



Tailored Care Management Technical Advisory Group (TAG)

Meeting #23

*NC Medicaid and Tailored Care
Management Updates*

October 27, 2023

Agenda

- **Welcome and Roll Call**
- **NC Medicaid Updates**
- **Tailored Care Management Updates**
- **Public Comments**
- **Next Steps**

Welcome and Roll Call

Department of Health and Human Services

Kristen Dubai, MPP	Loul Alvarez, MPA	Regina Manly, MSA	Eumeka Dudley, MHS	Gwendolyn Sherrod, MBA, MHA	Tierra Leach, MS, LCMHC-A, NCC
Chief Population Health Officer	Associate Director, Population Health	Senior Program Manager, Tailored Care Management	Program Lead, Tailored Care Management	Program Lead, Tailored Care Management	Program Specialist, Tailored Care Management

Contact: Medicaid.TailoredCareMgmt@dhhs.nc.gov



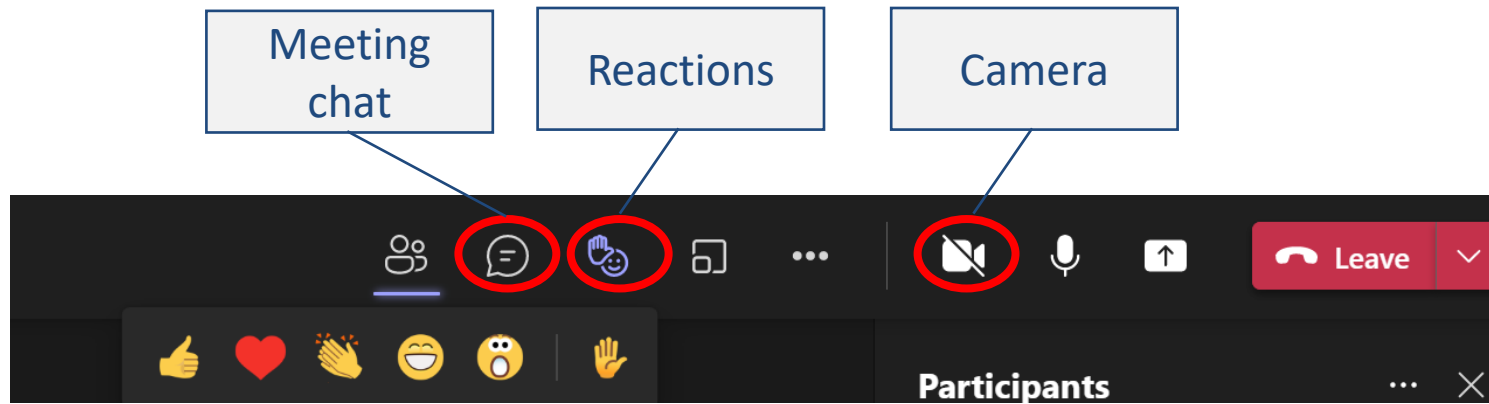
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Tailored Care Management TAG Membership

Name	Organization	Stakeholder
Erin Lewis	B&D Integrated Health Services	Provider Representative
Julie Quisenberry	Coastal Horizons Center	Provider Representative
Billy West	Daymark	Provider Representative
Denita Lassiter	Dixon Social Interactive Services	Provider Representative
Ruth Craig	ECU Physicians	Provider Representative
Luevelyn Tillman	Greater Vision Counseling and Consultants	Provider Representative
Keischa Pruden	Integrated Family Services, PLLC	Provider Representative
Haley Huff	Pinnacle Family Services	Provider Representative
Sandy Feutz	RHA	Provider Representative
Lisa Poteat	The Arc of NC	Provider Representative
Eleana McMurry, LCSW	UNC Center for Excellence in Community Mental Health	Provider Representative
Donna Stevenson	Alliance Health	Tailored Plan Awardee
Donetta Wilson	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
Chris Bishop	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
Jonathan Ellis	N/A	Consumer Representative
Alicia Jones	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.



NC Medicaid Updates

Update on Medicaid Expansion Launch

North Carolina is expanding who can get Medicaid starting December 1, 2023. People ages 19 through 64 earning up to 138% of the federal poverty line (e.g., singles earning about \$20,000/year or families of three earning about \$34,000/year) may be eligible. A subset of these individuals will be available for Tailored Care Management.

