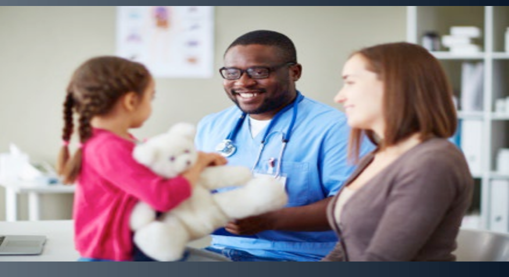
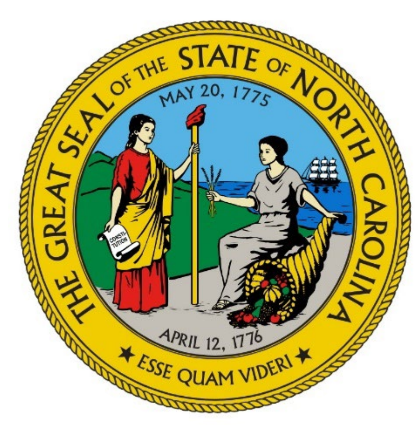


Back Porch Chat: Tailored Plan 101



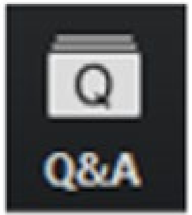
Ready, Set, Launch! Series: Tailored Plan Launch & Tailored Care Management (TCM) Updates

October 20, 2022

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here: https://www.captionedtext.com/client/event.aspx?EventID=5264779&CustomerID=290

Logistics for Today's Webinar

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

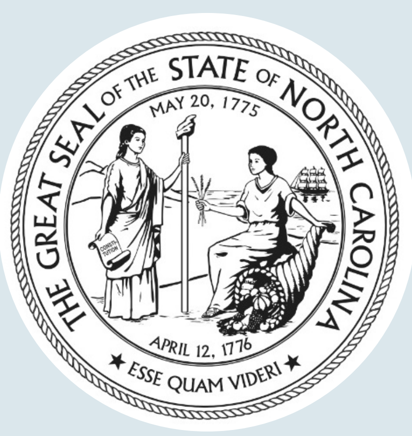
AGENDA

01 TP Launch Update

02 TCM Implementation Update

03 AMH Update

04 Q/A



Tailored Plan Launch Update

Tailored Plan Launch Update

Tailored Plans will now go live on April 1, 2023.

- The delayed start **will allow Tailored Plans more time to contract with additional providers to support member choice** and to validate that data systems are working appropriately.
- Some services will still begin on Dec. 1, 2022:
  - Tailored Care Management (TCM)
  - 1915(i) option (requested a Dec. 1, 2022, start date from CMS)
- **Nothing changes for members today—except for adding new services.**
  - Beneficiaries eligible for Tailored Plan will receive Notices about the delay at the end of October.
- Members still receive behavioral health services, I/DD and TBI supports through their LME/MCO and physical health and pharmacy services through NC Medicaid, just as they do today.

Provider Contracting

Are Providers Required to Contract with All Tailored Plans?

- Not required, but providers are encouraged to contract with each Tailored Plans (or the Tailored Plan's Standard Plan partner) in their service area to ensure member continuity and access.
- Providers may contract with as many or as few plans as they desire

What are a Tailored Plan's Contracting Responsibilities With Providers?

- Must negotiate in good faith with any willing physical health services provider or pharmacy services provider
- May only exclude qualified physical health services or pharmacy services providers from their physical health network if, after a good faith contracting effort, the provider refuses the network rates
    - This applies to a Standard Plan partner whose PH network is leveraged under the partnership and to subcontractors/vendors for PH services/networks
- Tailored Plans have authority to maintain a closed network for their behavioral health service providers and may exclude such providers from the BH, I/DD or TBI networks.

Provider Contracting

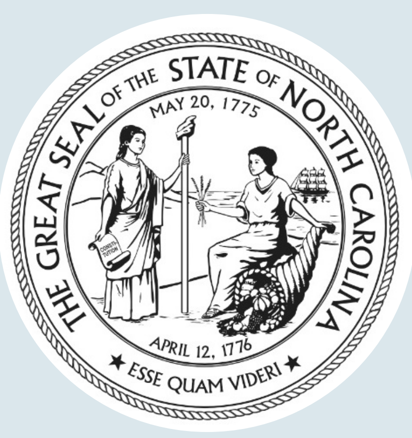
Will Tailored Plans utilize subcontractors or vendors for contracting?

- In some cases, yes. Tailored Plans (or their Standard Plan partners) may use subcontractors/vendors for some network administration
  - Most frequently this includes a Pharmacy Benefit Manager for the pharmacy network, a Vision Network Vendor for vision network, or a broker for Non-emergency Medical Transportation network.
  - If a health plan has received approval from the Department to have such a subcontractor/vendor arrangement, then providers of those types wishing to participate in the Tailored Plan's network will need to contract with the subcontractor/vendor.

Do Providers Need to Contract With Tailored Plans if They Are Already Contracted with the Standard Plan Partner?

- A provider wishing to participate in the Tailored Plan network should contact the Tailored Plan to discuss how the provider may participate in the network
- If the Tailored Plan's partnership with a Standard Plan includes leveraging the Standard Plan's existing provider network, then the provider will receive a referral to the Standard Plan partner to discuss participation
- Under a leveraged network, a provider may have an option to add the Tailored Plan program network to its existing provider participation agreement with the Standard Plan partner via an amendment
  - In this case the provider does not need a new, separate contract.

Audience Response



Tailored Care Management Implementation Update

Tailored Care Management

Tailored Care Management (TCM) will have a soft launch on Dec. 1, 2022.

- NC Medicaid and LME/MCOs will work closely with TCM providers to ensure a successful start of the service.
- AHEC coaches will continue to provide support to TCM providers.
- NC Medicaid has published a list of certified TCM providers who are ready to provide TCM service on Dec. 1, 2022. The list is available on the Medicaid website and will be updated as new providers are added medicaid.ncdhhs.gov/media/11975/download?attachment
- LMEs are currently contracting with Tailored Care Management providers (CMAs and AMH+s)
  - Next month we hope to show a network map of TCM agencies in each LME region.

What is Tailored Care Management (TCM)?

Tailored Care Management is a specialized care management model targeted toward individuals with significant behavioral health conditions, substance use disorders, I/DD or TBI.

- Tailored Care Management is the primary care management model for members who meet clinical eligibility for Tailored Plans.
  - Members receiving Tailored Care Management can be in Medicaid Fee For Service (Medicaid Direct) or in a Tailored Plan.
- Members are not required to accept Tailored Care Management; they can opt-out.
- Members in Tailored Care Management will have **1 Care Manager** responsible for coordinating all services and supports (medical, behavioral, I/DD & TBI services and supports, pharmacy, social supports).
- Individuals who begin Tailored Care Management on 12/1/22 will just stay in Tailored Care Management on 4/1/23--even if they move to a Tailored Plan on that date.

Who Can Provide Tailored Care Management?

Tailored Care Management

Tailored Care Management is provided by 3 types of entities.

Approach 1:
"AMH+" Primary Care Practice

Approach 2:
Care Management Agency (CMA)

Approach 3:
LME-Based Care Manager

Who is Eligible for Tailored Care Management on 12/1

- Individuals 3+ in Medicaid Direct who will go into a Tailored Plan on 4/1/2023 including:
  - Innovations Waiver participants (including duals)
  - TBI Waiver participants (including duals)
    - Children and Adolescents with Serious Emotion Disorder (SED)
    - Adolescents with Severe Substance Use Disorder (SUD)
    - Adults with Serious Mental Illness (SMI) or Severe Substance Use Disorder (SUD)
    - Children (3+) and adults with intellectual/developmental disability (I/DD)

We often describe this criteria as "clinically eligible for a Tailored Plan"

- Individuals 3+ in Medicaid Direct who will stay in Medicaid Direct on 4/1/2023 including:
  - Children and Adolescent in Foster Care with Serious Emotion Disorder (SED) or Severe Substance Use Disorder (SUD)
  - Dual- Eligible Adults with Serious Mental Illness (SMI) or Severe Substance Use Disorder (SUD)
  - Dual-Eligible Children and Adults with intellectual/developmental disability (I/DD) who are NOT on the Innovations or TBI waivers

Children in NC Health Choice and Children (0-3) who meet the above criteria will be eligible for TCM on 4/1/23.

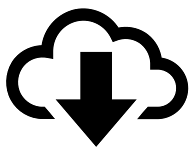
How are Members Assigned to a Care Management Entity

Members who do not choose an organization for Tailored Care Management will receive an assignment based on the following factors:

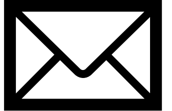
- Member's **existing primary care provider (PCP) assignment to an AMH+ practice or an existing treatment relationship with a CMA**
- Member's **existing relationship with an LME/MCO Innovations waiver care coordinator**
- Member's **exceptional physical health and/or behavioral health needs** – examples include:
  - Members receiving cancer treatment or with end stage organ failure/organ transplant will be prioritized for AMH+ or LME
  - Members in child behavioral health residential services will be prioritized for CMA or LME
  - Members with both exceptional physical and exceptional behavioral health needs, or those in certain institutional settings will be prioritized for the LME
- Member's **geographic location**
- AMH+ practice's or CMA's care management **panel size capacity**
- Federal **conflict-free** case management requirements for people using home and community-based services (HCBS), which prohibit a provider organization from delivering HCBS and care management to one individual

How Will I Know if Someone is Eligible for TCM?

- TCM Provider: will get a monthly member file (BA File)
  - That BA file will also list the member's PCP



- Member: will get a letter notifying them of their TCM agency and choice options
  - Letters will be mailed 11/7-11/17



- Primary Care Physician (PCP): NCTracks Enrollee Report (List member's plan & TCM provider)

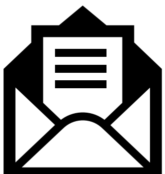
- Other Providers: The TCM provider should contact you (as needed) or you can call the LME-MCO for assistance.

REMEMBER: LME-MCOs still provide care coordination for members in Medicaid Direct who are not eligible for TCM or who opt-out of the service. Providers/members should still call the LME-MCO for support for members with BH/IDD/SUD.

Tailored Care Management Notices & Member Choice

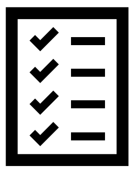
- Members will begin to receive notices from 11/7-11/17
- The notice will:
  - Explain Tailored Care Management
  - Explain the member's ability to opt-out
  - Identify the member's assigned tailored care management agency

  - Give direction on how the member can **CHANGE** their assigned tailored care management agency by CONTACTING THE LME

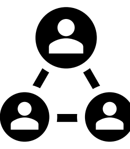


What does TCM mean for Members & Providers?

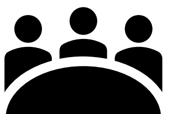
Each member in a Tailored Plan will have an assigned care manager to help them navigate all care and connect them to community resources.



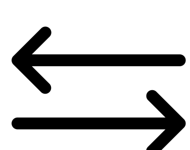
- **Members will have support to connect to their primary care providers (PCPs) and specialists.**
- **PCPs will have a resource (the care manager) if they need support meeting a member's need.**

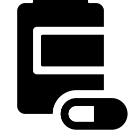


Care Managers will help with:



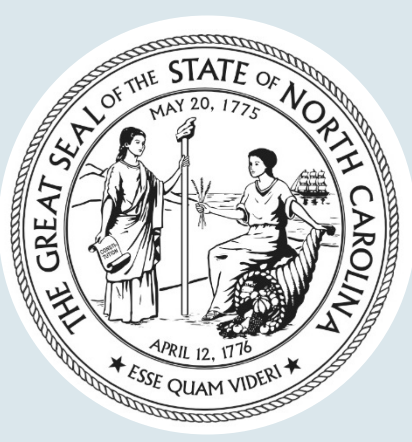
- Coordination of all services and supports
- Crisis Support
- Transitional care management (from hospital to home)
- Diversion from institutional settings
- In-reach and transitions from institutional settings (for certain populations)
- Addressing unmet health-related resource needs
- Medication monitoring





TCM Soft Launch: What to Expect on 12/1-on

- All eligible members will be assigned to a TCM provider
- TCM providers will have small panels; providers are staffing up
- LMEs will have the bulk of the members assigned to them (75+%)
- Providers & LMEs will prioritize outreach to members based on acuity/risk/need but all members should receive outreach within the first 90 days
- Early months will be spent doing outreach, engagement, and assessments with members
- All members will not engage and can opt-out
- Over the course of the first year, we expect more engagement



Tailored Care Management and Children Involved in the Child Welfare System

TP/TCM-Eligible Children/Youth Served by Child Welfare System

Children and youth served by the child welfare system who meet TP clinical eligibility will be assigned to the LME as their TCM entity.

- Limits need for DSS to opt individual members into TCM
- Offers single point of contact for County Child Welfare Workers to coordinate for each eligible child/youth's care
- Streamlines Department oversight to have single point of accountability for CM with LME for each child
- Leverages LMEs' experience managing individuals with complex behavioral health needs
- Increases continuity for eligible children/youth moving in/out of child welfare system
- **About ~6000 children served by the child welfare system are eligible for TCM on 12/1/22**

Care Management for Children/Youth Served by the Child Welfare System who do NOT meet TP clinical eligibility

Children and youth served by the child welfare system who do NOT meet TP clinical eligibility will continue to have care management provided by CCNC.

- CCNC will serve as the lead in coordinating physical, behavioral health, social services and with DSS
- CCNC will be required to work with the LME to coordinate the delivery of needed behavioral health services
- The LME will support coordination of behavioral health services at the request of CCNC or the DSS caseworker
- The LME must assign a care coordinator to the member if requested by the DSS caseworker

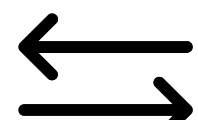
FAQ #1: When and how will the Department notify children in the child welfare system about their Tailored Care Management eligibility?

