



# **DMH/DD/SUS BIAC Update**

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**3/12/2026**

# Agenda—DMH/DD/SUS Updates

- Awareness Celebrations
- North Carolina Rural Health Transformation Program (NCRHTP)
- Executive Order 33
- TBI State Action Plan
- TBI State Appropriations Spending
- TBI Waiver

# Brain Injury Awareness Month

Gov **Josh Stein** has proclaimed **March 2026 as Brain Injury Awareness Month**, recognizing the impact brain injuries have on individuals, families, and communities.

Each year, **2.8 million Americans** experience a traumatic brain injury (TBI). In North Carolina, **more than 80,000 people** will sustain a TBI this year. Brain injuries can affect movement, communication, emotions, and cognition.

## New resource

- The **NC TBI Dashboard** is now available, showing data on individuals with a TBI diagnosis who have accessed **Medicaid and state-funded services**
- Data is refreshed **every 6–12 months** to support planning and data-informed decision-making

## Upcoming webinar

- **TBI Dashboard Overview**
- **March 16, 2026 | 3:00–4:00 p.m.**

## Get involved

- The **Brain Injury Advisory Council (BIAC)** is seeking applicants to help improve brain injury services across North Carolina.



# Developmental Disabilities Month

March is **Developmental Disabilities Awareness Month**, a time to celebrate people with intellectual and developmental disabilities (IDD) and strengthen efforts to build more inclusive communities.

**Gov Josh Stein** has proclaimed March as Developmental Disabilities Awareness Month, recognizing the more than **200,000 North Carolinians living with IDD** and the importance of expanding access to employment, education, housing, health care, and community participation.

## New data

- The [Innovations Waiver Waitlist Dashboard](#) now includes enhanced metrics, including the **average time individuals have been on the waitlist**
- Data is available by **county and Tailored Plan**, offering new insight into service gaps and helping inform planning and advocacy

## Supporting inclusion

- [Inclusion Connects](#) helps individuals and families navigate services and resources across the lifespan
- [Inclusion Works](#) promotes **Competitive Integrated Employment (CIE)** and supports inclusive workplaces

Together, these efforts help strengthen opportunities for people with developmental disabilities to live, work, and participate fully in their communities.

# **North Carolina Rural Health Transformation Program (NCRHTP)**

## Ahead:

- Overview of NC's Rural Health Transformation Program (NCRHTP) award
- Highlights of NC's RHTP initiatives and governance
- Looking ahead and important next steps
- Panel discussion and Q&A



(Photo: PxHere / MGN)

RALEIGH, NC (News Release) — The federal Centers for Medicare & Medicaid Services (CMS) today [awarded](#) North Carolina \$213 million through the Rural Health Transformation Program (RHTP). These funds will improve health care access for rural North Carolinians. In November, North Carolina [submitted its application](#) for these funds with [bipartisan support](#) from the state's congressional delegation. These funds are awarded for 2026, and North Carolina will be eligible for more funding each year for the next five years.

## The Rural Health Transformation Fund is a unique, \$213M+ opportunity to transform rural health in North Carolina

### Rural Health Challenges in North Carolina at-a-glance



**28.4% of North Carolinians are rural** (nearly 3 million people).



**Chronic, perinatal, & mental health needs** i.e., 17% higher diabetes rate compared to urban areas; 90 counties are mental health shortage areas; maternal care deserts and higher pregnancy-related mortality; higher infant death rates



**Workforce shortages** where 24 counties lack adequate primary care; shortages in behavioral health, oral health and EMS are acute.



**Financial instability** i.e., 12 rural hospitals have closed or converted since 2006 limiting access to emergency and inpatient care.

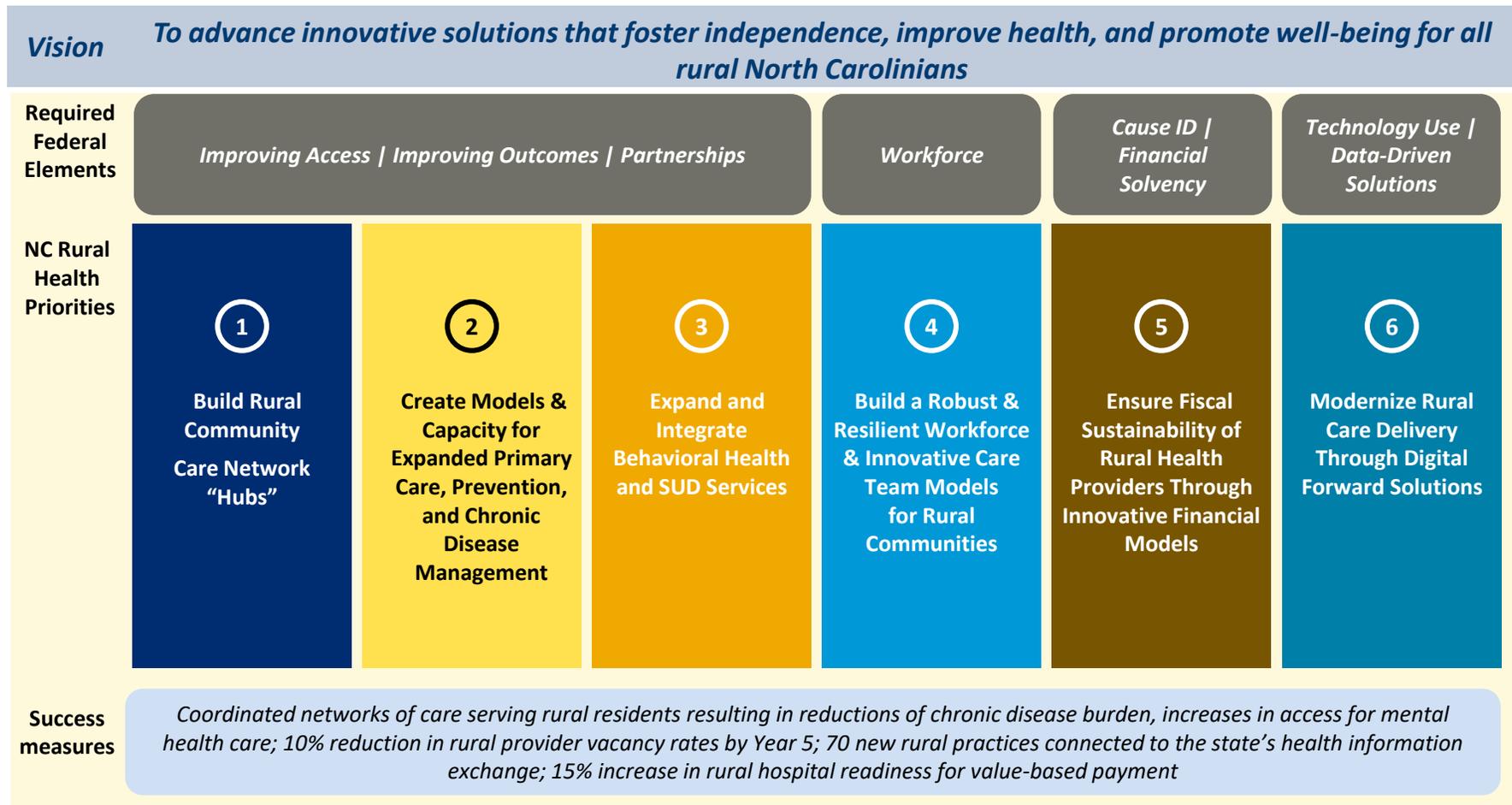


**Digital divide** including broadband gaps and low digital literacy limit telehealth and care coordination.

## Guiding Principles for NCRHTP Implementation

- ✓ **Maximize resources for rural health**
- ✓ **Build out details on high level approaches**
- ✓ **Achieve quick wins**
- ✓ **Plan for long-term sustainability**
- ✓ **Prioritize measurable, community-level impact**
- ✓ **Employ flexible and agile approach; pivot when needed**
- ✓ **Communicate transparently and with integrity**

## Six Initiatives Work Together to Achieve NCRHTP Goals



## Timeline and Milestones for Project Year 2026\*

### January – March 2026

- Submit revised budget to CMS by January 30 for \$213M Year 1 funding.
- Establish statewide program management and governance structures.
- Release Request for Applications (RFA) for NC ROOTS Hub Lead entities.

