



## Tailored Care Management Provider Manual Updates

February 9, 2024

This document provides a summary of updates in the revised Tailored Care Management Provider Manual, which the Department released on February 9, 2024. The requirements in the updated Provider Manual are effective as of the date of publication, with the exception of the Transitions to Community Living (TCL) requirements that will not take effect until AMH+/CMAs are designated to serve TCL participants.

Key updates and clarifications are described below:

- 1. Clarification on Recertification (page 10).** The updated Provider Manual clarifies that there will not be a recertification process for AMH+ practices or CMAs. If an AMH+/CMA identified by a Tailored Plan / LME/MCO faces compliance issues and fails to address them through a Corrective Action Plan, the Tailored Plan / LME/MCO can terminate its Tailored Care Management contract with the AMH+/CMA.
- 2. Healthy Opportunities Pilot (HOP) for Tailored Care Management Participants (pages 17-19).** The updated Provider Manual notes that the Department intends to launch HOP in early 2024 for the following LME/MCO populations eligible for Tailored Care Management:
  - Members engaged in Tailored Care Management,
  - Members eligible for Tailored Care Management who have opted out, and
  - Members eligible for, but not participating in Tailored Care Management because they are receiving Assertive Community Treatment/High Fidelity Wraparound

Upon Tailored Plan launch, Tailored Plans in the three HOP regions will launch HOP and eligible populations will transition from an LME/MCO to a Tailored Plan. Members will continue to have access to both Tailored Care Management and HOP, as eligible.

The update clarifies that members in a HOP region who meet the clinical eligibility criteria for Tailored Care Management automatically meet HOP's health criteria and are eligible to participate in HOP if they also have a qualifying social risk factor (i.e., housing instability, transportation insecurity; food insecurity; or interpersonal violence/toxic stress).

Participation in HOP is optional for AMH+s/CMAs in HOP regions. In the event that a member's AMH+/CMA does not opt into HOP, a member can enroll in HOP through their Tailored Plan / LME/MCO and the Tailored Plan / LME/MCO will conduct the HOP-related responsibilities. The Department [released an addendum](#) to the Tailored Care Management Provider Manual that details HOP-related responsibilities.

- 3. Clarification on Care Management Assignment After Member’s Dual Diagnosis (pages 21).** The updated manual clarifies that Tailored Plans / LME/MCOs will rely on the AMH+s/CMAs to identify and notify the Tailored Plans / LME/MCOs of members who they can no longer serve (based on the provider’s clinical judgement) when the member receives a new dual diagnosis. The exception is in cases of enrollment in the 1915(c) Innovations or TBI waiver, where a member must be reassigned if the AMH+/CMA is not certified for such members.
- 4. Increase of Single Tailored Care Management Payment Rate and Add-On Payment (pages 25 and 55-56).** The updated manual notes that:
  - Effective February 1, 2024, through June 30, 2024, the Department will temporarily increase the Tailored Care Management payment rate from \$269.66 to \$343.97. Effective July 1, 2024, the payment rate will be \$294.86.
  - Effective February 1, 2024, the Department will increase the additional payment for individuals enrolled in the Innovations or TBI waivers and for members obtaining 1915(i) services from \$78.94 to \$79.73.
- 5. Clarification on Qualifying Contacts (page 24-26).** The manual clarifies that Health Home activities that are not member-facing do not count as qualifying contacts and cannot be billed.
- 6. Transitional Care Management for Participants in Transitions to Community Living (TCL) (page 36).** The manual includes information about the role of care managers delivering Tailored Care Management to a TCL participant during a care transition. Care managers will participate in meetings with Tailored Plan / LME/MCO TCL staff during a TCL participant’s transition to supportive housing and assist in the care management for the TCL population. Established TCL-specific functions will remain the responsibility of Tailored Plan / LME/MCO TCL staff.
- 7. Clarification on Signature for Members Obtaining 1915(i) Services (page 40).** The updated manual clarifies that as part of the Care Plan or ISP development process for 1915(i) services, AMH+s/CMAs must ensure the member provides a signature (wet or electronic) on the *Care Plan or ISP* (previously only noted ISP).
- 8. Clarification on Care Management Extender Functions (page 44).** The update clarifies that care managers and extenders should each document their work in the care management data system. As needed, care managers may also document the work of the extender.
- 9. Addition of Overview of TCL and Tailored Care Management (pages 44-50).** The updated Provider Manual includes an overview of TCL (North Carolina’s ongoing Olmstead settlement for adults with serious mental illness [SMI] and serious and persistent mental illness [SPMI]) and its intersection with Tailored Care Management.
- 10. Designating AMH+s/CMAs to Provide Tailored Care Management to TCL Participants (pages 22 and 45-46).** To ensure that TCL participants have a choice of obtaining Tailored Care Management from a Tailored Plan / LME/MCO or AMH+/CMA, the Department is establishing a process to designate AMH+s/CMAs as eligible to provide Tailored Care Management to TCL participants. This

will allow TCL participants to choose to obtain Tailored Care Management from an AMH+ practice or CMA. However, TCL functions (transition, in-reach, diversion, and complex care) will remain the responsibility of the Tailored Plan / LME/MCO (see item #11 below). The updated Provider Manual includes information on this designation process and the objective criteria AMH+s/CMAs seeking designation will be evaluated against.

- 11. Delineation of Tailored Care Management and Tailored Plan / LME/MCO-based TCL Staff Roles and Responsibilities, Including for Diversion and In-Reach Functions (pages 46-48).** The manual includes details on the role and responsibilities of the Tailored Care Management care manager and the role and responsibilities of Tailored Plan / LME/MCO-based TCL staff.
- 12. Addition of Incident Response Requirement (pages 58).** The updated Provider Manual includes guidance for care managers/care teams completing the Incident Response Improvement System (IRIS) Report upon a member's death.
- 13. Additional Standard Terms and Conditions for Tailored Plan / LME/MCO Contracts with AMH+s/CMAs Providing Tailored Care Management to TCL Participants (pages 90-93).** The updated Provider Manual includes an additional appendix (Appendix 6) that describes the requirements an AMH+ practice or CMA designated to provide Tailored Care Management to TCL participants must follow.
- 14. Community Inclusion Addendum for Members Not Participating in the Transitions to Community Living Program (pages 95-99).** The updated Provider Manual incorporates the [Community Inclusion Addendum](#) as Appendix 7, which was previously released as a separate document. This addendum addresses in-reach and transition requirements for AMH+/CMA-based care managers providing Tailored Care Management to individuals not participating in the TCL program.

For more information on Tailored Care Management, please visit the Department's [Tailored Care Management webpage](#), and direct any comments or questions to [Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov).