

# Shared Vision Statement

- The overarching goal is to achieve a *Good Life* as defined by the individual.
- Identify, research and recommend innovative, stable and sustainable solutions to address increasing community inclusion for individuals with I/DD as it relates to independent community living, employment, self-advocacy, relationships and beyond.
- Recommend workforce development & reimbursement strategies to support and strengthen our Direct Support Professionals.



NC Department of Health and Human Services

# DHHS I/DD Stakeholder Workgroup Meeting

Kenneth Bausell, I/DD Manager, NC Medicaid

March 24, 2022

Membership Roll Call  
Gathered through  
Attendee List in  
GoToWebinar

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# Agenda

- Online Meeting Reminders
- Staffing Changes
- Public Feedback & Engagement
- Special Presentation: NC Start
- Last Meeting Follow Up
- Medicaid Corner-1915i, NC TBI Waiver, RB-BHT, Additional Innovations Slots
- MFP and Needs of Adults with higher support needs.
- Next Meeting Planning
- Questions & Feedback

# Online Meeting Reminders

- Please Mute Yourself When Not Speaking
- Raise Hand Feature
- Chat Host for Technical Support
- Solution Focused Objective
- *For meetings in excess of an hour, we will provide a planned 5-minute break at or near the beginning of each hour.*

# Staffing Change

# Review & Approval of Meeting Minutes (Electronic)

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# Public Feedback & Engagement

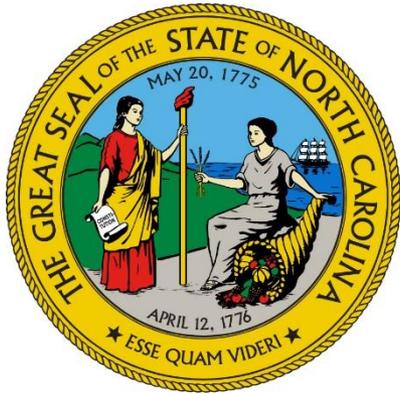
- We Encourage the Use of the Chat/Question Feature for Members of the Public
  - Feedback will be synthesized, and an overview will be provided to workgroup members.
- We will attempt to answer as many questions as possible during the meeting.
- Link Provided via Chat to Sign-up to Speak During Public Comment Period of Meeting

# Public Feedback Received

- No Public Comment Received Before Meeting

# Special Presentation: NC START





NC Department of Health and Human Services

## **NC START Overview**

Rachel Noell, IDD Consultant, NC DMH/DD/SAS  
I/DD Team

March 24, 2022

# North Carolina START

- Adult services began 2009, NC was the first state to implement START statewide  
Three regions: West, Central, and East
- NC START expanded to include children services in August 2016, providing services through the lifespan
- Short term service: 12 to 18 months  
Individuals must be enrolled in the program to receive services, not enrolled receive consultation

# North Carolina START

## Criteria and Accessing Services

- Documented I/DD diagnosis or diagnosed with TBI prior to age 22
- Co-occurring MH diagnosis and/or complex behavioral needs
- START does not serve individuals who have an active substance use disorder

### Children

- 6-20 years old
- Referrals made through LME-MCO for West and Central

East referrals made through crisis/referral line

### Adults

- 21 years and older
- Referrals made by calling the crisis/referral line for all teams

# North Carolina START

## SERVICE COMPONENTS

### Coordinator

- Provides consolation to the team on effective prevention and intervention strategies
- works with team to develop the Cross System Crisis Prevention Plan (CSCPIP)
- Provides training on IDD and MH diagnosis
- 24 hour on-call crisis response to NC START clients

### Resource Center (Crisis and Planned Respite)

- One RC per region, 4 beds per center (2 Crisis and 2 Planned)
- Community based therapeutic support for active NC START participants ages 18 and older
- Guest must have a viable place to discharge at admission

### Consultation

- Provides consultation to community systems, families, hospitals, LME-MCOs, etc. on complex cases (behavioral and/or medical)

### Training and Outreach

- Increase capacity for those supporting individuals with co-occurring diagnosis.  
Training partners: mobile crisis, IDD and MH providers, ED personnel, crisis facilities, LME-MCO staff-  
Access Specialist and Care Coordinators

