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Building Community Well-Being.



Tailored Plan Provider Sessions

Tailored Care Management



Please Engage With Us



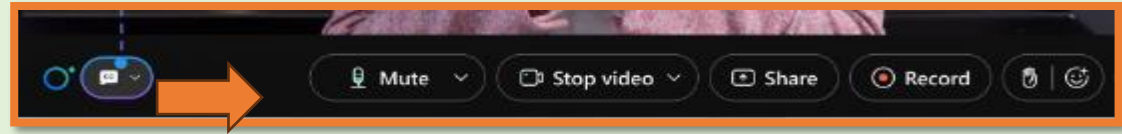
Engaging with our Subject Matter Experts. Options to ask questions: 1) raise your hand and we will call on you, 2) unmute and ask your question, and 3) add your question within the Chat Box – [More information on the next slide.](#)



Questions that require more research, we will review them and provide the answer in the Frequently Asked Questions document (FAQ) posted on our website.



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Tailored Plan Provider (recorded & accessible)

June Information Sessions

June 6

Claims - Provider Information Session
(3:30pm-4:30pm)

June 11

Network Management - Provider
Information Session (5:30pm-6:30pm)

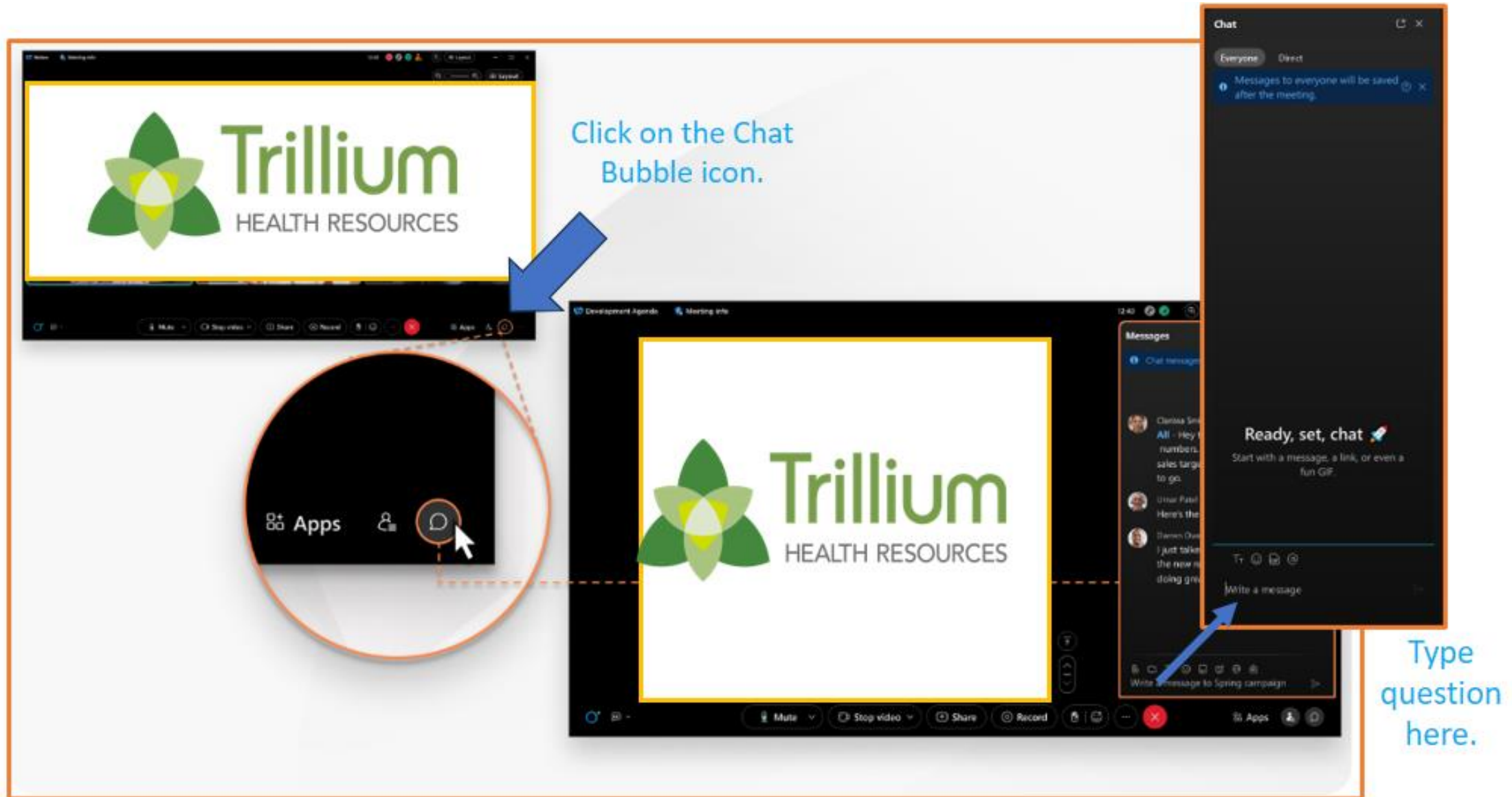
June 20

Utilization Management - Provider
Information Session (3:30pm-4:30pm)

June 26

Tailored Care Management - Provider
Information Session (2pm-3pm)

Accessing the Chat feature in WebEx.



Click on the Chat Bubble icon.

Apps

Chat

Everyone Direct

Messages to everyone will be saved after the meeting.

Ready, set, chat 🚀

Start with a message, a link, or even a fun GIF.

Write a message

Type question here.



Objectives

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Tailored Care Management - Member Eligibility

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Trillium Health Resources - An Introduction to TCM

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Tailored Care Management (TCM) Provider Network



Tailored Care Management – Member Eligibility

Christie Edwards – Sr. Vice President of Operations



Who Is Eligible for Tailored Care Management?



- ❖ All Tailored Plan Members are Tailored Care Management eligible.
