



**NC Department of Health and Human Services**

**Joint DMH/DD/SUS & DHB (NC Medicaid)  
Consumer Webinar**

**June 26, 2023**



# Investing in the Caregiving Workforce

NC Department of Health and Human Services

2023

## AGENDA

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1. **Provide background on DHHS Strategic Priorities** including “Strong & Inclusive Workforce”
2. **Discuss overview of NC Caregiving Workforce Strategic Leadership Council** launched over the last year

# NCDHHS Priorities

*These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation*

## Behavioral Health & Resilience



## Child & Family Well-Being



## Strong & Inclusive Workforce



# DHHS' STRONG & INCLUSIVE WORKFORCE PRIORITY SUPPORTS CRITICAL AREAS OF OUR CAREGIVING WORKFORCE



1. Health Caregiving Workforce



2. Child Care Workforce



3. State and County Health & Human Services Workforce

## Workforce Categories – sample

- A. **Strategy & long-term Governance to build a robust NC Health Workforce** – for ongoing strategy, policy, and investment in NC's Health Workforce with partners
- B. **Direct Care & BH Workforces** – workers caring for individuals who require hands-on assistance due to a health condition, disability, and/or age, or support for a BH need
- C. **Child Care Workforce** – workers powering our children's early learning & development, and enabling a strong economy that includes parents/caregivers
- D. **DHHS Workforce** – workers delivering critical health and human services to the people of North Carolina across a multitude of supportive programs
- E. **State & Local Public Health Workforce** – workers meeting vital health needs in our communities through health promotion & disease prevention
- F. **State & Local Social Services Workforce** – workers providing critical safety net services

*These areas of focus will have cross-cutting focuses of being data-driven and advancing equitable wellbeing outcomes.*

## **COULD NC BENEFIT FROM DEDICATED COORDINATED FOCUS ON OUR HEALTH CAREGIVING WORKFORCE? WHY?**

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- North Carolina – like the nation – has experienced a tight labor market as we recover from the global COVID-19 pandemic; while our health caregiving workers were some of our greatest heroes in the pandemic, even prior to the pandemic this workforce was in **chronic short supply**.
- While North Carolina has many stakeholders deeply engaged across the state in tackling these challenges, NC could benefit from **a common understanding of the workforce landscape**: the health caregiving workforce areas of greatest need, current efforts underway, and promising strategies that could be scaled.
- Beyond this shared understanding, North Carolina could benefit from **a coordinated state response** that marshals collective efforts towards actionable improvement for the ecosystem, and away from unintended externalities or lower return on investment. A coordinated response contributes to **evidence-driven investment and policy**.
- Ultimately, this **persistent challenge needs persistent focus**, and the governance to drive towards long-term solutions for this workforce that underpins a productive and healthy North Carolina.

### North Carolina Launches Caregiving Workforce Strategic Leadership Council

North Carolina leaders are projecting shortages in direct care workers, nurses and other caregiving positions in the coming decade. At the same time, demand for these services is rising. To address this gap, the North Carolina Department of Health and Human Services and the North Carolina Department of Commerce are leading North Carolina's new Caregiving Workforce Strategic Leadership Council.

*"**The caregiving workforce supports every person in North Carolina**, whether you need help daily or during an emergency," said NCDHHS Secretary Kody H. Kinsley. "Leadership Council members are committed to working together to create real solutions that build a workforce pipeline, forge career pathways and address financing strategies that support sustainable wages so we can avert this coming crisis."*

*"**North Carolina's caregivers not only work to keep our workforce healthy, but they also play a vital role in the state's economy**," said North Carolina Commerce Secretary Machel Baker Sanders. "We can continue to recruit and retain these critical jobs using a more inclusive and equitable approach — and this council's work is an important step in the right direction."*

*To create the Council, Secretary Kinsley and Secretary Sanders nominated leaders from across state government and the education sector to participate.*

# THEMES FROM CAREGIVING WORKFORCE STRATEGIC LEADERSHIP COUNCIL

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Summary of key themes that have emerged:

- **Leveraging data for informed decision-making:** there is a need for shared, integrated, and synthesized data across entities to understand the problem and craft appropriate solutions
- **Understanding the limiting factors in expanding education and workforce:** we recognize barriers to expanding training like accreditation and precepting, and hurdles in meeting people where they are including textbook costs and affordable childcare
- **Acknowledging the multiple factors involved in attraction and retention:** in addition to pay, organizations are considering leave, flexibility, and career pathing
- **Being intentional about equity:** acknowledge changing demographics and that we have not equitably served all job seekers – thoughtfully incorporate this into our strategy setting
- **Acknowledging multi-stakeholder response:** need exists for many different entities to play a role, including the many people already doing great work here across the state, with an opportunity to further lift up and coordinate the work
- **Considering state-wide and regional approaches:** balance our state-wide strategic approach with regional/community progress
- **Establishing governance and alignment:** build commitment, process, and infrastructure for sustained focus, coordination, and outcomes

# WHAT COULD CHARTING NEAR-TERM PROGRESS FOR COUNCIL LOOK LIKE?

**DRAFT**

*While we build towards a longer-term vision and governance, we want to move towards:*

## 1. Top workforce needs

## 2. Landscape analysis & synthesis

## 3. Governance framework

## 4. Recommendations for action

- Deliverable
- Initial analysis of NC **top health caregiving workforce areas of need** based on available data
  - **Data strategy** for enhanced data availability/insight
- **Scan and summary of existing efforts** to improve workforce, esp. for initial focus areas
  - Identification of **main gaps/opportunities and barriers**, esp. for initial focus areas and cross-cutting themes
  - Idea generation on **key improvements**, with learnings from other states
- **Scan and summary of potential workforce governance structures** and learnings from other states' governance and intervention
  - **Proposed ongoing long-term governance** for vision, coordination, and implementation oversight
- **Final report with key recommendations** for:
    - Health caregiving workforce areas for initial focus
    - Key strategies for near-term action, with synopsis of potential longer-term actions
    - Proposed longer-term state-level governance

# TOP WORKFORCE NEEDS AND INITIAL AREAS OF FOCUS

**DRAFT**

## Determining top health caregiving workforce needs

Understand the top health caregiving workforce needs facing NC, to ground our definition of the problem, inform initial focus areas, and shape strategies that address data limitations.

### Approach

- Pose key questions and track findings across key health categories
- Triangulate across data sources for more robust picture
- Utilize available subject-matter expertise
- Leverage data insights to build towards action on a subset of areas of need, by understanding initiatives in place and gaps/opportunity

### Overview of data

- Primary data sources:
  - NC Dpt. of Commerce Labor & Economic Analysis Division
  - UNC Cecil G. Sheps Center for Health Services Research
  - HHS Health Resources and Services Administration
  - PHI International Workforce Data Center on Direct Care



## Initial focus areas

### Behavioral Health Workforce

- Rationale: ~52% of NC adults with mental illness received no treatment, and shortages of Mental Health and Substance Use Disorder professionals extend across NC per UNC Sheps (e.g., 25% NC counties don't have Psychiatrist)
- Potential themes – *not exhaustive*: data-driven workforce assessment, career pathways, financial incentives (e.g., scholarships), training and/or clinical experience support

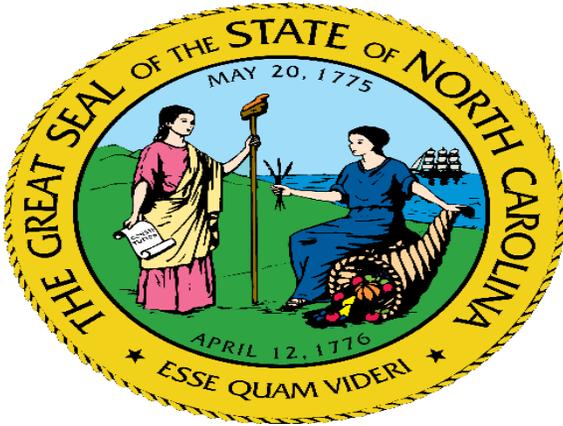
### Direct Care Workforce

- Rationale: NC lost ~9% of its Direct Care workforce from 2016-21 per PHI, and there aren't enough Direct Support Professionals to meet needs of those with disabilities (with >30% turnover rate)
- Potential themes – *not exhaustive*: wages & benefits, credentialing, building pathways, apprenticeship-type models