### April – October 2026

- Conduct award process for regional hubs; Select and onboard Regional Hub Lead entities; Regional hubs develop action plans and local governance.
- Expand reach of existing statewide efforts aligned with NCRHTP.
  - Expanded behavioral health/SUD services
  - Expanded perinatal mental health support
  - Increased HIE participation, digital literacy efforts, & Rural Health Innovation Fund
  - Workforce initiatives launched
- Submit first annual progress report to CMS.
- Maintain continuous engagement with stakeholders and CMS to monitor success and progress toward goals.

**Note: Year-two funding is conditional upon Year-one success.**

*\* Assuming timely approvals from CMS and state administrative process, follows federal fiscal year*

## Immediate Next Steps

- **DHHS focus on Implementation activities**
  - Revise Implementation Plan
  - Build out requirements for prioritized initiatives/activities (Quick wins)
- **Continued stakeholder communication and engagement**
  - Use existing engagements to (i.e., information through divisions, conferences, and community partner engagements)
  - Design and implement advisory committee structure
  - Initiate DHHS standard communication to partners/vendors to protect procurement/potential Conflict of interest
- **How you can get involved**
  - Visit our website to obtain information including upcoming procurements and awards (e.g., NC ROOTS Lead Entity application process)
  - Respond to RFAs or other requests for information when posted
  - Engage with ROOTS Hubs as partners once selected
  - Participate in existing advisory groups, councils and meetings i.e. Side by Side to get information

## Learn More

Learn more, including links to FAQs, Town Hall recording,

and other NC award information:

[ncdhhs.gov/rhtp](https://ncdhhs.gov/rhtp)

Executive Order 33:  
Strengthening Behavioral  
Health & Public Safety  
Collaboration

# The Mental Health Need

At NCDHHS, our goal is to create a mental health care system where everyone in North Carolina can get the care they need, when they need it and in the setting that is best for them.

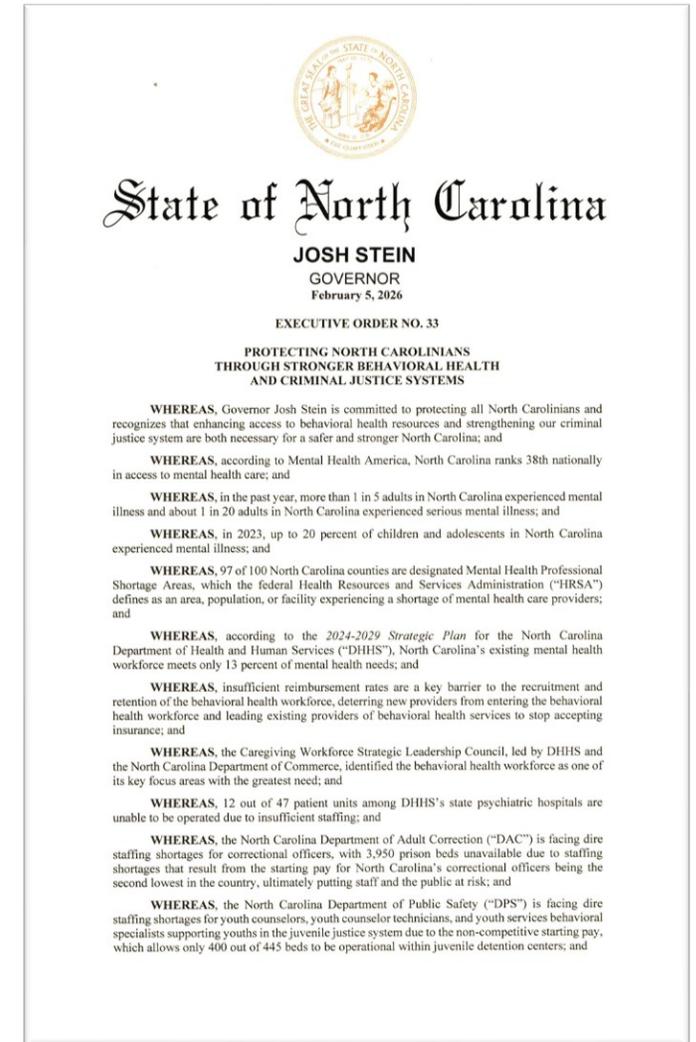
- Right now, more than 50% of people in prisons and jails in North Carolina identify as having a mental health need, and 75% identify as having a substance use disorder.
- For juveniles, the numbers are even more alarming: Nearly all justice-involved youth have at least one mental health diagnosis.
- To create a healthier North Carolina, it is critical we reach people who are involved in or at risk of being involved in the justice system.
- Since more than 90 percent of incarcerated people eventually leave prison, failing to address these issues while they are in custody makes our communities less safe when they get out.
- Strengthening mental health supports is not only a public health priority, but it is also a smart public safety policy.

# Where Our Systems Need Support:

- Law enforcement officers are overburdened and cannot meet the growing demand for crisis care alone; mental health systems must serve as a **front door for crisis response**, with law enforcement as partners rather than default responders.
- North Carolina has a dedicated public health and public safety workforce, but there are **not enough staff, resources, or coordination** to meet current needs.
- Staffing shortages among law enforcement, correctional staff, and mental health professionals leave **in-patient units unable to operate at capacity**.
- Improving systems of care requires **stronger collaboration** and sustained support for the people who make those systems work.

# What EO 33 Sets in Motion

- Establishes a statewide, cross-agency framework to strengthen North Carolina's mental health and substance use crisis response while supporting public safety
- Reinforces the role of mental health systems as the front door for crisis care, with law enforcement as key partners rather than default responders
- Calls for closer coordination across DHHS, DPS, DAC, courts, and local governments to reduce unnecessary justice involvement for people in crisis



# Key Focus Areas



## Crisis System Strengthening

improving how individuals access crisis services across 988, mobile response, stabilization, and emergency care



## Public Safety Collaboration

aligning behavioral health and law enforcement roles to support diversion, safe transport, and appropriate crisis response



## Continuity of Care

improving access to treatment during justice involvement and strengthening transitions at key system entry and exit points



## Policy and System Alignment

using data, shared definitions, and interagency coordination to improve consistency statewide

# Executive Order 33: NCDHHS Directives

## What EO 33 Directs DHHS to Do

- **Lead statewide coordination to strengthen the mental health and substance use crisis system**, including recommendations to improve consistency, access, and effective use of single-stream and Medicaid funding
- **Convene the NC Payers Council** to advance private insurer coverage of crisis services aligned with the public crisis system
- **Develop recommendations to improve coordination between 911 and 988**, including call transfers, protocols, cross-training, and public education, in partnership with local governments
- **Advance models that integrate clinical expertise into emergency response**, including embedded providers and co-responder approaches, in collaboration with law enforcement
- **Partner with public safety agencies to improve crisis transport and emergency department hold processes**, including training expectations for professionals completing transport
- **Convene and lead a statewide working group on involuntary commitment**, including recommending reforms and supporting consistent implementation of existing law
- **Standardize and strengthen treatment access for justice-involved individuals**, including collaboration with DAC on the TASC program and continuity of care during justice involvement

# Strengthening the Behavioral Health Crisis System

Executive Order 33 directs DHHS to:

- Lead statewide coordination to strengthen the behavioral health crisis system, including recommending strategies to improve consistency, access, and effectiveness.
- Recommend how single-stream and Medicaid funding can be used most effectively to support the crisis system.

# Convene the NC Payers Council

Executive Order 33 directs DHHS to:

- Convene the NC Payers Council.
- Develop processes to increase private insurer coverage of crisis services.
- Align private insurer crisis service coverage with services provided by the public crisis system.

# Improving 911 and 988 Coordination

Executive Order 33 directs DHHS to:

- Develop recommendations to increase coordination between 911 and 988, including call handling and transfer protocols.
- Support cross-training for 911 and 988 personnel.
- Improve data sharing and public education related to crisis response.
- Expand models that embed mental health providers into 911 centers.

# Integrating Clinical Expertise into Emergency Response

Executive Order 33 directs DHHS to:

- Advance co-responder models that integrate clinical expertise into emergency response.
- Collaborate with law enforcement and local governments to strengthen emergency response approaches involving behavioral health professionals.

# Crisis Transport and Emergency Department Holds

Executive Order 33 directs DHHS to:

- Recommend strategies to improve mental health crisis transport processes.
- Improve emergency department hold processes.
- Support the use of civilian transport roles where appropriate.
- Establish training expectations for professionals completing crisis transport.

# Involuntary Commitment

Executive Order 33 directs DHHS to:

- Convene and lead a statewide working group on involuntary commitment.
- Recommend reforms to the involuntary commitment process.
- Support consistent implementation of existing involuntary commitment laws in collaboration with providers and hospitals.

