

Tailored Care Management Technical Advisory Group (TAG)

Meeting #35

*Provider Manual and Tailored Care
Management Updates*

March 28, 2025

Announcement

Please note that we request that no one record this call or use an AI software/device to record or transcribe the call. DHHS is awaiting additional direction from our Privacy and Security Office on how we need to support these AI Tools. Thank you for your cooperation.

HIPAA-covered DHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall **immediately** notify the DHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link:
<https://security.ncdhhs.gov/>

Agenda

- **Welcome and Roll Call**
- **Best Practice Presentations**
 - **Personalized Engagement**
 - **Coastal Horizons**
 - **RHA Behavioral Health**
 - **B&D Integrated Health Services**
- **Discussion**
- **Public Questions/Comments**

Welcome and Roll Call

Department of Health and Human Services

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

Contact: Medicaid.TailoredCareMgmt@dhhs.nc.gov



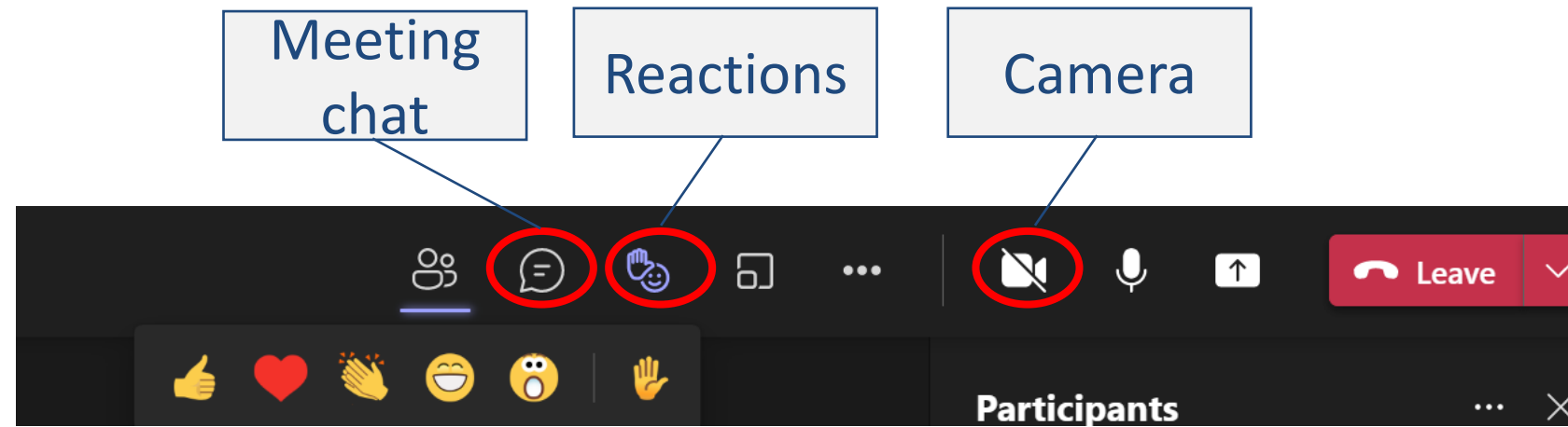
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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
Luevelyn Tillman	Greater Vision Counseling and Consultants	Provider Representative
Keischa Pruden	Integrated Family Services, PLLC	Provider Representative
Joanna Finer	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
Lynne Grey	Partners Health Management	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

