored Plan Awardee

Tribal Option Representative

Consumer Representative

Consumer Representative

Consumer Representative

Consumer Representative

Natasha Holley

Lisa Poteat

DeVault Clevenger

John Gilmore, M.D.

Sean Schreiber

Sabrina Russell

Beverly Gray

Lynne Grey

Cindy Ehlers

Rhonda Cox

Cindy Lambert

Jessica Aguilar

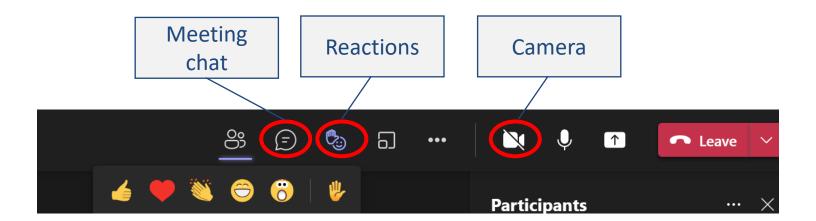
Pamela Corbett

Alicia Jones

Cheryl Powell

Increasing Engagement

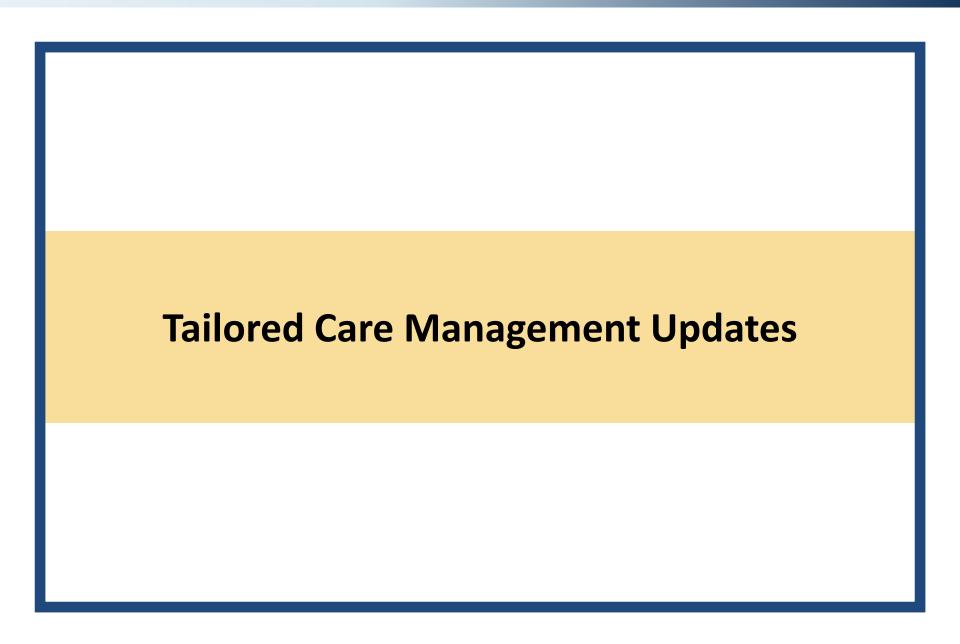
We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



We are less than two weeks away from Tailored Care Management 12/1 launch!

Tailored Care Management is an opportunity to transform the care management landscape in North Carolina, offering Medicaid enrollees with significant behavioral health needs, I/DD, and TBI access to whole-person care management.

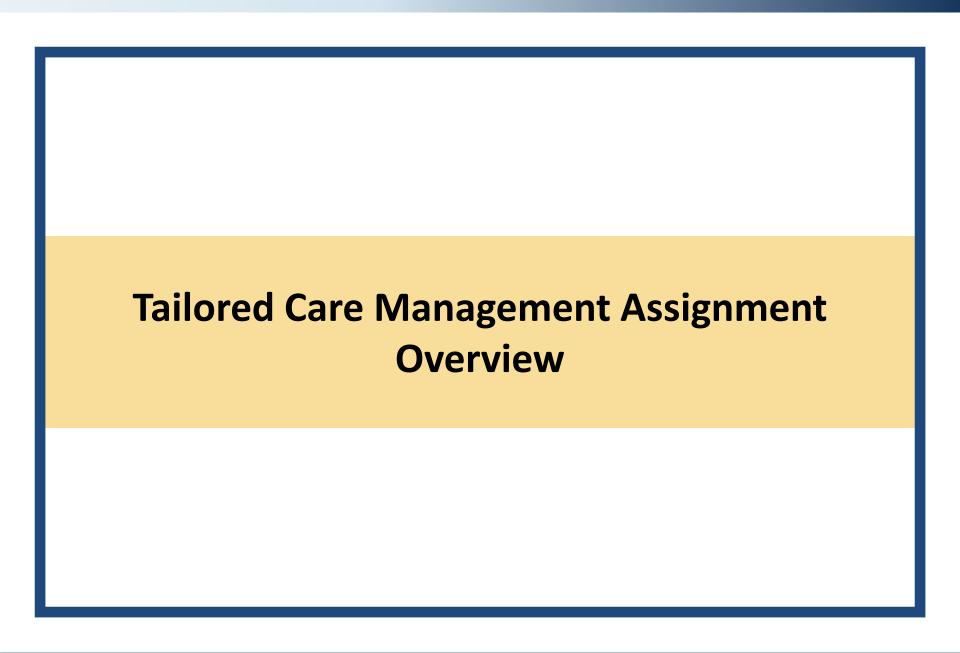
Members will be at the center of Tailored Care Management, supported by a dedicated care manager and care team.



Overview of Tailored Care Management Updates

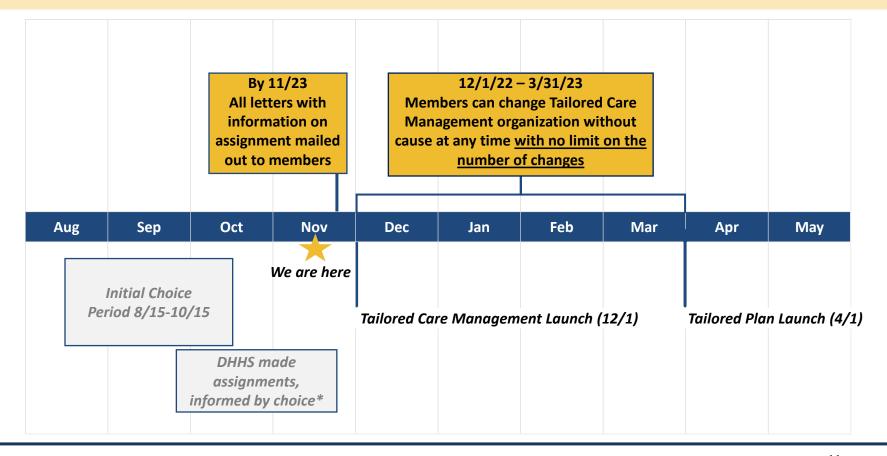
The Department is working with providers, plans, and other stakeholders to prepare for Tailored Care Management launch and continues to refine the program to reflect stakeholder feedback and promote as smooth of a launch as possible.

Topics Covered During Today's Presentation Tailored Care Management Assignment Overview **New Opportunity for Members to Express Choice Update on AMH+/CMA Certification Update on Community Navigator Benefit**



Tailored Care Management Assignment and Launch Timeline

Member choice and Tailored Care Management assignment are the first steps to a member obtaining Tailored Care Management. The Department has received many questions on the choice and assignment process and the below timeline and following slides seek to provide additional clarification.



^{*} In instances when a member did not express choice, the auto-assignment algorithm was used to make the assignment

Initial Tailored Care Management Assignments Are Completed

All Tailored Care Management eligible members have been assigned to an AMH+ practice, CMA, or LME/MCO.

The Department honored member choice to the maximum extent possible. In rare instances, a member's choice could not be honored, such as when the member was incorrectly permitted to choose an organization that went against federal conflict-free rules (i.e., a member chooses a CMA where they obtain home and community-based services).

LME/MCOs began mailing letters informing members of their assignment the week of 11/14 and all letters will be out by 11/23.