# Justice-Involved Individuals

Executive Order 33 directs DHHS to:

- Standardize and strengthen treatment access for justice-involved individuals.
- Partner with the Department of Adult Correction to improve and standardize the TASC program.
- Support continuity of care during justice involvement.

# What This Means for North Carolina

Executive Order 33 strengthens North Carolina's approach to behavioral health and public safety by:

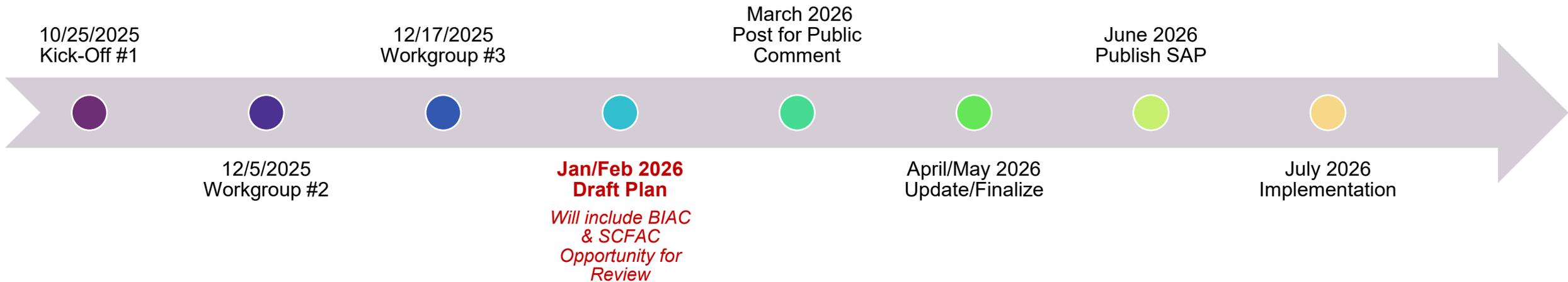
- Improving coordination across the behavioral health crisis system to ensure people receive timely, appropriate care.
- Aligning public and private crisis services to expand access and consistency statewide.
- Strengthening collaboration between behavioral health, emergency response, and public safety systems.
- Improving crisis response, transport, and emergency department processes.
- Supporting more consistent, coordinated care for individuals involved in the justice system.

[Read the press release](#)

# TBI State Action Plan

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# State TBI Action Plan Timeline



# DRAFT Priority Areas



**Better Access to Services:** Supporting access for people with TBI to high-quality services including expanding access to the TBI Waiver, 1915i services, mental health/substance use services, medical, and specialty services.



**Better Support to Providers and Clinicians:** Educating support providers, agencies, clinicians, and care managers on best practices for supporting people with TBI.



**Better Support to People with Traumatic Brain Injury and Caregivers:** Providing people with TBI and caregivers support navigating life changes, supporting self-care, and promoting emotional wellbeing.

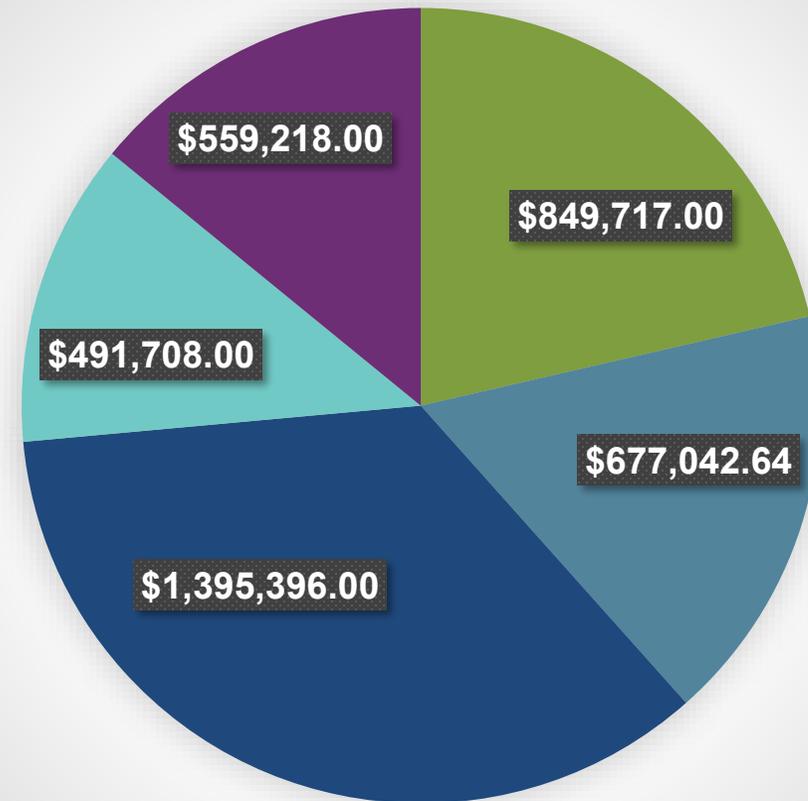
# TBI State Appropriations

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## FY2026 TBI Appropriated State Funding

- **Approx \$3.4m** to Tailored Plans to provide services and supports including residential services, day programs, transportation, respite services, and home modifications to people with TBI.
- **Approx. \$559k** to BIANC to assist families in accessing the continuum of care and to provide educational programs on prevention, intervention, & care.
- **Total appropriation: \$3,973,086**

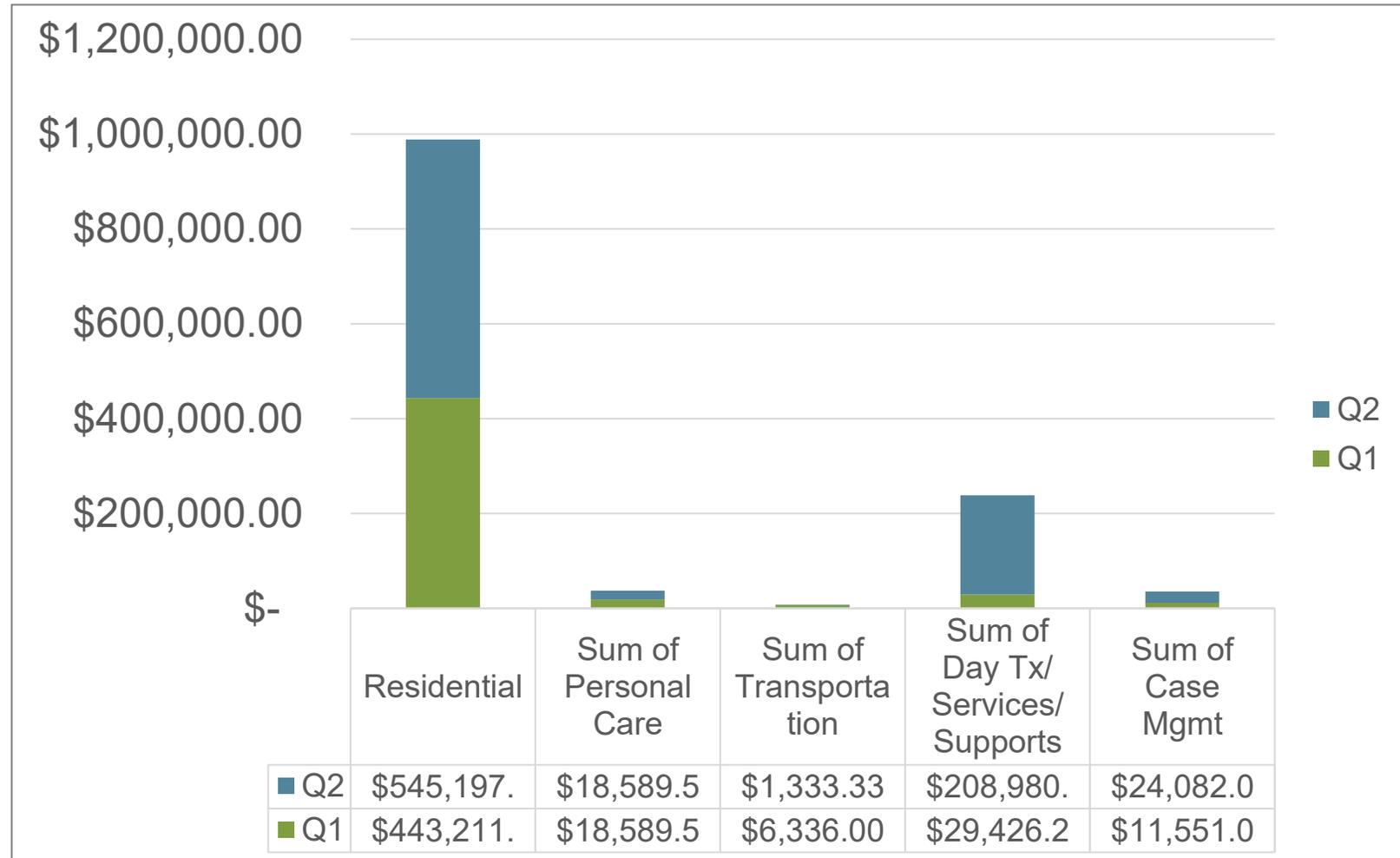
FY26 TBI State Appropriations by Tailored Plan



