



Tailored Care Management Technical Advisory Group (TAG)

Meeting #12:

Tailored Care Management Updates

October 27, 2022

Agenda

- **Welcome and Roll Call (5 min)**
- **Update on NC Medicaid Tailored Plans (15 min)**
- **Tailored Care Management Launch and Temporary Flexibilities and Program Changes (15 min)**
- **Tailored Care Management Member Scenarios (10 min)**
- **Public Comments (10 min)**
- **Next Steps (5 min)**

Welcome and Roll Call

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

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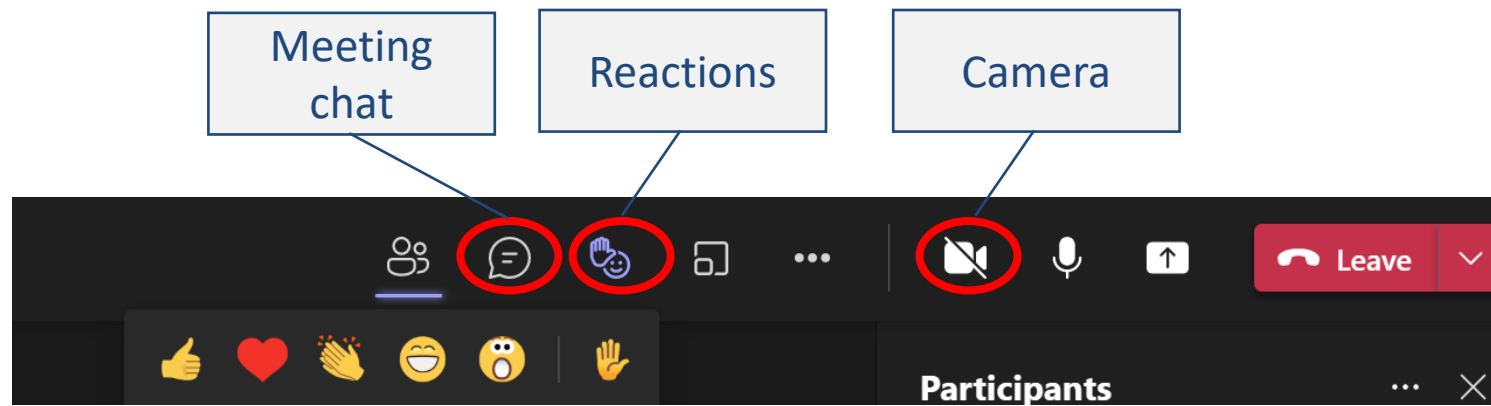
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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
Natasha Holley	Integrated Family Services, PLLC	Provider Representative
DeVault Clevenger	Pinnacle Family Services	Provider Representative
Lisa Poteat	The Arc of NC	Provider Representative
John Gilmore, M.D.	UNC Center for Excellence in Community Mental Health	Provider Representative
Sean Schreiber	Alliance Health	Tailored Plan Awardee
Beverly Gray	Eastpointe	Tailored Plan Awardee
Lynne Grey	Partners Health Management	Tailored Plan Awardee
Sabrina Russell	Sandhills Center	Tailored Plan Awardee
Cindy Ehlers	Trillium Health Resources	Tailored Plan Awardee
Rhonda Cox	Vaya Health	Tailored Plan Awardee
Cindy Lambert	Cherokee Indian Hospital Authority	Tribal Option Representative
Jessica Aguilar	N/A	Consumer Representative
Pamela Corbett	N/A	Consumer Representative
Alicia Jones	N/A	Consumer Representative
Cheryl Powell	N/A	Consumer Representative

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.



Update on NC Medicaid Tailored Plans

Tailored Plan Launch Update

On September 29, 2022, the Department announced Tailored Plan launch has been delayed until April 1, 2023. However, Tailored Care Management will continue with the planned December 1 launch.

- The delayed start will allow Tailored Plans more time to contract with additional providers to support member choice and to validate that data systems are working appropriately.
- Members will continue to receive behavioral health services, I/DD and TBI supports through their LME/MCO and physical health and pharmacy services through NC Medicaid, just as they do today.
- Nothing changes for members as of 12/1—except they'll have access to Tailored Care Management
- Additionally, the State is working with the Centers for Medicare and Medicaid Services (CMS) to obtain approval for launching 1915(i) services (date to be determined).