 - ❖ Members in Tailored Plan may not be receiving TCM if
 - ❖ they are in an excluded or duplicative services, or
 - ❖ they opted out.
 - ❖ Medicaid Direct is a bit more complicated. So first, let's look at who is eligible to remain in Medicaid Direct...
- ❖ All Members who would have otherwise been eligible for a BH I/DD Tailored Plan, if they were not part of a group delayed or excluded from Medicaid Managed Care including:
 - ❖ Beneficiaries who reside in a nursing facility (SNF) and have so resided, or are likely to reside, for a period of ninety (90) Calendar Days or longer.
 - ❖ Presumptively eligible beneficiaries, during the period of presumptive eligibility, excluding presumptive eligibility for pregnant women.
 - ❖ EBCI Tribal Option (These beneficiaries can choose Medicaid Direct, Standard Plan or Tailored Plan if they do not reside in a county where Tribal Option is officer.

Foster Care and CAP Waivers

- ❖ Beneficiaries who are in one of the following categories will be enrolled in the Medicaid Direct until the launch of the Children and Families Specialty Plan, including children who are:
 - ❖ Enrolled in the foster care system
 - ❖ Receiving adoption assistance
 - ❖ Under the age of twenty-six (26) and formerly were in the foster care system.
 - ❖ Eligible for Tailored Care Management
- ❖ Beneficiaries being served through CAP/C and CAP/DA remain in Medicaid Direct but are not eligible for Tailored Care Management.



What About Dual Eligibles?

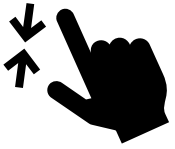
- ❖ All dual eligibles remain in Medicaid Direct, except those who are on the Innovations Waiver.
- ❖ Innovations Waiver members who are dual eligible will move to Tailored Plan.
- ❖ Beneficiaries who are enrolled in both Medicare and Medicaid and for whom Medicaid coverage is not limited to the coverage of Medicare premiums and cost sharing are eligible for Tailored Care Management.