Overview of Tailored Care Management Auto-Assignment

Members who did not choose an organization for Tailored Care Management during the choice period received an assignment in October based on the following factors:

Member's existing primary care provider (PCP) assignment to an AMH+ practice or an existing treatment relationship with a CMA within the LME/MCO's network

Member's existing relationship with an LME/MCO Innovations waiver care coordinator

Member's **exceptional physical health and/or behavioral health needs** – <u>examples</u> include:

- Members receiving cancer treatment or with end stage organ failure/organ transplant will be prioritized for AMH+ or LME/MCO-based Tailored Care Management
- Members in child behavioral health residential services will be prioritized for CMA or LME/MCObased Tailored Care Management
- Members with <u>both</u> exceptional physical and exceptional behavioral health needs, or those in certain institutional settings will be prioritized for LME/MCO-based Tailored Care Management

Member's **geographic location**

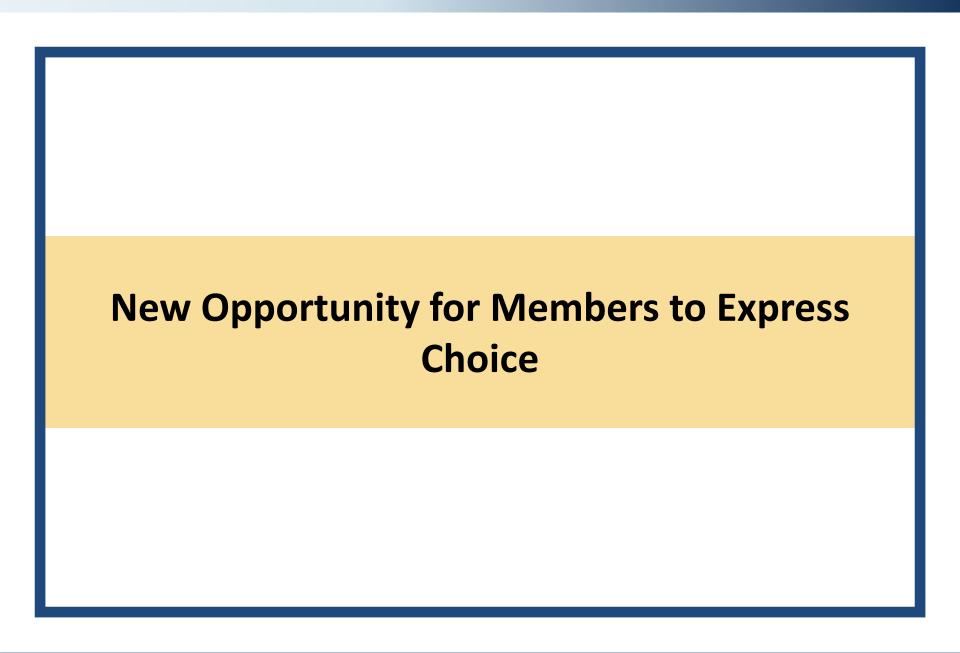
AMH+ practice's or CMA's care management panel size capacity

Federal **conflict-free** case management requirements for people using home and community-based services (HCBS), which prohibit a provider organization from delivering HCBS and care management to one individual

Tailored Care Management Assignment Process for April 1, 2023, and Beyond

Starting April 1, 2023, LME/MCOs will oversee all assignments to Tailored Care Management for new members using either the Department's auto-assignment algorithm or an alternative approved by the Department.

LME/MCOs must receive Departmental approval on their policies for assigning and re-assigning members.

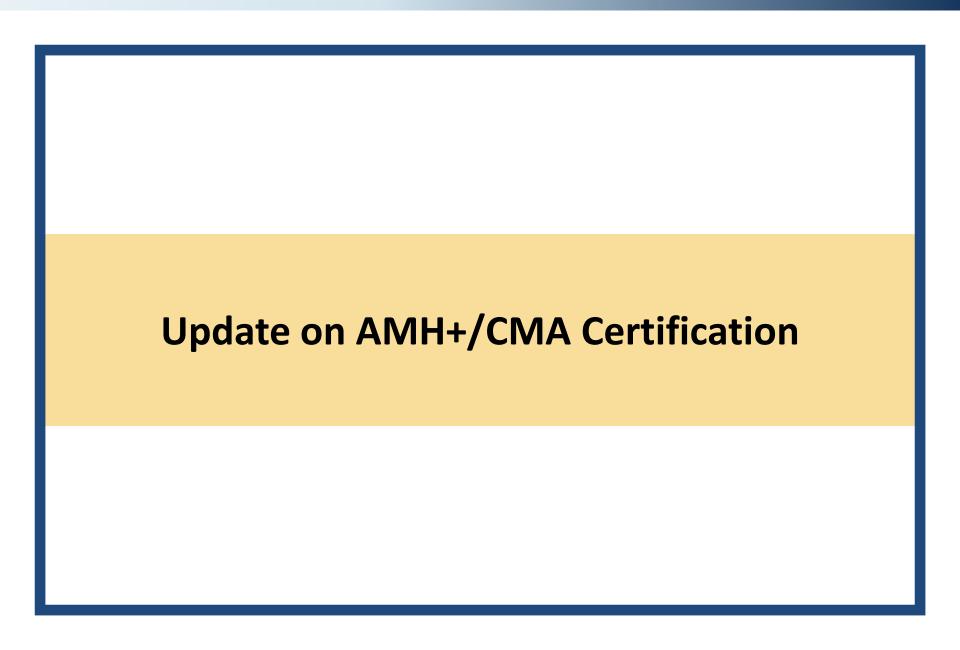


Additional Opportunities for Choice (12/1/22 to 3/31/23)