- LMEs will send beneficiary notices to individuals eligible for Tailored Care Management beginning **November 7, 2022.**
- For children involved in the child welfare system and who are also Tailored Care Management eligible, a **child's guardian** will receive notice of their Tailored Care Management eligibility.
- Where **DSS has guardianship**, a child's case worker will receive the notice of their Tailored Care Management eligibility ad assignment.

- Individuals may opt-out of Tailored Care Management if they do not wish to participate.
- Guardians may opt-out on behalf of children in foster care/receiving adoption assistance.
- **Individuals who opt-out of TCM are still eligible for LME care coordination.**

FAQ #2: How are children in foster care/adoption assistance and former foster youth assigned to an AMH+, CMA, or LME care manager?

- Children in foster care/adoption assistance and former foster youth will be assigned to an LME as their care management entity although they (with their guardians as applicable), **will have the option to change and select an AMH+ or CMA instead after initial assignment.**



- The LME will assign a care manager; a child/youth and their guardian **may request a change in care manager.**
- As is the case for all members, if a child/youth in foster care's c**ounty of Medicaid eligibility changes,** that child/youth will be moved to a new LME/MCO and new care manager.
  - In these instances, care managers will be required to work with the child/youth and guardian, as applicable, to ensure a smooth transition and provide a warm handoff to the child/youth's new care manager.
- Children/youth **residing outside of their assigned LME region** (e.g., in a Level II group home in a different region of the State) will still receive plan-based Tailored Care Management from their assigned LME (or from an AMH+ or CMA, as applicable).

FAQ #3: What is the role of a child's DSS case worker in Tailored Care Management for children and youth involved in the child welfare system?

- A child's care manager will engage closely with the child/youth's assigned DSS case worker by:
  - sharing data and information
  - supporting completion of DSS-required assessments
  - conducting regular check-in meetings
  - collaborating on the development of the care plan/individual service plan (ISP)
  - establishing processes to manage crises

FAQ #4: What is the role of a child's primary care provider in Tailored Care Management for children and youth involved in the child welfare system?

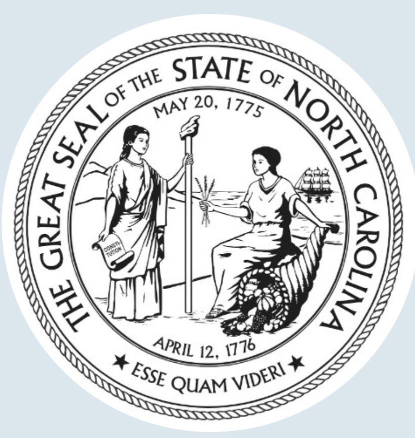
- PCPs will have an opportunity to engage in care team meetings. PCPs will also have opportunities to review and provide input on the care plan/ISP.
- Tailored Care Managers will be focused on helping children receive developmentally-appropriate well visits and immunizations.
- Tailored Care Managers can serve as a resource for PCPs who need additional support for children and their guardian/caregivers.

Coming Soon

- DHHS will publish FAQs about Tailored Care Management for providers, DSS, and members, including Children in foster care/adoption assistance and former foster youth.

- DHHS will provide "What to Expect" trainings for DSS and hold office hours to help answer questions about Tailored Care Management.

- The public is invited to attend the Tailored Care Management Technical Advisory Group (TAG).



Tailored Care Management and Integrated Care

How Will Care Managers Deliver Integrated Care Management?

Integration is particularly important for the Tailored Plan population given that by design, all Tailored Plan members have complex needs associated with a behavioral health condition, I/DD, or TBI.

Tailored Care Management includes the following components that help identify and address a member's whole-person needs:

1. Care management comprehensive assessment
2. Care plan/Individual Support Plan (ISP)
3. Engagement and coordination with a member's Primary Care Physician (PCP)
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

TCM Engagement and Coordination with Member's PCP

Every member engaged in Tailored Care Management will select or be assigned to a PCP. Care managers should regularly engage and coordinate with a member's PCP.

TCM Health Coordination Requirements

- Care managers should coordinate with the PCP on preventive care. For example, the care manager should ensure the member has an annual physical exam and other wellness visits, is vaccinated, and undergoes recommended screenings.
- Care managers can assist members with scheduling, prepare them for PCP appointments (e.g., reminders and arranging transportation), and follow up on referrals.
- Care managers also have a role in delivering health promotion services to engage members with or at-risk for chronic conditions or other emerging health problems.

Data is a critical tool for integration – care managers will have access to claims/encounter and pharmacy data.

TCM entities will know the assigned Primary Care practice of reach assigned member.

Integrated Care Management – Scenario #1

Member is enrolled in a Tailored Plan and selects a CMA as her care management provider.

Member

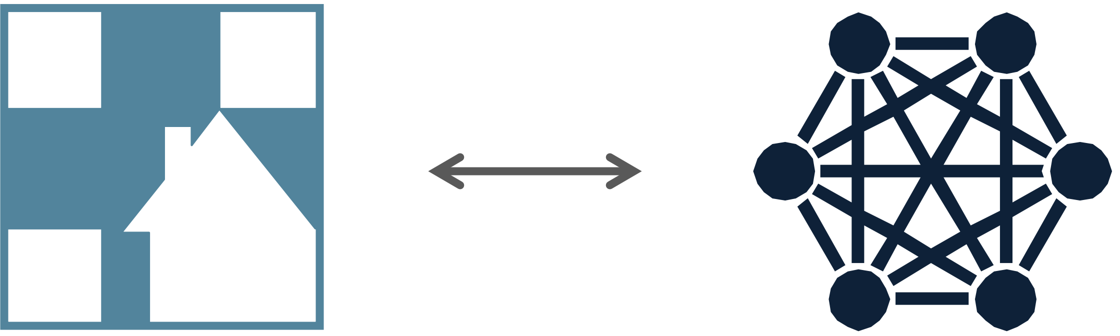
- History of opioid use disorder, not on medication-assisted treatment
- Stable, now in outpatient SUD care after SAIOP, but at risk for relapse

Scenario

- Injured in car crash
- Discharged from ED with nonoperative fracture
- At risk of untreated pain or relapse due to self-medication

Integrated Care Management – Scenario #1, *cont*.

CMA has partnered with a CIN for data support, including access to ADT alerts.