■ Alliance ■ Partners ■ Trillium ■ Vaya ■ BIANC

- October-December 2025
- Combined spend across Tailored Plans in Q2 is: **\$806,402.95**
- Total Spent Year to Date: **\$1,399,951.62**
- Approx **41%** of total appropriations have been spent YTD

## FY26 Tailored Plan Spend by Service - Year to Date



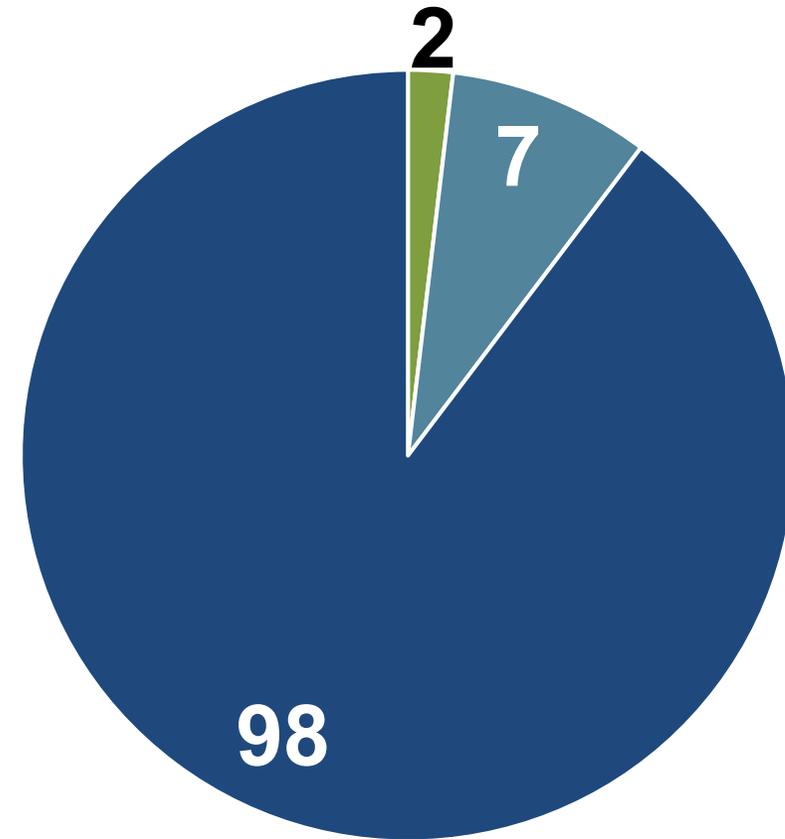
# TBI Waiver Pilot

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ALLIANCE HEALTH CATCHMENT: CUMBERLAND, DURHAM, HARNETT,  
JOHNSTON, MECKLENBURG, ORANGE, WAKE

# Total 107 TBI Waiver Slots

As of 1/31/2026



- Unassigned
- Enrollment Process
- Indicator On

# TBI Waiver Pilot Data – 1/31/2026



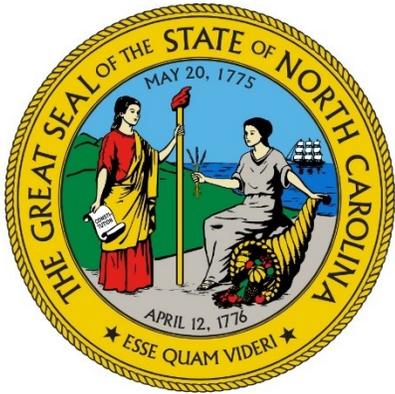
240 people are on the Registry of Interest



256 people have disengaged from Waiver Enrollment Process



**Reminder:** Alliance is presenting at the March 2026 BIAC



# NC Medicaid Updates

**Angela Smith, PharmD, DHA**  
**Chief Clinical Officer**

**NC Medicaid**

**Division of Health Benefits**

**NC Department of Health & Human Services**

**March 2026**

# NC Medicaid Introduces Interim Deputy Secretary, Melanie Bush



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

# NCDHHS Updates – Office of Rural Health

## Rural Health Transformation Program (RHTP) NC ROOTS Hubs Applications is live.

On Dec. 29, 2025, the Centers for Medicare and Medicaid Services (CMS) awarded North Carolina over \$213 million in federal funding through the Rural Health Transformation Program (RHTP) to support 85 rural counties across NC in improving health care access, quality, and outcomes.

### What is an NC ROOTS Hub?

An NC ROOTS Hub will serve as a regional lead organization coordinating rural health transformation efforts across a defined area of North Carolina.

**Applications are due April 2, 2026.**

[NCDHHS Rural Health Transformation Program, March 2026](#)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

### Request for Applications

RFA# 2026-NCROOTS

### North Carolina Rural Health Transformation Program

North Carolina Rural Organizations Orchestrating Transformation for Sustainability (“NC ROOTS”) Hubs

Applicants are applying to serve as the NC ROOTS Hub Lead for One of Six Regions in North Carolina.

**FUNDING AGENCY:** North Carolina Department of Health and Human Services (NCDHHS),  
Office of Rural Health

**ISSUE DATE:** February 27, 2026

**DEADLINE DATE:** April 2, 2026

**INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA via email to: [dhhs-ncroots.rfa@dhhs.nc.gov](mailto:dhhs-ncroots.rfa@dhhs.nc.gov)

**Applications will be received until 5:00 p.m. Eastern US on April 2, 2026**

Electronic copies of the application are available at <https://www.ncdhhs.gov/divisions/office-rural-health/rural-health-transformation-program>

**Email applications to:** [dhhs-ncroots.rfa@dhhs.nc.gov](mailto:dhhs-ncroots.rfa@dhhs.nc.gov) and include RFA 2026-NCROOTS and your entity’s name in the Subject line of the email.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# NCDHHS Budget and Medicaid Rebase

Budget forecasts continue to show the need for the SFY 2025-26 Medicaid rebase is now **\$819 million**, an increase from the \$700 million request that was developed based on data from January 2025.

NCDHHS and Medicaid leadership will meet with the North Carolina General Assembly Joint Legislative Oversight Committee to discuss the Medicaid rebase in March 2026.



# WellCare of North Carolina and CCH Merger

WellCare and Carolina Complete Health will merge April 1, 2026

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- The name of the new unified NC Medicaid Managed Care health plan will be Carolina Complete Health.
- With the merger, all NC Medicaid Managed Care Standard Plans will offer statewide coverage.
- The new health plan will be available to Medicaid beneficiaries statewide.
- Members of both WellCare and the current Carolina Complete Health plans will automatically become enrolled members of the new unified health plan. Medicaid benefits stay the same for all members.
- Providers in both WellCare's network and the current Carolina Complete Health's network will automatically be included in the network of the new health plan.
- More information is available at [network.carolinacompletehealth.com](https://network.carolinacompletehealth.com)



# NC Medicaid will the Launch Cell and Gene Therapy Provider Education & Awareness Campaign Spring 2026

## Cell and Gene Therapy (CTG) for Sickle Cell Disease (SCD) Education and Awareness Campaign

The CGT campaign aims to increase awareness of gene therapy treatment options for SCD, explain Medicaid coverage for gene therapy treatments through the CGT Access Model, and educate individuals about the resources available to support beneficiaries on their care journey while receiving gene therapy treatment for SCD, including non-Medicaid resources available under this award funding.

**Goal:** To ensure the NC Medicaid providers and beneficiaries are informed about the State's participation in the CMS CGT Access Model and the associated covered services, NCDHHS will engage in an Education & Awareness Campaign.



