

# Tailored Care Management Technical Advisory Group (TAG)

*Meeting #24*

*NC Medicaid and Tailored Care Management Updates*

November 17, 2023

# Agenda

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

# **Welcome and Roll Call**

# Department of Health and Human Services

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

**Contact: [Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov)**



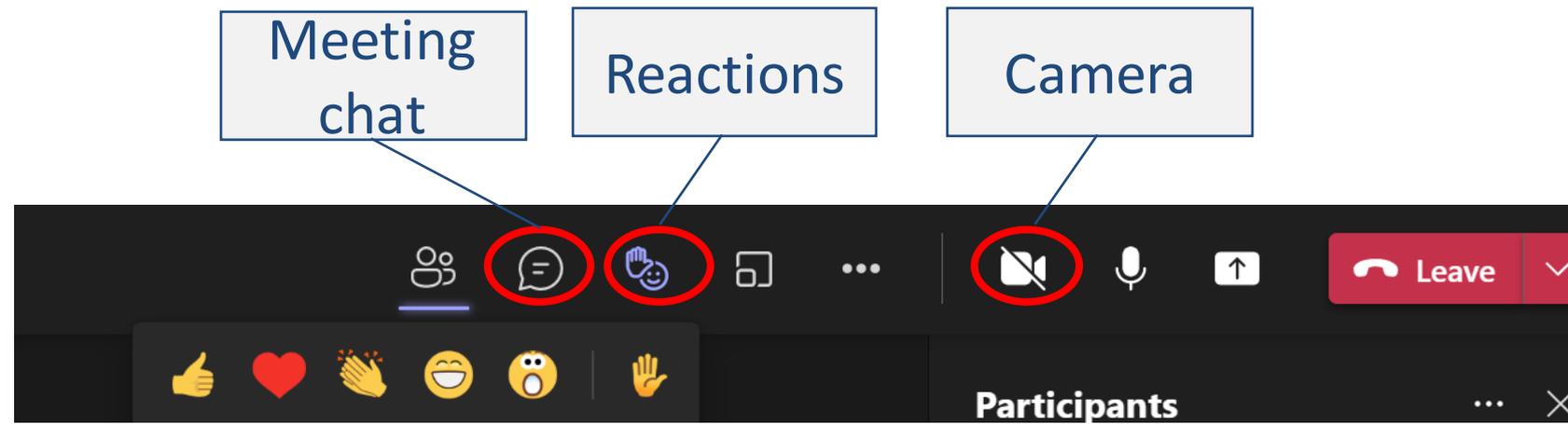
**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**

# 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 Expansion Updates**

# Medicaid Expansion Family Planning Mailing

With the launch of Medicaid expansion on Dec. 1, 2023, more than 260,000 individuals who previously only had access to a limited set of family planning benefits (e.g., pregnancy tests, birth control) will be automatically enrolled for the full set of benefits under NC Medicaid. A subset of these individuals will be eligible for Tailored Care Management (TCM).

- Eligible individuals will be automatically enrolled in full coverage through NC Medicaid. Not everyone with Family Planning Medicaid will be eligible, as some individuals still have income that exceeds the new Medicaid eligibility levels.
- The Department has begun notifying eligible individuals via text messages, phone calls, and emails to look out for a letter from their local Department of Social Services regarding their automatic enrollment.

*Please join us in sharing this information with partners and others in the community ([flyer here](#)). Let them know that they can [sign up on the NC Medicaid expansion website](#) to receive updates, including an alert when the application process goes live and other timely resources.*

The image shows a sample letter from Johnston County DSS. The letter is titled "Your Medical Assistance Benefits Are Changing" and is addressed to Tina Test. It explains that effective 10-01-2023, full Medicaid benefits will be provided to individuals who were previously only eligible for Family Planning Medicaid. The letter includes contact information for the local Medicaid Office and provides instructions on how to appeal a decision if the individual does not wish to accept the new benefits. The letter also mentions that free legal help is available and provides a list of steps to take if the individual has questions or needs to appeal. The letter is dated 8-17-2023 and is page 1 of 2.