Other Duplicative or Excluded Services for Members:

- ❖ Receiving Assertive Community Treatment (ACT);
- ❖ Residing in Intermediate Care Facilities for Individuals for Intellectual Disabilities (ICF-IIDs);
- ❖ Participating in Care Management for At-Risk Children (CMARC);
- ❖ Obtaining care management from the Department's PCCM vendor (tribal option);
- ❖ Participating in the High-Fidelity Wraparound ILOS;
- ❖ Residing in a nursing facility and have so resided, or are likely to reside, for a period of ninety (90) Calendar Days or longer.



Opt Outs



Members who do not want to participate in Tailored Care Management are able to opt-out via a Tailored Care Management Opt-out Form.

- ❖ The same TCM Opt-Out form is used for Medicaid Direct and Tailored Plan. Per contract requirements, the form must include a place to provide the reason for opting out.
- ❖ Tailored Care Management Opt-out Form can be submitted by:
 - ❖ mail
 - ❖ completed online
 - ❖ filled out in person with the care manager, or
 - ❖ filled out over the telephone
- ❖ A Member who has opted out to opt back into Tailored Care Management at any time by contacting Trillium.

Who delivers Care Management?

- ❖ Trillium Health Resources (Plan based Care Management)
- ❖ Care Management Agencies (CMAs)
 - ❖ Behavioral Health or I/DD providers
- ❖ Advanced Medical Home Plus (AMH+)
 - ❖ AMH 3 who serve a minimum population with BH/IDD
- ❖ CMAs and AMH+ providers are certified by population segment through NC DHHS
- ❖ Trillium must assign 80% of members to CMAs and AMH+ providers by the end of the “glide path”

Glide Path

- ❖ Trillium Progress towards goal - 56%
- ❖ Percentage of members assigned to external TCM provider (CMA or AMH+).
 - ❖ Contract Year 1: (30%);
 - ❖ Contract Year 2: (45%);
 - ❖ Contract Year 3: (60%);
 - ❖ Contract Year 4: (80%).



How Do We Determine the Assigned TCM Provider?

Step	Funnel Stage	1 st Best-Fit	2 nd Best fit	3 rd Best Fit
1	Member-selected Tailored CM Provider*	Member-choice	-	-
2	Member with Prior Tailored CM	Prior Tailored CM*		
3	Transition to Community Living (TCL) Member	TP	-	-
4	Stay in a State-Operated Psychiatric Hospital in the Last 12 Months	TP	-	-
5	Age (0-3)	AMH+*	TP	-
6	Received Psychiatric Residential Treatment Facility (PRTF) Services in the Last 12 Months	TP		
7	<u>Exceptional BH/IDD/TBI Need and Exceptional PH Need</u>	TP	-	-
8	Exceptional BH/IDD/TBI Need	CMA*	TP	-
9	PCP Assignment at AMH+*	AMH+	-	-
10	Exceptional PH Need	AMH+*	TP	-
11	CMA Relationship (Can Not Receive HCBS from this CMA)	CMA*	-	-
12	Remaining Population (Includes Individuals Receiving HCBS but don't have a Relationship with a non-HCBS CMA)	AMH+*	Other CMA*	TP

NC DHHS algorithm-Trillium does not follow an alternative assignment methodology

Who Is my Patient Assigned To?



- ❖ NC Tracks is the best resource for finding TCM assigned entities.
- ❖ Click below for more information.





