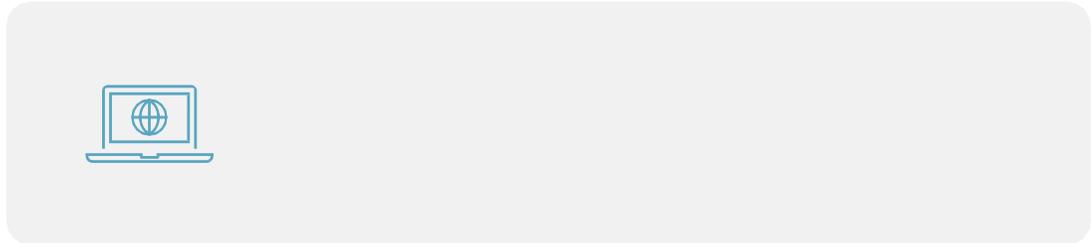
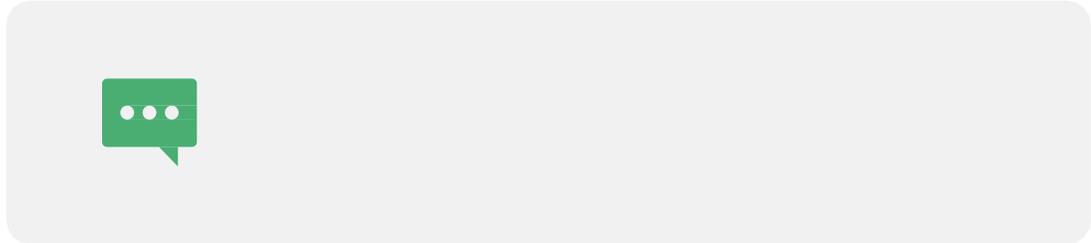
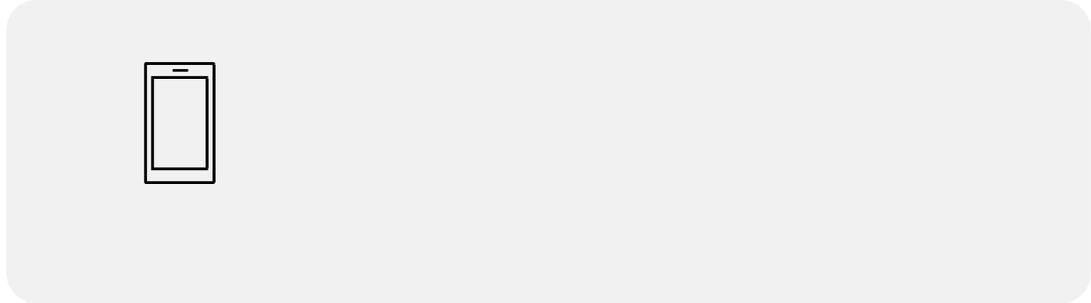




Joyce Swetlick, MPH
Director of Tobacco Cessation
NC Division of Public Health,
April 12, 2023