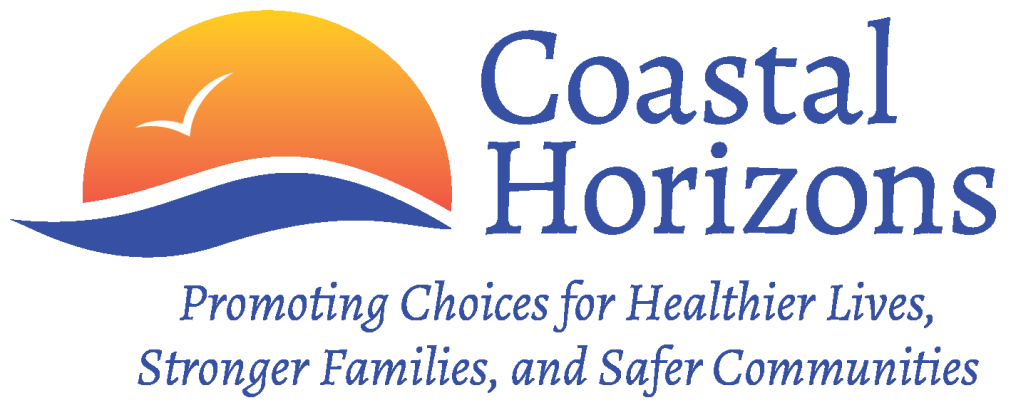
Increasing Engagement

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.



Best Practice Presentations

Personalized Engagement



Tailored Care management Strategies for Engagement

Darlene Webb, MSW, LCSW, CCM
Director of Care Management

Diversity of Staff

We knew the population we were serving in TCM was diverse and we ensured our staff represented the people we served

What does our diversity look like?

- Staff varies in genders and age from early 20's to late 60's
- African American, American Indian, Asian, Caucasian, Latinx and two or more races
- Staff with lived experience of MH, SU and homelessness
- Variety of cultures from different countries, different parts of the US and Religion
- Identifies as part of the LGBTQIA community
- 47 % of our staff are people of color
- Variety of educational backgrounds and experience
- Variety of personalities!

Diversity of Staff

How does diversity help with engagement?

- Helps with special attention to certain details others may miss
- Helps with people feeling understood
- Helps with a sense of inclusiveness
- Helps with creativity and innovation



Diversity of Staff

Common Assistance that has helped from diversity

- Many of the people we serve from Spanish speaking countries that have two last surnames without a hyphen have issues out of the gate with being identified in our systems.
- NC TRACKs and software platforms often don't recognize this nuance, and their names are not connected correctly with primary care or when their insurance changes.
- Care managers work diligently until it is straightened out to ensure clients are going to the primary care doctor they want as well as working with DSS to get their name consistently correct in the various software systems.
- Not only does this initial issue cause a problem with systems not recognizing 2 surnames, but many of these cultures are also not trusting of the medical profession and the diversity of staff from similar backgrounds helps with this education and connection.
- Our Care Managers from these countries automatically provided special attention to this detail and now we all do!

Compassion and Kindness

The people we serve are typically coming into TCM with needs that creates a lot of emotions

- Due to safety
- Trauma
- Instability of symptoms of MH or SU
- Frustration of not getting help previously

Our Care Managers are trained to understand how the brain works and not take it personally when a client comes in hot