Trillium Health Resources - An Introduction to TCM

Katy Eads

Clinical Support Director - Clinical Operations

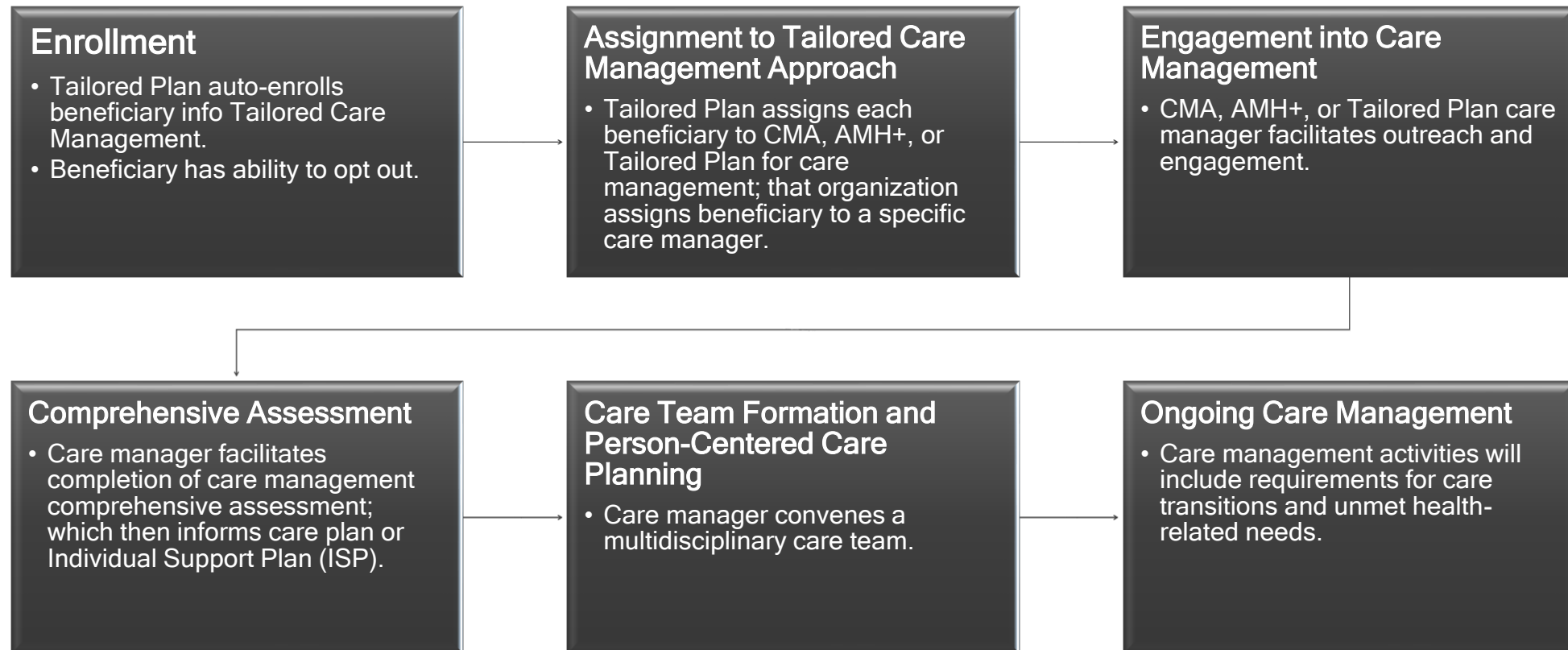
Tailored Care Management (TCM)

- Tailored Care Management focuses on the whole person and help address physical health, pharmacy, behavioral health, I/DD, TBI and Long-Term Services and Supports (LTSS) needs.
- Tailored Care Management also addresses unmet health-related resource needs.



Tailored Care Management continued...

- From the NC DHHS TCM 101: Introduction to Tailored Care Management, October 1st, 2021, presentation, the TCM Process Flow is as follows:





Tailored Care Management continued...

- From the NC Medicaid Managed Care Playbook Fact Sheet, TCM provides extra support to help beneficiaries assess their needs and set up a plan to meet their health goals.
- Beneficiaries eligible for TCM will have a single care manager who will:
 - Coordinate services for physical health, behavioral health, intellectual/developmental disabilities (I/DD), pharmacy, long-term services and supports (LTSS) and traumatic brain injury (TBI).
 - Connect beneficiaries to local programs and community resources to address unmet health-related needs (such as housing, food, transportation, personal safety and employment).
 - Provide person-centered planning that focuses on beneficiary's needs and goals.
- Examples of supports a beneficiary's Tailored Care manager provides:
 - A comprehensive care management assessment.
 - Helps arrange appointments and transportation to and from Medicaid covered providers.
 - Follow up with doctors or specialists about the beneficiary's care needs.
 - Connects the beneficiary and their family to local supports and resources.