Example of the letter sent to those who will automatically get full NC Medicaid coverage on Dec. 1, 2023. ([link here](#))

# Tailored Care Management Assignments for Medicaid Expansion Population

LME/MCOs are in the process of assigning Tailored Care Management-eligible expansion individuals to Tailored Care Management providers.

- Tailored Care Management providers should begin to see new assignments on the weekly BA file on Nov. 19, 2023.
- LME/MCOs will be sending out mailings to newly eligible members with information about Tailored Care Management.

# PCP Assignments for Medicaid Expansion Population

**Members in NC Medicaid Direct who do not select a Primary Care Provider (PCP) as part of the enrollment application will have one assigned by NCTracks.**

- As part of the application/enrollment process, newly eligible Medicaid enrollees are given the opportunity to select a PCP.
- Members who do not select a PCP will have one assigned to them by NCTracks. These initial assignments are shared with members via a “Notification of Intent to Enroll Letter” that will be mailed to the member and their authorized representative (if applicable) in December.
- If a member wishes to change the PCP assigned to them following receipt of their letter, they can do so by calling the Medicaid Contact Center (888-245-0179).
- If DHB does not receive a request to change the assigned PCP, NCTracks will confirm the assignment and the PCP assignment will become effective on Feb. 1, 2024.

# **Tailored Care Management Updates**

# Tailored Plan Readiness & LME/MCO Streamlining

NC Medicaid would like to correct the information provided to the field during the AHEC DHB Office Hours webinar on 11/15/23. In the slides presented, NC Medicaid misrepresented the nature of [NC DHHS Secretarial Directive 2023-001](#), which through Section 9G.7A.(a20) of Session Law 2023-134 (the legislation), directed the Secretary for the North Carolina Department of Health and Human Services to reduce the number of LME/MCOs to a total of no more than five, and at least four. The information shared should have reflected the following:

- Consistent with the proposed consolidation agreement between Sandhills Center and Eastpointe and in recognition of the value of mutually agreeable consolidations, Sandhills Center will be dissolved and Eastpointe will be the surviving entity with all counties in the Sandhills Center.
- In recognition of complimentary resources, provider networks, and individuals served, and also in effort to achieve four Tailored Plan regions to build market power, diversified risk pools and simplify systems for providers, Eastpointe shall consolidate with Trillium Health Resources. Eastpointe and Trillium Health Services must present a Consolidation Agreement no later than December 1, 2023 for the Secretary's consultation and approval. At this time, no decision on the final surviving entity from this consolidation has been made.
- The following counties will be realigned: Davidson County to Partners Health Management; Harnett County with Alliance Health; and Rockingham County with Vaya Health.

# Tailored Plan Readiness and LME/MCO Streamlining

## Guiding Principles

- **What is best for the people we serve and for the providers who deliver services?** This takes into consideration health regions, where people live, and where people go to seek care. It also includes reviewing LME/MCO performance metrics and existing capacities of their provider networks, their systems, and their staff.
- **What will promote the value of whole-person care and move us to tailored plans faster?** This considers reviewing Tailored Plan readiness, the capacities of each LME/MCO, and how their strengths complement one another as part of a larger public system of care. It also includes the federal expectations of a managed care system, which is centered on the need for comprehensive access to care and choice, wherever possible.
- **What will reduce complexity, create less disruption, and make things easier for everyone involved?** This will include how any change will be adopted by those we serve and other partners – with the goal of finding balance at a time when the system has been under immense change. It will also consider how we streamline efforts for providers and counties that need stability and consistency.

# Upcoming 1915(i) Updates

The Department in partnership with AHEC will be hosting an optional 1915(i) updates for care managers on Nov. 29, 2023 from 12:30PM – 1:30PM.