CMA

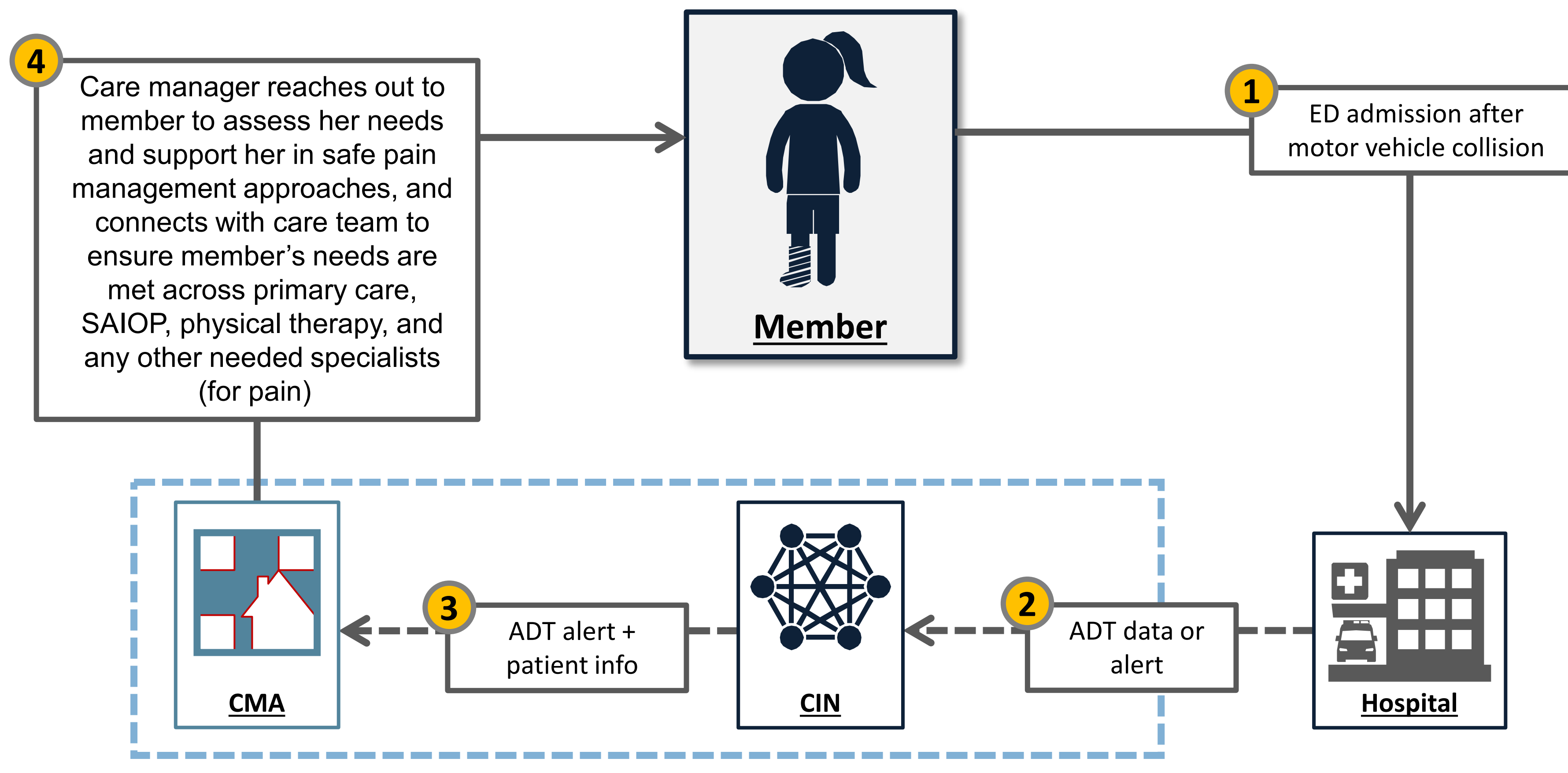
- Conducts assessment & care planning
- Has care management staff in-house
- Leads transitional care management process

CIN

- Aggregates data
- Receives high-risk ADT alerts
- Delivers data that may be incorporated into AMH+ care management workflow

Integrated Care Management – Scenario #1, *cont.*

After ED discharge, the CMA engages in transitional care management to ensure member has good pain relief and avoids relapse.



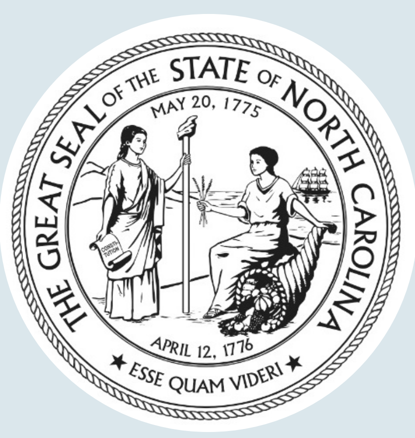
Clinical Consultants in Tailored Care Management

TCM agencies are required to have clinical consultants including:

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

AMH+s/CMAs will use clinical consultants to provide subject matter expert advice to the care managers.

Clinical consultants will be available by phone to staff cases with the AMH+s/CMAs and to consult with other physicians on the care team (like the PCP).



Advanced Medical Home Update

AMH Medical Home Fees for Members Eligible for Tailored Care Management

Effective Dec. 1, 2022, through June 30, 2023, Advanced Medical Homes (AMHs) 1, 2 and 3 that are serving as the assigned primary care provider for NC Medicaid beneficiaries eligible for Tailored Care Management will receive an **enhanced medical home payment of $20 per member per month**.

This enhanced medical home payment is meant to provide additional reimbursement to primary care providers as they are providing primary care and coordinating care with new Tailored Care Management providers for assigned members in the transition to Tailored Plans.

In the future the enhanced fee may be tied to additional performance expectations for primary care engagement.

The link to the full bulletin can be found here:

Enhanced Medical Home for AMHs Serving Members Eligible for Tailored Care Management

AMH Medicaid Direct/Managed Care PCP Enrollee Report

- The Enrollee Report contains information on members assigned in Medicaid Direct and Managed Care.
- The Enrollee Report is delivered each month to the NCTracks Secure Provider Portal Message Inbox the Monday before the second (Medicaid Direct) checkwrite

- **NEW Updates**
  - **The December 2022 report will include the member's assigned Tailored Care Management entity**

QUESTIONS

APPENDIX

Member Resources

- NC Medicaid Enrollment Broker
  - Website ncmedicaidplans.gov
  - Call Center 1-833–870–5500 TTY: 711 or RelayNC.com
    (Monday–Friday, 7 a.m. to 8 p.m., Saturday, 7 a.m. to 5 p.m.)
  - Tailored Plan webpage ncmedicaidplans.gov/learn/get-answers/tailored-plan-services
- NC Medicaid Behavioral Health I/DD Tailored Plan webpage
  medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans
- NC Medicaid Ombudsman
  - Website ncmedicaidombudsman.org
  - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

Provider Resources

- NC Medicaid Website medicaid.ncdhhs.gov
  - Includes County and Provider Playbooks
- NC Medicaid Behavioral Health I/DD Tailored Plan webpage medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans
- NC Medicaid Tailored Care Management webpage medicaid.ncdhhs.gov/tailored-care-management
- NC Medicaid Help Center medicaid.ncdhhs.gov/helpcenter
- Practice Support ncahec.net/medicaid-managed-care
  - NC Medicaid Managed Care "Hot Topics" Webinar Series hosted by Dr. Dowler on the first and third Thursday of the month
- Medicaid Bulletins medicaid.ncdhhs.gov/providers/medicaid-bulletin

Which Health Plans Will Provide BH I/DD Tailored Plans Services?