# North Carolina START

## START Therapeutic Coaching (Child and Adult)

- Short term service; length is based on need of individual and does not replace other service
- On average coaches come in at least 2 days a week for 2-hour sessions (shorter virtual sessions are available)
- Coaches work with coordinators to identify vulnerabilities and support needs of the individual to develop personalized interventions and supports

## Other Trainings (examples)

- Crisis Intervention for Individuals with IDD and Behavioral Health Needs
- Crisis Planning & Prevention for Individuals with IDD
- Evaluating Crisis for Individuals with IDD
- Mental Health Disorders in the IDD Population
- IDD Populations and Clinical Assessments
- Trauma and PTSD in Adults with IDD
- Understanding Executive Functioning
- Genetic Syndromes in IDD
- Other diagnostic specific trainings – Autism Spectrum Disorder, Trauma, Grief, Borderline Personality Disorders, Psychiatric Diagnosis



# North Carolina START

When working with the LME-MCO:

- Referral to NC START Services
- Support with linkage to appropriate services
- Authorization of appropriate services for individuals with Innovations, (b)(3) and (b)(3)DI
- Continued facilitation of team communication
- Provide support for transfer between regions/teams and communication between LME-MCOs
- Support families with navigation existing services
- Building capacity to maintain stability as NC START services progress and eventually phase out

# North Carolina START

## NC START Inactivation and Reactivation

### Inactivation

- START prefers inactivation to be based on individual and system stability; determined by regular assessment through the NC START Plan.
- Inactivation can also be due to loss of contact, long term hospitalization, move to another state or the individual is deceased

### Reactivation

- Considered if there is a significant loss of stability for an individual which compromises the individual clinical treatment, such as sudden loss of a long-term placement or authorized service
- Once contacted by the individual, family and/or team NC START will consider reactivation, if inactivation was due a move out of state or stability, if the individual was inactivation for any other reason NC START will meet with the individual's team to discuss the clinical need for reactivation and if there is therapeutic value to the individual.

# North Carolina START

## Team Caseloads and Wait List (February 2022)

### NC START East

96 individuals supported

- 54 adults and transitional youth (18 and older)
- 42 children (6-17)

42 (22 adults and 20 children)

### NC START Central

143 individuals supported (5 pending)

- 65 adults (21 and older)
- 21 transitional youth (18 through 20)
- 52 children (6-17)

123 adults on waitlist (13 removed due to stability, out of region, death, 3 added)

### NC START West

150 individuals supported:

- 65 adults (21 and older)
- 25 transitional youth (18 through 20)
- 60 children (6-17)

3 adults on waitlist

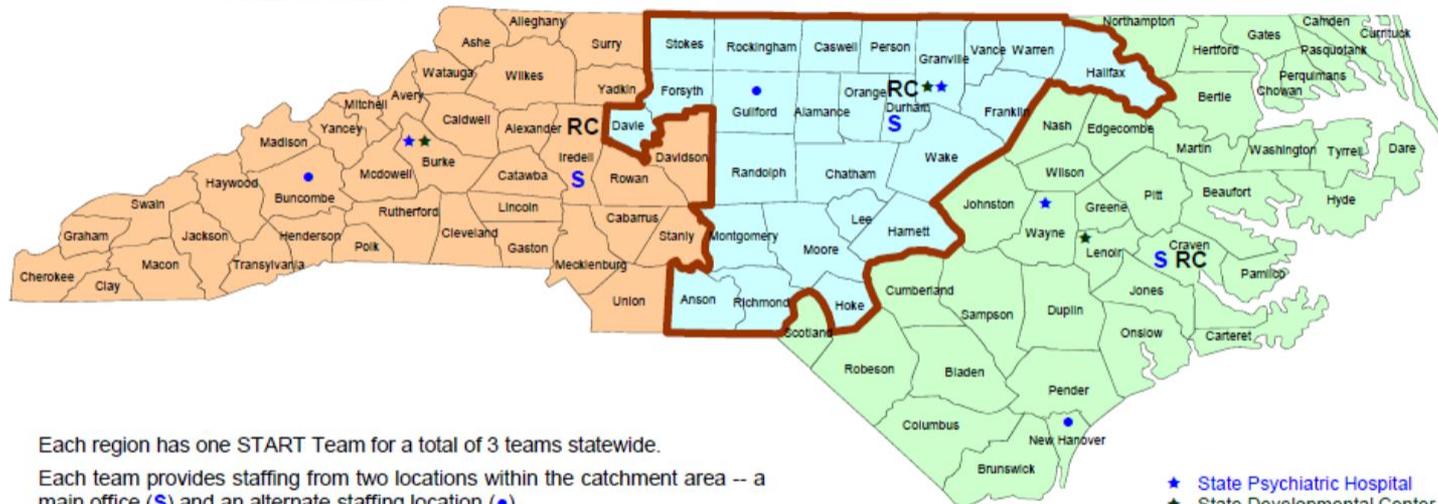
**overall waitlist decrease 23% in past year (Jan 2022)**

