

**North Carolina Department of Health and Human Services (DHHS)
Tailored Care Management Technical Advisory Group (TAG) Meeting #21 (Conducted Virtually)
August 25, 2023**

Tailored Care Management TAG Members	Organization
Erin Lewis	B&D Integrated Health Services
Julie Quisenberry (absent; represented by Darlene Webb)	Coastal Horizons Center
Billy West	Daymark
Denita Lassiter (absent)	Dixon Social Interactive Services
Ruth Craig	ECU Physicians
Luevelyn Tillman	Greater Vision Counseling and Consultants
Keischa Pruden (absent)	Integrated Family Services, PLLC
Haley Huff	Pinnacle Family Services
Sandy Feutz	RHA
Lisa Poteat	The Arc of NC
Eleana McMurry, LCSW (absent)	UNC Center for Excellence in Community Mental Health
Donna Stevenson	Alliance Health
Donetta Wilson	Eastpointe
Lynne Grey (absent)	Partners Health Management
Sabrina Russell	Sandhills Center
Cindy Ehlers	Trillium Health Resources
Chris Bishop (absent)	Vaya Health
Cindy Lambert	Cherokee Indian Hospital Authority
Jessica Aguilar (absent)	N/A
Pamela Corbett (absent)	N/A
Jonathan Ellis (absent)	N/A
Alicia Jones (absent)	N/A
NC DHHS Staff Members	Title
Kristen Dubay	Chief Population Health Officer, NC Medicaid
Loul Alvarez	Associate Director, Population Health, NC Medicaid
Gwendolyn Sherrod	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Eumeka Dudley	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Regina Manly	Senior Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Tierra Leach	Program Specialist, Tailored Care Management, NC Medicaid, Quality and Population Health
Tenille Lewis	Program Specialist, Tailored Care Management, NC Medicaid, Quality and Population Health

Agenda

- Welcome and Roll Call
- NC Medicaid Updates
- Tailored Care Management Updates
 - Provider and Community Engagement
 - Healthy Opportunities Pilot Launch for Tailored Care Management Eligible Population
 - Reassignment Policy and Continuity of Care
 - HCBS/Conflict-Free Care Management
- Public Comments

NC Medicaid Updates (slides 7-8) – Kristen Dubay

The Department is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to renew its 1115 Demonstration Waiver. The Department first received a five-year approval for its Demonstration in 2018 the renewal will support the Department in the continued transition to Medicaid managed care and investments in novel programs to better support NC Medicaid beneficiaries. The renewal would be for another five-year period from November 1, 2024 to October 31, 2029.

In addition to renewing several programs in our current 1115 Demonstration Waiver, the proposal includes requests authority for several new programs. Prior to submitting the renewal request to CMS, the Department is seeking input from stakeholders through five public hearings (held from September 5 – September 15) and a Public Comment period (ending on September 20). Additional information on the proposed Demonstration, the date, time and place of the public hearings, and where to submit written public comments can all be found [here](#).

General Tailored Care Management Updates (slides 9-18) – Tierra Leach and Eumeka Dudley

Provider and Community Engagement

The Department provided an update on provider and community engagement initiatives focused on strengthening the Tailored Care Management model, addressing challenges, and helping increase member engagement. These initiatives include

- Conducting provider focus groups (see [August TAG slides](#) for summary of findings from the 19 focus groups conducted);
- Collecting engagement ideas and strategies through the Member Education and Community Awareness Survey shared with providers earlier in August; and,
- Launching a provider workgroup focused on member education and community awareness.

Healthy Opportunities Pilot Overview

The Healthy Opportunities Pilot (the “Pilot”) will launch for the Tailored Care Management-eligible population on February 1, 2024. The Department released a survey for Advanced Medical Home Plus (AMH+) practices and Care Management Agencies (CMAs) to indicate their interest (survey accepted responses from August 15 – August 31). Survey responses will help the Department assess a provider’s readiness to effectively operationalize the Pilot program. The Department will release the Pilot Provider Manual Addendum and Standard Terms and Conditions in early Fall for participating providers. The Department will then lead Pilot Care Manager Trainings in the fall/early 2024.