- If you are in contact with potentially eligible individuals, you can encourage them to apply online through [ePASS](#).
 - Applications may also be completed in-person, phone, or mailed. For assistance, individuals can contact their local [Department of Social Services office](#).
- Members can select a PCP as part of this enrollment. Once they receive People who didn't select PCP can request to change their PCP. *Additional information on PCP choice can be found [here](#).*
- Members will be assigned an AMH+/CMA or LME-MCP for Tailored Care Management provider but can request a change from their plan.

General Tailored Care Management Updates

November TAG Meeting

Please note that the November TAG meeting will be Friday, November 17 from 3:30-4:30 pm ET, rather than the 4th Friday, due to the Thanksgiving holiday.

Success Story #1

A success story from Primary Care Solutions on how Tailored Care Management helped the member access needed services:



Background: A member who is completely blind in one eye informed her care manager that she lost her special eye contact.



Tailored Care Management Intervention: The care manager helped the member schedule PCP visit and worked with the PCP to help the member a replacement eye contact.



Outcome:



Member received replacement soon after PCP visit; she otherwise would have waited until next year to qualify for a new lens.
“The efforts to get people primary care visits are working.”

Success Story #2

A success story from Comserve on how Tailored Care Management has helped a member with accessing services and acquiring assistive equipment and technology:



Background: Member has Cerebral Palsy and is wheelchair bound. Member speaks Spanish; so, there were initial language barriers and was apprehensive about engaging in TCM services. The member's mother has been manually transferring her daughter for all ADL's and transportation. This has taken a toll on the mother's physical abilities to care for the member.



Tailored Care Management Intervention:

With the help of a translator, the TCM team was able to ease the family's concerns and engage the family. During our assessments, several new needs were identified.

Once language barriers were no longer an issue; the family was guided through the guardianship process and linked with physical therapy services to acquire necessary equipment such as a new wheelchair, shower chair, and Hoyer Lift. We are currently in the process of linking the family with a vehicle modification program to be able to transport this member more securely.



Outcome: The family was unaware that the member was able to receive all of these services and is now being linked to them.

Innovations Waiver Waitlist Dashboard

The Department has created an [Innovations Waiver Waitlist](#) dashboard, to help better understand the population waiting for NC Innovation Waiver services and over time help ensure these individuals get the services they need.

- The dashboard shows waitlist numbers by LME/MCO and by county. Over time, NC Medicaid anticipates adding additional information to the dashboard.
- The Department will update the dashboard with the previous month's data by the 30th of each month.
- Note that LME/MCOs manage the Innovations waitlist for each of the counties they serve. Contact LME/MCOs for questions and requests to update contact information specific to an individual on the Innovations waitlist.