Coach Sessions



1-on-1 Sessions



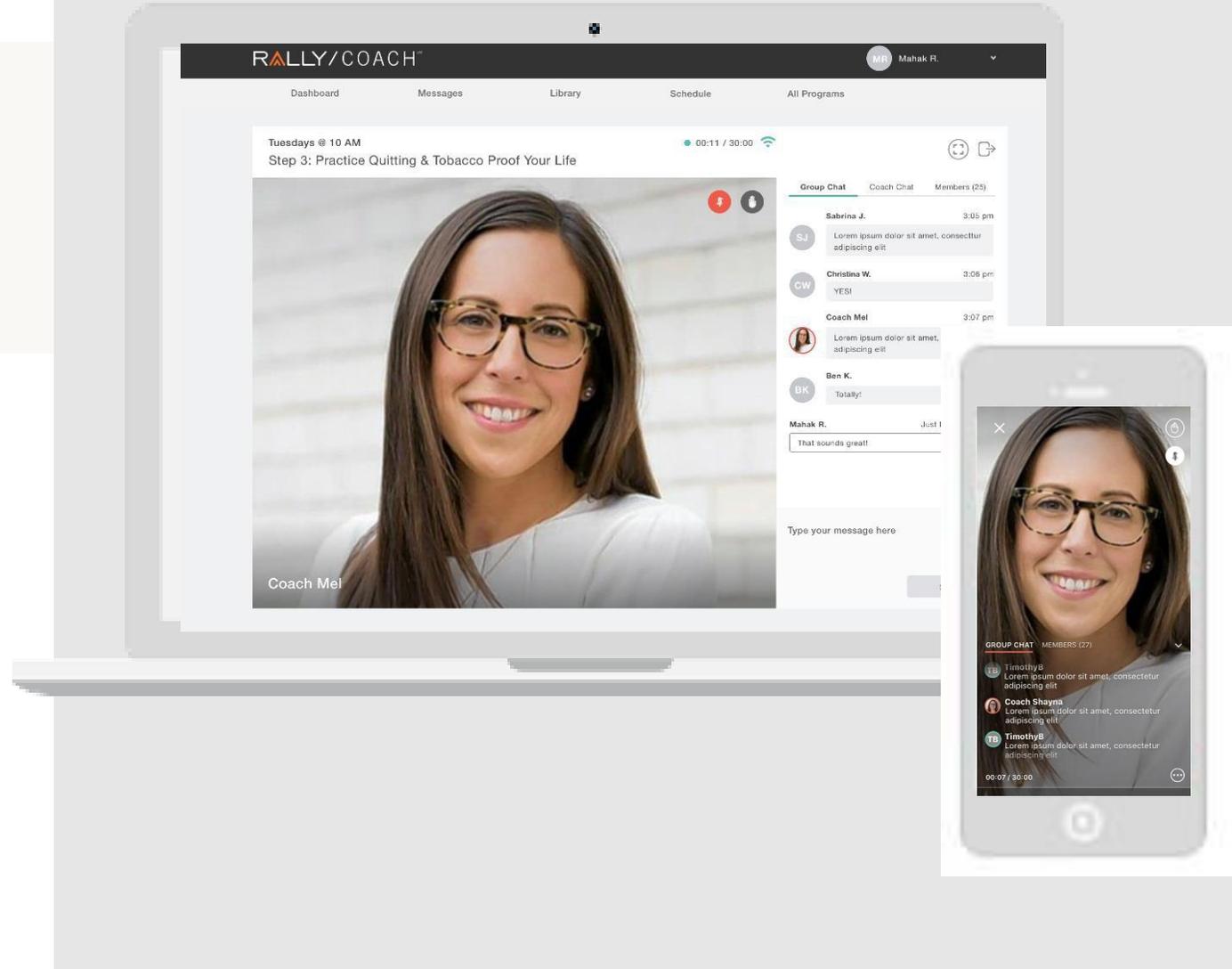
Group Sessions

Coach Facilitated

- Discuss progress & challenges
- Reflect and evaluate

Education and/or Discussion

- Group environment helps normalize experience and provides social support and peer problem solving
- For 1:1s, discussion is personalized

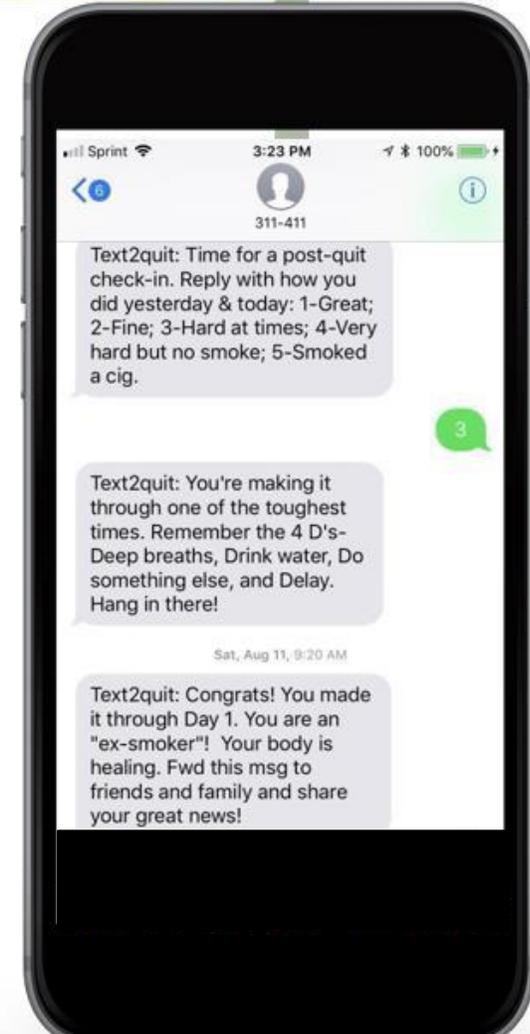


Text a Coach



- Supports quit plan
- Access to Quit Coaches
- Progress and cost-savings trackers
- Lessons for easy learning

Can't beat a craving?
Text CRAVE for a
crave game



Images and content courtesy of Optum.
Used with permission.