If a provider has any questions or requires clarification regarding the Pilot launch, please reach out to Andrea.Price-Stogsdill@dhhs.nc.gov and leonard.a.croom@dhhs.nc.gov.

Updates on Reassignment Policy and Continuity of Care

The Department recognizes providers are experiencing issues with members being reassigned/falling off their panels and is working with Local Management Entities/Managed Care Organizations (LME/MCOs) to minimize reassignments and disruptions in care management. The Department is working to allow space for LME/MCOs and AMH+/CMAs to employ clinical judgement and for LME/MCOs to use different data sources, which can better inform and enable reassignment decisions and member care needs.

- One TAG member asked the Department if LME/MCOs could pause reassignment until the issues are resolved.
 - The Department clarified that some reassignments will need to continue (e.g., TCL members must be served by LME/MCOs, and assignments must be in compliance with federal conflict-free care management rules. (See the HCBS/Conflict-Free Care Management section below and slides for more information.)
 - A representative from one LME/MCO noted that the Medicaid recertification process related to the Public Health Emergency unwinding, is leading to many members being disenrolled from Medicaid (some are later re-enrolled).¹
- One TAG member mentioned that it would be helpful if the Department/ LME/MCOs could include a reason code on the BA file for why a member was removed from the panel. This could help providers understand if a member should be contacted to attempt to place them back on the provider panel.
 - The Department is looking into updating BA files with this information.

HCBS/Conflict-Free Care Management (slides 19-23) – Tierra Leach

The Department clarified the conflict-free care management rules that apply to Tailored Care Management. Under Federal regulations, individuals enrolled in the 1915(c) Innovations and TBI waivers or obtaining Home- and Community-Based Services (HCBS) under the State’s 1915(b)(3) waiver are required to have their care management activities be delivered independent from their HCBS services. For Tailored Care Management, this means a behavioral health, I/DD, or TBI provider cannot deliver both Tailored Care Management (in their capacity as a CMA) and 1915(c) Innovations/TBI or 1915(i) HCBS to the same individual.

The Department’s guidance on conflict-free care management is available [here](#). CMS provides guidance on mitigating conflict of interest in case management that is available [here](#).

One provider shared an issue in which the assignment algorithm prevents a member from their choice Tailored Care Management provider because that member had received HCBS services from that

¹ Under federal law, the COVID-19 Public Health Emergency (PHE) declaration required states to keep Medicaid beneficiaries enrolled until the end of the PHE, removing the need to reevaluate their eligibility and ensuring that beneficiaries retained coverage during the pandemic. The PHE has ended and North Carolina Medicaid has begun its recertification process as of April 1, 2023. See TAG meeting #17 for additional details [here](#).

provider in the past. The provider noted that it seems that assignment algorithm is unable to differentiate between a previous HCBS provider versus a current HCBS provider when assigning Tailored Care Management providers.

- A representative from one LME/MCO stated they are aware of this issue and that the Department has been working with LME/MCOs to address the issue.

Next Steps (slides 24-26) – Gwendolyn Sherrod

TAG members and other participants asked the following additional questions:

- One provider shared an issue that when one of their members moves to a new county, if the system lists the provider does not have an open panel, then the member will be reassigned to another provider. The provider noted that they would prefer to create an open panel spot in this new county rather than disrupt the member's continuity of care.
 - The Department will look into this issue.
- One TAG member asked for an update on the Department's work to address concerns and challenges with the Tailored Care Management payment rates.
 - In the coming weeks, the Department plans to release a provider survey to collect information on providers' actual time and costs associated with delivering Tailored Care Management. Survey results will inform ongoing discussions about potential modifications to the rates and payment approach.

The Department noted for TAG members and other stakeholders to review the latest updates on the [Tailored Care Management web page](#). The Department will also discuss the feedback received during today's Tailored Care Management TAG meeting.

Tailored Care Management TAG members are encouraged to send any additional feedback or suggestions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.