### Nursing Workforce

- Rationale: NC faces a shortfall of ~12,500 RNs and 5,000 LPNs by 2033 per UNC Sheps, with needs across NC
- Potential themes – *not exhaustive*: nurse retention and workplace environment (e.g., wellness, safety), increasing NC Nursing Graduates (e.g., student support to graduate, faculty)

**THANK YOU**



# DMH/DHB Consumer Webinar

*Population Health*

*Division of Health Benefits*

**June 26, 2023**

# Agenda

- 01 Tailored Care Management**
- 02 Tailored Plan Launch**
- 03 Medicaid Expansion**

# Tailored Care Management

# What is Tailored Care Management?

## Key Features of Tailored Care Management

### ○ Tailored Care Management = Care management

Care managers coordinate and support beneficiaries' connections to needed healthcare and community services.

Why is it called "Tailored Care Management? Because care managers will be serving:

- Individuals enrolled in NC Medicaid Direct (e.g., dual eligibles) who would otherwise be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.
- All Tailored Plan Members, including individuals enrolled in the 1915(c) Innovations and TBI waivers.

○ Under Tailored Care Management, members will have a single care manager who will be equipped to manage all of their needs, spanning physical health, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health-related resource needs.

# Who is Providing Tailored Care Management?

## Key Features of Tailored Care Management

- Tailored Plan-eligible members have been assigned to one of three approaches for obtaining Tailored Care Management:



### Advanced Medical Home Plus (AMH+)

Primary care practices whose providers have experience delivering primary care services to the Tailored Plan eligible population



### Care Management Agency (CMA)

Provider organizations with experience delivering behavioral health, I/DD, and/or TBI services to the Tailored Plan eligible population and whose primary purpose is the delivery of NC Medicaid, NC Health Choice, or State-funded services.



### LME/MCO/TP Care Management Team

LME/MCOs and subsequent Tailored Plans also will provide care management with the same expectations as AMH+/CMA providers.

- Note: The Department strongly believes that care management should be provider-based and performed at the site of care (i.e., at an AMH+/CMA) to the maximum extent possible.

# Tailored Care Management Eligibility

- **All Tailored Plan Members are eligible for Tailored Care Management, including individuals enrolled in the 1915(c) Innovations and TBI waivers.**
- **Individuals enrolled in Medicaid fee-for-service (e.g., dual eligibles) will also have access to Tailored Care Management, if they otherwise would be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.**

The Department has determined that the below services are duplicative of Tailored Care Management and an individual will not be allowed to receive both simultaneously:

- Case management provided through Assertive Community Treatment (ACT)
- Case management provided through Intermediate Care Facilities for Individuals for Intellectual Disabilities (ICF-IIDs)
- Care management provided through the High-Fidelity Wraparound program
- Care Management for At-Risk Children (CMARC)

# Core Principles of Tailored Care Management Model

**Tailored Care Management is the primary care management model for Tailored Plans.**

## Core Principles

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources



# Components of Care Management

## Tailored Care Management includes the following activities:

- Development of care management comprehensive assessments and care plans/individual support plans
- Coordination of services
- Innovations and TBI waiver care coordination (if applicable)
- Consultation with multidisciplinary care team
- Transitional care management
- Diversion from institutional settings
- In-reach and transitions from institutional settings (for certain populations)
- Addressing unmet health-related resource needs
- Management of rare diseases and high-cost procedures; high-risk care management; chronic care management
- Medication monitoring
- Development and deployment of prevention and population health programs

# Tailored Plan Launch

# Tailored Care Management and Tailored Plan Key Dates



**December 1, 2022**

Tailored Care Management Launch for Medicaid Direct Members



**April 1, 2023**

Additional Populations Included in Medicaid Direct, eligible members assigned a Tailored Care Management entity.