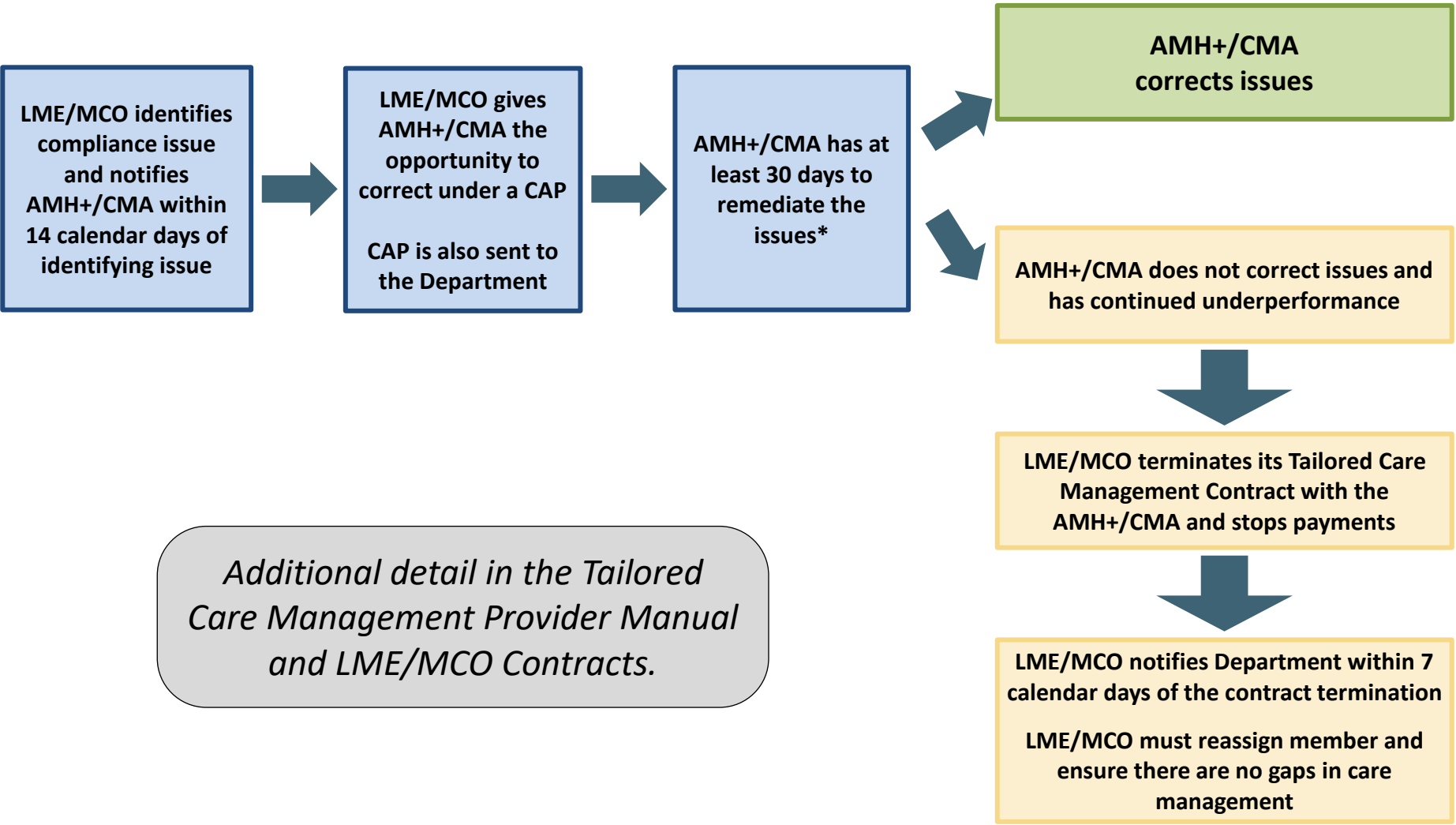
For more information, see the announcement [here](#).

Tailored Care Management Certification Update

Based on stakeholder questions and feedback, the Department would like to clarify that there will not be a recertification process AMH+s/CMAs. The Department is in the process of updating the Tailored Care Management Provider manual to include its policy on decertification.

- LME/MCOs will continue to provide oversight and monitoring of contracted AMH+s/CMAs in their networks, including:
 - Reviewing for AMH+/CMA fidelity to the Tailored Care Management model, as described in the Tailored Care Management provider manual and Standard Terms and Conditions
 - Identifying compliance issues and allowing AMH+s/CMAs the opportunity to correct issues under a Corrective Action Plan (CAP)
 - Stopping Tailored Care Management payments and terminating its contract with the AMH+ or CMA, in the event the CAP is not corrected after the time limit on the CAP

Additional Detail on Corrective Action Plan Process



Additional detail in the Tailored Care Management Provider Manual and LME/MCO Contracts.

*LME/MCOs and AMH+s/CMAs may establish longer remediation periods by mutual agreement.

Healthy Opportunities Pilot (HOP) Care Manager Training Series Schedule

In preparation for the HOP launch for the Tailored Care Management-eligible population on February 1, 2024, the Department is launching a training series for care management staff (supervising care managers, care managers, care manager extenders) at AMH+s/CMA's that have opted into the Pilots and participating LME/MCO's. Trainings will include:

- **3 Live Training Sessions (10/23, 11/6, 11/20, 11-11:50 AM EST)**
 - Each 1-hour trainings will review HOP roles and responsibilities for LME/MCO / AMH+/CMA care managers, with time for Q&A.
 - Sessions will be recorded to ensure they can be referenced in the future by LME/MCO / AMH+/CMA care managers.
- **12 Self-Paced Online Modules**
 - Care management teams will subsequently complete virtual self-paced trainings that provide a deep dive into HOP services and how to choose appropriate services for members.
- **Trainings must be completed before the launch of HOP.** Some LME/MCO care managers may have previously completed a portion of the trainings in early 2023; they are encouraged but not required to redo trainings already completed.