- This training will be a refresher on the additional responsibilities care managers have for members obtaining 1915(i) services.
- For invitations and additional information regarding the updates, please reach out to your AHEC coach.
- In advance of the training, the Department would like to re-distribute the [1915\(i\) fact sheet](#) for reference.

*The training can be accessed through [this link](#).*

# Changes to Tailored Care Management Auto Assignment

The Department is moving forward with two proposed changes to the assignment algorithm that we presented at the October TAG meeting. The LME/MCOs are actively working to implement these changes in their assignment logic. The two approved changes are:

- **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 behavioral health diagnosis).

- **Conflict-Free Care Management Look-Back Period.**

Removing the two-year look back period, to allow providers who previously but no longer deliver 1915(c) Innovations or Waiver or 1915 (i) Home and Community-Based Services (HCBS) to a member to serve as their AMH+/CMA.

*The following slides offer scenarios for each of these changes*

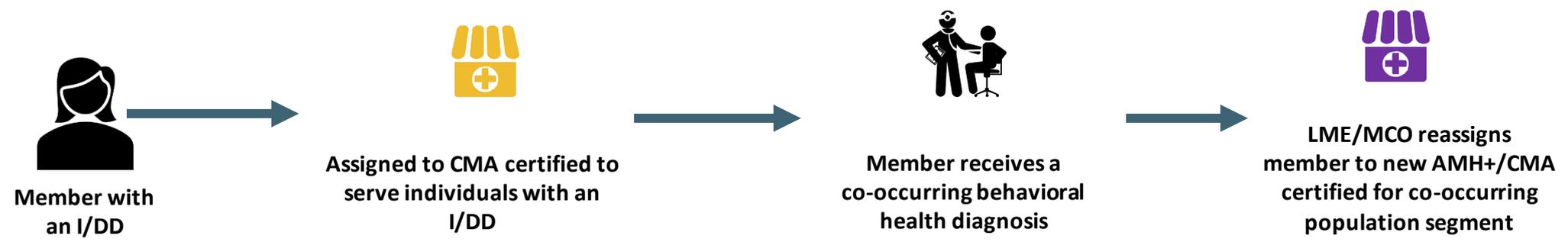
# New Policy for Reassignment due to Member's Population Segment Change

- 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. *(Note, provider delivering Tailored Care Management cannot not also be the provider delivering Innovations and TBI waiver services; see slide 16).*
- **For all other changes to member population segments,** the LME/MCO will ***rely on providers to identify and notify the LME/MCO of 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.

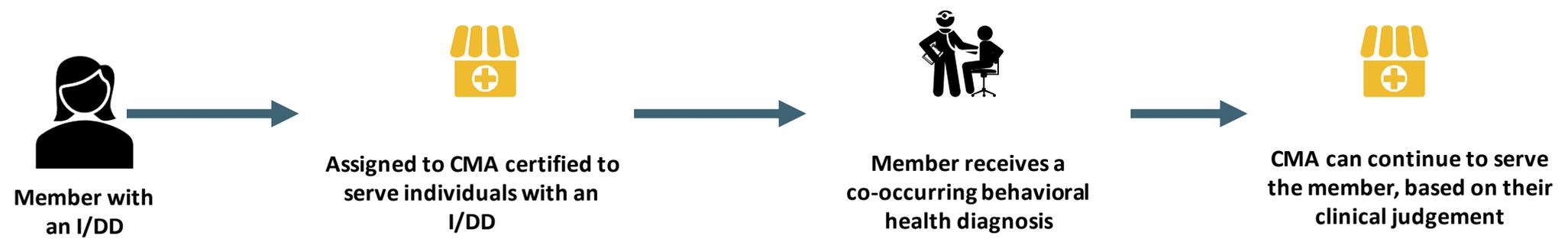
LME/MCOs are developing implementation plans to incorporate the new requirements in their assignment logic.