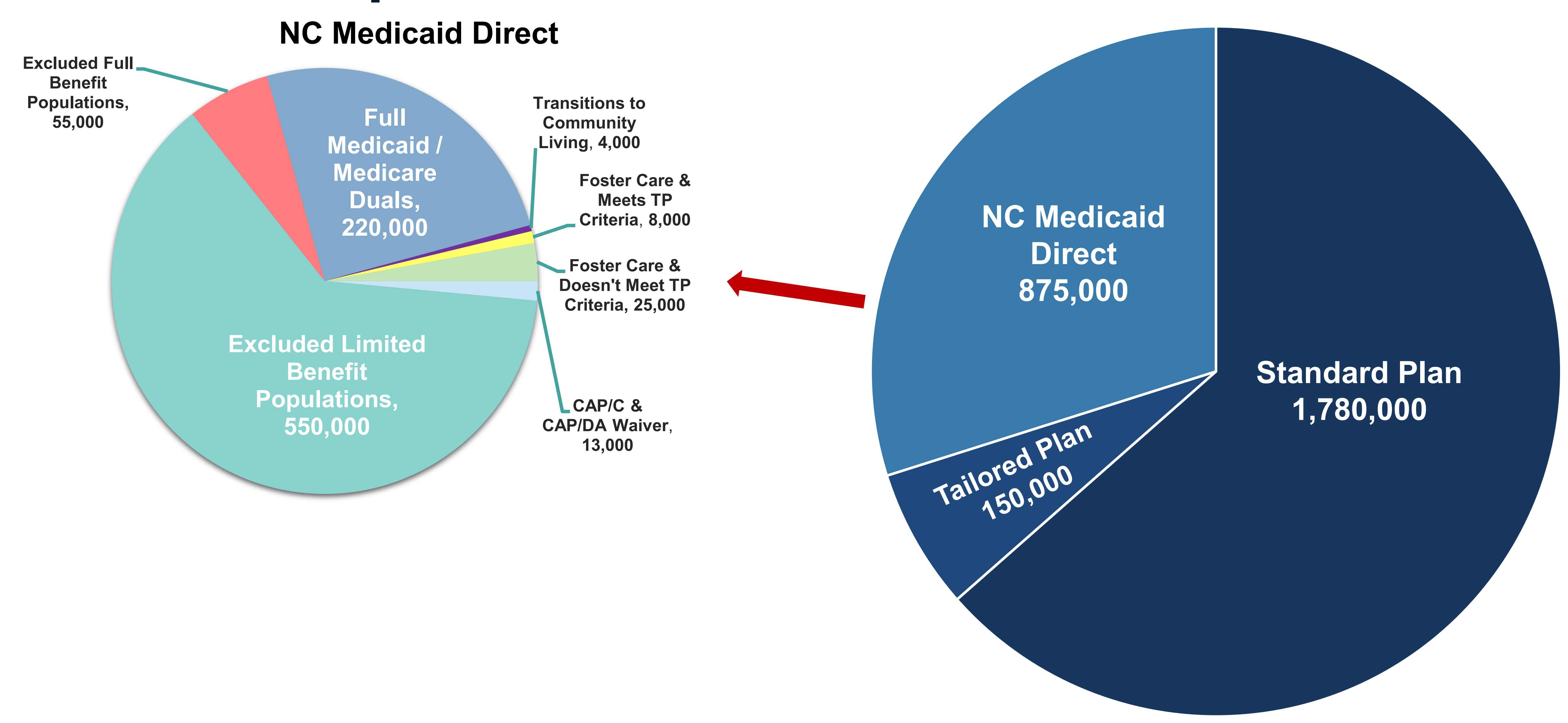
There are 6 Tailored Plans:

- Alliance Health
- Eastpointe
- Partners Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health

This map shows Tailored Plan service areas as of 2/1/22

Approximately 150,000 Medicaid beneficiaries will be enrolled in Tailored Plans.

Medicaid Expected Enrollment Numbers in December 2022



Tailored Plan-Standard Plan Partnering

Tailored Plans are partnering with a Standard Plan to provide an integrated plan with behavioral health and physical health services.

Tailored Plan	Standard Plan Partner*	Leveraging Standard Plan Partner's PH Network
Alliance	WellCare Health Plan	Not at this time
Eastpointe	WellCare Health Plan	Yes, at least partially
Partners	Carolina Complete Health	Yes, at least partially
Sandhills	AmeriHealth Caritas of NC	Yes, at least partially
Trillium	Carolina Complete Health	Yes, at least partially
Vaya	WellCare Health Plan	Not at this time

More information on the Tailored Plan-Standard Plan partnering can be found in the Contracting with Tailored Plans fact sheet

*Tailored Plans are leveraging their Standard Plan partner for a variety of different functions and additional details can be found here in the ***Contracting with Tailored Plans*** Fact Sheet.