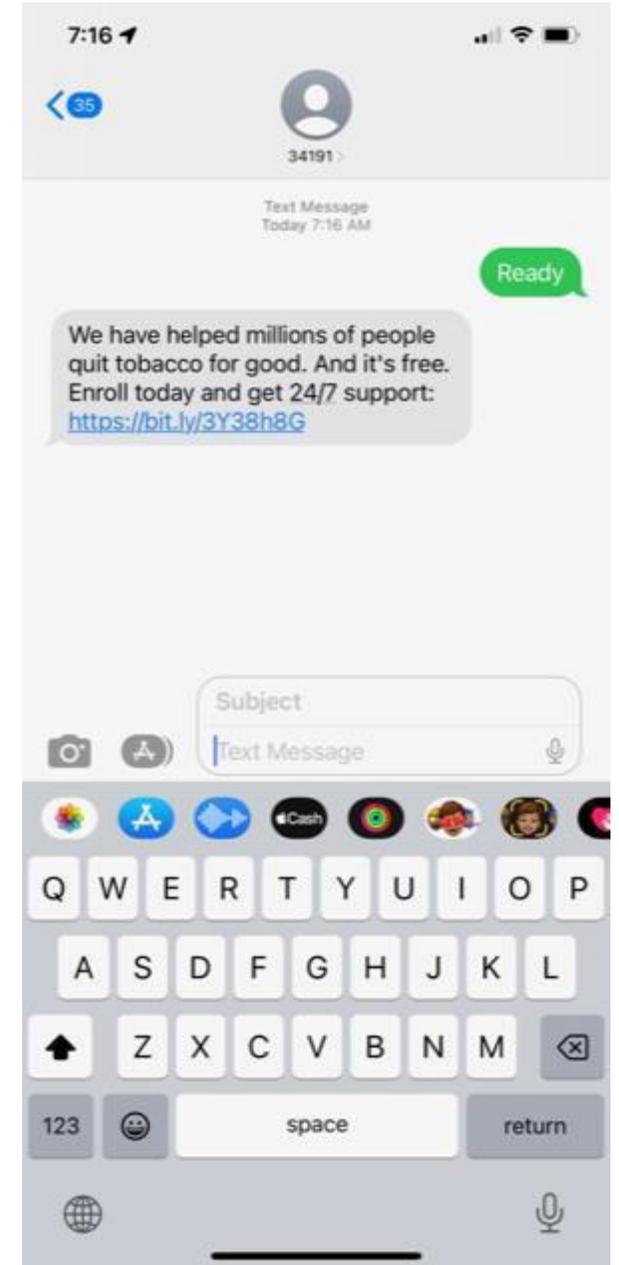
Ways to Enroll Self



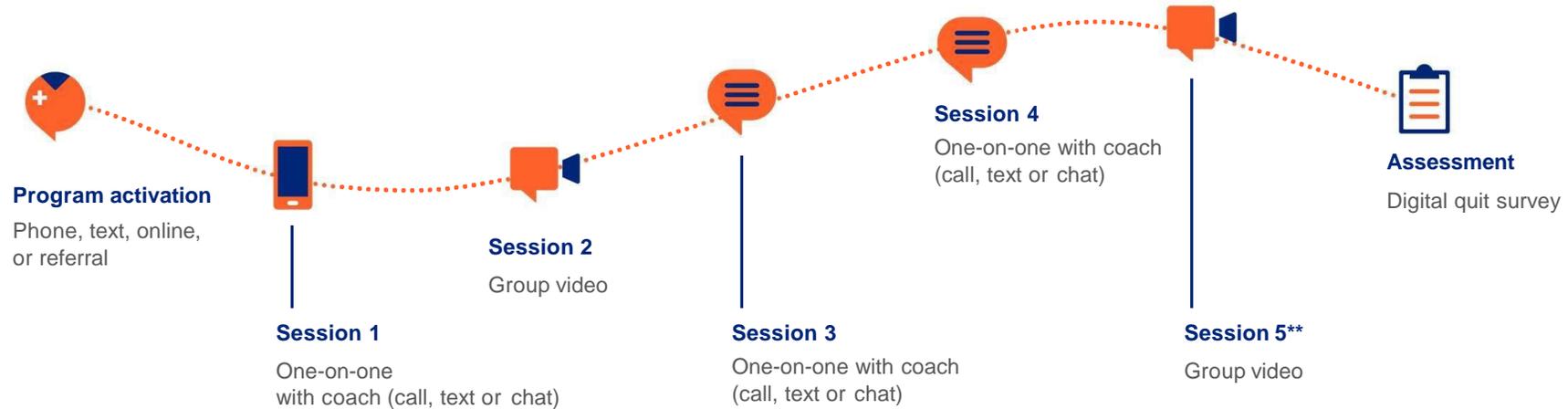
Photo by [Akshar Dave](#) on [Unsplash](#)



Photo by [Christin Hume](#) on [Unsplash](#)



Member/Participant Journey



Additional program engagement

- Daily actions steps
- Email and text reminders
- Milestone celebrations and reminders
- Online group session scheduling
- Online ordering and direct mail delivery of NRT
- Opt into text messaging support
- Trackers
- Videos and article on tobacco use, stress, nutrition and physical activity

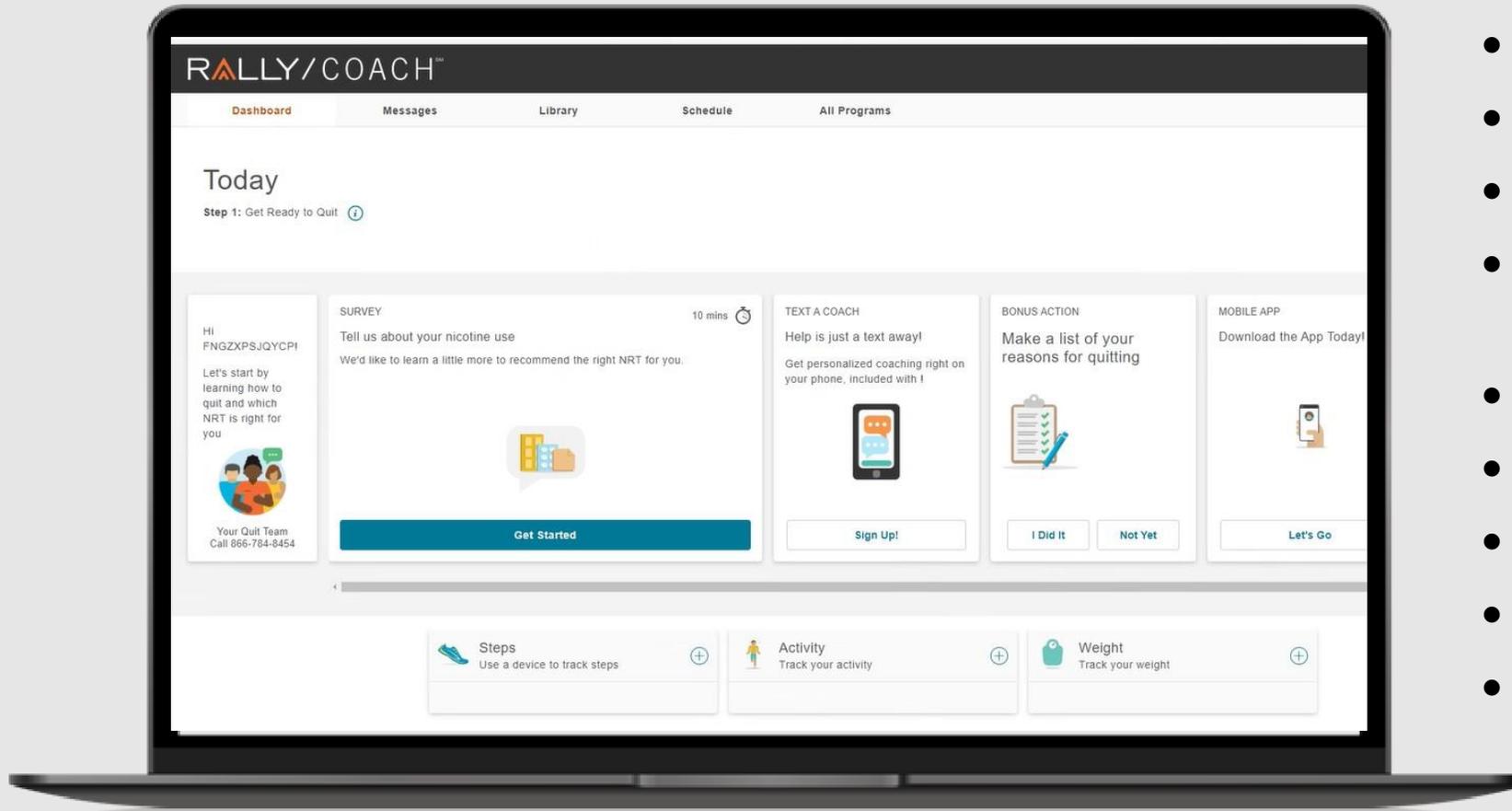
*Tailored (i.e. Behavioral Health, American Indian, Pregnancy) programs are seven sessions and include five one-on-ones and two group videos