Tailored Care Management

- NC Medicaid and LME/MCOs will work closely with Tailored Care Management providers to ensure a successful start of the service.
- AHEC coaches will continue to provide support to providers launching Tailored Care Management.
- NC Medicaid has published a list of certified Tailored Care Management providers who are ready to provide Tailored Care Management services on Dec. 1, 2022.
 - The list is available on the Medicaid website and will be updated as new providers are added:
<https://medicaid.ncdhhs.gov/media/11975/download?attachment>

Federal Authority

- North Carolina is planning to authorize the Tailored Care Management program using managed care authority (as described in 42 CFR § 438.208) instead of Section 1945 Health Home Authority for the interim period (12/1/22 – 3/31/23).
- North Carolina will authorize the Tailored Care Management program using Section 1945 Health Home Authority at Tailored Plan launch.

Who is Eligible for Tailored Care Management on 12/1?*

- Individuals 3+ in NC Medicaid Direct who **will enroll in a Tailored Plan on April 1, 2023**, including:
 - Innovations Waiver participants (including duals)
 - TBI Waiver participants (including duals)
 - Children and Adolescents with Serious Emotional Disorder (SED)
 - Adolescents with Severe Substance Use Disorder (SUD)
 - Adults with Serious Mental Illness (SMI) or Severe Substance Use Disorder (SUD)
 - Children (3+) and adults with intellectual/developmental disability (I/DD)
- Individuals 3+ in NC Medicaid Direct who **will stay in NC Medicaid Direct on April 1, 2023**, including:
 - Children and Adolescents in Foster Care with Serious Emotional Disorder (SED) or Severe Substance Use Disorder (SUD)
 - Dual-eligible Adults with Serious Mental Illness (SMI) or Severe Substance Use Disorder (SUD)
 - Dual-eligible Children and Adults with intellectual/developmental disability (I/DD) who are NOT on the Innovations or TBI waivers
- Children in NC Health Choice and children (0-3) who meet the above criteria will be eligible for Tailored Care Management April 1, 2023.

How Will Children and Youth Served by the Child Welfare System Get Care Management as of December 1, 2022?

Children in Foster Care



Children Receiving Adoption Assistance



Former Foster Youth Under Age 26



Not Tailored Care Management-Eligible

These children and youth will receive care management through Community Care of North Carolina (CCNC) for physical health and a Local Management Entity/Managed Care Organization (LME/MCO) for behavioral health.

+ Tailored Care Management-Eligible*

These children and youth will obtain **Tailored Care Management**, primarily from an LME/MCO-based care manager.

*Individuals eligible for Tailored Care Management include those with a serious mental illness (SMI), a serious emotional disturbance (SED), a severe substance use disorder (SUD), an intellectual/developmental disability (I/DD), or those who are receiving services for a traumatic brain injury (TBI). Most children ages 0-3 will not be eligible for Tailored Care Management until April 1, 2023; they will continue to receive care coordination/care management as they do today, including through Care Management for At-Risk Children (CMARC).

Tailored Care Management Assignment/Notification/ More Choice/Start-Up

Members will be able to choose the organization where they will obtain Tailored Care Management (AMH+, CMA, or LME/MCO); if they do not make a choice on their own, they will be assigned to an organization based on previous relationships and medical complexity.

- In mid-November, members will get a letter telling them about Tailored Care Management.
- The letter:
 - Describes Tailored Care Management,
 - Indicates assigned Tailored Care Management organization (if member chose, it will be that one),
 - Explains how a member can opt-out of Tailored Care Management if they want to, and
 - Explains how a member can change their Tailored Care Management organization by calling the LME/MCO.
- From December through February, members will begin to get outreach from their assigned Tailored Care Management organization.
- Since this is a new service, the Department expects start-up will be gradual.

Tailored Care Management Choice—Consumers on the Innovations/TBI Waiver

Members on the Innovations and TBI waivers will still be on the Innovations/TBI waiver and will get care coordination or Tailored Care Management.

- A member who wants to keep their current care coordinator does not need to do anything.
 - The member will be assigned to the LME/MCO and can keep their care coordinator.
- The LME/MCO care coordinator will ask the member if they want to keep care coordination or get Tailored Care Management instead.
- A member who wants to CHANGE who is providing their care management should call the LME/MCO and choose a different Tailored Care Management organization; however, they cannot obtain Tailored Care Management from the organization where they are obtaining their waiver services.
- The assigned Tailored Care Management organization will focus on the Innovations/TBI waiver services/ISP, physical health care, and other support needs (food, housing, transportation).