# NC START Regional Map

**Western Region**  
 (888) 974-2937  
 LME-MCO: Vaya Health  
 Provider: RHA, Inc.

**Central Region**  
 (919) 865-8730, (800) 662-7119 x8730  
 LME-MCO: Alliance Behavioral Health  
 Provider: Easter Seals/UCP

**Eastern Region**  
 (888) 962-3782  
 LME-MCO: Trillium Health Resources  
 Provider: RHA, Inc.



Each region has one START Team for a total of 3 teams statewide.  
 Each team provides staffing from two locations within the catchment area -- a main office (S) and an alternate staffing location (•).  
 Each region has one four-bed Resource Center (RC) with 2 planned beds and 2 crisis beds, for a total of 12 therapeutic respite beds statewide.

- ★ State Psychiatric Hospital
- ★ State Developmental Center
- S START Main Office
- Staffing Location
- RC Resource Center



# NC START Points of Contact



## WEST

Michelle Kluttz

[mkluttz@rhanet.org](mailto:mkluttz@rhanet.org)

Referral Line: (888) 974-2937

Serving 37 counties of Western  
North Carolina



## CENTRAL

Brittney Peters-Barnes

[brittney.petersbarnes@  
eastersealsucp.com](mailto:brittney.petersbarnes@eastersealsucp.com)

Referral Line: (919)

865-8730

Serving 25 counties of  
Central North Carolina



## EAST

Kerri Shaw

[kerri.shaw@rhanet.org](mailto:kerri.shaw@rhanet.org)

Referral Line: (888) 962-3782

Serving 38 counties of Eastern  
North Carolina



# Last Meeting Check-In



# Follow Up from Previous Meeting

- Care Coordination Visits
- Translating Materials
- Service Delivery for Individuals that are Not Citizens
- Autism Diagnosis for Service Definition
  - Medicaid Vs State-Funded

# Medicaid Corner



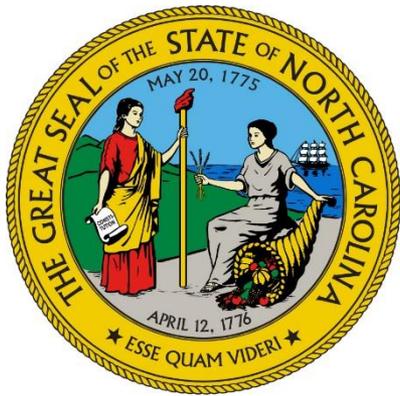
# Medicaid Corner

- NC TBI Waiver and Renewal
- Additional Innovations Funding Update
- 1915 (i) Service Update
- RB-BHT Service Update
- Autism Diagnosis for Service Definition

# MFP and Adults with Higher Support Needs

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NC Department of Health and Human Services



## Adults with IDD and Complex or Crisis Needs Discussion

Michelle Merritt, IDD Consultant, NC Medicaid

March 24, 2022

# What is MFP?

**A beautifully simple concept....**

**An opportunity to support people to transition  
into  
their homes and communities.**

**“So....exactly who does MFP serve and what do you do?”**

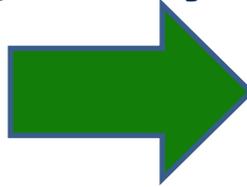
**“The MFP Demonstration Project will transition qualified individuals from qualified inpatient facilities to qualified residences in the community.”**