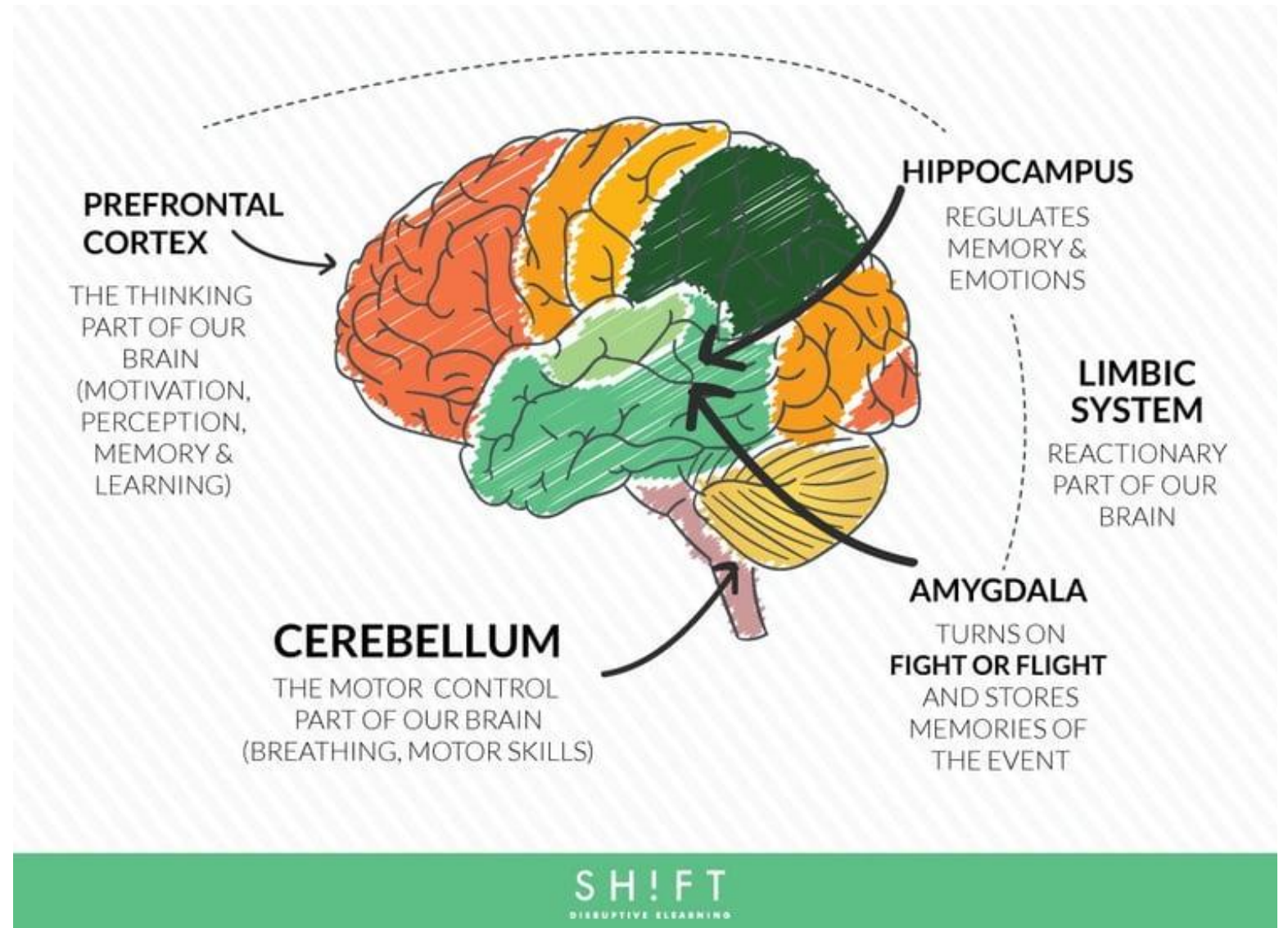
Compassion and Kindness

**Where in the brain a person is
functioning?**

Helps with compassion and kindness

- Care Managers are not asking why a person can't follow up themselves or why they can't make it from point A to point B without assisting.
- Care Managers understand that we need to help while they are not able to connect into the Frontal Cortex of their brain for planning, organizing, accurate perceptions and reasoning.

Compassion and Kindness



Compassion and Kindness

What can it look like when someone is in fight or flight or in the limbic system when thinking?

- A new client we served started accusing care manager of keeping him homeless for the past 10 years.
- Understanding that this statement is true in his thinking because this is how he feels.
- Care Manager compassionately listened and explained that they were going to have care management for as long as they wanted to help them get housing and will be with them until it is done, deescalated client.
- Client has said he loves his care manager and how much she has helped him even though he isn't in permanent housing yet.

Follow up with tasks

People respond to result!

