NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Tailored Plan Launch

Tailored Plans (TP) and Tailored Care Management (TCM) for Primary Care Providers (PCP) and Specialty Providers

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Agenda

- Tailored Care Management
- Tailored Plans
- Claims and Contracting
- Tailored Care Management Impact Stories
- Scenarios

Tailored Care Management (TCM) Overview

What is Tailored Care Management?

Tailored Care Management (TCM) is a new type of care management that began Dec. 1, 2022, for eligible NC Medicaid beneficiaries.

TCM provides extra support to help to members to determine their needs and set up a plan to meet health goals. If you are eligible for Tailored Care Management, you will have one care manager who will:

- Organize services for physical health, behavioral health, intellectual/developmental disabilities (I/DD), pharmacy, long-term services and supports and traumatic brain injury (TBI).
- Connect members to local programs and community resources to help with health-related needs (such as housing, food, transportation, personal safety and employment).
- Make treatment plans that focus on member's needs and goals.
- Tailored care managers may be an Advance Medical Home Plus (AMH+), Care Management Agency (CMA), or based in the LME/MCOs and Tailored Plans.

What is Tailored Care Management?

TCM is built around the six core Health Home services

1. Comprehensive care management
2. Care coordination
3. Health promotion
4. Comprehensive transitional care/follow-up
5. Individual & family support
6. Referral to community & social support services

Health Home Services

Tailored Care Management is built around the six core Health Home services. Below are examples of activities care managers may complete in delivering a Tailored Care Management services.

1. **Comprehensive care management**, including
   - Completion of care management comprehensive assessments and care plan/ISP
   - Phone call or in-person meeting focused on chronic care management (e.g., management of multiple chronic conditions)

2. **Care coordination,** including
   - Working with the member on coordination across settings of care and services (e.g., appointment/wellness reminders and social services coordination/referrals)
   - Assistance in scheduling and preparing members for appointments (e.g., phone call to provide a reminder and help arrange transportation)

3. **Health promotion,** including
   - Providing education on members' chronic conditions
   - Teaching self-management skills and sharing self-help recovery resources
   - Providing education on common environmental risk factors including but not limited to the health effects of exposure to second- and third-hand tobacco smoke and e-cigarette aerosols and liquids and their effects on family and children

Health Home Services

Tailored Care Management is built around the six core Health Home services. Below are examples of activities care managers may complete in delivering a Tailored Care Management services.

4 **Comprehensive transitional care/follow-up,** including

- Visiting the member during the member's stay in the institution and be present on the day of discharge
- Reviewing the discharge plan with the member and facility staff
- Referring and assisting members in accessing needed social services and supports identified as part of the transitional care management process, including access to housing
- Developing a 90-day post-discharge transition plan prior to discharge from residential or inpatient settings, in consultation with the member, facility staff, and the member's care team

5 **Individual & family support,** including

- Providing education and guidance on self-advocacy to the member, family members, and support members
- Connecting the member and caregivers to education and training to help the member improve function, develop socialization and adaptive skills, and navigate the service system
- Providing information to the member, family members, and support members about the member's rights, protections, and responsibilities, including the right to change providers, the grievance and complaint resolution process, and fair hearing processes

6 **Referral to community & social support services,** including

- Providing referral, information, and assistance and follow-up in obtaining and maintaining community-based resources and social support services
- Providing comprehensive assistance securing key health-related services (e.g., filling out and submitting applications

Components of Tailored Care Management

Under TCM, members have a single care manager who manages all of members' needs, spanning physical health, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health-related resource needs. The model includes:

1. Care management comprehensive assessment

2. Care plan/Individual Support Plan (ISP)

3. Engagement and coordination with a member's Primary Care Physician

4. Engagement and coordination with other members of the care team

5. Referrals to services addressing unmet health-related resource needs

6. Access to member data and insights from the care management data system

What are Care Managers Doing to Support Members?

Under Tailored Care Management, members have a single care manager equipped to manage all their needs, which may include physical health, behavioral health, I/DD, TBI, pharmacy, long-term services and supports (LTSS), and unmet health-related resource needs.