Types of Providers that Deliver TCM



Advanced Medical Home Plus (AMH+)

- AMH+s are primary care practices actively serving as AMH Tier 3 practices, whose providers have experience delivering primary care services to the Tailored Plan eligible population or can otherwise demonstrate strong competency to serve that population. AMH+ providers must demonstrate experience with Medicaid patients who have a Severe Mental Illness, Severe Emotional Disturbance, Severe Substance Use Disorder, I/DD or TBI.

Care Management Agency (CMA)

- CMAs are organizations whose primary purpose at the time of certification must be the delivery of NC Medicaid, NC Health Choice, or State-funded Behavioral Health, I/DD, and/or TBI services, other than care management, to the Tailored Plan eligible population in North Carolina. The “CMA” designation is new and will be unique to providers serving the eligible population.

LME/MCO Plan-Based Care Manager

- LME/MCOs manage the care of NC Medicaid beneficiaries who receive services for mental health, developmental disabilities or SUDs. LME/MCOs will employ Care Managers.

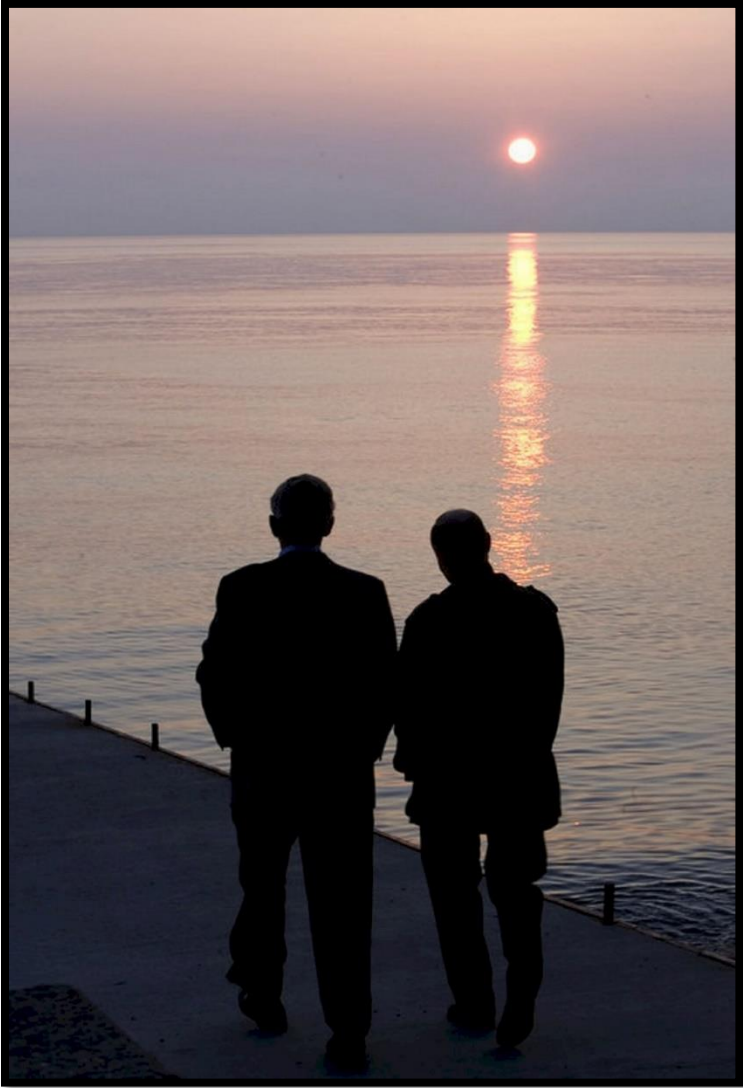
Duplicative Services

The services below are close to what Tailored Care Management offers, so beneficiaries getting these services will not get TCM.

In some cases, beneficiaries may get the two services for a short time to make sure the change goes smoothly. TCM is not available to eligible beneficiaries who are in the following services:

Beneficiaries obtaining ACT or Critical Time Intervention (CTI)	Beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs) or Skilled Nursing Facilities	Beneficiaries who get Care Management for At-Risk Children (CMARC)	Beneficiaries in the High-fidelity Wraparound (HFW) program or Child ACT	Community Alternatives Program for Children (CAP/C)	Community Alternatives Program for Adults with Disabilities (CAP/DA)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care case management	EBCI Tribal Option care coordination
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It is important to note members' who receive the above duplicative services can show in NC Tracks as being eligible for Tailored Care Management, however, if the member is receiving a duplicative service the individual cannot receive tailored care management.