See appendix for list of training topics

If your organization is participating in the Pilots and has not signed up for the training series, you can email Sophie Sherman (ssherman@manatt.com) and Michaiiah Parker (mparker@manatt.com) to sign up.

Proposed Tailored Care Management Auto Assignment Changes

The Department formed the TCM Auto Assignment Collaborative to identify strategies to minimize reassignments and disruptions in care management. Informed by input from the Collaborative, the Department is proposing two changes to the assignment algorithm:

- **Reassignment due to Member's Population Segment Change.** Additional flexibility to allow members to stay with their assigned providers, with some exceptions, when their population segment changes (e.g., I/DD member receives a BH diagnosis).
- **Conflict-Free Care Management Look-Back Period.** Removing the 2-year look back period, to allow providers who previously but no longer deliver Home and Community-Based Services (HCBS) to serve as a member's AMH+/CMA.

See next slide for more information

Reassignment due to Member's Population Segment Change

Current Requirements

- When a **member receives a new diagnosis** that changes their population segment:
 - If the member's current provider is **not certified** for the member's new population segment, then member is automatically reassigned.

Change in Requirements

- When a member's **population segment changes for new Innovations or TBI waiver members**:
 - LME/MCOs will **only** reassign members who are newly enrolled in the Innovations or TBI waiver if the current provider is not certified to serve Innovations or TBI waiver members. The plan may reassign the member to a provider that is certified for Innovations or TBI waiver population segments or back to the Plan.
- **For all other changes to member population segments**, the LME/MCO will rely on providers to notify the LME/MCO and identify members who they can no longer serve (using the provider's clinical judgement) when there is a change in the member's population segment.
 - If a provider makes a clinical decision that they can continue to serve the member, consulting the LME/MCO is not necessary.
 - If needed, providers are encouraged to consult with LME/MCOs to collectively make decisions about whether the provider can continue to serve the member's needs when the member's population segment changes.
 - If the provider can continue to serve the member's needs, the member can remain with that provider.

Conflict-Free Care Management

Current Requirements

- Members are not permitted to receive TCM services from a provider where they have received Home and Community-Based Services (HCBS) **within a 2-year lookback period**.
- If a member is receiving TCM services and newly begins to receive HCBS services from the same provider, the member should be automatically reassigned.

Change in Requirements

- Members **are not permitted** to receive TCM services from a provider where they are actively receiving HCBS services.
- Members **will be permitted** to receive TCM services from a provider that is no longer their active HCBS provider.
- LME/MCOs will rely on TCM providers **to notify the LME/MCO and identify members** that need to be reassigned if the TCM provider plans to provide or is providing HCBS services to the member. LME/MCOs will:
 - Ensure they have audit processes in place that use paid claims to identify any TCM providers who are submitting both HCBS & TCM claims for the same member in the same month
 - Work with TCM providers to correct any issues based on audit findings

Notes:

- HCBS services are important to members staying in their homes/communities and TCM providers will be asked to work with members to keep these services in place. Assistance may include helping members identify new HCBS provider.
- LME/MCOs will have flexibility to use alternative data sources and code sets to identify **active** relationships when assigning members to a TCM.
- LME/MCOs generally have edits in place within their claims software that will allow the provider to bill for **either** TCM or HCBS services. All claims after the first claim would deny.

For Discussion

Are there any questions on the proposed auto assignment changes?

Additional Tailored Care Management Updates

○ **Provider Rate Assumption Survey**

- The Department received an 81% response rate. Thank you to all who responded!
- Analysis of the data is in progress and results will be shared once finalized.

○ **TCM Member Education and Community Awareness Workgroup**

- The workgroup has created some outstanding social media content that will be shared in the coming weeks.
- Currently working with the Department's Communication Team on formalizing the workplan.

Tailored Care Management TAG Topics

○ Thank you all for your suggestions on TAG meeting topics!

○ Potential topics identified included:

- Updates to the BA file (next slide)
- Standardization of processes across LME/MCOs

For example, standardization of:

- 1915(i) services and Innovations waiver processes
- Member opt outs and member disenrollment
- Monitoring guidelines
- Capacity building funds milestone reports

The Department is considering how best to advance the topic of standardization.

Do you have specific recommendations on how to create standardization?

Are there other processes you like to see standardized across LME/MCOs?