Tailored care managers will:

- Work towards closing the member's gaps in care.
- Develop care management comprehensive assessments and care plans/individual support plans with beneficiaries.
- Innovations and TBI waiver care coordination (if applicable)
- Support beneficiaries in a crisis (with planning supports)
- Arrange for annual physicals.
- Assist with medication monitoring.
- Address unmet health-related resource needs.
- Monitor Hospital Admission Discharge and Transfer (ADT) alerts and ensure beneficiaries with any admissions, discharges or transfers are followed.
- Support transitions out of hospitals and nursing facilities.

All Members in Tailored Plans Are Eligible for TCM Management

Tailored Care Management is North Carolina's specialized care management model targeted toward individuals with a significant behavioral health condition (including both mental health and SUDs), I/DD, or TBI.

Tailored Care Management offers support to help members get the medical care they need and can help with:

- Arranging medical appointments
- Help members join prevention programs
- Find resources for home maintenance and repairs
- Find medicine and medical supplies
- Find housing options and financial help
- Support transitions out of hospital or nursing facilities
- Provide support with chronic health issues
- Locate after school care or childcare
- Arrange transportation

Individuals receiving Tailored Care Management today and are moving to a Tailored Plan on July 1, 2024, will continue to get Tailored Care Management from their existing assigned care manager. Individuals will not experience any disruption in their care management.

Enrollment in Tailored Care Management

Upon enrollment in a Tailored Plan, eligible members will be *auto enrolled* in Tailored Care Management unless they (1) are receiving a service duplicative to Tailored Care Management or (2) decide to opt-out of Tailored Care Management. Individuals who are in NC Medicaid Direct can get Tailored Care Management if they have a Behavioral Health condition, I/DD, or TBI.

The member is receiving a service Duplicative to Tailored Care Management

Services duplicative of Tailored Care Management are:

- Assertive Community Treatment (ACT)
- Child ACT
- Critical Time Intervention
- Primary care case management*
- High Fidelity Wraparound (HFW)
- Tribal Option*
- Program of All-Inclusive Care for the Elderly (PACE)*
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)
- Stays of 90+ days in a Skilled Nursing Facility
- Community Alternatives Program for Children (CAP/C) waiver services*
- Community Alternatives Program for Disabled Adults (CAP/DA) waiver services*
- Care Management for At-Risk Children (CMARC)

OR

The member decides to opt-out of Tailored Care Management

Members can choose not to use (opt-out) Tailored Care Management.

- To do so, members must contact their LME/MCO and request to opt-out of Tailored Care Management.
- Members can opt-out of Tailored Care Management at any time without any changes to other services they get.

***Population will remain in NC Medicaid Direct and will not move to a Tailored Plan.**

Three Approaches to Delivering Tailored Care Management

A member may obtain Tailored Care Management from a community-based provider or directly from the LME/MCO, in their roles as Tailored Plans and PIHPs.

Department of Health and Human Services

Establishes care management standards for LME/MCOs aligning with federal Health Home requirements.

LME/MCOs will administer both PIHPs and Tailored Plans. LME/MCOs will serve as the Health Homes, responsible for meeting federal Health Home requirements and conducting oversight of AMH+ practices and CMAs in their networks.

LME/MCO (Health Home)

Care Management Approaches

Medicaid enrollees obtaining Tailored Care Management have the opportunity to choose among these care management approaches; all must meet the Department's standards and be provided in the community to the maximum extent possible.

Approach 1:
"AMH+" Primary Care Practice
Primary care practice that is certified to provide Tailored Care Management

Approach 2:
Care Management Agency (CMA)
Organizations that provide Behavioral Health or I/DD services and are certified to provide Tailored Care Management

Approach 3:
Plan-Based Care Manager
Care Manager based at a Tailored Plan or Prepaid Inpatient Health Plan

