

1. I am inquiring concerning about being a Case Management provider. Please send me the steps to apply.

- A.** Please go to the NC DHHS/DHB website about [Tailored Care Management](#) for more information. Interested providers should review the [Tailored Care Management Provider Manual](#) which describes the model, TCM requirements, and gives guidance on the certification process for AMHs and CMAs. The process for TCM AMH+/CMA Provider Certification is managed by the National Committee for Quality Assurance (NCQA), using their web-based Interactive Review Tool (IRT). Providers will use IRT to submit their application, complete the desk review, site review, readiness review and recertification. Key features include the ability for providers to upload documents, complete self-assessed scoring, review documents, reconcile issues, and receive feedback for improvement and review results. According to the [Tailored Care Management Fact Sheet](#) on the Department's Tailored Care Management page referenced above, the most recent application period for new providers closed on Nov. 10, 2022, and new application periods will be announced in the future.

2. What is the role of the TCM Consultant?

- A.** The TCM Consultant's primary responsibility is to support the successful launch of TCM by supporting and offering guidance to TCM providers throughout the process of implementing TCM. The TCM Consultant serves as your primary point of contact for questions related to implementation of TCM. This includes technical assistance, linkage to technical support, and serving as a liaison with other Trillium departments as needed.

3. If a client wants to stay with Medicaid Direct or the Tailored Plan, they must consent to care management. If a member does not wish to engage in care management, they must opt out of Tailored Plan Medicaid all together. Is this correct? What if they opt out of care management this month, but wish to re-engage next month? Would the TP then manage this person, or will they notify us and do a warm handoff for us to take the client back on our panel to work with?

- A.** Whether a person is in Medicaid Direct or will be in the Tailored Plan, they can consent to Tailored Care Management in order to receive that service or opt-out of that service. However, they do not opt-out of Tailored Plan or Medicaid Direct all together. If a person opts-out of TCM this month and re-engages next month, they would notify Trillium who they would want for their TCM provider and they would be assigned accordingly. If Trillium had been providing TCM for that person, there would be a warm-handoff to external TCM.

4. I have looked on the Learning Campus and cannot find the recording for this past meeting for the All TCM Provider Forum. I am not seeing a Network Training Category, would you be able to assist me with this?

- A. Ensure you are on our provider site, [Provider.MyLearningCampus.org](https://www.provider.mylearningcampus.org). Go to “find learning” and you will see on the left side of your screen a whole list of categories. From that, select “Network Trainings.” Or, once you go to “find learning”, you can type “All TCM Provider Forum” into the search bar and all past recordings will appear. Please allow a few days for the recordings to be posted after a meeting.

5. Can you send me a copy of the Opt Out form?

- A. <https://www.trilliumhealthresources.org/sites/default/files/docs/Individuals-Families/Member-Recipient-Portal/Trillium-OPT-OUT-TCM.pdf>

6. Can providers complete the OPT out form for the member?

- A. Yes, they can indicate that the member requested assistance with completing the form on their behalf and wanted to opt out of TCM services. *When done on the [Member and Recipient Portal](#) a signature is not required for it to submit*

7. How to help members change TCM providers, what it looks like (is there a form etc), also, how many times can they change and is there a deadline type period they have to complete this?

- A. Until March 31, 2023, beneficiaries can change their TCM provider as many times as they choose. After April 1, 2023, beneficiaries can change their TCM provider twice per year “without cause” and an unlimited number of times “with cause” per year. Beneficiaries on the Innovations and TBI waivers can choose their current care coordinator as their TCM provider or choose a different TCM provider. Beneficiaries can also opt out of care management if they choose, and it will not affect the other services they receive in any way. If a beneficiary wants to change their TCM provider, they should contact Trillium who can share information on certified TCM providers by population served, age and geography. There are 2 options to contact Trillium to request a different TCM Provider. Members can call Member and Recipient Services at 1-877-685-2415 or use the “TCM Change Request Form” located on the [Member and Recipient Portal](#) under “Tailored Plan Medicaid Member.”

8. On the staff salary, your budget calls for 90 day pre and post launch. To us, that means that by March 1st, you believe we will be profitable and we are not sure that is correct. Can we extend the salary beyond the March 1st date?

- A. Yes, you can use Capacity Building Funds to pay salaries until July 1st.

9. Can we go beyond 3 months pre/post salary range in using capacity funds?

- A.** Yes

10. What does dual-eligible mean?

- A.** *Dual-eligible means that a beneficiary receives both Medicare and Medicaid. This is different than a dual-diagnosis which would typically mean being diagnosed with MH and I/DD or MH and SUD.*

11. Are individuals who are dual eligible (Medicare/Medicaid) able to receive TCM? Who is eligible for TCM?

- A.** *Yes, some dual eligible members are able to receive TCM if they qualify clinically. You are eligible for TCM if you are age 3 and older and will be enrolled in TP starting April 1, 2023. Some people who are not eligible to enroll in a TP are still eligible for TCM including: Children and adolescents in foster care with a serious emotional disturbance or substance abuse disorder, dual-eligible adults with a serious mental illness or substance abuse disorder, dual-eligible children (3 years and older) and adults with I/DD who are NOT on the Innovations or TBI waivers.*