Tailored Care Management vs. Care Coordination: What's the Difference?

- Care coordination focuses primarily on the Innovations/TBI waiver services/support/ISP.
- Tailored Care Management focuses on the waiver services/ISP, physical health care, and other support needs (food, housing, transportation).
- EITHER WAY, the member can still receive care coordination or Tailored Care Management from their CURRENT care coordinator.

Member Resources

Resource	Information
NC Medicaid Enrollment Broker	<ul style="list-style-type: none"> ▪ Website: https://ncmedicaidplans.gov/ ▪ Call Center: 1-833-870-5500 TTY: 711 or RelayNC.com (Monday–Friday, 7 a.m. to 8 p.m.; Saturday, 7 a.m. to 5 p.m.)
Information on Tailored Plan Services	<ul style="list-style-type: none"> ▪ Website: ncmedicaidplans.gov/learn/get-answers/tailored-plan-services
NC Medicaid Behavioral Health I/DD Tailored Plan Website	<ul style="list-style-type: none"> ▪ Website: medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans
NC Medicaid Ombudsman	<ul style="list-style-type: none"> ▪ Website: ncmedicaidombudsman.org ▪ Phone: 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

Provider Resources

Resource	Information
NC Medicaid Website	<ul style="list-style-type: none"> ▪ Website: medicaid.ncdhhs.gov (includes County and Provider Playbooks)
NC Medicaid Behavioral Health I/DD Tailored Plan Website	<ul style="list-style-type: none"> ▪ Website: medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans
NC Medicaid Tailored Care Management Website	<ul style="list-style-type: none"> ▪ Website: medicaid.ncdhhs.gov/tailored-care-management
NC Medicaid Help Center	<ul style="list-style-type: none"> ▪ Website: medicaid.ncdhhs.gov/helpcenter
Practice Support	<ul style="list-style-type: none"> ▪ Website: ncahec.net/medicaid-managed-care ▪ NC Medicaid Managed Care “Hot Topics” Webinar Series hosted by Dr. Dowler on the first and third Thursday of the month
Medicaid Bulletins	<ul style="list-style-type: none"> ▪ Website: https://medicaid.ncdhhs.gov/providers/medicaid-bulletin

Tailored Care Management Launch and Temporary Flexibilities and Program Changes

Overview of Tailored Care Management Flexibilities and Program Changes

Recognizing this is a time of substantial change for North Carolina Medicaid enrollees, providers, and health plans, the Department will implement temporary flexibilities and program changes for the four-month period between Tailored Care Management and Tailored Plan launch (12/1/2022 through 3/31/2023).

- The purpose of these flexibilities and program changes is to give organizations providing Tailored Care Management (e.g., AMH+s, CMAs, Tailored Plans) enough time to:
 - Gain experience with the model,
 - Engage as many eligible members as possible, and
 - Identify and address unexpected challenges.
- In this interim period, LME/MCOs will operate the model through an amendment to their existing contract with the Department.
- LME/MCOs are still responsible for care coordination functions for members who opt out of Tailored Care Management or are ineligible.

Tailored Care Management Assignment

The Department will oversee Tailored Care Management assignment over the interim period.

Note: Members can change their Tailored Care Management care manager twice per year without cause and anytime with cause.

Outreach, Engagement, and Completion of Care Management Comprehensive Assessments and Care Plans

Providers and LME/MCOs will prioritize outreach to members based on acuity/risk/need starting 12/1. The early months of Tailored Care Management will be spent doing outreach, engagement, and assessments with members.

- If an enrollee had a care management comprehensive assessment completed within the last 12 months that meets Tailored Care Management requirements, the care management comprehensive assessment requirement would be satisfied.
- A care manager does not need to develop a new care plan/ISP if an enrollee has an active care plan/ISP that meets Tailored Care Management requirements and has been completed within the last 12 months.

Note: Care management comprehensive assessments completed in the interim period will still be valid after Tailored Plan launch on 4/1.

Comprehensive Assessments and ISPs for Individuals Enrolled in the Innovations or TBI Waivers

For members in the Innovations or TBI waivers, care managers should align the timing of completing the care management comprehensive assessment and ISP with the annual ISP update (assessment to inform revised ISP).

Contact Requirements

During the interim period and for all members, care managers should make at least two contacts per month with at least one in-person contact quarterly.

