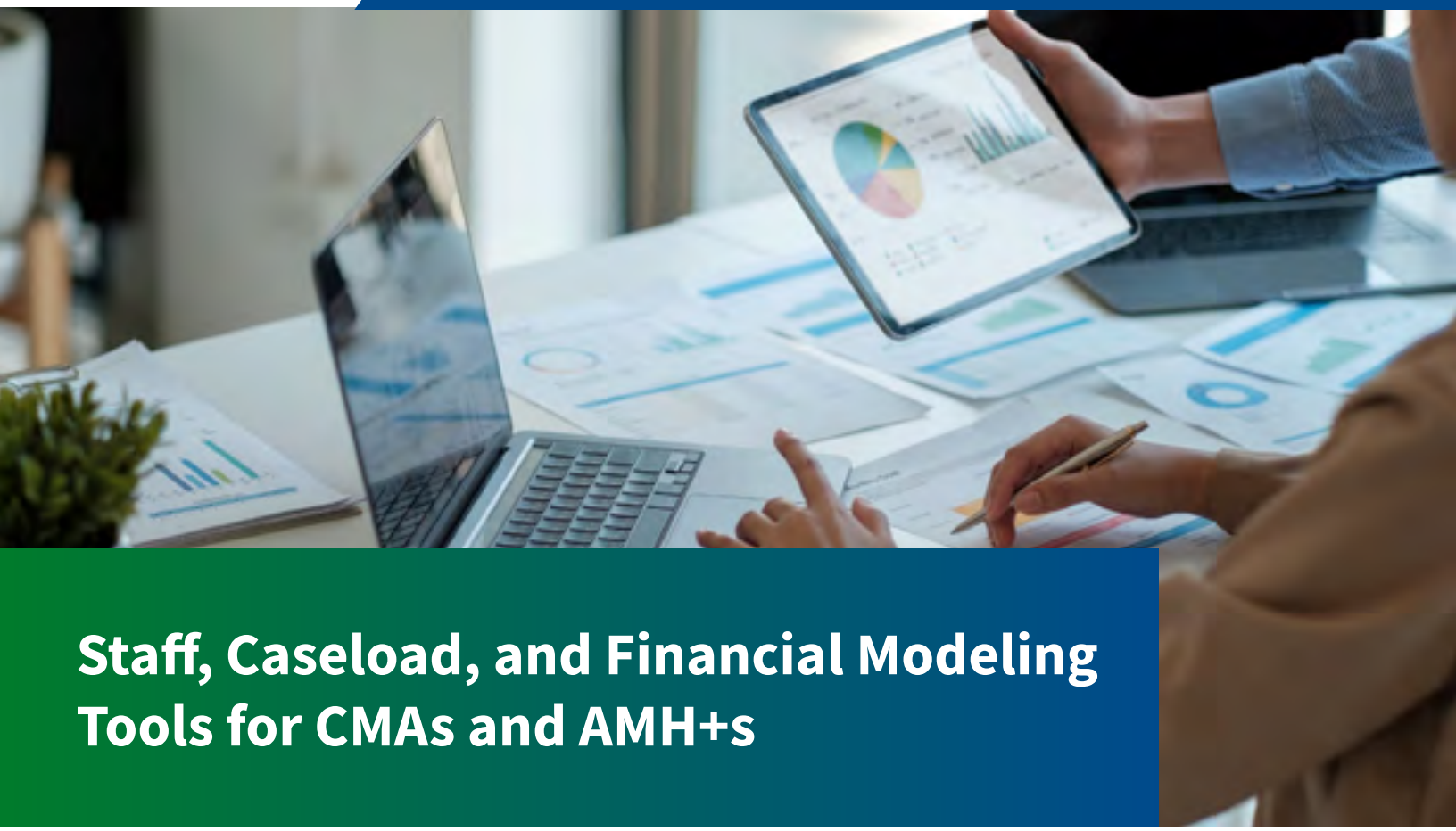
Alliance Health

Provider Practice Transformation Academy



Staff, Caseload, and Financial Modeling Tools for CMAs and AMH+s

What are modeling tools and why are they useful?

Alliance Health is invested in preparing care management agencies (CMAs) and advanced medical homes + (AMH+s) for the launch of the Tailored Plan as well as thereafter. We are committed to assisting organizations in becoming successful and sustainable as Tailored Care Management organizations in the long term. To that end, the practice transformation team has continued to develop tools and resources to assist organizations in achieving that goal. Our investment in CMAs/AMH+s now will benefit provider-led Tailored Care management organizations, Tailored Plans, and our members in the future.

To assist CMAs/AMH+s with projecting the staffing and caseloads of care teams as well as financial costs in preparing for Tailored Plan launch, Alliance Health has developed staff, caseload, and financial modeling tools that can be used to calculate those numbers. This document explains the modeling tools, how they work, ways CMAs/AMH+s can determine the projected number of members they will serve in Tailored Care Management, as well as other considerations when determining the number of staff/teams your organization will need. If you have not already received these tools, please contact your assigned practice transformation specialist.

Though there is uncertainty regarding the number of members that will be assigned to each organization as well as what the engagement rate of those members will be, these tools can help organizations frame their expectations for recruitment planning, allow organizations to determine the number of staff needed per engaged members (incorporating acuity level), and assist in cost projections for staffing. These tools are designed for organizations to use in preparation for Tailored Plan launch as well as after launch.