The Department is committed to promoting choice to the maximum extent possible and will allow members 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.

- The Department is implementing this new flexibility because more providers are contracting with LME/MCOs and educational efforts around the program are continuing.
 - Members have more choices in AMH+s/CMAs than before.
- Members should call their LME/MCOs to obtain information about their options for Tailored Care Management.
 - The Department is working with LME/MCOs to refine member communications and call scripts that explain Tailored Care Management and the choice process.

After April 1, 2023, members will be able to change the organization where they obtain Tailored Care Management twice a year without cause and any time with cause.



Commitment to Provider-Based Care Management

The Department has met its goal of assigning 30 percent of members eligible for Tailored Care Management at launch to AMH+ practices and CMAs.

	Year 1 (12/22 –	Year 2 (4/23 –	Year 3 (7/24 –	Year 4 (7/25 –	Year 5 (7/26 –
	3/23)	6/24)	6/25)	6/26)	6/27)
LME/MCOs are required to achieve the following targets for percentage of members engaged in Tailored Care Management through an AMH+/CMA	30%	30%	45%	60%	80%

The Department will continue to monitor Tailored Care Management assignments on an ongoing basis and take corrective action where needed.

New Providers Are Beginning the Certification Process

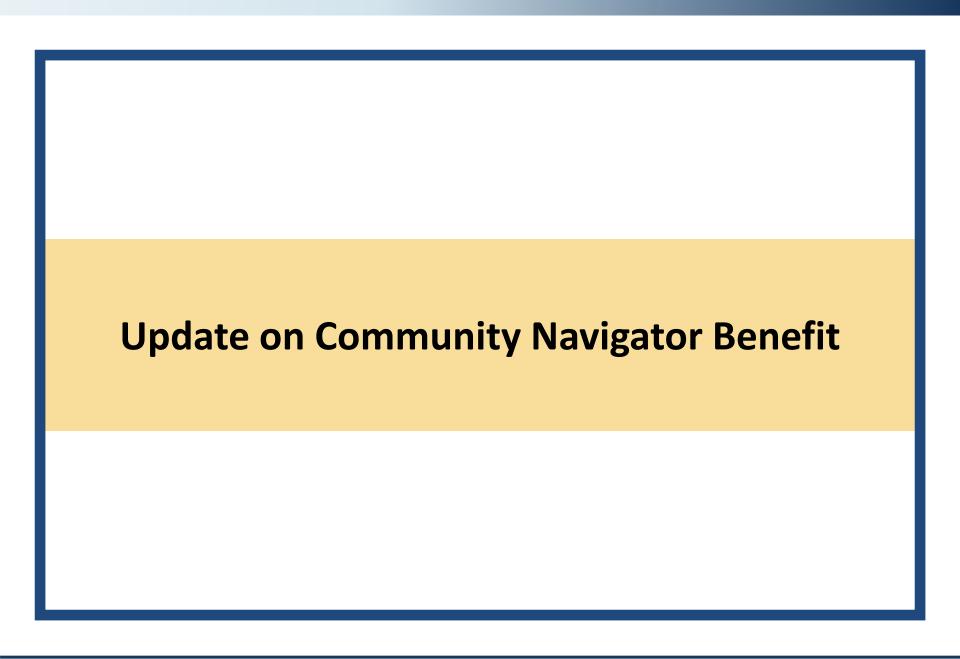
Seventy (70) providers have been certified to date and Round 3 of certification has recently launched, with 120 providers expressing interest. These providers will begin submitting applications via NCQA's portal this month.

Certification Process:



- The Department has contracted with the National Committee for Quality Assurance (NCQA) to review provider applications and conduct desk and site reviews. Organizations that pass the site review will be certified.
- NCQA will also conduct recertification of providers on the Department's behalf.
- The Department will maintain oversight over these processes.