**What does this mean?**



# NC MFP Eligibility on a Page...

Who Can Apply for NC MFP:



Who Can Transition Under NC MFP

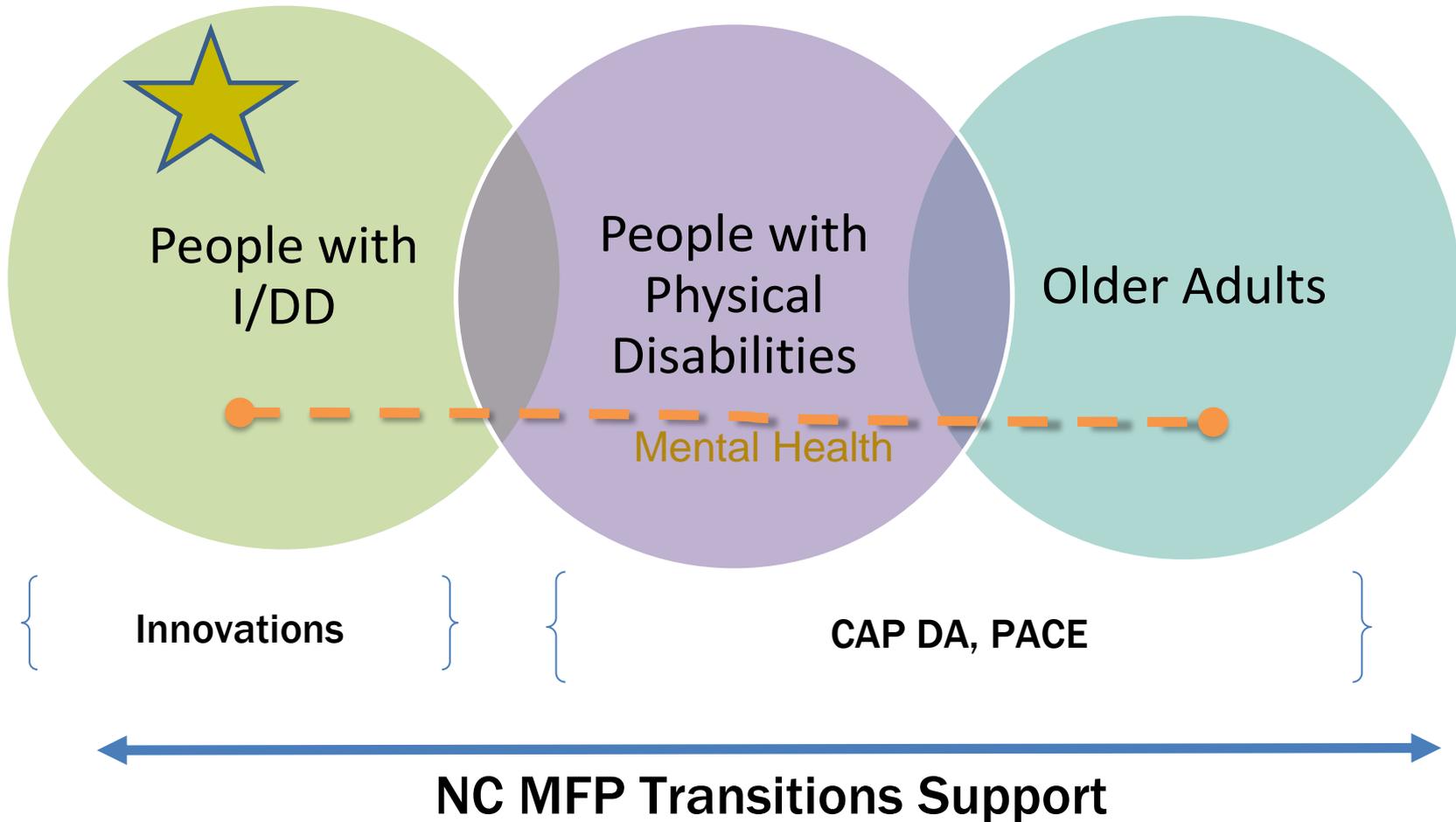
**MFP participants who meet  
the criteria for:**