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How does the staff modeling tool work?

The staff modeling tool uses formulas based on the care manager caseload assumptions provided by DHHS in the "Updated Guidance to Tailored Care Management" document dated January 18, 2022.

Care Manager Caseload Assumptions with Extenders

Acuity Tier	Member with BH Needs	Members with an I/DD or TBI
High	29:1	29:1
Medium	46:1	46:1
Low	87:1	142:1

There are two staff modeling tools: one for behavioral health teams and one for Innovations or TBI Waiver teams. To use these tools, enter the estimated number of Tailored-Plan eligible members to be served in each acuity tier, the estimated engagement rate, and the caseload size per care manager. Fields that can be entered/changed are in green highlight. The tool will calculate the total number of care managers and extenders your organization will need based on the number of members engaged.

How does the caseload modeling tool work?

The caseload modeling tool uses the same formulas as the staff modeling tool, based on the care manager caseload assumptions provided by DHHS in the "Updated Guidance to Tailored Care Management" document dated January 18, 2022.

There are two caseload modeling tools: one for behavioral health teams and one for Innovations or TBI Waiver teams. To use these tools, enter the number of Tailored Plan-eligible members your organization will serve along with the estimated caseload size per care manager. Fields that can be entered/changed are in green highlight. The tool will calculate the number of members to be assigned in each acuity tier per care manager caseload.

How does the financial modeling tool work?

This tool will allow organizations to do cost estimates for bringing on staff and teams, including administrative overhead and senior leadership. It is important for each organization to understand the financial impact of implementing Tailored Care Management to predict future viability.

The financial modeling tool uses formulas based on the key staffing cost assumptions provided by DHHS in the "Updated Guidance to Tailored Care Management" document dated January 18, 2022.

NOTE: Capacity Funds were determined prior to the release of this document and were based on the Key Staffing Cost Assumptions from the "*Updated Guidance to Tailored Care Management*" document dated May 14, 2021.

Cost Component	Preliminary Rate Assumption	Final Rate Assumption
Care Manager Personnel Costs, Per FTE	**$75,944**	**$80,4671**
Base Salary	$58,871	$62,373
Benefits	$17,073	$18,088

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Cost Component	Preliminary Rate Assumption	Final Rate Assumption
New Extender Personnel Costs, Per FTE	N/A	**$60,545**
Base Salary	N/A	$46,934
Benefits	N/A	$13,611
Supervising Care Manager Personnel Costs, Per FTE	**$88,488**	**$89,750**
Base Salary	$68,595	$69,574
Benefits	$19,893	$20,176

To use this tool, enter the estimated number of FTE staff per team, the base salary and estimated benefits, and percentage costs of administrative overhead and senior leadership. Fields that can be entered/changed are in green highlight. The total annual salary costs, total annual including administrative overhead, senior leadership, and additional expenses, and total monthly costs are calculated at the bottom (in blue fields).

What methods can organizations use to project the number of Tailored Care Management members that will be assigned to them?

Your organization may utilize any of the following methods to project the number of members that will be served in Tailored Care Management:

- The number of Tailored Plan-eligible members currently receiving services from your organization (obtained from the Tailored Plans).
- Your own claims data (subtracting any members served in high fidelity wraparound (HFW), assertive community treatment team (ACTT), intermediate care facilities (ICF-IDD), or members participating in care management for at-risk children, which are excluded from Tailored Care Management).
- Using demographics from your practice management system (from your EHR).

Remember that your organization's numbers will be higher than they are as a service provider because there are tailored plan members who are not currently connected to any agency that will be assigned to your organization. Consider the expected engagement of members into Tailored Care Management as well as how many members you feel your organization can accept for Tailored Care Management when projecting your total numbers. Be prepared that not all of the members currently served by your organization will want to engage in Tailored Care Management in addition to their services.

Other considerations in determining the number of staff/ teams you will need:

- Consider the population your organization serves – do you serve both children and adults? Which disability groups (IDD, MH, and/or SU)? When hiring, you'll need to make sure your staff have experience to cover all disability groups that the care management team will serve.

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- Geography (i.e., where your members are located) is a big factor. When pulling claims data for members your organization currently serves, make sure to include zip codes, as the zip codes will drive where you need to position your staff/teams as well as in which areas you will need to hire. If your EHR does geo-spatial mapping, you can use that to determine where your population is located. If your organization has a wide area that you cover, this will affect the number of staff/teams you'll need (you do not want staff driving an hour to see a member for each contact). You can also use this geographical data to determine where to base your teams; focus on building a team where the bulk of your current members are, then expand to other areas. Teams may need to overlap Tailored Plans; for example, one team may serve both Partners and Alliance members, another that serves both Partners and Vaya members, etc.
- In general, organizations will need one care manager for every 40 to 60+ members served. You can also split the members served between two or more teams in overlapping areas.

Definitions:

Care Team = 1 supervisor, 2 care managers, and 1 extender

(Because supervisors can manage up to 8 care managers, 2 care teams = 1 supervisor, 4 care managers, and 1 extender.)

References:

- NC DHHS "Behavioral Health and Intellectual/Developmental Disability Tailored Plan, Updated Guidance on Tailored Care Management," January 19, 2022.
- NC DHHS "Behavioral Health and Intellectual/Developmental Disability Tailored Plan Updated Guidance on Tailored Care Management," May 14, 2021.