**October 1, 2023**

Tailored Plan Launch, eligible members enrolled with a Tailored Plan.

\*Please note that TCM assignments will remain unless a TCM entity has chosen not to contract with the Tailored Plan their assigned member is enrolled with.

# How Will Tailored Plan Launch Impact Patient Care?

## ○ Will beneficiaries' care management change?

**Tailored Care Management should not change during Tailored Plan launch. Beneficiaries should be able to continue to receive access to care management through their existing care management provider (CMA/AMH+/Plan).**

*Note: In the unlikely instance a care management agency (CMA) or Advanced Medical Home+ (AMH+) did not contract with the Tailored Plan, their beneficiaries would experience a change in care management provider.*

# Medicaid Expansion

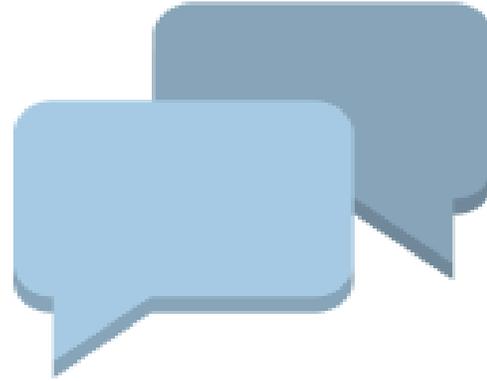
# Medicaid Expansion

**On March 27, 2023, Governor Cooper signed Medicaid expansion into law, making North Carolina the 40<sup>th</sup> state to expand Medicaid. Medicaid expansion will take effect upon the signing into law of the FY 2023-25 appropriations act.**

- Over 600,000 North Carolinians will gain access to health care coverage
- Medicaid Expansion in North Carolina increases eligible population to all adults aged 19-64 who have incomes up to 138% of the Federal Poverty Level
  - Single adults 19-64 who have incomes of approximately \$20,000 each year
  - Parents with low incomes -- for a family of 3, an annual income below about \$34,000 each year
- Some of these individuals will be eligible for Tailored Care Management. LME/MCOs will assign eligible members to a Tailored Care Management organization, with members being assigned to an AMH+/CMA to the maximum extent possible. New members can still express choice of care management approach, consistent with current policy.
- The Department encourages plans and providers to identify individuals who they serve who may be newly eligible for Medicaid coverage (e.g., individuals using state-funded services) and connect them to resources to enroll in Medicaid.

**Thank You!**

# Questions and Answers



Comments, questions and feedback are welcome at:

- [BHIDD.HelpCenter@dhhs.nc.gov](mailto:BHIDD.HelpCenter@dhhs.nc.gov)
- [Medicaid.NCEngagement@dhhs.nc.gov](mailto:Medicaid.NCEngagement@dhhs.nc.gov)

Previous recordings and presentation slides for this webinar series can be found on the Community Engagement and Training webpage: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-committees/community-engagement-and-training>

# Member Resources

- NC Medicaid Enrollment Broker
  - Website [ncmedicaidplans.gov](https://ncmedicaidplans.gov)
  - Call Center 1-833-870-5500 TTY: 711 or [RelayNC.com](https://RelayNC.com)  
(Monday–Friday, 7 a.m. to 8 p.m., Saturday, 7 a.m. to 5 p.m.)
  - Tailored Plan webpage [ncmedicaidplans.gov/learn/get-answers/tailored-plan-services](https://ncmedicaidplans.gov/learn/get-answers/tailored-plan-services)
- NC Medicaid Behavioral Health I/DD Tailored Plan webpage [medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans](https://medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans)
- NC Medicaid Ombudsman
  - Website [ncmedicaidombudsman.org](https://ncmedicaidombudsman.org)
  - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)
- NC Medicaid Website [medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov)