**Members will have flexibility to swap any group video session with a one-on-one session with a coach

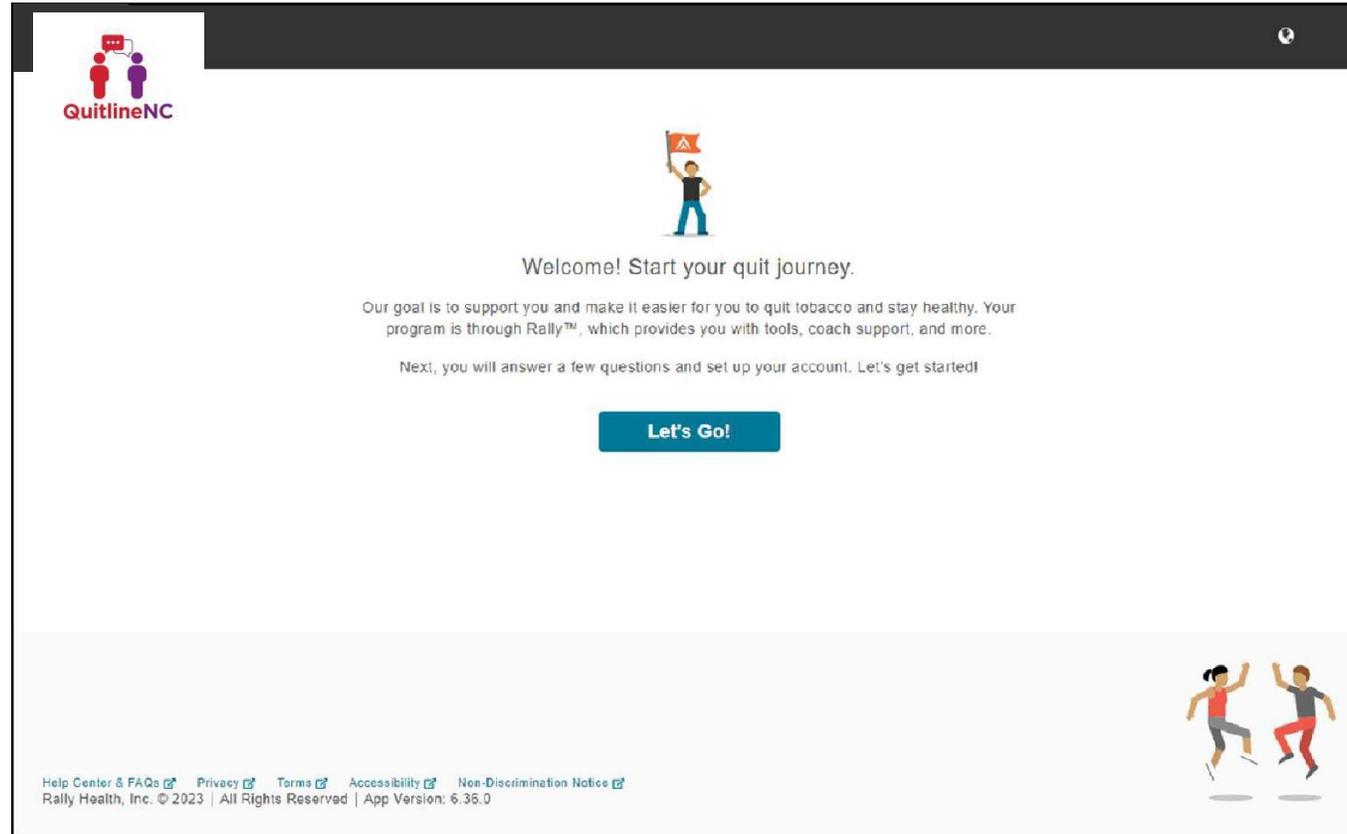
Platform Dashboard

The dashboard provides quick access to QuitlineNC resources and tools:

- Profile and settings
- Text a Coach
- Managing NRT
- Nudges and reminders to connect
- Messages
- Library
- Managing schedule
- Multi-media content cards
- Clear calls to action



Landing Page



The screenshot shows a landing page for QuitlineNC. In the top left corner, there is a logo with two stylized human figures (one red, one purple) and the text "QuitlineNC". In the top right corner, there is a small circular icon. The main content area features a central illustration of a person holding a flag. Below this, the text reads: "Welcome! Start your quit journey." followed by "Our goal is to support you and make it easier for you to quit tobacco and stay healthy. Your program is through Rally™, which provides you with tools, coach support, and more." and "Next, you will answer a few questions and set up your account. Let's get started!". A prominent blue button with the text "Let's Go!" is centered below the text. At the bottom right, there is an illustration of two people running. The footer contains the text: "Help Center & FAQs | Privacy | Terms | Accessibility | Non-Discrimination Notice" and "Rally Health, Inc. © 2023 | All Rights Reserved | App Version: 6.36.0".

QuitlineNC



Welcome! Start your quit journey.

Our goal is to support you and make it easier for you to quit tobacco and stay healthy. Your program is through Rally™, which provides you with tools, coach support, and more.

Next, you will answer a few questions and set up your account. Let's get started!