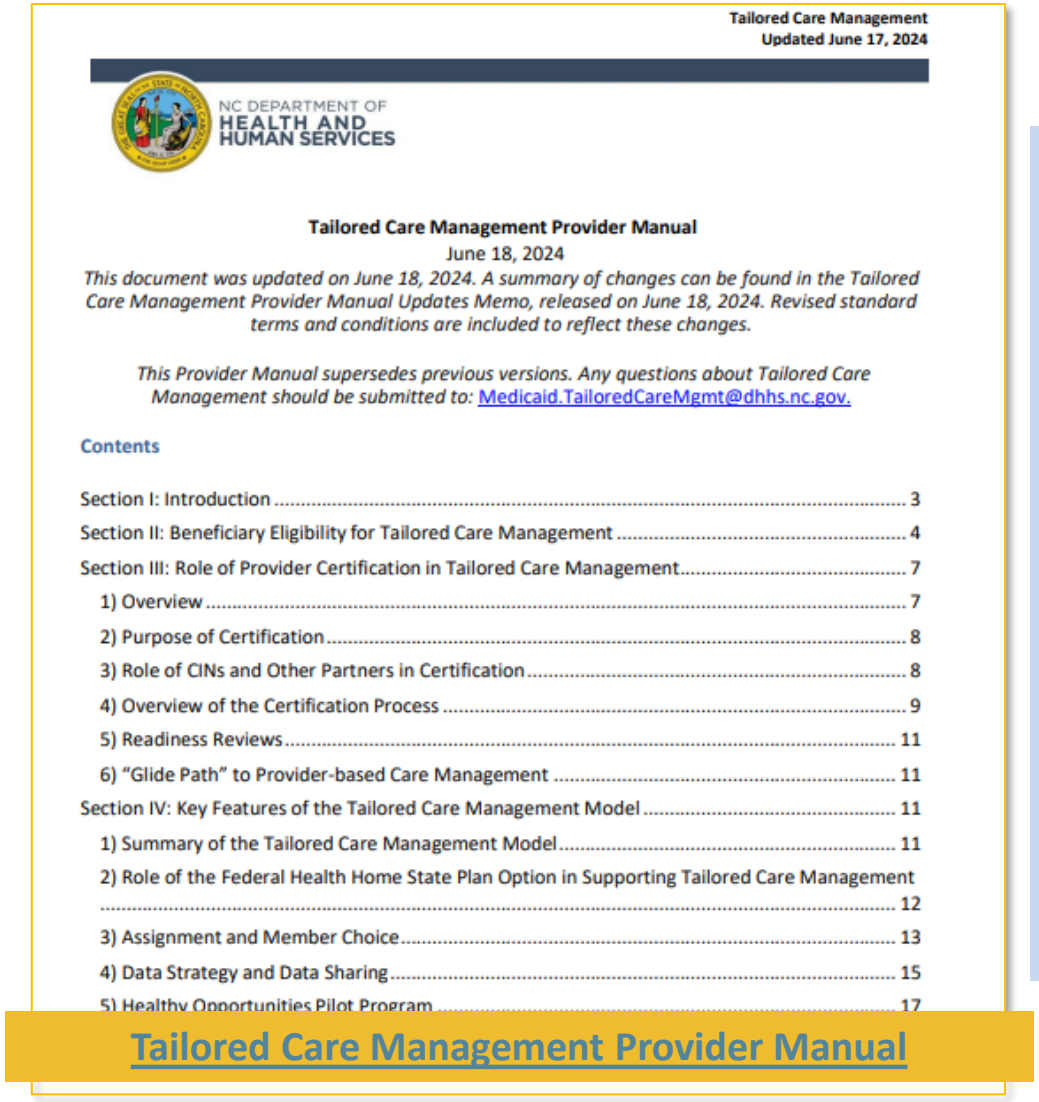
Consent for Tailored Care Management

✓ A member's assigned care manager must ask for the member's consent for participating in Tailored Care Management.

✓ As part of the consent process, the care manager must explain the Tailored Care Management program.

✓ Care managers will document in the care management data system that the member provided consent, including the date of consent.

Additional Information on Tailored Care Management



Tailored Care Management
Updated June 17, 2024

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Tailored Care Management Provider Manual

June 18, 2024

This document was updated on June 18, 2024. A summary of changes can be found in the Tailored Care Management Provider Manual Updates Memo, released on June 18, 2024. Revised standard terms and conditions are included to reflect these changes.

This Provider Manual supersedes previous versions. Any questions about Tailored Care Management should be submitted to: Medicaid.TailoredCareMgmt@dhhs.nc.gov.

Contents

Tailored Care Management Provider Manual

Tailored Care Management requirements are described in the "Tailored Care Management Provider Manual."

The manual also includes:

- ✓ A description of the Tailored Care Management model and the functions AMH+ practices and CMAs are expected to perform;
- ✓ Criteria for AMH+ and CMA certification;
- ✓ The process for certification;
- ✓ General information about payment; and
- ✓ Information about AMH+ and CMA oversight.