- Care Managers can connect with people
- Care Managers can be kind and compassionate

But to keep people engaged: People need to see results

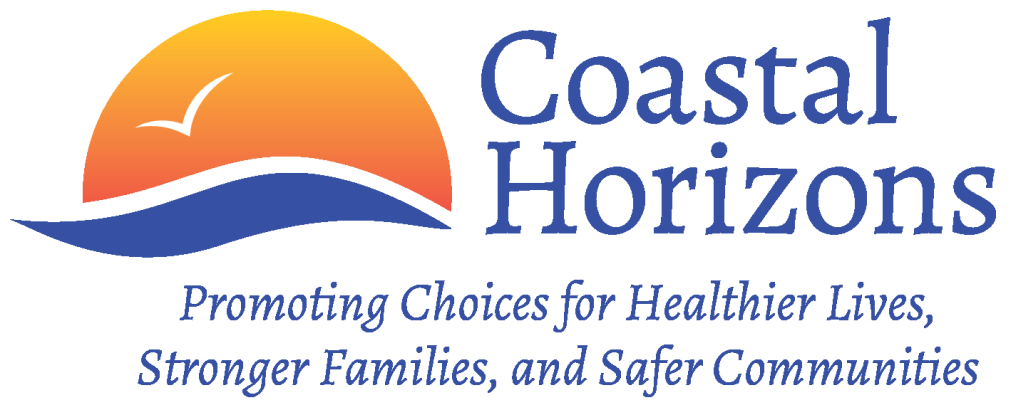
- Care Managers utilize our software platform to give themselves tasks to follow up on calling a client back, following up on a referral or getting an assessment completed

Follow up with tasks

People respond to tangible results

- Care Manager started tailored care management with a person who experiences significant delusions and has struggled with his addiction of meth, alcohol and cocaine.
- Care manager was able to contact client when he was hospitalized through an ADT. Client had no services when he started in TCM.
- Care manager had client identify most important things he wanted. He stated visits with his child and to finish Barber school.
- Care manager worked with DSS and family with his supervised visits and connected him to student support services to get his tools paid for to use in Barber school.
- Care Manager connected him to primary care, and he is now up to date on all immunizations.
- Care Manager connected him to therapy as well as MAT and he has been sober.
- Client completed his certification of Baber school and working full time.
- Recently told his psychiatric provider who care manager connected him with that he knows his “care manager has him covered”.

Celebrate, support each other and don't take yourself too seriously helps you get through the day!





Who has questions?

Personalized Engagement



TCM Outreach & Engagement

RHA Behavioral Health

Areas of Focus



- Specialized Outreach Teams
- Specific workflows
- Preparation for initial outreach
- Effective TCM education and explanation at initial outreach
- Steps after the Opt in
- Flexible Outreach methods

The Outreach Specialist Purpose and Responsibilities

Newly developed TCM position -
trained staff to solely focus on
outreach and incoming call inquiries

Have IDD and or MH/SU experience,
(minimally meets CME requirements)

Enable care managers/extenders to
focus on active/engaged members

Responsibilities

Conduct initial outreach to newly
assigned members

Conduct ongoing outreach attempts
to pending members

Monitor ADT (admission, discharge,
transfer) alerts for pending and
newly assigned members to attempt
to engage members

Communicating with appropriate
TCM Supervisors when members opt
in and Care manager assigned

Rotate incoming calls on TCM line
during normal business hours

Outreach Specialist Workflow



Preparation for Initial Outreach

One of the Outreach specialist is bilingual; and Language Line is available for use for members who need an interpreter.

1

Verify TCM assignment in HealthEdge and NC Tracks

2

Review available information about member

- DOB, address, recent claims, diagnoses, ADT alerts, caregivers, assigned MCO/Tailored plan, potential language barriers,

3

Review EHR to determine if member is receiving any other Services at our agency

- If yes, review available information in the database and coordinate with any current RHA staff

Initial Outreach Calls

How to Engage

- Follow outreach workflow guides
- Use various methods to contact members to engage
- Phone calls
- Texts (no personal or identifying information)
- Letters to members
- Outreach at different times of day, week days weekends, etc

Consider alternate data sources to locate members

Check MCO portals for more information


NC Tracks – address info, PCP info

Contact Primary Care physician offices

Use ADT alert information

Use claims history in Guiding Care

It is important to be knowledgeable about Tailored Care Management and understand the purpose and be able to effectively communicate to members/guardians during initial outreach.



