

Tailored Care Management Technical Advisory Group (TAG)

Meeting #10:

*Key Updates on Tailored Care
Management*

*Misconceptions and Frequently Asked
Questions (FAQs)*

August 26, 2022

Agenda

- **Welcome and Roll Call (5 min)**
- **Key Updates (15 min)**
 - Readiness Review Update
 - Workforce Updates
 - Tailored Care Management Phased Roll-Out
- **Misconceptions and Frequently Asked Questions (25 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	Keith McCoy, MD	Loul Alvarez, MPA
Chief Quality Officer	Senior Program Manager, Tailored Care Management	Tailored Care Management Program Manager	Tailored Care Management Program Manager	Deputy CMO for Behavioral Health and IDD Community Systems	Associate Director, Population Health
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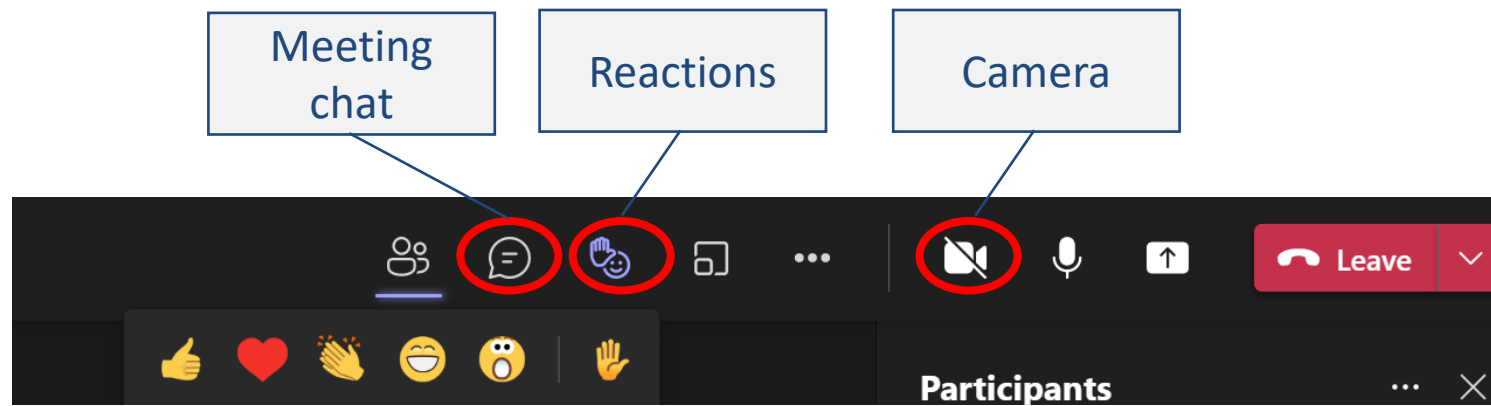
**NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES**

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.



Key Updates

Readiness Review Update



- Providers are continuing to sign up for and undergo Readiness Reviews.
- A total of *11* providers have passed Readiness Reviews so far.

Tailored Care Management Workforce Updates

Based on feedback from a broad range of stakeholders, including providers and Tailored Plans, the Department is updating care manager and supervising care manager qualification requirements to allow for a broader range of degrees and licensure. The care manager update was announced at the July 22 TAG meeting, and these updates will also be summarized in a forthcoming provider bulletin, revisions to the Tailored Care Management Provider Manual, and associated guidance.

Care managers for Tailored Care Management may now meet North Carolina's definition of Qualified Professional per 10A NCAC 27G .0104

Previous Requirements

- A bachelor's degree in a field related to health, psychology, sociology, social work, nursing, or another relevant human services area, or licensure as a registered nurse (RN); and
- Two years of experience working directly with individuals with behavioral health conditions (if serving members with behavioral health needs) or with an I/DD or a TBI (if serving members with I/DD or TBI needs); and
- For care managers serving members with LTSS needs: two years of prior LTSS and/or HCBS coordination, care delivery monitoring, and care management experience, in addition to the requirements cited above. (This experience may be concurrent with the two years of experience working directly with individuals with behavioral health conditions, an I/DD, or a TBI, above.)

Updated Requirements

- **Meet North Carolina's definition of a Qualified Professional per 10A-NCAC 27G .0104;** and
- For care managers serving members with LTSS needs: two years of prior LTSS and/or HCBS coordination, care delivery monitoring, and care management experience. **(This experience may be concurrent with the years of experience required to become a Qualified Professional.)**

Tailored Care Management Workforce Updates, *cont.*

Supervising care managers serving members with behavioral health conditions can now qualify with a broader range of licenses

Previous Requirements

- A master's-level fully Licensed Clinical Social Worker (LCSW), fully Licensed Clinical Mental Health Counselor (LCMHC), fully Licensed Psychological Associate (LPA), fully Licensed Marriage and Family Therapist (LMFT), or licensure as an RN; and
- Three years of experience providing care management, case management, or care coordination to the population being served.