PCP/Provider Request for a Care Manager Name or Assignment



Trillium Health Resources has developed a new process for when a Primary Care Physician Office or Behavioral Health Provider needs to obtain the name of a member's Care Manager or request a Care Management assignment. This new process goes live on 7/1/24.

The process is started by the Primary Care Physician Office or Behavioral Health Provider going to NC Tracks and verifying the member's Managed Care Organization/Tailored Plan (MCO/TP) and the assigned Tailored Care Management Entity. It is important the listed MCO/TP is Trillium Health Resources, and the Tailored Care Management Entity is Trillium Health Resources.

Contacting Provider Support Services by phone or email and Provider Support Services will provide the provider with the link to the PCP/Provider Request for Care Manager Name or Assignment Referral Form, or

Locating the form directly on the Trillium Health Resources Website under "For Providers, Resources, Provider Documents & Forms, Links and Resources, Trillium Health Resources"

Link to form:) [PCP/Provider Request for Care Manager Name or Assignment Referral Form \(smartsheet.com\)](https://smartsheet.com)

PCP/Provider Request for a Care Manager Name or Assignment Process Continued

After the referral form is submitted, the clinical support team will review the PCP/Provider Request for a Care Manager Name or Assignment referral and provide a response within three business days.

The response received will depend on if the member is assigned to Trillium Health Resources or a Provider Based Care Management Entity for Tailored Care Management.

If the member is assigned to a Provider Based Care Management Entity (AMH+ or CMA), the clinical support team will provide the name and contact information of the Provider Based Care Management Entity to the individual who submitted the referral email.

If the member is assigned to Trillium Health Resources and has an assigned Care Manager, the clinical support team will provide the name of the care manager.





PCP/Provider Request for a Care Manager Name or Assignment Process

If the member is assigned to Trillium Health Resources but does not yet have an assigned care manager, the clinical support team will submit the referral for care management services. Time frame from the clinical support team's submission of the referral for care management to assignment of a care manager is 3-5 business days.

If a care manager is assigned, the clinical support team will email the referring person with the care manager's name and email the care manager alerting them to the request from the PCP/Provider. It is important to note, the care manager will outreach to the member prior to outreach to the person who submitted the PCP/Provider Request for a Care Manager Name or Assignment referral.

If a care manager is not assigned, the clinical support team will alert the referring person the referral for tailored care management was declined.

If the member situation is emergent or urgent member where it is felt a care management assignment needs to be expedited, please contact the Member & Recipient Services line at 1-877-685-2415.