# Example of Assignment Change due to Member's Population Segment Change

## Previous Policy



## New Policy



*If the provider makes a clinical decision that they can no longer serve the member, then the provider will inform the LME/MCO and the member will be reassigned*

**Note: LME/MCOs are still required to reassign new Innovations or TBI waiver members to providers certified for the Innovation and TBI waiver segments.**

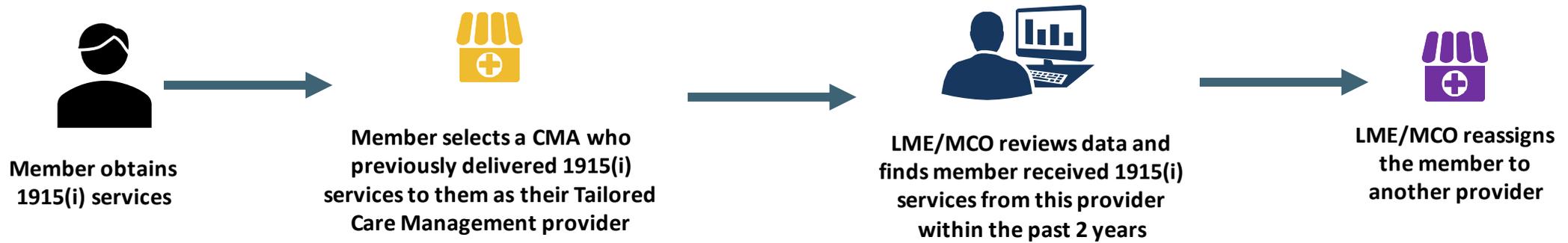
# New Policy for 1915(c) and 1915(i) HCBS Conflict-Free Care Management

- Previously, members were not permitted to receive TCM services from a provider where they have received Home and Community-Based Services (HCBS) within a two-year lookback period. This two-year look back period has been removed.
- 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 identify and notify the LME/MCO of members** who need to be reassigned if the TCM provider plans to provide or is providing HCBS 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

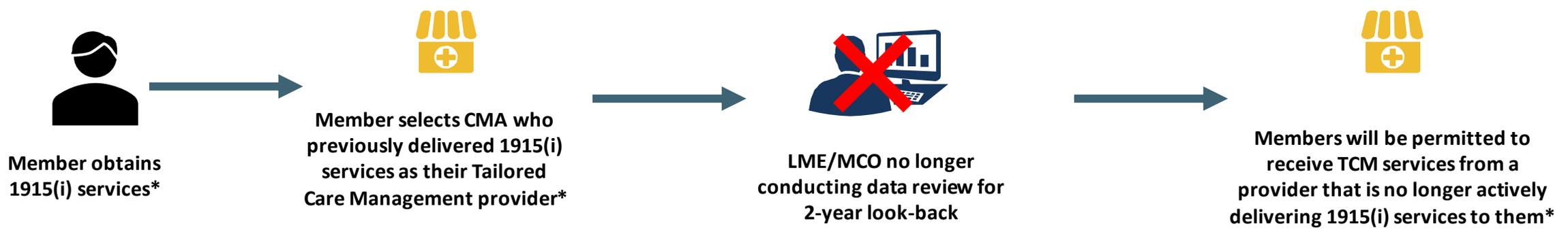
LME/MCOs are developing implementation plans to incorporate the new requirements in their assignment logic.

# Example of Assignment Change due to Conflict-Free Care Management

## Previous Policy



## New Policy\*



\*This new policy applies to 1915(i) and 1915(c) Innovations and TBI waiver HCBS services.

## For Discussion

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**The Department continues to collaborate with LME/MCOs and AMH+s/CMAs to find ways to make Tailored Care Management work better. Based on feedback received, the Department is updating the Beneficiary Assignment (BA) file to include the member's population segment.**

**What other types of future changes would be helpful and why? (e.g., 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:*

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](#))
- **Meeting #23:** Friday, October 27, 2023 ([presentation](#), [minutes](#))