Note: There is no Clinical Coverage Policy for Tailored Care Management.

Finding Your Patient's Tailored Care Manager

- **Primary care providers (PCPs)** can identify their patient's assigned to a Certified TCM Provider by reviewing their *Advanced Medical Home (AMH)/ NC Medicaid Direct/Managed Care PCP Enrollee Report* in NC Tracks.
- **Primary care providers (PCPs)** can identify a patient's assigned TCM entity in NC Tracks.
- **Other Providers** should call the member's LME/MCO member support line.

NC Medicaid Tailored Plan Provider Fact Sheet:

- https://medicaid.ncdhhs.gov/documents/providers/playbook/tailored-care-management-provider-fact-sheet/download?attachment

NC Medicaid Tailored Care Management Beneficiary Fact Sheet:

- English, https://medicaid.ncdhhs.gov/tcm-beneficiary-fact-sheetfinal20240408/download?attachment
- Spanish, https://medicaid.ncdhhs.gov/tailored-care-management-beneficiary-fact-sheet-spanish/

Referrals for Tailored Care Management

✓ There is not a referral process that PCPs may use to request Tailored Care Management services for patients.

✓ A process will be available for members to request a review for Tailored Plan eligibility.

Expectations for Care Manager Engagement with Providers

A care manager may contact your office to:

- Identify the agency and the member they represent and present release of information documentation.
- Explain their role in the member's care and talk about participation in the member's care team.
- Ask questions about symptoms, medications and treatment.
- Share concerns about/from the member.
- Ask questions about lifestyle changes that would promote better health for the member.
- Request support/assistance for referral to other providers.

Member Requests to Change Tailored Care Manager

- The member, their family or legally responsible person (LRP) can choose a different TCM provider by calling their LME/MCO.
- Members can change their TCM provider twice per year “without cause” and unlimited number of times "with cause” per year.

LME/MCO Member Services Phone Numbers	
Alliance Health	1-800-510-9132
Partners Health Management	1-888-235-4673
Trillium Health Resources	1-877-685-2415
Vaya Health	1-800-962-9003

Care Management and Care Coordination

Care Coordination

Members Opting out of Care Management will receive Care Coordination

Care Coordination is more narrowly focused on linking people to needed services and is more reactive and short term than care management. If a patient is in the TP and opts out of Tailored Care Management, the TP is still responsible for basic integrated care coordination for the patient.

Care Management

Members may opt into Care Management

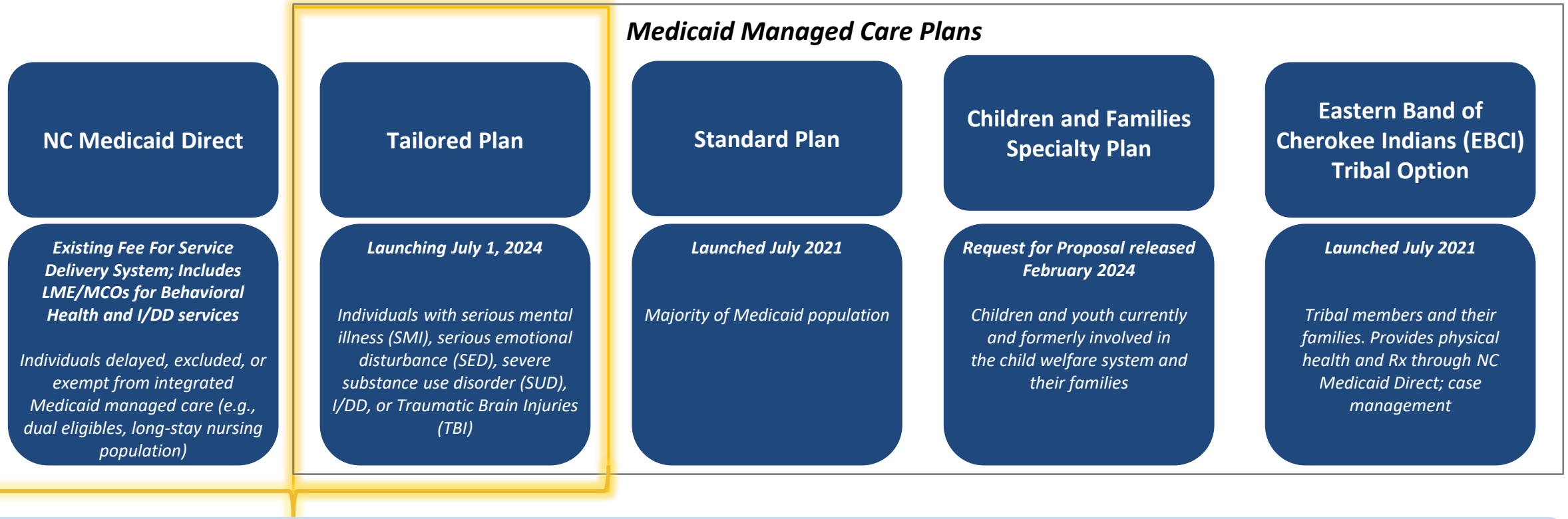
Care management is more comprehensive than care coordination and focuses on integrated and holistic care. Please note that Care coordination is an aspect of Care Management.

Opting out of Tailored Care Management does not affect other services members receive in any way.

Tailored Plans

Context: North Carolina Medicaid System

North Carolina's Medicaid delivery system consist of various components. The focus of today's conversation is Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans, which are launching July 1, 2024.



Most individuals who are currently covered by NC Medicaid Direct and are using services for their mental illness, severe substance use, I/DD, or TBI will move to a Tailored Plan as of July 1.

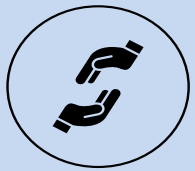
What is the difference between Tailored Plans and Tailored Care Management?

- Tailored Plan is one of the **Medicaid Managed Care Health Plans.**
- Tailored Care Management is a **Tailored Plan service**.

More about Tailored Plans

Tailored Plans are designed to put members first
Members will receive Medicaid services through their Tailored Plan, an integrated managed care plan providing access to a broad set of services to address whole-person needs *(see next slide).*

All member's health needs are met in one plan
With a Tailored Plan, a member's physical heath, pharmacy, Behavioral Health, IDD, TBI, LTSS and unmet health related resource needs are all addressed in one health plan.



Support from Tailored Care Managers
Tailored Care Managers help members get the medical or specialized care they need. They can help schedule members' medical appointments, arrange transportation, help with food/housing insecurity, employment, and more.

Services Offered by Tailored Plans

Tailored Plans are "tailored" for people who have more complex health needs and who need long-term rehabilitation and care, either in a treatment facility, at home, or in the community.

Tailored Plans offer certain services that Standard Plans don't have.

Learn More about Benefits and Services

Tailored Plan services | NC Medicaid Managed Care (ncmedicaidplans.gov)

Benefits and services | NC Medicaid Managed Care (ncmedicaidplans.gov)

Examples of Tailored Plan services include

- ✓ Assertive community treatment (ACT)
- ✓ Child and adolescent day treatment services
- ✓ Community support team (CST)
- ✓ Residential treatment facility services
- ✓ Substance abuse medically monitored residential treatment
- ✓ Substance abuse non-medical community residential treatment

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- ✓ Innovations Waiver services*
- ✓ Intermediate Care Facility for individuals with Intellectual Disabilities (ICF-IID) services*
- ✓ State-Funded (non-Medicaid) services
- ✓ TBI Waiver services*
- ✓ Transitions to Community Living (TCL) program services*

This is not an inclusive list of Tailored Plan services

***Members who receive these services must be in a Tailored Plan. These services are also offered by NC Medicaid Direct for people who would otherwise be in a Tailored Plan if not being in an exempt, excluded, or delayed group.**