PCP/Provider Request for a Care Manager Name or Assignment Helpful Tips

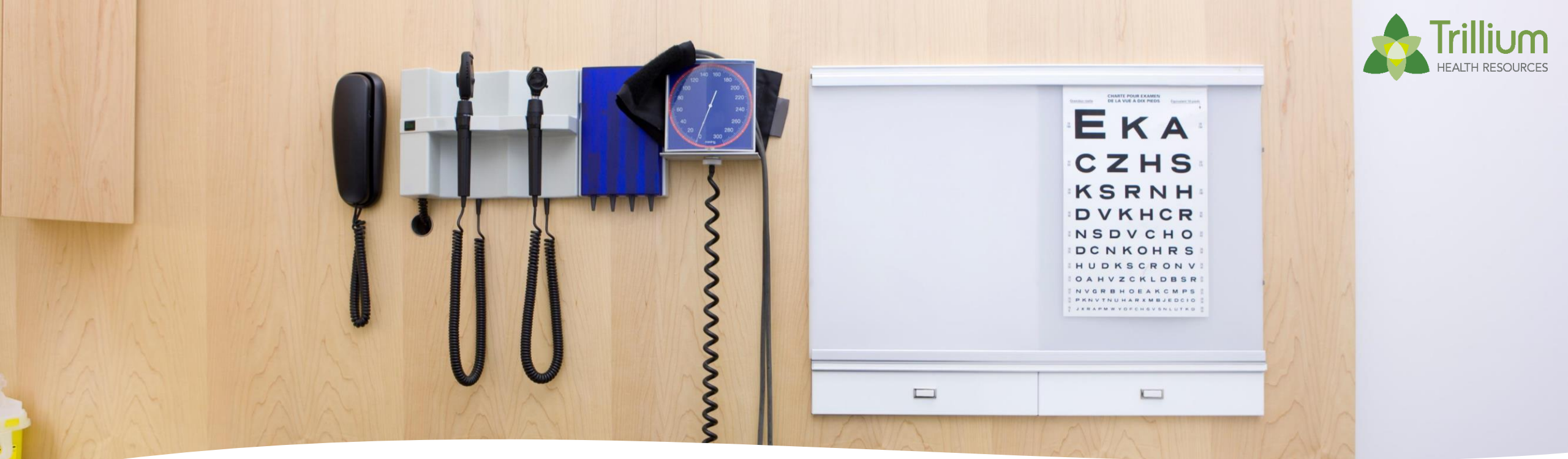
- ❖ It is highly recommended you alert the member of the submission of the PCP/Provider Request for a Care Manager Name or Assignment referral form. This is important for a variety of reasons, one of which is it can assist with member engagement with TCM.
- ❖ NC DHHS and Trillium Health Resources Website has a lot of helpful information on Tailored Care Management for providers and members/recipients.
 - ❖ NC DHHS TCM information website link:
<https://medicaid.ncdhhs.gov/tailored-care-management>
 - ❖ Trillium provider TCM information website link:
<https://www.trilliumhealthresources.org/for-providers/tailored-care-management-for-providers/tailored-care-management-resources>
 - ❖ Trillium member/recipient TCM information website link:
<https://www.trilliumhealthresources.org/members-recipients/tailored-care-management>





Tailored Care Management (TCM) Provider Network

Miriam Godwin, MS, LMFT, NADD-DDS



TCM Provider Network

- ❖ 53 TCM Providers with member assignments
- ❖ Trillium has TCM Providers who are certified for various population segments and age groups:
 - ❖ Child Mental Health Substance Use (MHSU)
 - ❖ Adult MHSU
 - ❖ Intellectual and/or Developmentally Delayed (I/DD)
 - ❖ Traumatic Brain Injury (TBI)
 - ❖ Innovations Waiver
 - ❖ Co-occurring (MHSU/IDD) Child
 - ❖ Co-occurring (MHSU/IDD) Adult



TCM Provider Contact List

- ❖ www.Trilliumhealthresources.org - For Providers
- Tailored Care Management For Providers
- ❖ <https://www.trilliumhealthresources.org/for-providers/tailored-care-management-for-providers>

Tailored Care Management Providers List

Need to access a TCM provider in the Trillium catchment area?

Click on below to learn more about TCM Providers in our network.

TCM Providers contracted with Trillium



TCM Provider Contact List

Provider Name	Type of TCM Provider	Counties Served	Website and Contact
Coastal Horizons Center Inc.	CMA AMH+ HOP	Brunswick, New Hanover, Onslow, Pender, Pitt	https://coastalhorizons.org/ 910-515-0837 910-800-9047 - Julie Quisenberry
Coastal Southeastern United Care	CMA	Brunswick, Columbus, Bladen, New Hanover, Carteret, Craven, Onslow, Jones, Pender	https://www.broadstep.com/ (910) 885-4879 – On Call Contact – Phone Rotates
Comprehensive Interventions, Inc.	CMA HOP	Beaufort, Bertie, , Halifax, Hertford, , Martin, Pasquotank, Perquimans, Pitt, Tyrell, Washington, Edgecombe, Wilson, Greene, Lenoir, Wayne	https://www.comprehensiveinterventions.com/ 252-792-8035 - Desiree Rodgers

Questions