For Discussion

Are there other topics you would like to see discussed at the TAG?

For Discussion

The Department is looking into making updates to the Beneficiary Assignment (BA) File to better assist Tailored Care Management providers.

What types of changes would be helpful and why?

Examples of changes include:

- **Member's population segment**
- **Termination reason**
- **1915(i) status**

Questions?



Public Comments

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 2023 Meeting:

November 17, December 15

Previous Meetings:

- **Meeting #1:** Friday, October 29, 2021 ([presentation](#), [minutes](#))
- **Meeting #2:** Friday, November 19, 2021 ([presentation](#), [minutes](#))
- **Meeting #3:** Friday, December 17, 2021 ([presentation](#), [minutes](#))
- **Meeting #4:** Friday, January 28, 2022 ([presentation](#), [minutes](#))
- **Meeting #5:** Friday, February 25, 2022 ([presentation](#), [minutes](#))
- **Meeting #6:** Friday, March 25, 2022 ([presentation](#), [minutes](#))
- **Meeting #7:** Friday, June 3, 2022 ([presentation](#), [minutes](#))
- **Meeting #8:** Friday, June 24, 2022 ([presentation](#), [minutes](#))
- **Meeting #9:** Friday, July 22, 2022 ([presentation](#), [minutes](#))
- **Meeting #10:** Friday, August 26, 2022 ([presentation](#), [minutes](#))
- **Meeting #11:** Friday, September 23, 2022 ([presentation](#), [minutes](#))
- **Meeting #12:** Thursday, October 27, 2022 ([presentation](#), [minutes](#))
- **Meeting #13:** Friday, November 18, 2022 ([presentation](#), [minutes](#))
- **Meeting #14:** Friday, December 16, 2022 ([presentation](#), [minutes](#))
- **Meeting #15:** Friday, February 24, 2023 ([presentation](#), [minutes](#))
- **Meeting #16:** Friday, March 24, 2023 ([presentation](#), [minutes](#))
- **Meeting #17:** Friday, April 28, 2023 ([presentation](#), [minutes](#))
- **Meeting #18:** Friday, May 26, 2023 ([presentation](#), [minutes](#))
- **Meeting #19:** Friday, June 23, 2023 ([presentation](#), [minutes](#))
- **Meeting #20:** Friday, July 28, 2023 ([presentation](#), [minutes](#))
- **Meeting #21:** Friday, August 25, 2023 ([presentation](#), [minutes](#))
- **Meeting #22:** Friday, September 22, 2023 ([presentation](#), [minutes](#))

Appendix

What is the Schedule for HOP Trainings?

In the lead up to HOP launch, the Department will host three live training sessions to review HOP roles and responsibilities for care management teams. Care management teams will subsequently complete virtual self-paced trainings that provide a deep dive into HOP services and how to choose appropriate services for members.

HOP Training Topic	Date
<i>Three live sessions hosted by DHHS staff</i>	
<ul style="list-style-type: none"> The Role of Care Management Teams in the Healthy Opportunities Pilot 	<p>Monday, October 23 11-11:50 AM ET</p>
<ul style="list-style-type: none"> Deeper Dive on HOP Responsibilities of Frontline Care Managers 	<p>Monday, November 6 11-11:50 AM ET</p>
<ul style="list-style-type: none"> Assessing Member Eligibility for Participation in the Healthy Opportunities Pilot 	<p>Monday, November 20 11-11:50 AM ET</p>
<i>Self-paced sessions accessed through online AHEC modules*</i>	
<ul style="list-style-type: none"> HOP Overview module for Care Managers Diversity, Equity, and Inclusion (DEI) – Cultural Humility How Care Managers Can Obtain Pilot Consent Tracking Enrollee Progress, Reviewing Service Mix, and Reassessing Pilot Eligibility How Care Managers Can Choose Appropriate Interpersonal Violence Services (Part 1) How Care Managers Can Choose Appropriate Interpersonal Violence Services (Part 2) How Care Managers Can Choose Appropriate Transportation Services How Care Managers Can Choose Appropriate Food Services How Care Managers Can Choose Appropriate Housing Services Understanding the Medical Respite Cross Domain Service How Care Managers Can Choose Appropriate Toxic Stress Services How Care Managers Can Choose Appropriate Health Related Legal Supports 	<p>Ongoing</p>