Let's Go!



[Help Center & FAQs](#) | [Privacy](#) | [Terms](#) | [Accessibility](#) | [Non-Discrimination Notice](#)
Rally Health, Inc. © 2023 | All Rights Reserved | App Version: 6.36.0

Survey Questions

The screenshot displays the QuitlineNC web application interface. At the top left is the QuitlineNC logo, and at the top right is a user profile for 'TestNick T.'. Below the header are navigation tabs for 'All Programs' and 'Other Resources'. The main content area features a 'Today' section with a 'Personalize Your Quit Plan' link. A central survey card titled 'SURVEY' (2 min) prompts the user to 'Start your quit here!' and 'Tell us about you to begin making your Quit Plan'. The card includes an illustration of a clipboard with checkmarks and question marks, and a prominent 'Get Started' button. To the left is a welcome message with a contact number (800-784-8669) and an illustration of people. To the right are partial views of an 'ARTICLE' and a 'VIDEO'.

QuitlineNC

All Programs Other Resources

Today

Personalize Your Quit Plan

Hi TestNick!

Welcome! Let's personalize your experience to get you started!

800-784-8669

SURVEY 2 min

Start your quit here!

Tell us about you to begin making your Quit Plan

Get Started

ARTICLE

Why Tracking Your Progress Helps You Quit

Read Now

VIDEO

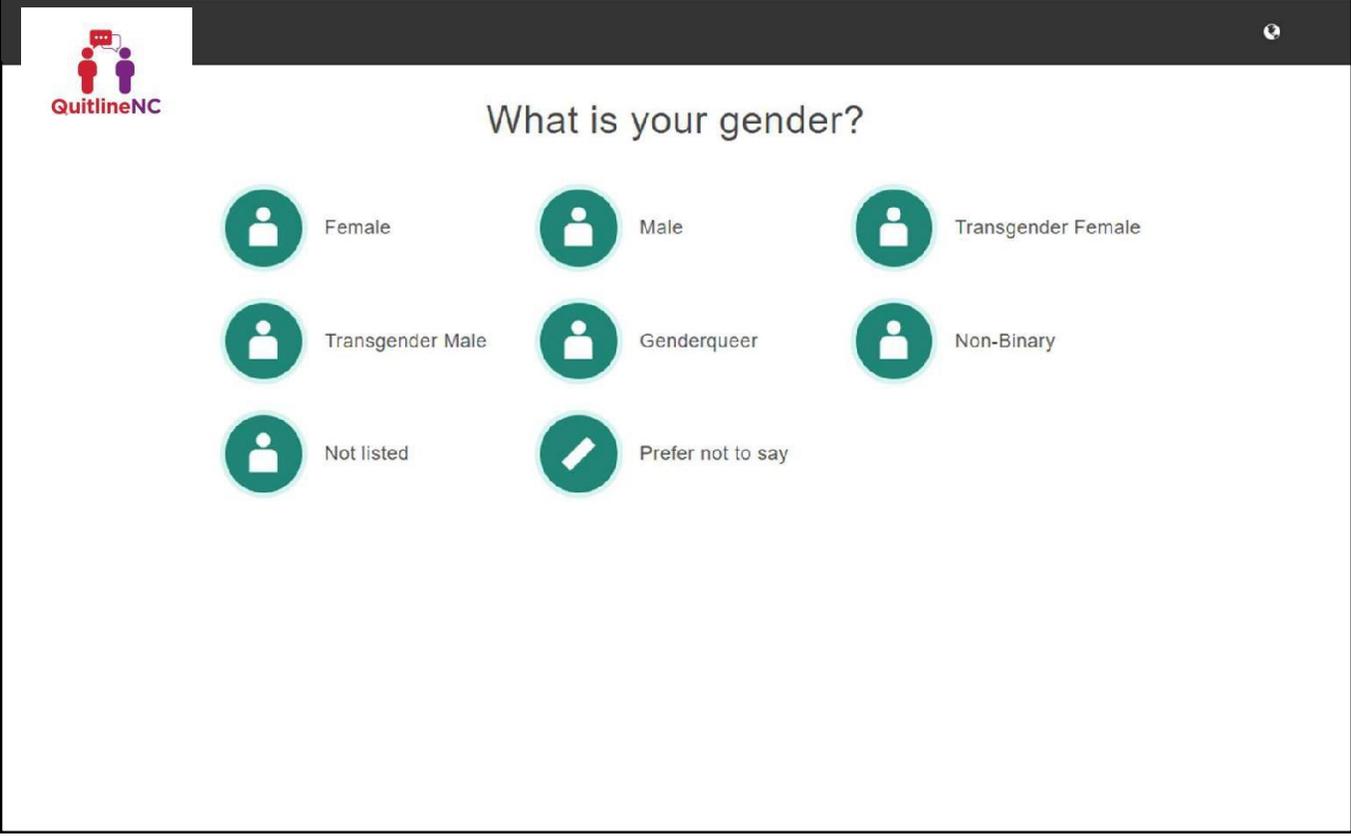
Benefits of Quit

Watch

Activity Steps

Questions are easy to read and select

Program Stratification Questions



The screenshot shows a survey question titled "What is your gender?". In the top left corner, there is a logo for "QuitlineNC" featuring two stylized human figures, one red and one purple, with a speech bubble between them. The question is centered at the top. Below the question, there are seven selectable options, each represented by a green circular icon with a white symbol inside, followed by the option text. The options are arranged in three rows: the first row has "Female", "Male", and "Transgender Female"; the second row has "Transgender Male", "Genderqueer", and "Non-Binary"; the third row has "Not listed" and "Prefer not to say". The "Prefer not to say" option uses a pencil icon instead of a person icon.

QuitlineNC

What is your gender?

- Female
- Male
- Transgender Female
- Transgender Male
- Genderqueer
- Non-Binary
- Not listed
- Prefer not to say

Dashboard Communication

Today

Step 2: Stay Motivated With Coaching 

Hi TestNick!