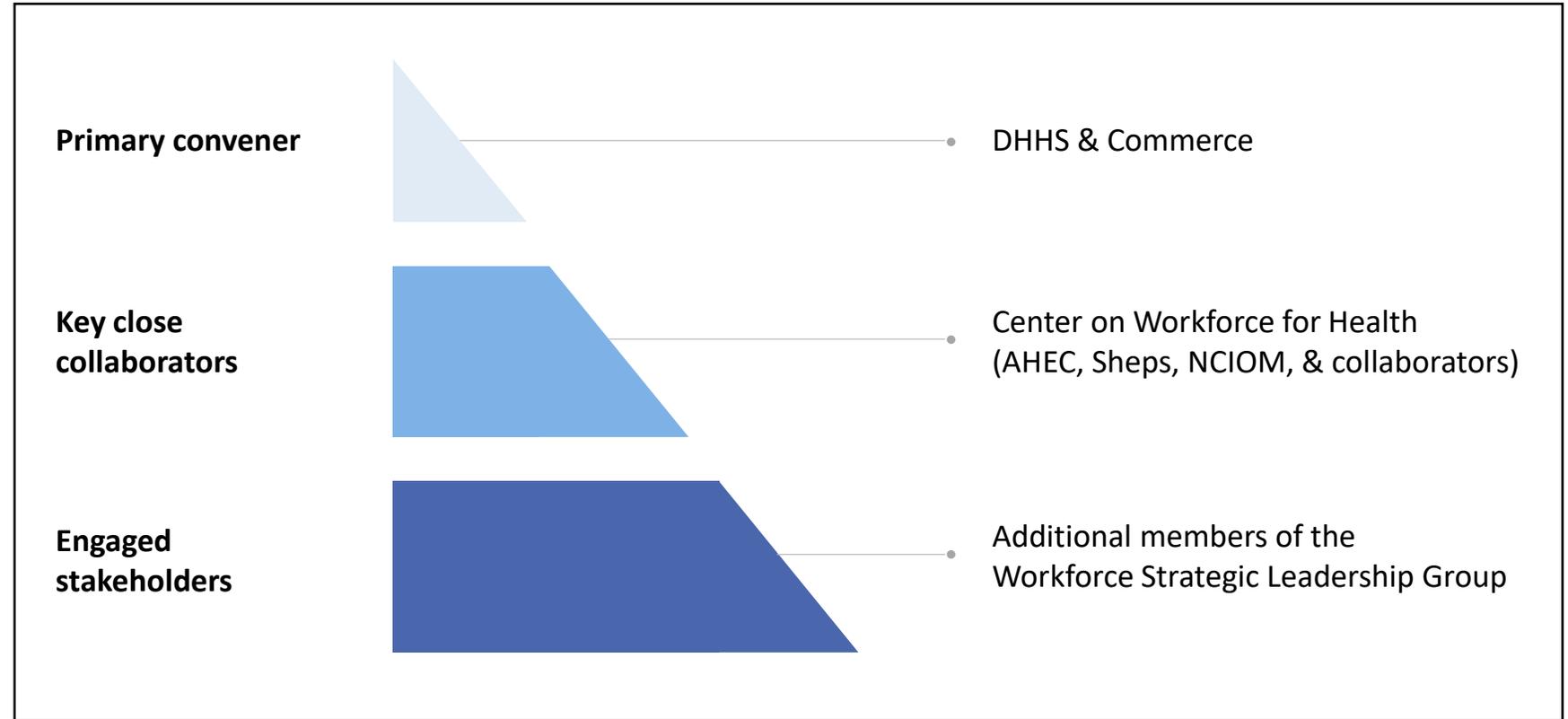
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## APPENDIX

# NEAR-TERM COUNCIL CONVENING ON OUR ROAD TOWARDS LONGER-TERM PROGRESS

## Health Caregiving Workforce Strategic Leadership Council

- Representatives identified by Secretaries of NC DHHS and NC Commerce, across:
  - Governor’s Office
  - Dpt. of Commerce
  - Dpt. of HHS
  - Dpt. of Labor
  - Dpt. of Public Instruction
  - NC AHEC
  - NC Community College System
  - NC Independent Colleges & Universities
  - University of North Carolina
  - Economic Dev. Partnership of NC
- Quarterly meetings
- Structure to evolve as longer-term governance is established