LME/MCOs will conduct additional readiness reviews of certified AMH+ practices and CMAs.

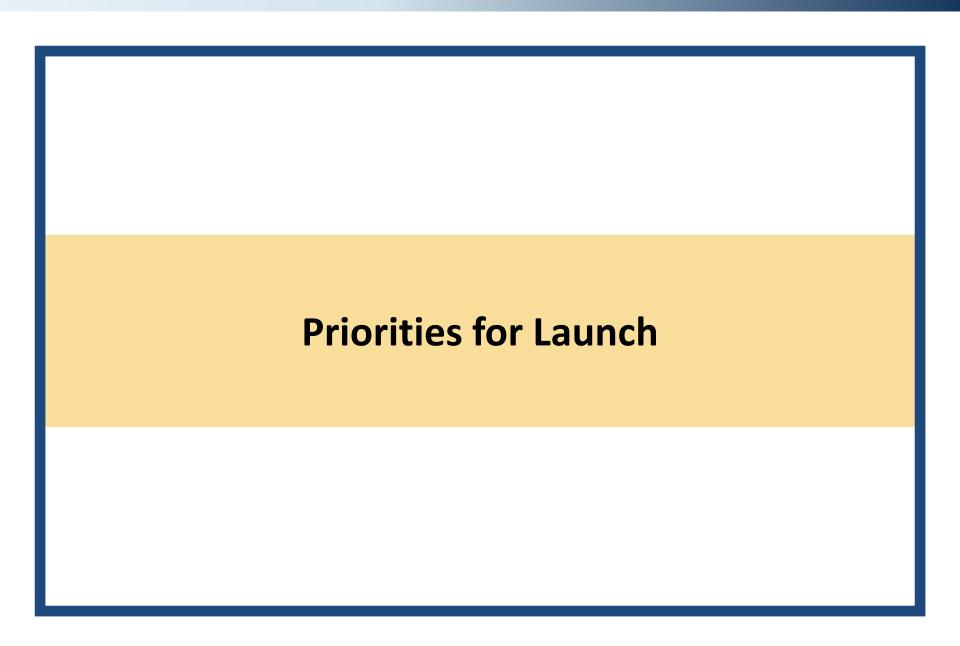


Community Navigator/Guide Benefit and the Transition to Tailored Care Management

The Department intends to phase out the community navigator/guide benefit as of April 1, 2023, because the benefit is fully duplicative with Tailored Care Management. Between December 1, 2022, and April 1, 2023, the benefit will continue to exist.

- Individuals currently obtaining the community navigator/guide benefit can continue to do so as Tailored Care Management services are starting.
- 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 the member move to Tailored Care Management by April 1.
- The Department has received various questions on the phase out of the community navigator/guide benefit and plans to release a frequently asked questions (FAQ) document and provide an update at upcoming meetings with stakeholders.

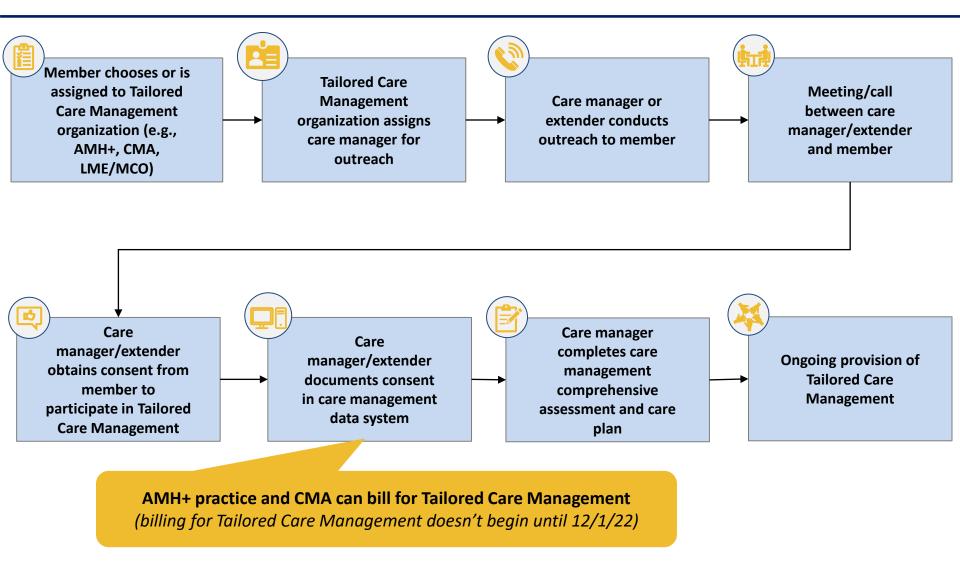
NOTE: Individuals enrolled in the Innovations waiver who self-direct services may continue to use Community Navigators to assist with self-direction activities after April 1, 2023.