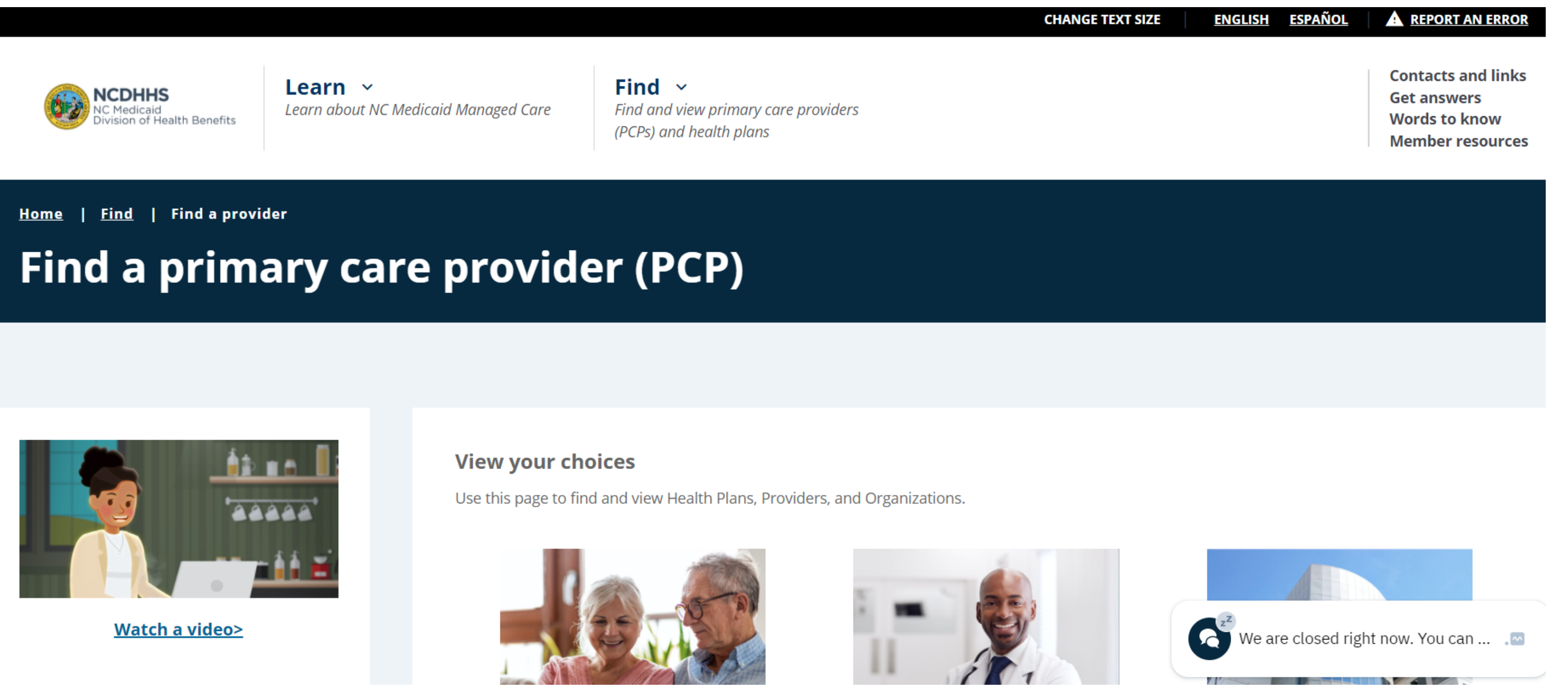
Tailored Plan-Standard Plan Partnering

Tailored Plan	Partners and Vendors as of 4/19/2022							
	Standard Plan Partner	Primary Care Contracting Lead	Behavioral Health Contracting Lead	AMH+/CMA Contracting Lead	Hospital Contracting Lead	Pharmacy Benefit Manager (PBM)	Vision Administration	Specialties
Alliance	Wellcare	Alliance	Alliance	Alliance	Alliance	Navitus	Avesis	**Northwood**: Durable Medical Equipment (DME); **WellCare**: Complex Labs, Cardiance Imaging, Radiation Oncology, Musculoskeletal, Orthopedics, Imaging Procedures
Eastpointe	WellCare	Wellcare	Eastpointe	Eastpointe	Eastpointe/ WellCare	Express Scripts	WellCare	WellCare (please reach out to Tailored Plan directly with questions
Partners	Carolina Complete Health	Carolina Complete Health	Partners	Partners	Carolina Complete Health for Physical Health; Partners for Behavioral Health	CVS Caremark	Envolve Vision	Carolina Complete Health
Sandhills	AmeriHealth	AmeriHealth	Sandhills	Sandhills	Sandhills Center/AmeriHealth	PerformRX	AmeriHealth	AmeriHealth
Trillium	Carolina Complete Health	Carolina Complete Health	Trillium	Trillium	Trillium / Carolina Health Complete Health	PerformRX	Envolve Vision	Carolina Complete Health
Vaya	WellCare	Vaya	Vaya	Vaya	Vaya	Navitus	Vaya	Vaya/ Utilization Management (UM) subcontractors TBD

Medicaid Managed Care Provider Directory and Health Plan Look Up Tool

The public version of the **Medicaid and NC Health Choice Provider and Health Plan Lookup Tool** is available at: https://ncmedicaidplans.gov/enroll/online/find/find-provider?lang=en. Providers are encouraged to use this tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.

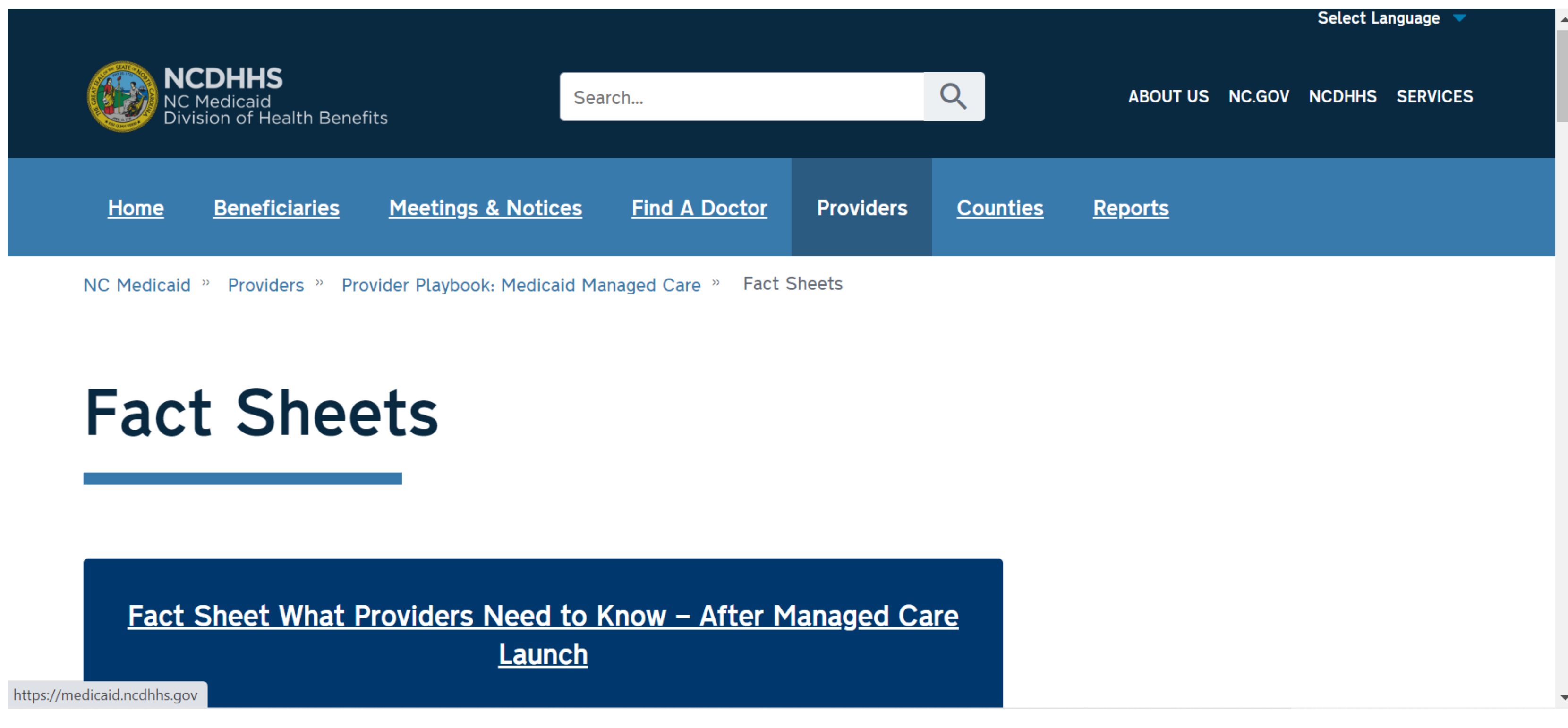
The provider directory contains all active Medicaid and NC Health Choice providers, including primary care providers, specialists, hospitals and organizations. The authenticated portal has been available to beneficiaries since **August 15, 2022**.