Make the call conversational and not like a sales pitch



Use of “Go To” phone app

- Shows “RHA Care Mgmt” on caller ID
- Can do warm hand off to other Outreach specialist if needed (i.e Spanish speaking) without having to call member back

They said “Yes”!! Now what?

- Once a member/guardian says they wish to participate
 - Before the call ends verify correct demographic information; number, address, best time to call, etc
 - Determine if there are any immediate needs to notify the team of.
 - Document the call accordingly to include that TCM education was provided and the member or member guardian opted in.
 - Notify the appropriate TCM supervisor of the opt in, so Care Manager can be assigned and follow up asap
 - Care managers have 24 hours to reach out to members with an immediate needs and 48 hours for all others.

Email template to Supervisor for opt ins

Email subject line: New Opt In- CM assignment needed

- ❖ Member name:
- ❖ Member Medicaid ID:
- ❖ MH/SU or IDD (or unable to determine):
- ❖ Date of opt in:
- ❖ Residential county:
- ❖ Tailored Plan/MCO:
- ❖ Current services/service providers (if applicable):
- ❖ Any immediate needs:
- ❖ Result of ADT alert follow up? If yes details
- ❖ Additional details:

Flexible outreach strategies



Bilingual outreach specialist



Flexible hours -Weekends and evening hours



Outreach Specialists Caller ID notes RHA Care Mgmt



Incoming calls – inquiring about CM assignment



TCM Call line

- Outreach specialist line rotate weekly
- Kall 8 Phone system—
 - Calls forwarded to the appropriate outreach specialist “Go To Phone” number
 - All incoming calls also alerted via email
 - Any voicemails also emailed with the voice recording
- Incoming calls from Tailored Plans, members, providers
 - Determine assigned Care Manager or status of engagement
 - Send message directly to the assigned CM
 - Opt in new/pending members

Personalized Engagement

Personalized Engagement Strategies for Tailored Care Management

Erin Lewis, LCSW



Initial Engagement

-
- Starting point = contact information from BA File
 - Internal agency resources
 - NC HealthConnex
 - ADT alerts
 - Engagement letters
 - Documenting contact information that does and does not work

Ongoing Engagement

-
- Start with rapport building immediately
 - Assess the needs
 - Get consumers connected to resources and providers immediately as this creates trustworthiness
 - Responsive communication
 - Meeting them where they are
 - Contact at least monthly
 - Being consistent In communication
 - Provide office contact information / Crisis Cards

Discussion

Discussion

Would you like to provide any additional feedback or insight on your agencies' efforts with Personalized Engagement ?

Would you like to provide feedback or successful tips that have been helpful with:

- **Data-Driven Practices:**

Data has been used to track engagement rates, balance caseloads, and monitor outreach effectiveness.

Teams leverage analytics to ensure members' needs are met promptly and equitably. Distributing member caseloads to balance difficulty levels. Also, Matching members to care managers based on strengths and experience.

Public Comments

Tailored Care Management TAG Meeting Cadence

Tailored Care Management TAG meetings will generally take place the fourth Friday of every month from 10:00-11:00 am ET.

- **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)

Previous Meetings:

- **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)
- **Meeting #24:** Friday, November 17, 2023 (presentation, minutes)
- **Meeting #25:** Friday, December 15, 2023 (presentation, minutes)
- **Meeting #26:** Friday, January 26, 2024 (presentation, minutes)
- **Meeting #27:** Friday, February 23, 2024 (presentation, minutes)
- **Meeting #28:** Friday, March 22, 2024 (presentation, minutes)
- **Meeting #29:** Friday, April 26, 2024 (presentation, minutes)
- **Meeting #30:** Tuesday, May 21, 2024 (presentation, minutes)
- **Meeting #31:** Friday, June 28, 2024 (presentation, minutes)
- **Meeting #32:** Friday, July 26, 2024 (presentation, minutes)
- **Meeting #33:** Friday, November 22, 2024 (presentation, minutes)