4 Tailored Plans Will Serve North Carolina

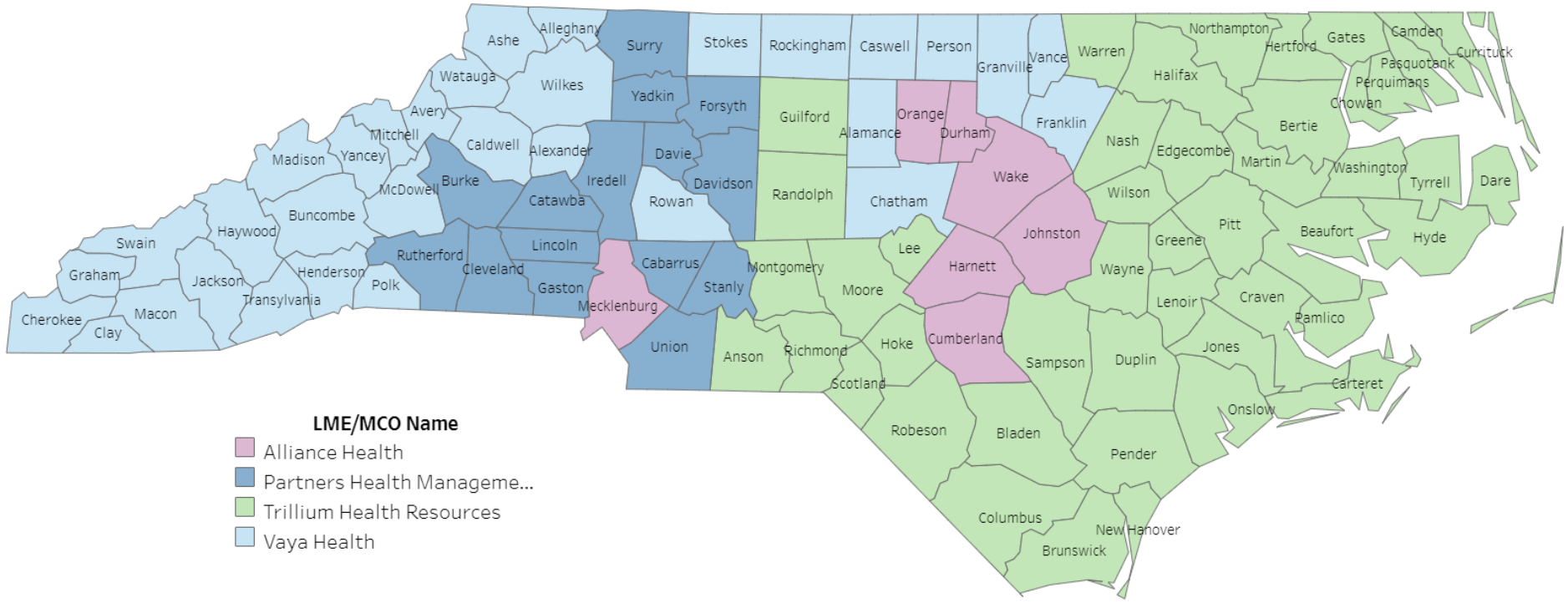
Tailored Plans will be managed by the four existing Local Management Entity/Managed Care Organizations (LME/MCOs) serving North Carolina: Alliance, Partners, Trillium, and Vaya. If an individual is moving to a Tailored Plan, the Tailored Plan will be managed by one of these four companies.

Alliance
800-510-9132

Partners
888-235-4673

Trillium
877-685-2415

Vaya
800-962-9003



For an interactive map, visit: https://www.ncdhhs.gov/providers/lme-mco-directory

How Members Can Get a Tailored Plan

A letter was mailed in mid-April informing eligible individuals which Tailored Plan they are in. Tailored Plan assignment is based on the *county* where a person gets Medicaid benefits.

There is not a referral process for Tailored Care Management.

Auto-Enrollment for Existing Medicaid Members

- Members who already have NC Medicaid had their eligibility for Tailored Plans automatically reviewed. **Tailored Plan eligibility criteria is available here.**
- Members moving to a Tailored Plan were sent a new member health plan ID card and welcome packet from their Tailored Plan.

Request to move to a Tailored Plan

- For members who have mental health disorders, SUD, I/DD or TBI support needs and believe they are Tailored Plan-eligible, the member or their providers can ask to move to a Tailored Plan by submitting a request form.
- The "Request to Move to NC Medicaid Direct or LME/MCO" form can be accessed online. For more information, please visit https://ncmedicaidplans.gov/en/member-resources

NOTE: Individuals may decline/refuse to enroll in a Tailored Plan and enroll in a Standard Plan instead, but some services are only available in the Tailored Plan. (See slide 7 for some of the Tailored Plan specific services. All Tailored Plan services are not listed.)

What Is New and What Is Staying the Same for Members

What is New for Members?