Chat with a coach to get motivation and the tools you need to quit.



Your Quit Team
Call 800-784-8669

COACH CHECK-INS

Make your Quit Plan to keep going

Coaches can help. Connect now to learn what strategies you need to quit smoking for good!



[Call 800-784-8669](tel:800-784-8669)

10 mins 

[Chat Now](#)

TEXT A COACH

Help is just a text away!

Get personalized coaching right on your phone, included with Quit Services!

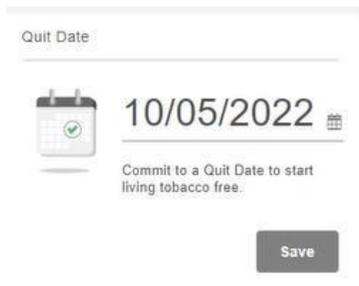


[Sign Up!](#)

Dashboard: Content and Action Cards

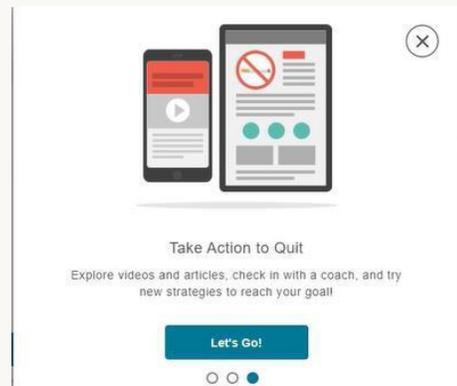
Content Cards

Members receive content cards that present the program content in small segments throughout the program



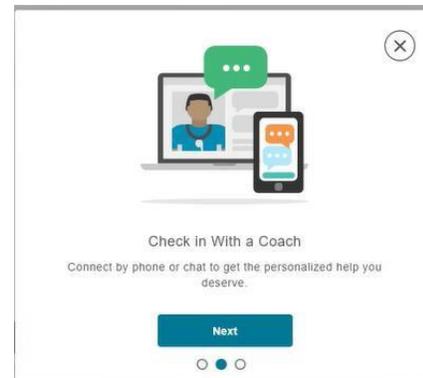
Action Cards

Daily action cards are to check-in on the members selected weekly goal



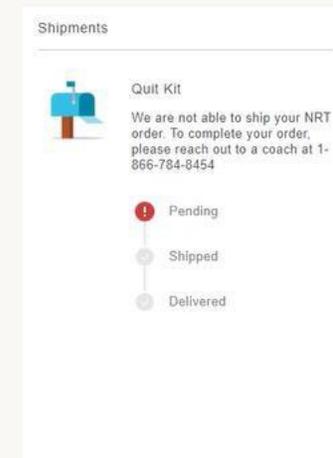
Session Reminders

Members receive a reminder card 24 hours prior to the start of their group or 1-on-1 session



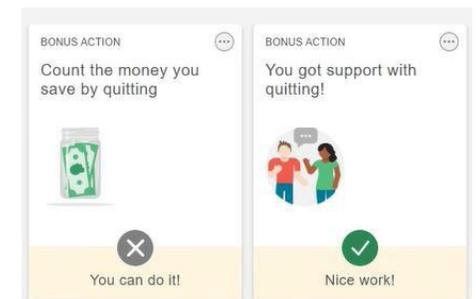
NRT Status

Members can clearly see their NRT dosing and shipment status



Bonus Action Cards

Members occasionally receive a Bonus Action Card separate from their weekly goal





Coaching and Meds QuitlineNC Services by Insurance

Insurance Type	Scheduled Sessions	Medication
Uninsured	5 Sessions	8 weeks nicotine patches + gum/lozenges
Medicare	5 Sessions	8 weeks nicotine patches + gum/lozenges
Medicaid	5 Sessions	2 weeks nicotine patches + gum/lozenges and standing order for 12 more weeks
Commercially Insured	5 Sessions (no outbound)	2 weeks nicotine patches + gum/lozenges

QuitlineNC Special Services Regardless of Insurance



Program	Scheduled Sessions	Medication
Pregnancy Planning pregnancy in 3mo., pregnant or 12 mo. after birth	7 sessions	8 weeks nicotine gum or lozenge with a medical override
Youth	5 sessions	None
Behavioral Health One or more behavioral health condition	7 sessions	12 weeks of nicotine patches AND nicotine gum OR lozenges
American Indian 1-888-7AI-QUIT 1-888-724-7848	7 sessions	12 weeks of nicotine patches AND nicotine gum OR lozenges (Most coaches are American Indian)
Active Duty Military	5 sessions	8 weeks nicotine patches + gum/lozenges



QuitlineNC Partnerships

Program	Scheduled Sessions	Medication
BCBSNC	5 sessions	12 weeks of nicotine patches AND nicotine gum OR lozenges
Rock House Farms Family of Brands	5 sessions	12 weeks of nicotine patches AND nicotine gum OR lozenges



Types of Programs for Participants

QuitlineNC Pregnancy Program

- Coaching will focus on the woman and not just quitting because pregnant
- 7 coaching sessions
- You do not have to be ready to quit
- Woman-centered
- Stay quit after delivery



Image by fezailc on Pixabay

Question #1:

“Do you currently have any mental health conditions, such as:

- Bi-Polar Disorder
- Depression
- Drug or Alcohol Use Disorder (SUD)
- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Attention Deficit Hyperactivity Disorder (ADHD)

Question #2:

If the participants answered YES to Q1, then Q2 would be asked:

“Do you think that these mental health conditions or emotional challenges might interfere with your ability to quit?”