# H.R.1 Eligibility & Enrollment Changes – In Progress

The H.R.1. Eligibility & Enrollment Changes program includes the following Medicaid eligibility and enrollment provisions in the [2025 budget reconciliation legislation \(H.R.1\)](#):

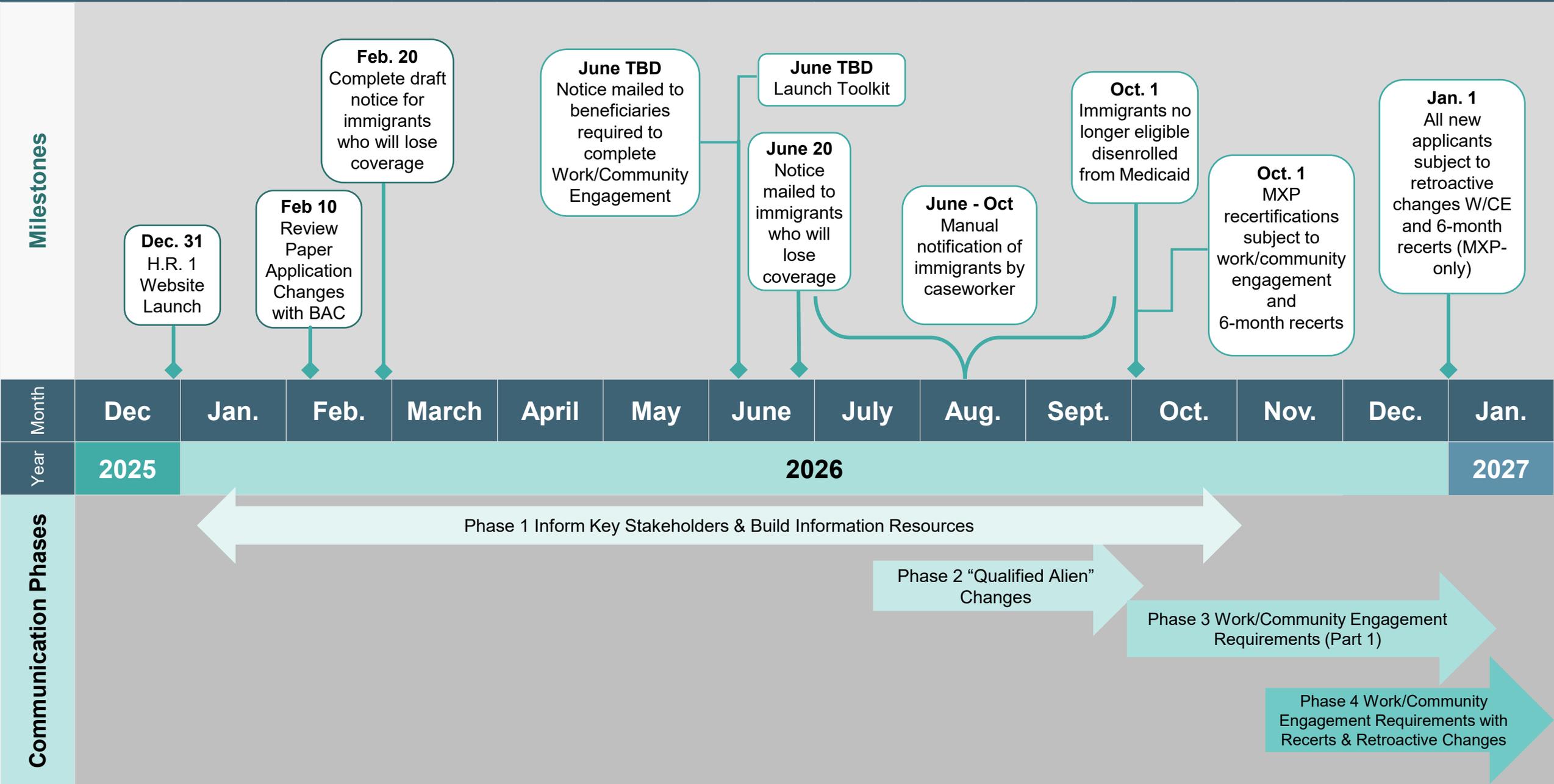
Provision	Effective Date	NC Compliance Status
<b>(Sec. 71109) “Qualified Alien” Medicaid Eligibility</b>	October 1, 2026	Changes Required
<b>(Sec. 71119) Work/Community Engagement Requirements for Expansion Adults</b>	January 1, 2027*	Changes Required *Enrollee outreach to begin June 30 – August 31, 2026
<b>(Sec. 71107) Eligibility Redeterminations for Certain Individuals</b>	January 1, 2027	Changes Required
<b>(Sec. 71112) Limits on Retroactive Medicaid / CHIP Coverage</b>	January 1, 2027	Changes Required
<b>(Sec. 71103) Reducing Duplicate Enrollment Under the Medicaid and Children's Health Insurance Program (CHIP) Programs</b>	January 1, 2027	No changes required for compliance
<b>(Sec. 71104) Ensuring Deceased Individuals Do Not Remain Enrolled</b>	January 1, 2028	TBD if all requirements met (existing process for reviewing the Master Death file at least quarterly)
<b>(Sec. 71108) Revising Home Equity Limit for Determining Eligibility for Long Term Care Services</b>	January 1, 2028	Changes Required

**Not Currently in Scope:**

- (71120) Imposing copayments for expansion adults with incomes up to 100% FPL
- (71101, 71102) Moratorium on Select Final Rule Provisions (already included in CCU program scope)
- Requirement within 71103 for federal database to identify individuals enrolled in Medicaid in more than one state;
- Provisions related to payment/financing, Medicaid providers.



# H.R.1 Enrollment & Eligibility Timeline



# Updated LTSS Landing Page

NC Medicaid helps some people in North Carolina who need the most support.

It provides Long-Term Services and Supports (LTSS), which means helping people at home, in the community or in places like nursing homes.

These services are for people of all ages who have disabilities or health problems that make it hard for them to take care of themselves.

[medicaid.ncdhhs.gov/beneficiaries/long-term-services-and-supports](https://medicaid.ncdhhs.gov/beneficiaries/long-term-services-and-supports)



Personal Care Services (PCS)



Program of All-Inclusive Care for The Elderly (PACE)



Community Alternatives Program for Children (CAP/C)



Community Alternatives Program for Disabled Adults (CAP/DA)



Nursing Facilities



Long Term Care Hospital Services



Home Health Services



Hospice



Home Infusion Therapy



Private Duty Nursing



Intermediate Care Facilities



Congregate Setting

# Connecting Communities and Medicaid (CCM) – March 11th

## What is CCM?

Through regular meetings, shared resources and open dialogue, CCM aims to foster meaningful partnerships and exchange information between NC Medicaid and community organizations to reduce barriers to care and ensure Medicaid services are responsive to the needs of our communities.

## Why join?

- Stay informed about NC Medicaid updates and federal policy changes
- Share feedback and insights from your community
- Collaborate with other organizations across the state
- Help shape a more inclusive and effective Medicaid system

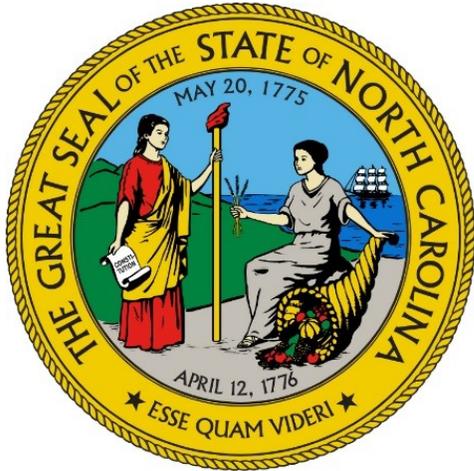
## Sign Up to Join CCM

[CCM Registration Form](#)

# Provider Resources

- NC Medicaid Website [medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid)  
Includes County and Provider Playbooks
- Regular Medicaid Bulletins [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.ncdhhs.gov/providers/medicaid-bulletin)
- NC Medicaid Managed Care Webinar Series (Back Porch Chat)
  - May 21, 2026, noon – 1 p.m.
  - Aug. 20, 2026, noon – 1 p.m.
  - Nov. 19, 2026, noon – 1 p.m.
- NC Medicaid Quarterly Virtual Office Hours
  - May 7, 2026, noon – 1 p.m.
  - Aug. 6, 2026, noon – 1 p.m.
  - Nov. 5, 2026, noon – 1 p.m.