Note: For members with an I/DD or a TBI who have a guardian or legally-responsible person (LRP), and for children/adolescent with a parent/guardian, telephonic contact may be with a guardian/LRP/parent in lieu of the member, only where appropriate or necessary. In-person contacts must involve the member.

What Counts as a Tailored Care Management Contact?

Tailored Care Management is built around the six core Health Home services. Below are examples of activities care managers may complete in delivering a Tailored Care Management contact (see provider manual for additional details):

- **Comprehensive care management**, including
 - Completion of care management comprehensive assessments and care plan/ISP
 - Phone call or in-person meeting focused on chronic care management (e.g., management of multiple chronic conditions)
- **Care coordination**, including
 - Working with the member on coordination across settings of care and services (e.g., appointment/wellness reminders and social services coordination/referrals)
 - Assistance in scheduling and preparing members for appointments (e.g., phone call to provide a reminder and help arrange transportation)
- **Health promotion**, including
 - Providing education on members' chronic conditions
 - Teaching self-management skills and sharing self-help recovery resources
 - Providing education on common environmental risk factors including but not limited to the health effects of exposure to second- and third-hand tobacco smoke and e-cigarette aerosols and liquids and their effects on family and children

Reminder
LME/MCOs will pay AMH+s/CMAs based on the completion of the first contact each month.

What Counts as a Tailored Care Management Contact?

Tailored Care Management is built around the six core Health Home services. Below are examples of activities care managers may complete in delivering a Tailored Care Management contact (see provider manual for additional details):

- **Comprehensive transitional care/follow-up**, including
 - Visiting the member during the member's stay in the institution and be present on the day of discharge
 - Reviewing the discharge plan with the member and facility staff
 - Referring and assisting members in accessing needed social services and supports identified as part of the transitional care management process, including access to housing
 - Developing a 90-day post-discharge transition plan prior to discharge from residential or inpatient settings, in consultation with the member, facility staff, and the member's care team

- **Individual & family support**, including
 - Providing education and guidance on self-advocacy to the member, family members, and support members
 - Connecting the member and caregivers to education and training to help the member improve function, develop socialization and adaptive skills, and navigate the service system
 - Providing information to the member, family members, and support members about the member's rights, protections, and responsibilities, including the right to change providers, the grievance and complaint resolution process, and fair hearing processes

- **Referral to community & social support services**, including
 - Providing referral, information, and assistance and follow-up in obtaining and maintaining community-based resources and social support services
 - Providing comprehensive assistance securing key health-related services (e.g., filling out and submitting applications)

Payments

There will be a single Tailored Care Management payment rate to reflect uniform contact requirements across acuity levels, with an add-on for Innovations and TBI waiver participants. This blended rate will be modeled after the moderate acuity level.

Note: As always, LME/MCOs will pay providers based on the completion of the first contact each month.

Training

Care managers, supervising care managers, and care manager extenders must complete the below core modules within 90 days of hire; the remaining training modules of the Tailored Care Management training curriculum must be completed within 6 months of hire.

- An overview of the NC Medicaid Delivery system, including Tailored Care Management eligibility criteria, services available through PIHPs and future Tailored Plans, and differences between Standard Plan, PIHP, and Tailored Plan benefit packages;
- Principles of integrated and coordinated physical and behavioral health care and I/DD and TBI services;
- Knowledge of Innovations and TBI waiver eligibility criteria; and
- Tailored Care Management overview, including but not limited to the model's purpose, target population, and services, in addition to enrollees and their families' role in care planning.

Note: The Department is exploring extending these training flexibilities after Tailored Plan launch on April 1, 2023.

Tailored Care Management Member Scenarios

Member Scenarios

The following scenarios provide examples of how different members will obtain Tailored Care Management during the interim period (12/1/22 – 3/31/23) and after Tailored Plan launch on 4/1/23.

Foster Care (Interim Period: 12/1/22 – 3/31/23)

Raquel is 15-years-old and in foster care. She has a serious emotional disturbance (SED) and is obtaining child and adolescent day treatment. She is not enrolled in the Innovations waiver, Traumatic Brain Injury waiver, or in Transitions to Community Living.



15-year-old
in foster care

*Raquel is **eligible** for
**Tailored Care
Management** on 12/1*



Raquel will **obtain
Tailored Care
Management** provided
by an LME/MCO

Foster Care (Post-Tailored Plan Launch on 4/1/23)

Raquel is 15-years-old and in foster care. She has a serious emotional disturbance (SED) and is obtaining child and adolescent day treatment. She is not enrolled in the Innovations waiver, Traumatic Brain Injury waiver, or in Transitions to Community Living.