For more information, please visit the Provider Playbook for an updated NC Provider Directory fact sheet https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets#enrollment-broker

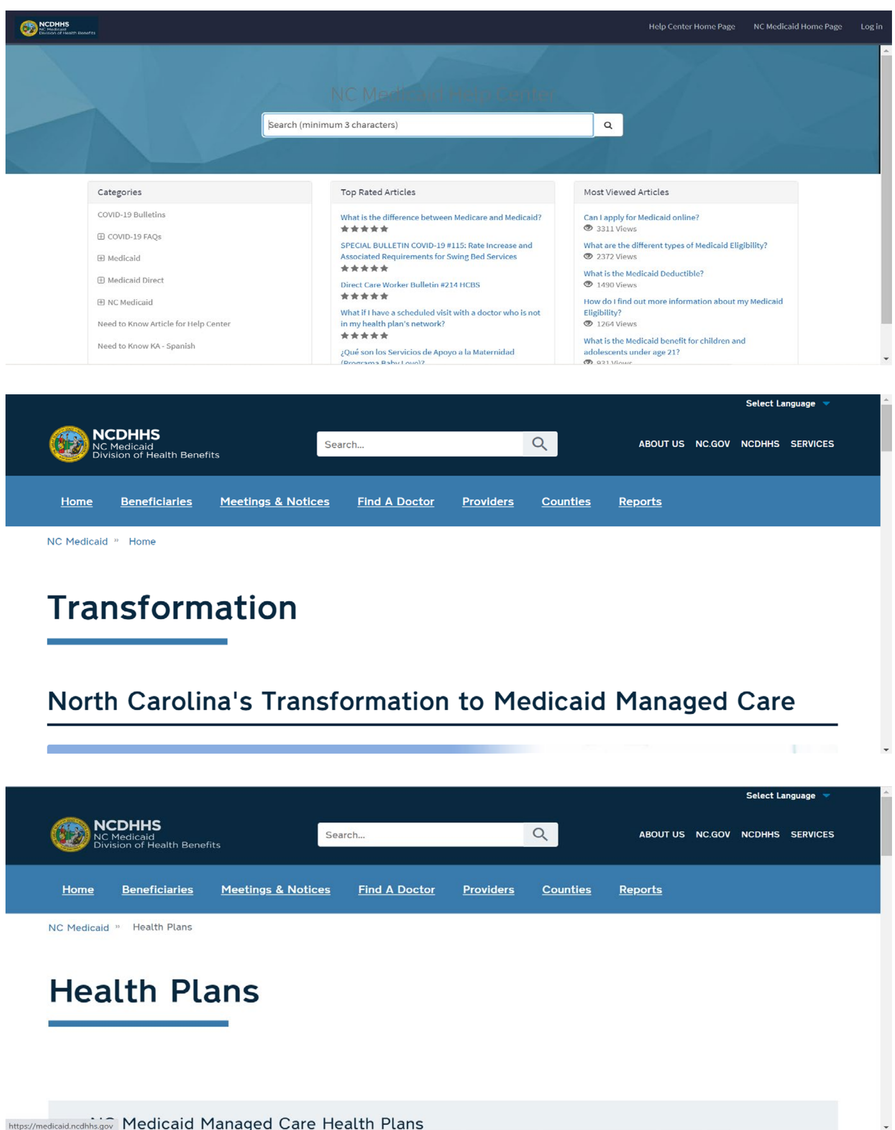
Provider and Health Plan Lookup Tool Fact Sheet

The Medicaid and NC Health Choice Provider and Health Plan Lookup Tool Fact Sheet is located on the Provider Playbook Fact Sheet page.



Bulletin & Fact Sheets are posted monthly. It Is vital to visit the Provider Playbook on a regular basis to continue viewing up to date materials.

Reminder: Key Provider Information Resources



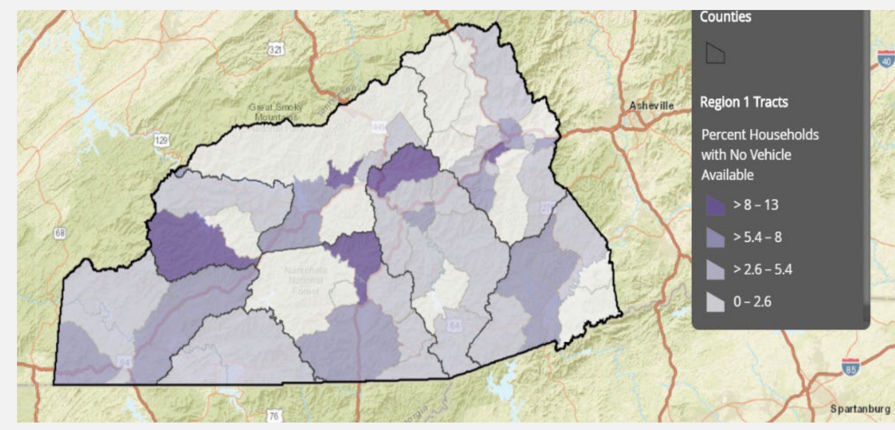
- [NC Medicaid Help Center]
- [NCDHHS Transformation website (Including County & Provider Playbooks)]
- [Health Plan websites]

Unmet Health-Related Needs in North Carolina

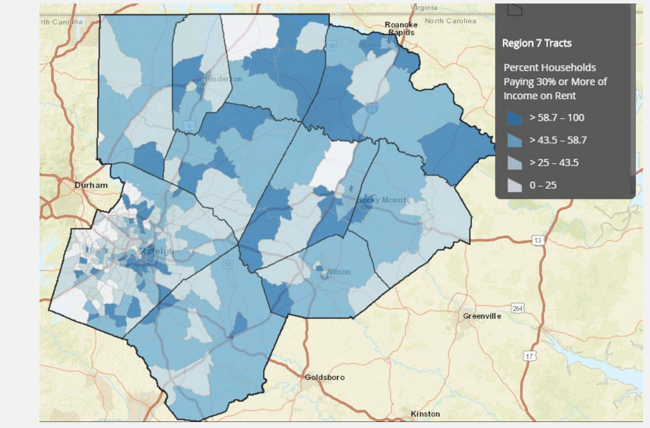
Citizens of North Carolina grapple with the impact of unmet health-related social needs every day.

- Over 1.2 million North Carolinians cannot find **affordable housing**, and one in 28 of the state's children under age six is homeless.
- NC has the 8th highest rate of **food insecurity** in the US, with more than one in five children living in food insecure households.
- 47% of NC women have experienced **intimate partner violence.**
- Nearly 25% of NC children have experienced **adverse childhood experiences** (ACEs),
- On average 7% of the state population do not have access to a vehicle and report that **lack of transportation** causes them to delay their medical care.

Percent of Households Without Access to a Vehicle*



Percent of Households Pay >30% Income on Rent



*NC Association of Local Health Department regions are represented in the maps above. For more information: [North Carolina Social Determinants of Health by Regions (arcgis.com)]

Healthy Opportunities Pilots Regions

The Department procured three (3) Network Leads (NLs) with deep roots in their community that will facilitate collaboration across the healthcare and human service providers. PHPs, Care Managers (CMs), NLs, and Human Service Organizations (HSOs) will work to implement the Pilots in three Pilot regions.