## **Organization:**

The NC Center on the Workforce for Health (Center) will reside within NC AHEC in the UNC School of Medicine, in partnership with the NC Institute of Medicine and the Cecil G. Sheps Center for Health Services Research and in coordination with the UNC System Office, NC DHHS, and NC Department of Commerce. Stakeholders to engage will include:

- North Carolina's post-secondary educational institutions (public and private universities and community colleges)
- The health-care organizations that employ North Carolinians
- The health personnel who work in those organizations
- The people who receive services in those organizations
- Relevant state agencies
- Other relevant community-based or trade/professional organizations

## **Action:**

The Center will collect, analyze, and assess relevant data and information, and convene and lead stakeholders to identify key strategies for action, and implement strategies to develop, train and sustain a workforce needed to meet the health and health care needs of the people in North Carolina. It will:

- Be persistent, transparent, and accountable to policy makers, educators, employers and employees for evidence-based recommendations and approaches to address health workforce needs.
- Leverage and expand data sources, including data gathered through local and state workforce needs assessment processes, and convene relevant stakeholders to identify health workforce needs and solutions, and coordinate actions and monitor progress toward implementing those solutions.
- Provide no less than annual updates for stakeholders and policy makers including the UNC Board of Governors and the Joint Legislative Oversight Committee on progress toward identifying and implementing solutions to the State's health workforce shortages and recommended actions.
- Partner with the NC Chamber Foundation and other organizations to develop and deploy strategies to engage local communities to coordinate efforts to define health workforce needs, to partner with workforce development and training institutions to meet those needs, and to identify and implement best practices related to developing, training and sustaining the needed workforce.

# OVERVIEW OF HEALTH CAREGIVING WORKFORCES

**DRAFT**

## Sample Health Caregiving Categories and Professions – *Not exhaustive*

<b>Behavioral Health</b> (Mental Health and Substance Use Disorder)		Prescribing: Psychiatrist and other MDs, Psychiatric Nurse Practitioner (NP), Licensed Physician Assistant (PA) Therapy: Licensed Clinical Social Worker (LCSW), Licensed Psychologist (LP), Licensed Professional Counselor (LPC), Licensed Clinical Mental Health Counselor (LCMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Addiction Specialist (LCAS) Therapy/Testing: Psychologist, Licensed Psychological Associate (LPA) BH Direct Care Workers: Qualified Professional (QP), Associate Professional (AP), Paraprofessional (PP), Peer Support Specialist, Mental Health/Health Care Technicians (hospital-based) Care Managers, Care Coordinators
<b>Primary Care, Specialty Care, &amp; Population Health</b>	<b>i. Physician</b>	Internal Medicine Physician, Family Medicine Physician, Specialists
	<b>ii. Nurse</b>	Licensed Practice Nurse (LPN), Registered Nurse (RN), Nurse Practitioner (NP)
	<b>iii. Physician Assistant</b>	Physician Assistant (PA)
	<b>iv. Allied Health Professional</b>	PT / OT / ST, Respiratory Therapist, Dietician
	<b>v. Other Care and Pop. Health</b>	Care Manager, Medical Assistant, Community Health Worker (CHW)
<b>Health support esp. for Older residents &amp; Individuals with Intellectual/Developmental Disabilities</b>	<b>i. Direct Care Worker</b>	Older adults: Certified Nursing Assistant, Home Health Aide, Personal Care Aide I/DD: Qualified Professional (QP), Associate Professional (AP), Paraprofessional (PP), Peer Support Specialist, Family Navigators Care Managers/Care Coordinators
<b>Women &amp; Children’s Health</b>		OBGYN, Doula, Pediatrician
<b>Oral Health</b>		Dentist, Dental Hygienist, Dental Assistant
<b>Pharmacy</b>		Pharmacist, Pharmacy Tech.
<b>Emergency Medical Services</b>		EMT, Paramedic

There are many health caregiving workforces – this list encapsulates core categories to help us structure our synthesis/action but is not exhaustive.