Providers must be in-network
Members' providers (doctors and specialists) must be in the Tailored Plan's network (also called "in-network") to be covered. However, **members can keep seeing their current providers until Jan. 31, 2025, even if they are "out of network" for the Tailored Plan.**

Members must choose a new PCP if theirs is not in-network
Members who do not choose a Primary Care Provider (PCP) in their Tailored Plan's network will have one assigned to them. **Members have until Jan. 31, 2025, to change their PCP without cause.**

What is Staying the Same?

Plan covers the same services as before
This includes I/DD, TBI, mental health, substance use, and care management services.

Waiver and Waitlist members keep their spots
Innovations and TBI Waiver members keep their slots.

Same Tailored Care Manager
Members have access to a Tailored Care Manager, who can help members get needed health services. For members who have an existing Tailored Care Manager, they won't change.

Timeline for Members Moving to Tailored Plans

May 2024

A new member health plan ID card and welcome packet was mailed from their Tailored Plan.

The member's PCP's information is on these documents.

May 2024

Members can begin scheduling rides to medical appointments.

Non-emergency medical transportation (NEMT) services are available for appointments on or after July 1, 2024.

July 1, 2024

Tailored Plans begin!

Members can start seeing their medical providers (doctors and specialists) in their Tailored Plan's network.

Jan. 31, 2025

Last day to see out-of-network providers.

If members would like to continue to see an out-of-network provider after this date, they must talk to their Tailored Plan.

Members not Moving To Tailored Plans

After Tailored Plans launch on July 1, 2024, several populations will remain in NC Medicaid Direct because they are delayed or excluded from managed care.

- ✓ Instead of enrolling in a Tailored Plan, these populations will continue to obtain their Medicaid coverage and Tailored Care Management through NC Medicaid Direct.
- ✓ Members who remain in NC Medicaid Direct will keep their existing providers and assigned Tailored Care Management care manager, providing continuity for members during this transition.

Populations delayed or excluded from managed care upon Tailored Plan launch include:

1. Foster care, adoption, former foster youth populations Individuals who are dually eligible for Medicaid/Medicare and have full Medicaid
2. Long-stay nursing home beneficiaries
3. Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) 1915(c) waiver enrollees (children and adults with physical disabilities and/or who are medically fragile)
4. Individuals who are considered “medically needy” and in the spend-down group
5. Individuals in the Health Insurance Premium Payment (HIPP) Program
6. Individuals who are federally recognized tribal members or others eligible for Indian Health Service

Recap: What Is New and What Is Staying the Same for Members

What is New for Members?

Some members are moving to Tailored Plans on July 1, 2024.

Tailored Plans are a new kind of NC Medicaid Managed Care health plan.

What is Staying the Same?

Members will have access to the same services as before

This includes I/DD, TBI, mental health, severe substance use, and care management services.

Same Tailored Care Manager

Members who have an existing Tailored Care Manager will keep their care management and access to Tailored Care Management.

Claims and Contracting

Claims and Contracting

- Please contact your LME/MCO with any claims or contracting related questions.

- More information can be found in:
  - Provider Payment and Reimbursement Factsheet

TCM Impact Stories

TCM Impact Stories

The individual was in and out of the emergency room weekly, sometimes daily. The Care Manager was made aware that the individual was in the emergency room. The Care Manager collaborated with the emergency room staff and was put in contact with a hospital social worker. The Care Manager worked collaboratively with the social worker to identify a close family member for support.

Due to the Care Manager's efforts, the individual engaged in TCM. Through TCM, the Care Manager located safe housing in addition to daily meals for the member. Prior to this connection, the individual shared that they had gone years without health care. The Care Manager is now working to link the individual to a Primary Care Provider- Day Mark Recovery Services, Inc

TCM Impact Stories

The Care Manager and Care Manager Extender have been working with a woman who has not had stable housing in 15 years. The Care Manager Extender assisted with application for supervised apartment, transferring her Medicaid/Food & Nutrition benefits, and establishing a pharmacy that was within walking distance of her new home. The Care Manager Extender was also able to connect the woman to a Primary Care Provider closer to her apartment and worked with the PCP to refer her for Personal Care Services. The Care Manager Extender also connected the member with additional support services within the community. The member was linked to NA local meetings and volunteer position at a food bank. - Monarch

TCM Impact Stories

Member uses a wheelchair for mobility and lives with her family. Member and her caregivers speak Spanish and initially there were communication barriers. The member's mother is small in stature and has been manually transferring her daughter for all ADL's and transportation. Assisting with lifting and transfers has taken a toll on the mother's physical ability to care for her daughter. With the help of a translator, the TCM team was able to ease the parent concerns and engage the family.