For more information, see the [Training page](#) in the [Provider Playbook](#).



NC Department of Health and Human Services

# NC Medicaid: Waivers and Eligibility Explained

March 12, 2026

# Objectives

- By the end of this presentation, we hope the audience will better understand:
  - The federal waivers and authorities that are used by NC Medicaid
  - How those federal authorities fit together to create NC Medicaid's behavioral health system
  - The various services offered under different waivers
  - Who is eligible for different types of waivers and services

# Definitions

**Behavioral Health (BH):** generally, refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms.<sup>1</sup>

**Fee for Service (FFS):** a traditional Medicaid payment model that reimburses providers for each individual service they deliver.<sup>2</sup>

**Home and Community Based Services (HCBS):** a variety of health and human services delivered in the home or community to address social isolation and other social determinants of health and help people stay in their homes for as long as possible.<sup>3</sup>

**Local Management Entity/ Managed Care Organization (LME/MCO):** Public entities that manage behavioral health, intellectual/developmental disabilities (I/DD), substance use disorder (SUD), and traumatic brain injury (TBI) services for Medicaid beneficiaries.<sup>4</sup>

1. American Medical Association. What is behavioral health? Published August 22, 2022. Accessed December 29, 2025. <https://www.ama-assn.org/public-health/behavioral-health/what-behavioral-health>

2. North Carolina Department of Health and Human Services. Fact Sheet: Introduction to Medicaid Transformation, Part 1 – Overview. Published October 12, 2021. Accessed December 29, 2025. <https://medicaid.ncdhhs.gov/fact-sheet-introduction-medicaid-transformation-part-1-overview-0/open>

3. North Carolina Department of Health and Human Services. Home and Community-Based Services. Accessed December 29, 2025. <https://www.ncdhhs.gov/about/department-initiatives/home-and-community-based-services-final-rule/home-and-community-based-services>

4. North Carolina Department of Health and Human Services. LME/MCO Contracts and Reports. Last modified November 10, 2025. Accessed December 29, 2025. <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/lmeco-contracts-and-reports>

# Definitions

**Prepaid Inpatient Health Plan (PIHP):** A managed care model for NC Medicaid that pays LME/MCOs a fixed monthly amount (capitation) to manage and deliver inpatient behavioral health and other specialized services. PIHPs are responsible for authorizing, managing, and reimbursing providers for Medicaid and state-funded mental health, substance use, and developmental disability services.

**Standard Plan (SP):** A Medicaid Managed Care plan for most beneficiaries, including families, children, and pregnant individuals.<sup>5</sup>

**Tailored Plan (TP):** A specialized Medicaid Managed Care plan for individuals with complex needs.<sup>6</sup>

**Tailored Care Management (TCM):** A free, optional service for most Tailored Plan members. TCM provides whole-person care coordination through a Tailored Care Manager.<sup>7</sup>

5. North Carolina Department of Health and Human Services. Fact Sheet: Standard Plan Overview. Published November 15, 2021. Accessed December 29, 2025. <https://medicaid.ncdhhs.gov/fact-sheet-standard-plan-overview-nov-15-2021/download?attachment>

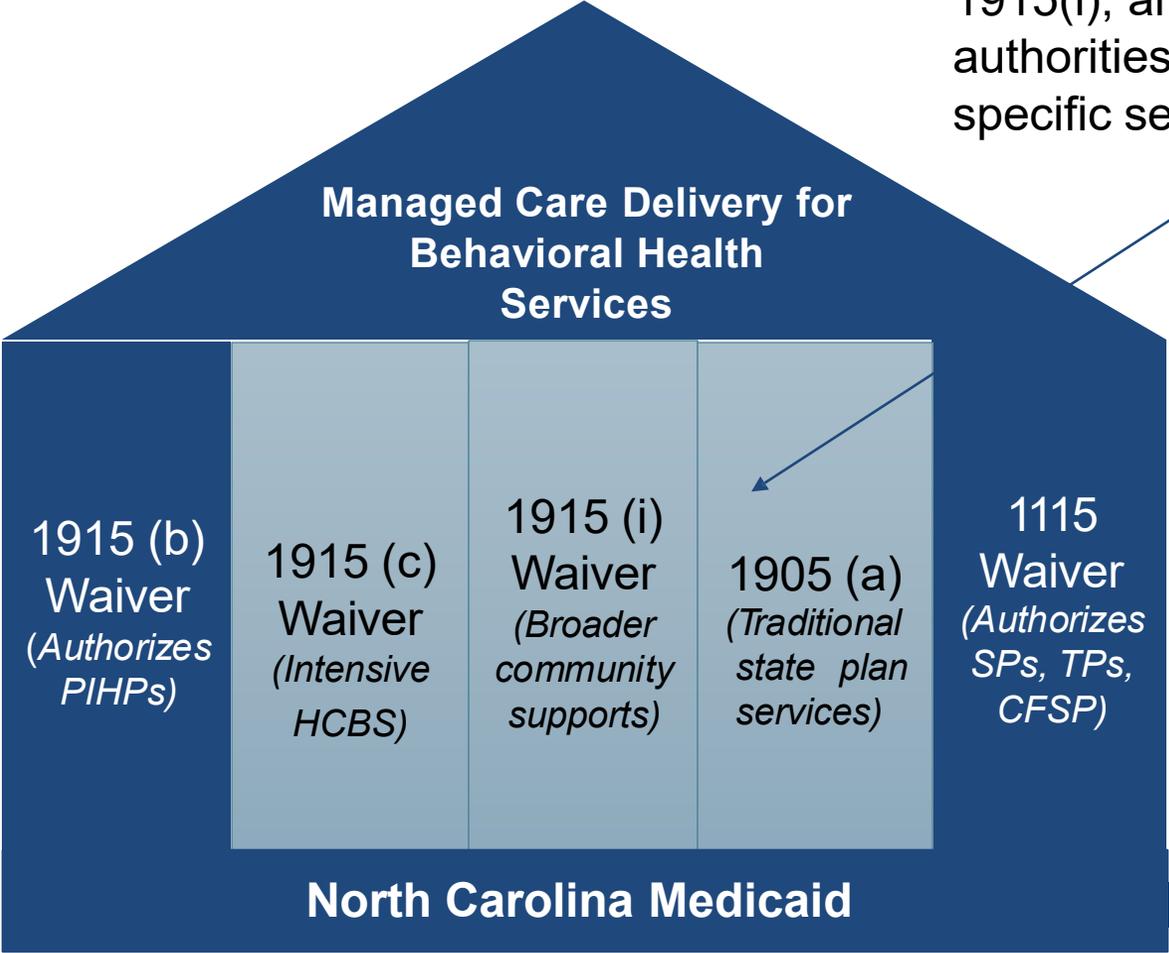
6. North Carolina Department of Health and Human Services. Fact Sheet: Tailored Plan Enrollment and Timelines. Accessed December 29, 2025. <https://medicaid.ncdhhs.gov/fact-sheet-tailored-plan-enrollment-and-timelines/download?attachment>

7. North Carolina Department of Health and Human Services. Tailored Care Management. Accessed December 29, 2025. <https://medicaid.ncdhhs.gov/beneficiaries/tailored-care-management>

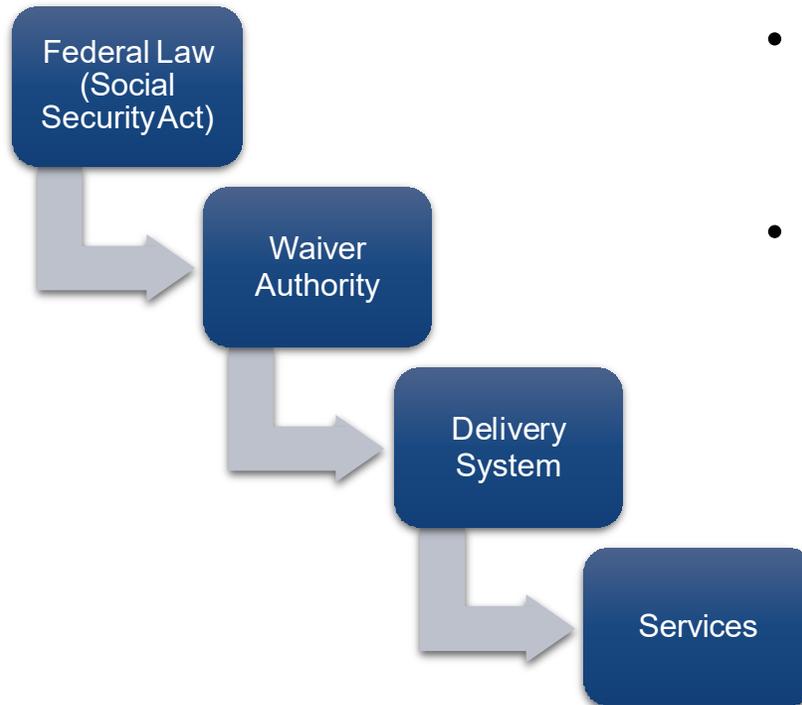
# Managed Care Authorities

**Foundation:** Section 1115 Waivers and 1915(b) waivers make managed care possible

**Rooms:** 1915(c), 1915(i), and 1905(a) authorities allow for specific service delivery



# Why Federal Authorities Matter for Behavioral Health Care Delivery



- Waiver authorities shape how Medicaid funds, delivers, and coordinates behavioral health (BH) services
- Waiver authorities allow the state to operate managed care plans, expand access to home and community-based services (HCBS), and support specialized populations