Behavioral Health Program

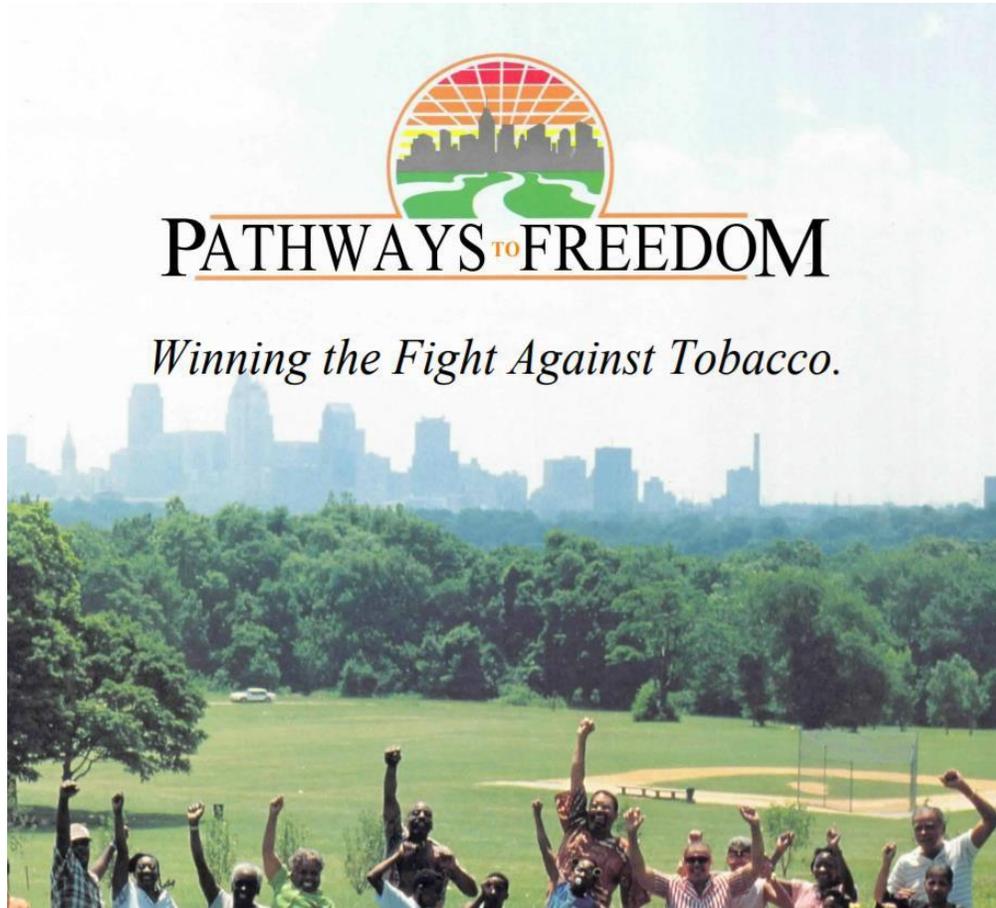
- 7 Sessions
- 12 weeks combination NRT
- Letter to Behavioral Health Care provider
- Team of dedicated coaches

American Indian Commercial Tobacco Cessation Program – American Indian QuitlineNC

- 1-888-7AI-QUIT
- 7 sessions
- 12 weeks combination NRT
- American Indian Coach from NC priority



Protocol for African American/Black Participants



- Integration of *Pathways to Freedom* videos into counseling – web/phone
- Addresses menthol products
- Combination NRT if eligible
- Becoming an advocate



Active Duty Military

- 1-800-QUIT-NOW
- 5 sessions
- 8 weeks of combination nicotine patches plus gum/lozenge

Asian Smoker's Quitline

- 1-800-838-8917 (Cantonese and Mandarin)
- 1-800-556-5564 (Korean)
- 1-800-778-8440 (Vietnamese)
- <https://www.asiansmokersquitline.org/>



Veteran's Quitline – Quit VET

- 1-855-QUIT-VET
- 1-888-713-4598
- TriCare cessation program benefits



Facebook @QuitlineNC



Quitline-NC

1.1K followers • 123 following



[Posts](#)

[About](#)

[Mentions](#)

[Reviews](#)

[Followers](#)

[Photos](#)

[More](#) ▼

Quit Rates at 7 Month Follow Up

30-day conventional tobacco use quit rate

	# quit	% (95% CI)
Responder quit rate (n=1165)	403	34.6% (31.9% - 37.4%)
Intent-to-treat quit rate (n=2476)	403	16.3% (14.9% - 17.8%)

30-day conventional tobacco plus e-cigarette use quit rate

	# quit	% (95% CI)
Responder quit rate (n=1165)	378	32.5% (29.8% - 35.2%)
Intent-to-treat quit rate (n=2476)	378	15.3% (13.9% - 16.7%)

Quit attempts & behavior changes

	n	%
Quit attempt made*	1025	88.0%
Reduced cigarettes per day†	499	72.7%
Increased length of time before using tobacco after waking†	299	47.3%

Vaping is an epidemic among teens

17.1%

Youth 13 – 17 reported nicotine vaping in the past 30 days in 2020

30%

The number of current e-cigarette users in NC finding it hard to get through the school day without vaping.¹