During the Care Management assessment, several needs were identified. Once language barriers were addressed with an interpreter, the family was linked with PT services to acquire necessary equipment such as a new wheelchair, shower chair, and Hoyer Lift. The Care Manager also planned to link the family with a vehicle modification program to safely transport this member. The family was unaware that the member was able to receive all of these services. -Comserve

Scenarios

Scenario 1

What exactly is the patient opting out of if they choose to go with a Standard Plan versus a Tailored Plan so that they can still see their pediatrician? What services will he not be able to receive?

By opting out of Tailored Plans, the patient will be opting out of access to the added benefits that the Tailored Plans offers, which include tailored care management, enhanced behavioral health services (e.g., specialized services provided in home/facility/residential settings/), home and community-based services for children with serious mental health conditions or intellectual / developmental disabilities (e.g., respite, community living and supports)

In addition, the patient would be opting out of the specialized expertise the Tailored Plans have in providing care for individuals with mental health conditions and developmental disabilities.

However, at any time, should the patient need one of these services, the patient (guardian or provider) can request to move back to a Tailored Plan, including if a provider determines that one of these extra services is needed. The Enrollment Broker can assist the patient/guardian with understanding the differences between Plans and switching between Plans.

Scenario 2

What happens if the patient opts out of Tailored Plan because their PCP isn't contracting with their Tailored Plan, will they get automatically assigned a Standard Plan or do they have to directly do this?

The patient or guardian would be able to select which Standard Plans they prefer and would be able to choose from any contracted provider in their network for primary care. The Enrollment Broker can assist with selecting a Standard Plan. If a choice of Standard Plan is not made, then the patient will be assigned to one by DHHS.

Scenario 3

If the patient stays with Medicaid Direct, can the practice see them?

Yes, if the PCP is enrolled with Medicaid, then the patient would be able to see that PCP through NC Medicaid Direct. Once Tailored Plans launch, very few patients (examples: duals with Medicaid and Medicare benefits and foster children populations) would be able to stay in Medicaid Direct.

Scenario 4

If the patient moves from a Tailored Plan to a Standard Plan, can the CIN deliver care management as if the patient was never assigned as a Tailored Plan?

If the member is assigned to the provider's PCP panel and the provider is contracted (directly or through the CIN) to provide care management as a Tier 3 AMH for the Standard Plan, then the provider/CIN can provide care management for the patient if the patient qualifies for care management.

Scenario 5

Are most qualifying young children covered by Tailored Plans but receive Care Management through CMARC? How do physical health services work in that scenario?

CMARC (for eligible children 0 to 5 years) is duplicative of TCM. Therefore, CMARC members that become eligible for TCM transition to the LME/MCO for TCM services; these members will not receive care management from the LHDs through the CMARC program.

Scenario 6

Will most foster children stay in Medicaid Direct and have CM from CCNC until launch of CFSP?

Yes. Most foster children will stay in Medicaid Direct. An exception would be a child receiving Innovations Waiver services.

Questions?

Appendix

Additional Resources

Additional resources on Tailored Plans and Tailored Care Management are available at:

- ✓ https://medicaid.ncdhhs.gov/tailored-plans, and
- ✓ https://medicaid.ncdhhs.gov/tailored-care-management

The Department encourages Tailored Care Management providers to contact their LME/MCO for specific concerns and issues. Tailored Care Management providers can also contact the Provider Ombudsman.

The Department can also be reached at Medicaid.HelpCenter@dhhs.nc.gov.

When to Report to the Medicaid Ombudsman

When an LME/MCO is not responsive or does not resolve a provider issue in accordance with their contract, or a member issue, the provider can report an issue to the Medicaid Provider Ombudsman.

The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- For provider inquiries, concerns, complaints regarding health plans, inquiries may be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov or by calling the NC Medicaid Managed Care Provider Ombudsman at 866-304-7062.