Who's involved?

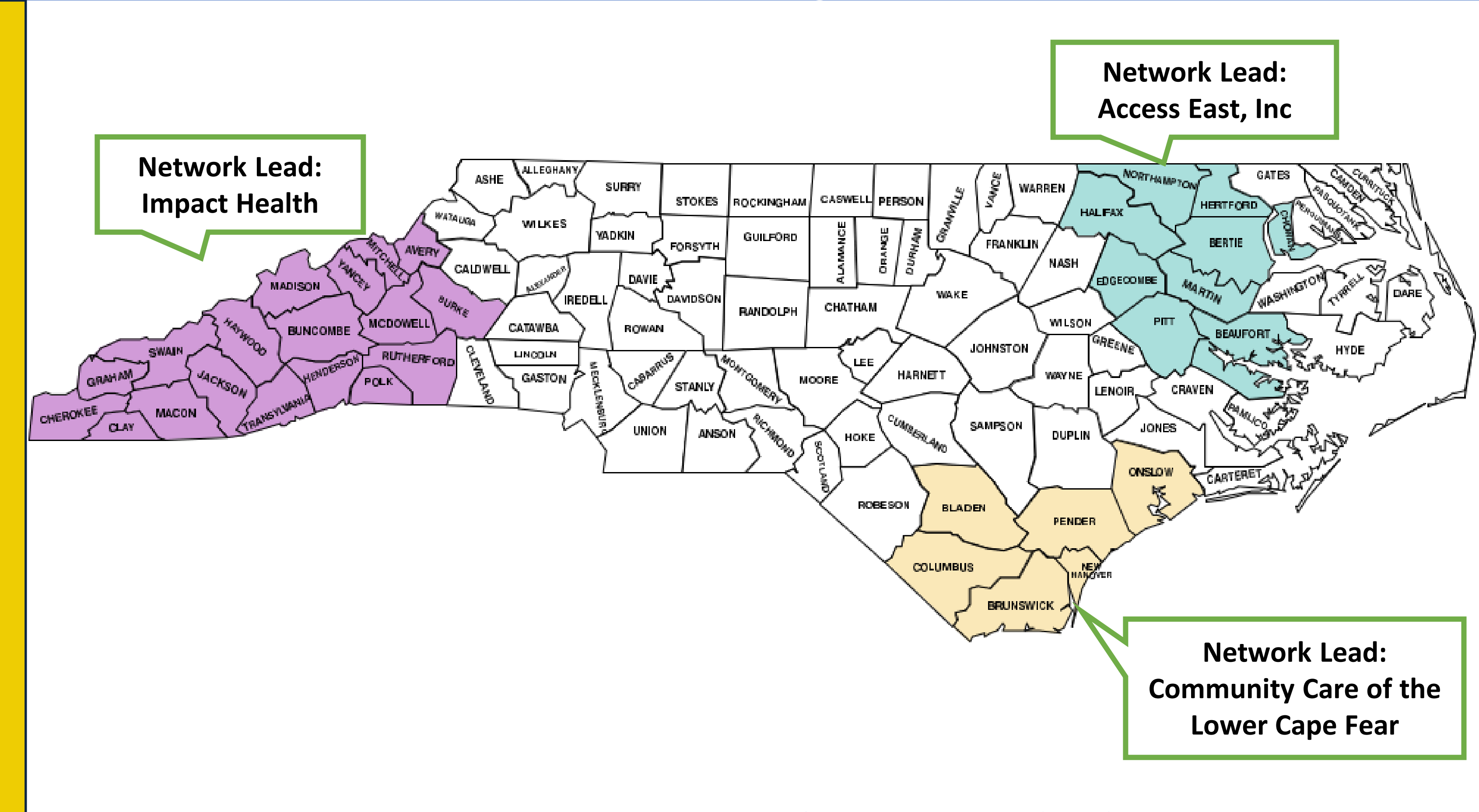
- DHHS, PHPs, CMs, NLs, HSOs, NCCARE360, and you!

Service Domains

- **Housing** (ex. Housing Navigation)
- **Transportation** (Ex. Reimbursement for Health-Related Public Transportation)
- **Food** (Ex. Food and Nutrition Access Case Management Services, Food Boxes/Meals)
- **IPV/Toxic Stress** (Ex. Evidence-Based Parenting Curriculum)
- **Cross-Domain** (Ex. Medical Respite)

Eligibility Criteria

- Enrolled in Medicaid Managed Care
- Live in a Pilot Region
- Have at least one qualifying physical/behavioral condition and one qualifying social risk factor
- Note: There are no age restrictions for eligibility!



For Additional Information Visit: [Healthy Opportunities Pilots | NCDHHS]

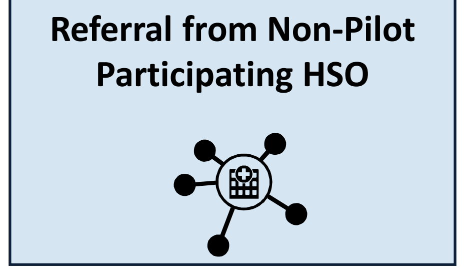
No Wrong Door: Entry Points into the Pilots

The Pilots is utilizing a "no wrong door" approach to identify and enroll individuals in the program, ensuring that individuals who first show up at various "entry points" can efficiently undergo the Pilot eligibility and service authorization process.

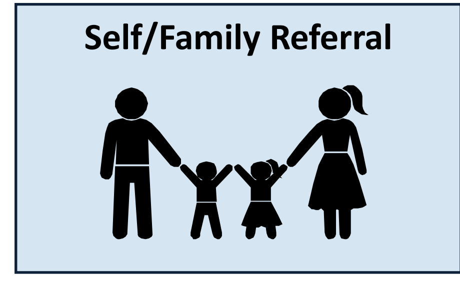
Provider Referral

Referral from Pilot Participating HSO

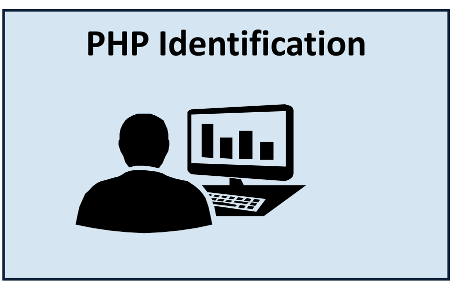
Referral from Non-Pilot Participating HSO



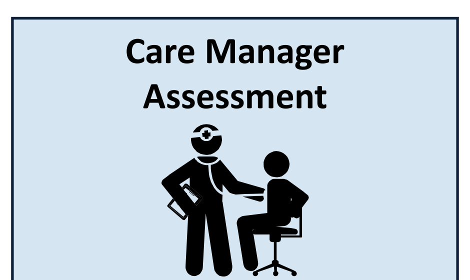
Self/Family Referral



PHP Identification



Care Manager Assessment



Members at all entry points will be connected to their care manager (at either their health plan or their primary care medical home)

Providers may refer members/families to the PHP. The PHPs will ensure that members are connected to their care manager for Pilot assessment.