# Federal Authorities

## State Plan Amendment (SPA)

1905(a)  
1915(i)

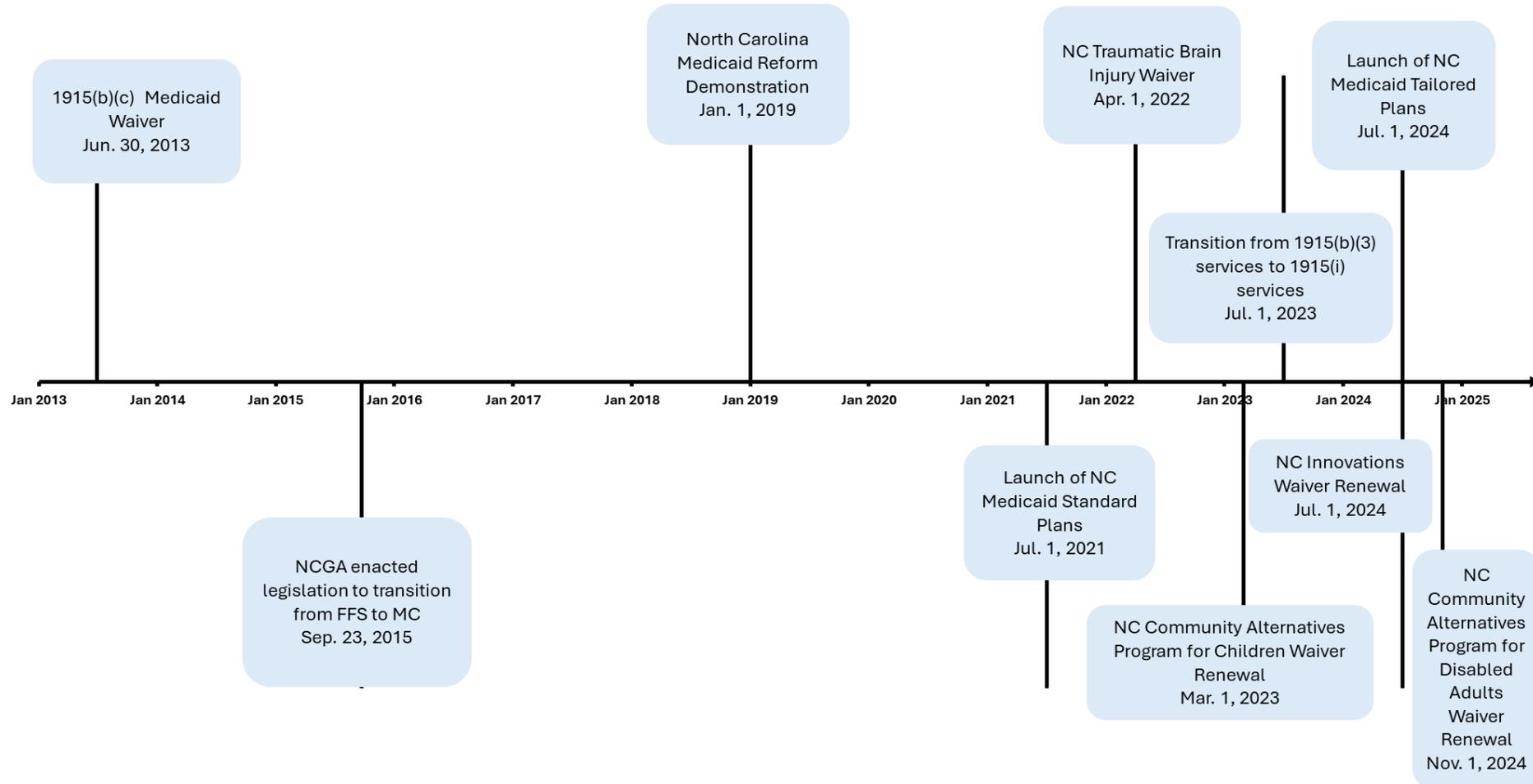
- Approved indefinitely
- If it concerns a new benefit, it must apply to all Medicaid beneficiaries with few exceptions
- No specific budget requirements

## Waiver

1915(b) or 1915(c) or  
1115

- Must be renewed
- Used when seeking additional flexibility
- Can target specific populations (for example, 1915(c) supports intensive HCBS for defined populations)
- Research and demonstration waivers (1115) or program waivers (1915 b or c)
- May require cost neutrality

# Waiver Authorities Timeline



# Section 1115 Waiver

**Purpose:** Provides authority for managed care, Healthy Opportunities Pilots (HOP), increasing access to substance use disorder (SUD) treatment, reentry services for the justice-involved population, and other initiatives

- This means that all HCBS and BH services that are provided by a Tailored Plan (TP), Standard Plan (SP), or the Children and Families Specialty Plan (CFSP) are provided under the managed care framework authorized by the 1115

# 1915 (c) TBI Waiver



**Who:** Individuals with brain injury ages 18 or older who meet a hospital or nursing facility level of care up to 300% FPL



**What:** These services provide a community-based alternative to institutional care for persons who continue to require a specialty hospital or skilled nursing facility level of care.



**Where:** Pilot program operated in one region of the state. Operated by one LME/MCO only, Alliance.



**How:** Operated by Alliance. 107 slots available

SOURCE: North Carolina Department of Health and Human Services. Traumatic Brain Injury (TBI) Waiver. Accessed December 29, 2025. <https://medicaid.ncdhhs.gov/behavioral-health-and-intellectual-developmental-disabilities-tailored-plan/traumatic-brain-injury-tbi-waiver>.

# 1915 (c) Community Alternatives Program for Children Waiver



**Who:** Individuals who are medically fragile ages 0-20 years who meet a hospital or nursing facility level of care.



**What:** HCBS program that provides an alternative to institutionalization for a beneficiary who is medically fragile and would be at risk for institutionalization if HCBS services approved under the waiver were not available



**Where:** Statewide authority, capped waiver



**How:** Delivered using the FFS (Medicaid Direct) system. 4048 slots. Typically does not have a waitlist

SOURCE: North Carolina Department of Health and Human Services. Community Alternatives Program for Children (CAP/C). Accessed December 29, 2025.  
<https://medicaid.ncdhhs.gov/capc>.

# 1915 (c) Innovations Waiver



**Who:** Individuals with intellectual disabilities or developmental disabilities ages 0 or older who meet an ICF/IID level of care and who prefer to get LTSS in their home or community, rather than an institutional setting



**What:** For individuals with I/DD who prefer to get long-term services and supports in their home or community, rather than an institutional setting



**Where:** Administered by the LME/MCOs (in TPs and PIHPs)



**How:** 14,736 slots. Almost 19K on waitlist.

SOURCE: North Carolina Department of Health and Human Services. NC Innovations Waiver. Accessed December 29, 2025. <https://medicaid.ncdhhs.gov/beneficiaries/nc-innovations-waiver>.

# 1915 (c) Community Alternatives Program for Disabled Adults Waiver



**Who:** Individuals ages 65 or older and individuals with physical disabilities ages 18-64 years who meet a nursing facility level of care.