Innovations waiver  
CAP DA  
PACE



- **Medicaid eligible residents of:**
  - Nursing Facilities
  - ICFs-IDD
  - State Developmental Centers
  - PRTFs if also qualifies for Innovations
  - State Psych hospitals in extremely limited situations
  - NOT adult care homes
- **Resident must have been in facility setting (or combination of) for sixty days prior to transition.**
  - Medicare Part A Rehab considerations Timeframe may include time in acute care settings now included.
  - Sixty days must be continuous.

# NC MFP Focuses On 3 Primary Populations



## **MFP Participation Timeframe**

**A person is considered an “MFP Participant” at the time of application approval and up to 365 days after the transition date. If a person returns to the facility for 30 days or longer, the person will be disenrolled, but may re-enroll at a later date.**

# **MFP Demonstration Projects**

**Part of the MFP Program includes cost savings**

**Those cost savings go into an account called rebalancing funds**

**Those funds can be used for demonstration projects**

**Demonstration Projects can be designed to address a system challenge in a new or different way**

**Funding for Demonstration Projects is generally not long term (may be a few years but if the project has positive outcomes; long term funding must be identified)**

# **MFP Demonstration Project Idea**

**IDD Team at Medicaid is partnering with MFP to brainstorm the best approach for supporting Adults with Complex Needs or who have a history of Crisis Support Needs**

**For MFP sometimes this can impact the length of time it takes to find the right provider and the transition plan for individuals to be able to move from an institution or ICF setting**

**MFP and DHHS also have a goal when individuals transition out that they remain in the community of their choice and are supported to do so**

# **What is out there NOW?**

**Children with Complex Needs**

**NC Pal**

**NC START**

**Assessment Clinics at State Developmental Centers**

**Innovations beneficiaries can have Specialized Consultative Services which could include the development, training on and monitoring of a Behavior Support Plan**

**Mobile Crisis**

**What other options are out there that the group can think of?**

# Project Goal

**Provide Adults with IDD who have Complex or Crisis Needs with appropriate tools and support**

- Important that we do not duplicate options already available

**Could we broaden some of the tools that are more focused for children only have an adult focused support options?**

- Keep in mind ongoing funding would need to identify if project is successful

**Success would look like:**

- Better Supports in the Community with an IDD and MH Focus
- Reduced need to go to ER or Institutional settings because individual is being supported in the Community

# Brainstorming

**In the process of researching how other states are working on this**

**Consideration for finding a provider that specializes in this population**

**Is training the workforce part of the issue?**

- some providers say they work with individuals with IDD and not individuals with MH and vs versa on the MH Side**

**Other thoughts or ideas from the group?**

**Feedback or Suggestions on Adults with Complex or  
Crisis Needs: [Michelle.Merritt@dhhs.nc.gov](mailto:Michelle.Merritt@dhhs.nc.gov)**



**For More Info on MFP:**

**<http://bit.ly/moneyfollowstheperson>**

**[mfpinfo@dhhs.nc.gov](mailto:mfpinfo@dhhs.nc.gov) or 855-761-9030**

# Public Comment Period

[DMHIDDContact@dhhs.nc.gov](mailto:DMHIDDContact@dhhs.nc.gov)

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# Member Questions & Feedback



# Next Meeting Planning

- Review of Public Feedback Received
- Workgroup Members-What Would You Like to Suggest for Agenda Items?
  - Unpack the Rate
  - Staff Training Requirements

# 2022 Meeting Schedule

Date	Time
Thursday, January 27, 2022	3:00-5:00 PM
Thursday, March 24, 2022	3:00-5:00 PM
Thursday, May 19, 2022	3:00-5:00 PM
Thursday, July 28, 2022	3:00-5:00 PM
Thursday, September 22, 2022	3:00-5:00 PM
Thursday, November 17, 2022	3:00-5:00 PM