Initial Priorities: Outreach and Consent

While Tailored Care Management implementation will be an ongoing process, the priorities in the early days of the model include conducting outreach to members and obtaining their consent to participate in the model.

Tailored Care Management Process Flow



For Discussion: Member Education and Engagement

To share best practices, lessons learned, and opportunities for additional support, the Department seeks feedback from TAG members regarding their current and planned efforts to educate and engage members in Tailored Care Management.



Has your organization started talking to current clients/consumers about the Tailored Care Management benefit?

Have they or their caregivers expressed interest in the program?

How are current education efforts going so far?

- What is going well?
- What are the challenges your organization has faced?

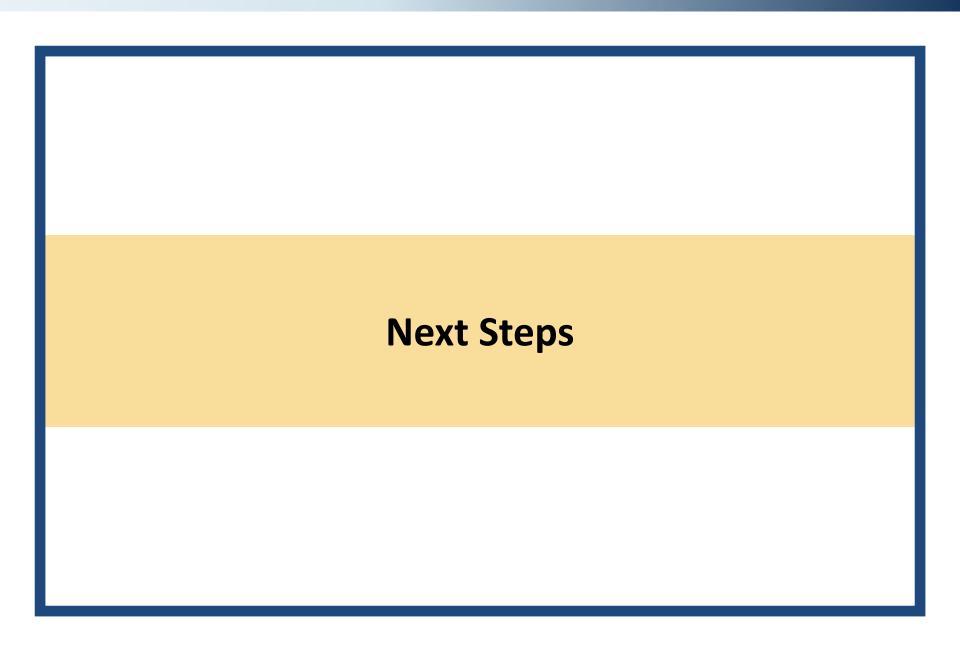
What feedback are care managers and supervisors providing?

Are there opportunities for the Department to provide additional support (e.g., TA, training, etc.) to assist with conducting planned outreach activities?

We would like to thank the TAG for its advice and feedback as we near this important milestone of launching Tailored Care Management on 12/1.

We appreciate the TAG's continued partnership as we continue to ramp up the Tailored Care Management program.





Next Steps

Tailored Care Management TAG Members

Review updates on Tailored Care Management <u>webpage</u>

Department

 Discuss feedback received during today's Tailored Care Management TAG meeting

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.

Upcoming 2022 Meetings:

December 16

Previous Meetings:

- Meeting #1: Friday, October 29, 2021. 3:00 4:30 pm ET (presentation, minutes)
- Meeting #2: Friday, November 19, 2021, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #3: Friday, December 17, 2021, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #4: Friday, January 28, 2022, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #5: Friday, February 25, 2022, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #6: Friday, March 25, 2022, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #7: Friday, June 3, 2022, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #8: Friday, June 24, 2022, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #9: Friday, July 22, 2022, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #10: Friday, August 26, 2022, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #11: Friday, September 23, 2022, 3:30 4:30 pm ET (presentation, minutes)
- Meeting #12: Thursday, October 27, 2022, 3:30 4:30 pm ET (presentation, minutes)