**What:** HCBS program that provides an alternative to institutionalization for a beneficiary who is medically fragile and would be at risk for institutionalization if HCBS services approved under the waiver were not available



**Where:** Statewide authority, capped waiver



**How:** Delivered using the FFS (Medicaid Direct) system. 11,648 spots, statewide list.

# 1915 (c) Waiver Comparison

Waiver	Population	Delivery System	Slots / Notes
<b>Innovations</b>	Individuals with I/DD who meet ICF-IID level of care	TP & PIHP	14,138 slots; ~19,000 on waitlist
<b>TBI</b>	Adults with TBI ≤ 300% FPL	Alliance Health only (pilot)	107 slots
<b>CAP/DA</b>	Medically fragile adults at risk of institutionalization	FFS (Medicaid Direct)	11,648 slots; statewide waitlist
<b>CAP/C</b>	Medically fragile children at risk of institutionalization	FFS (Medicaid Direct)	4084 slots; typically no waitlist

# Section 1915 (b) Waiver

- **1915(b)(1)** and **1915(b)(4)** waivers are currently used to administer the Prepaid Inpatient Health Plans (PIHPs), administered by the LME/MCOs, that provide capitated behavioral health services to those in Medicaid Direct
- Because the PIHPs operate within the framework authorized by the (b) waiver, the (b) waiver intersects with other authorities that authorize services delivered by the PIHPs (e.g., the Innovations and TBI waivers)

# Transition from 1915 (b)(3) to 1915 (i) Services

- The 1915 (b) waiver used to also authorize certain HCBS supports that were offered by the PIHPs, but with the **launch of Tailored Plans through the 1115 demonstration**, this had to transition to a new authority, 1915(i).
- To ensure that individuals maintain access to these critical services when Tailored Plans launch, North Carolina transitioned 1915(b)(3) services to 1915(i) services, with the exception of a few services such as Long-Term Residential Supports (LTRDS).
- With the expansion, North Carolina also expanded the populations eligible for some of these services.

# 1915 (i) Services



Delivered via the TP and PIHPs



HCBS supports authorized under the state plan



Services designed to support individuals with mental health conditions, SUD, I/DD — supporting them living in their communities rather than institutional settings

# 1905 (a) State Plan Authority

- General state plan authority is used to provide certain other types of HCBS such as:



Home Health



Personal Care Services (PCS)



Private Duty Nursing (PDN)

SOURCE:

# 1945- Health Home Authority

- Provides authority for our **Tailored Care Management (TCM)** Program. TCM focuses on meeting the needs of individuals in the Tailored Plans
- TCM is provided via TPs and PIHPs (non-risk)
- States that adopt the **Section 1945A** health home option can provide care coordination for children with complex medical needs, ensuring access to a full range of services
  - There is no duplication to services under these plans. If an individual is a member of a more intensive waiver program they would not receive TCM through this authority.

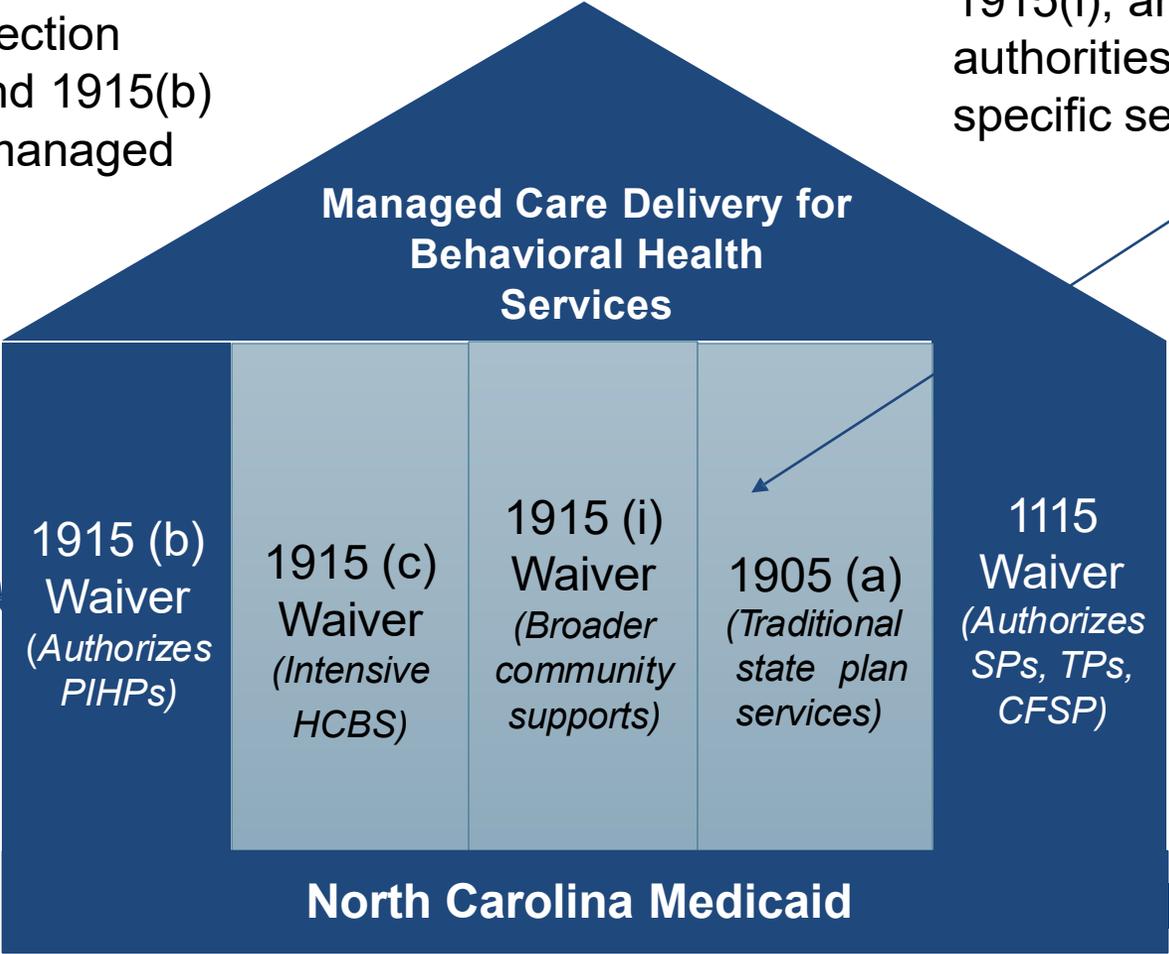
# Comparison Table

Service	Authority / Description	Delivery System	
		Managed Care (MC)	FFS
Innovations / TBI waiver	1915(c)	TP & PIHP	N/A
CAP/C & CAP/DA	1915(c)	N/A	Yes
1915(i) (BH and I/DD)	1915(i)	TP, PIHP	N/A
Other HCBS (Home Health, PCS, PDN)	1905(a)	SP, TP, PIHP	Yes
Other State Plan Services	1905(a)	SP, TP, PIHP	Yes
Tailored Care Management	1945 – Health Home	Non-Risk: TP & PIHP	Non-Risk: TP & PIHP

# Managed Care Authorities

**Foundation:** Section 1115 Waivers and 1915(b) waivers make managed care possible

**Rooms:** 1915(c), 1915(i), and 1905(a) authorities allow for specific service delivery



# Alliance Health

## TBI Waiver Update to Brain Injury Advisory Council

March 2026

# Who left the TBI Waiver after joining?

36 beneficiaries left the waiver between December 2019 and December 2025.

- 8 beneficiaries passed away
- 7 beneficiaries moved into different levels of care such as Skilled Nursing or CAP/DA
- 9 beneficiaries moved out of the Alliance catchment area
- 6 beneficiaries chose to stop receiving waiver services
- 4 beneficiaries did not utilize services as required by the waiver
- 2 beneficiaries lost Medicaid after enrollment

# Who declined to enroll in the TBI Waiver after being offered a slot?

26 individuals offered slot from January 2024 to December 2025 did not enroll in the TBI Waiver.

- 8 individuals did not meet TBI Waiver diagnosis requirements
- 9 individuals did not meet the Level of Care for the waiver
- 3 individuals were denied Medicaid eligibility for financial reasons
- 2 individuals were not determined disabled at Social Security
- 2 individuals did not pursue Medicaid despite extended follow-up
- 2 individuals declined to continue waiver process

# Service Utilization (January 2025 - June 2025)

## Residential Supports vs. In-Home Supports

- 28 individuals using residential supports in group homes or AFLs
- 63 individuals reside in a private home on their own or with family

## Meaningful Day Options

- 36 individuals using Community Networking
- 23 individuals using Day Supports
- 29 individuals using Life Skills Training

## Specialized Services

- 59 individuals using Specialized Consultative Services
- 9 individuals using Cognitive Rehabilitation