Updated Requirements

- **A license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession (including Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), **Licensed Clinical Addiction Specialist (LCAS)**, Licensed Clinical Mental Health Counselor (LCMHC), Licensed Psychological Associate (LPA)), or a Registered Nurse (RN) license issued by the North Carolina Board of Nursing; ***and*****
- Three years of experience providing care management, case management, or care coordination to the population being served.

Tailored Care Management Workforce Updates, *cont.*

Supervising care manager serving members with an I/DD or TBI can now qualify with a broader range of degrees, including non-human services degrees

Previous Requirements

- A bachelor's degree in a field related to health, psychology, sociology, social work, nursing, or another relevant human services area
and
Five years of experience providing care management, case management, or care coordination to complex individuals with I/DD or TBI;
- or
▪ A master's degree in a field related to health, psychology, sociology, social work (e.g., LCSW), nursing, or another relevant human services area, or licensure as an RN
and
Three years of experience providing care management, case management, or care coordination to complex individuals with an I/DD or a TBI.

Updated Requirements

- **A bachelor's degree**
and
Five years of experience providing care management, case management, or care coordination to complex individuals with I/DD or TBI;
- or
▪ **A master's degree in a human services field**
and
Three years of experience providing care management, case management, or care coordination to complex individuals with an I/DD or a TBI.

Tailored Care Management Workforce Updates, *cont.*

The Department has updated the **extender supervision requirements** to permit additional flexibility based on feedback from stakeholders

Previous Requirements: Extender Supervision

- Extenders must be supervised by a care manager and remain within the scope described in the [Guidance on the Use of Care Manager Extenders in Tailored Care Management](#).
- Care managers should supervise no more than two FTE extenders.
- Extenders cannot work for the same organization where they receive services.*

This requirement on care managers supervising no more than two FTE extenders **has been eliminated**; as Tailored Plans roll out, the Department will continue to seek feedback on supervision of extenders.

Updated Requirements: Extender Supervision

- **When using an extender, the care manager should direct the extender's care management functions and ensure that the extender is only charged with responsibilities within the extender's scope of functions.**
- **The care manager and supervising care manager must ensure that all services are well-coordinated, including functions delegated to extenders.**
- Extenders cannot work for the same organization where they receive services.*

* Parents or guardians of an individual with an I/DD, TBI, or a behavioral health condition cannot serve as an extender for their own family member.

Tailored Care Management Phased Roll-Out

In order to ensure that providers certified as AMH+ practices and CMAs are ready to provide Tailored Care Management services to members at Tailored Plan launch and on an ongoing basis, the Department will have a two-part phased assignment approach.

Purpose

The intent of this approach is to allow additional time for AMH+ practices and CMAs that have completed certification to prepare for launching Tailored Care Management.

Approach

1

Providers that pass their NCQA readiness review and contract with Tailored Plans **by September 30, 2022**, will be included in Tailored Care Management Auto Assignment for **December 1, 2022**, launch.

2

Providers that pass their NCQA readiness review and contract with Tailored Plans **by December 31, 2022**, will be included in Tailored Care Management Auto Assignment for **February 1, 2023**, launch.

Questions?



Misconceptions and FAQs

FAQ/Misconception #1: Tailored Care Management Assignment



- **Will all Tailored Plan members be assigned a care manager at Tailored Plan launch*?**
- **I'm a Launch 1 provider. When Launch 2 starts on February 1, will any members from my assigned panel be re-assigned to them?**
- **If I'm a new provider that launches after Launch 1 and Launch 2, who will be members of my assigned panel?**



- All Tailored Plan members will be assigned a care manager at launch, though the Department recognizes outreach to and engagement of all members will take time.
- Launch 1 providers will retain all of their assigned members after Launch 2; members will not be re-assigned from Launch 1 to Launch 2 providers.
- The Tailored Care Management auto-assignment algorithm accounts for pre-existing relationships between members and providers. As new providers go live, members who have not yet engaged in Tailored Care Management will be re-assigned from the Tailored Plan to these new providers. Additionally, new Tailored Plan members will be assigned.

FAQ/Misconception #2: Crisis Requirements

Crisis Requirements from Provider Manual

Twenty-four-Hour Coverage: AMH+ practices and CMAs must provide or arrange for coverage for services, consultation or referral, and treatment for emergency medical conditions, including behavioral health crisis, 24 hours per day, seven days per week. Automatic referral to the hospital emergency department (ED) for services does not satisfy this requirement. This requirement includes the ability to (1) share information such as care plans and psychiatric advance directives, and (2) coordinate care to place the member in the appropriate setting during urgent and emergent events. *In their role as organizations providing Tailored Care Management, AMH+ practices and CMAs are not required to provide first responder crisis response in the event that a member receiving Tailored Care Management has an emergency medical condition or a behavioral health crisis.**



What does this mean?



There are no changes for CMAs who are providing treatment services that require first responder and crisis responsibilities. Tailored Care Management care managers are not required to be the first responder for emergency medical conditions, including behavioral health crisis, but they need to have someone available who can be responsive to calls (e.g., answer calls and respond to voicemail messages). This does not need to be a 24/7 live call center. The person on call for twenty-four-hour coverage should be able to help members access support services and provide crisis service providers access to needed information including care plans and advance directives (e.g., a member is admitted to the hospital and the hospital calls the number for help in identifying a member's guardian).

FAQ/Misconception #3: Members Who Are Out of State/Region/County



Do care managers have to travel for required in-person contacts for a member who is receiving treatment (e.g., substance use disorder residential treatment) or temporarily residing in a group home or psychiatric residential treatment facility (PRTF) out of the county, out of the provider's region, or out of the state?

Generally, the Department expects care managers to have in-person contacts with the member according to the minimum contact requirements for the member's acuity tier, even when a member is temporarily receiving treatment or residing in a group home or PRTF out of the county/region/state (assuming the member's condition/situation allows for it).



If a member assigned to an AMH+/CMA is obtaining treatment or residing in an area outside of the AMH+/CMA's geographic footprint and length of stay is such that the AMH+/CMA will not be able to fulfill in-person contact requirements, the AMH+/CMA should contact the Tailored Plan to determine whether it is appropriate to reassign the member. If the AMH+/CMA and Tailored Plan determine that a reassignment is appropriate:

- The Tailored Plan may reassign the member to a plan-based care manager or another AMH+/CMA. Tailored Plans may contract with AMH+s/CMAs outside of their geographic region to serve members residing in other regions who have not changed their county of Medicaid eligibility (e.g., this may apply to some members residing in a group home).
- The care manager must make a warm handoff to the receiving AMH+/CMA or Tailored Plan to promote a smooth transition and minimize disruption to the member.

FAQ/Misconception #4: Members Who Are Out of State/Region/County



What happens when a member moves to a new Tailored Plan region and is enrolled in a different Tailored Plan?



Care managers should work with the member to ensure a smooth transition. AMH+s, CMAs, and Tailored Plans are required to provide a warm handoff to the member's new AMH+/CMA/plan-based care manager.

FAQ/Misconception #5: Part-Time/Hybrid Care Managers

Are care managers allowed to work part-time or in a hybrid role? For example:



- An AMH+/CMA with clinical staff (e.g., outpatient therapists) who split their roles between delivering Tailored Care Management and clinical activities (e.g., 0.5 full-time equivalent (FTE) for outpatient activities and 0.5 FTE for Tailored Care Management activities),
- An AMH+/CMA with QPs who split their roles between delivering Tailored Care Management and delivering enhanced behavioral health services (e.g., psychosocial rehabilitation, child and adolescent day treatment), or
- An AMH+/CMA with an assigned Tailored Care Management caseload that requires 4.5 FTE care managers.



Yes, care managers can work part-time or in a hybrid role provided the AMH+/CMA ensures the care manager meets the Tailored Care Management qualifications and has sufficient capacity to deliver Tailored Care Management to their assigned members.

FAQ/Misconception #6: Multiple Care Managers per Member



Can multiple care managers share or be responsible for one member?



No. A guiding principle of Tailored Care Management is each Tailored Plan member will receive integrated, whole-person care management from a dedicated care manager with expertise and training in addressing behavioral health, I/DD, and/or TBI needs in addition to physical health needs and unmet health-related resource needs. In some instances, supervising care managers will provide coverage for care managers (e.g., when a care manager is on vacation or sick leave). Care managers can also leverage the use of extenders for providing Tailored Care Management.

FAQ/Misconception #7: Role of Clinical Consultants



What is the role of clinical consultants on the care team?

Clinical consultants are:

- An adult psychiatrist or child and adolescent psychiatrist (depending on the population being served)
- A neuropsychologist or psychologist
- For CMAs: A primary care physician appropriate for the population being served, to the extent the member's PCP is not available for consultation



AMH+s/CMAs should develop relationships with clinical consultants to provide subject matter expert advice to the care team. AMH+s/CMAs may employ or contract with consultants or do so through a CIN or Other Partner. Clinical consultants should be available by phone to staff within AMH+s/CMAs to advise on complex clinical issues on an ad hoc basis.

Additional Questions for Discussion



Are there other questions that TAG members would like to discuss?

Public Comments

Next Steps

Next Steps

Tailored Care Management TAG Members

- Keep an eye out for bulletins, updated Provider Manual, and associated guidance

Department

- Discuss feedback received during today's Tailored Care Management TAG meeting
- Prepare for September 23 Tailored Care Management TAG session

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:

September 23, October 28

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)