15-year-old
in Foster Care

*Raquel is **NOT** eligible for a Tailored Plan on 4/1*



Raquel will continue to be enrolled in NC Medicaid Direct to access physical and behavioral health services as she is today

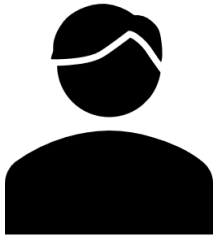
*Raquel is **eligible** for Tailored Care Management*



Raquel will **obtain Tailored Care Management** provided by an LME/MCO

Innovations Waiver (Interim Period: 12/1/22 – 3/31/23)

Sam has an intellectual/developmental disability and is enrolled in the Innovations waiver.



Member in
Innovations
Waiver

*Sam is eligible for
Tailored Care
Management on 12/1*



Sam can choose to
**obtain Tailored Care
Management OR
continue to obtain
waiver care
coordination from the
LME/MCO**

- Sam can choose to keep his current care coordinator, who is qualified to provide either waiver care coordination or Tailored Care Management
- Tailored Care Management is broader than waiver care coordination; Tailored Care Management encompasses coordination of physical health, behavioral health, pharmacy, and other services, in addition to coordination of waiver services
- The LME/MCO will continue to provide BH, I/DD, and TBI services, including Innovations services, during the interim period (no change)

Innovations Waiver (Post-Tailored Plan Launch on 4/1/23)

Sam has an intellectual/developmental disability and is enrolled in the Innovations waiver.*



Member in Innovations Waiver

Sam is *eligible* for the **Tailored Plan** on 4/1



Sam will be enrolled in the **Tailored Plan** to access physical and behavioral health services and I/DD services, including Innovations services

Sam is *eligible* for **Tailored Care Management**



Sam can choose to **obtain Tailored Care Management OR continue to obtain waiver care coordination**

- Sam will keep their waiver slot regardless of whether they choose to obtain Tailored Care Management or waiver care coordination

* Medicaid beneficiaries in the Innovations waiver who are members of federally-recognized tribes or qualify for services through the Indian Health Service (IHS) may obtain Tailored Care Management through NC Medicaid Direct

Dual Eligible (Interim Period: 12/1/22 – 3/31/23)

Ruth is dually eligible for Medicare and Medicaid and has a serious mental illness (SMI). She is obtaining partial hospitalization services.



Dual Eligible

*Ruth is **eligible** for Tailored Care Management on 12/1*



Ruth is eligible to **obtain Tailored Care Management** provided by the LME/MCO

- Ruth will continue to be in Medicare and NC Medicaid Direct, with NC Medicaid Direct covering services that are not covered by Medicare

Dual Eligible (Post-Tailored Plan Launch on 4/1/23)

Ruth is dually eligible for Medicare and Medicaid and has a serious mental illness (SMI). She is obtaining partial hospitalization services.



Dual Eligible

*Ruth is **NOT** eligible for the Tailored Plan on 4/1*



Ruth will be enrolled in NC Medicaid Direct to access physical and behavioral health services

*Ruth is **eligible** for Tailored Care Management*



Ruth is eligible to **obtain Tailored Care Management** provided by the LME/MCO

NC Health Choice (Interim Period: 12/1/22 – 3/31/23)

John is nine-years-old and is enrolled in NC Health Choice. He has a serious emotional disturbance (SED) and is obtaining multisystemic therapy.



9-year-old in
NC Health
Choice

*John is **NOT** eligible for
Tailored Care
Management on 12/1*



John **cannot** obtain
Tailored Care
Management during
the interim period as
he is not served by
LME/MCOs today

NC Health Choice (Post-Tailored Plan Launch on 4/1/23)

John is nine-years-old and is enrolled in NC Health Choice. He has a serious emotional disturbance (SED) and is obtaining multisystemic therapy.



9-year-old in
NC Health
Choice

*John is eligible for
the Tailored Plan on
4/1*



**John will be enrolled in
the Tailored Plan** to
access physical and
behavioral health
services



*John is eligible for
Tailored Care
Management*

Public Comments

Next Steps

Next Steps

Tailored Care Management TAG Members

- Review updates on Tailored Care Management [webpage](#)

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:

November 18 and 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)