40%

Youth e-cigarette users vape more than they did before the Covid-19 pandemic²

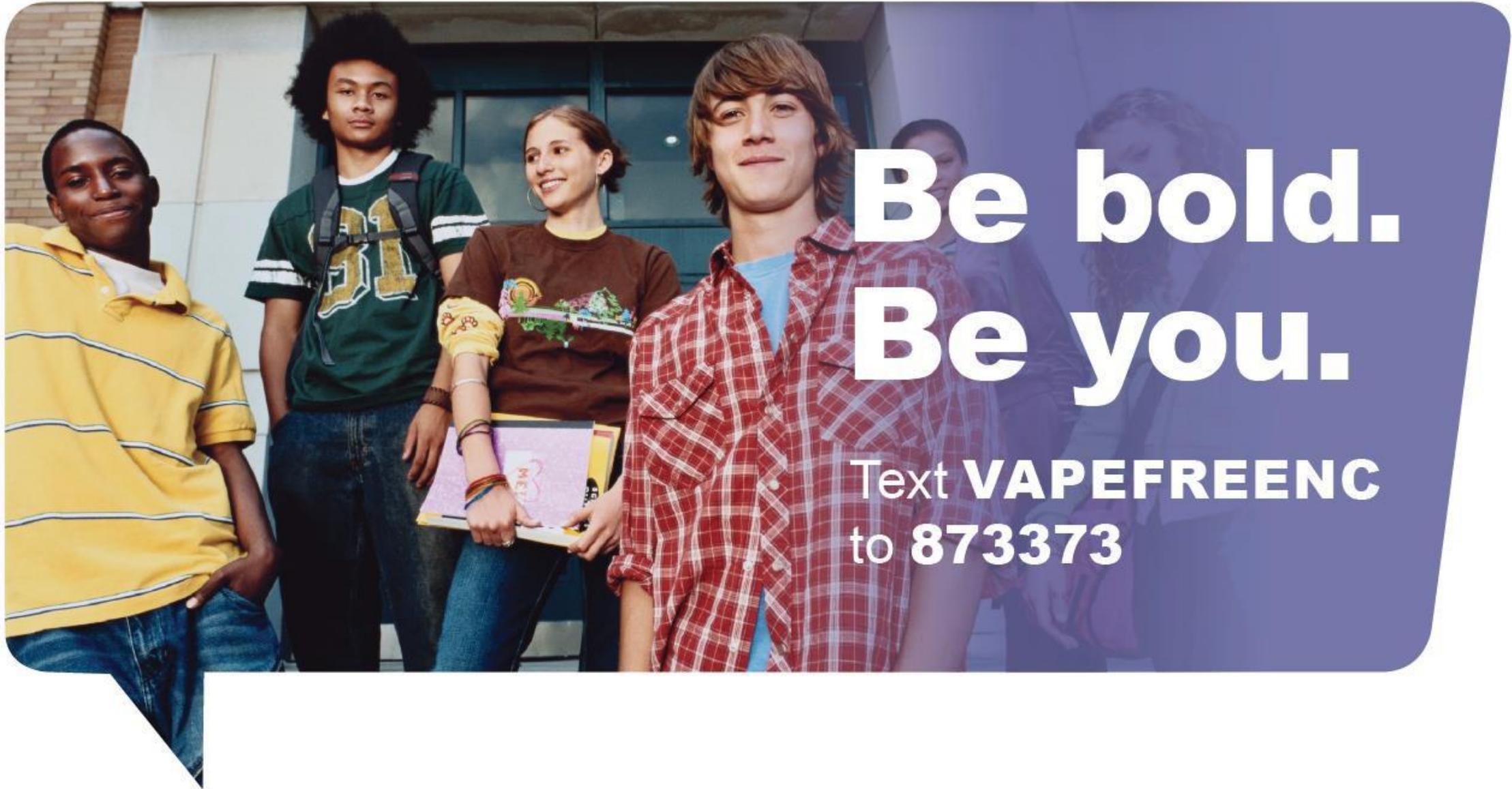
We must act now to protect the health of our State's young people

1. 2019 NORTH CAROLINA YOUTH TOBACCO SURVEY

2. 2021 Rapid Response Data – National Foundation of the CDC and NCDHHS

2.

2 out of 3 young people
who currently use e-cigarettes are
seriously thinking about quitting



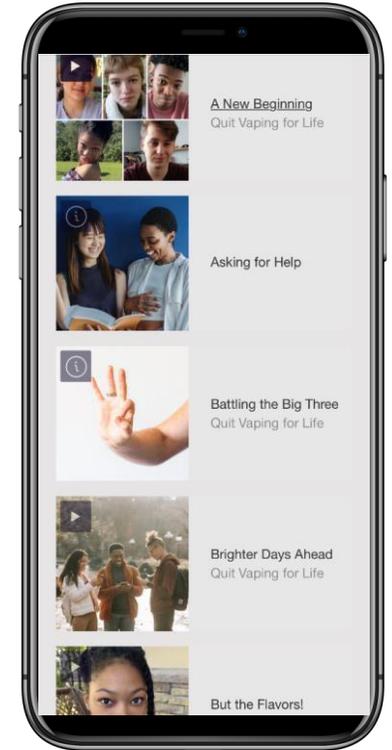
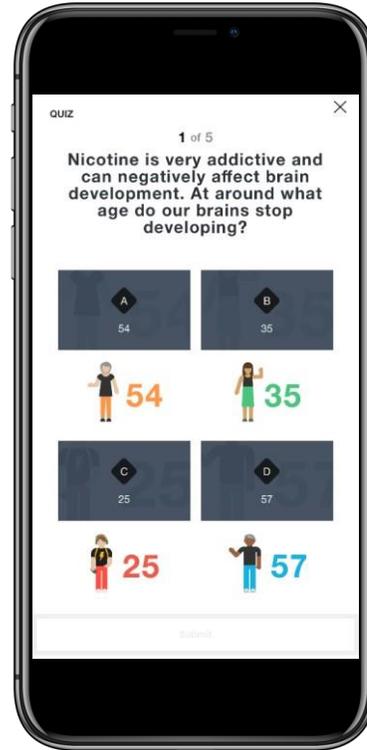
**Be bold.
Be you.**

**Text VAPEFREENC
to 873373**

Get started with the **Live Vape FreeSM** program for support to help you quit vaping in a way that works for you.

From text message to engaging content

- 1 User receives a text message with a link to online content
- 2 User clicks the link and views the content
- 3 User is then encouraged to explore additional videos, podcasts, and activities



Images and content courtesy of Optum. Used with permission.

Looking for support, tools, and resources about Vaping and Youth? You'll find it here.

[Program Overview](#)

[Sign Up](#)



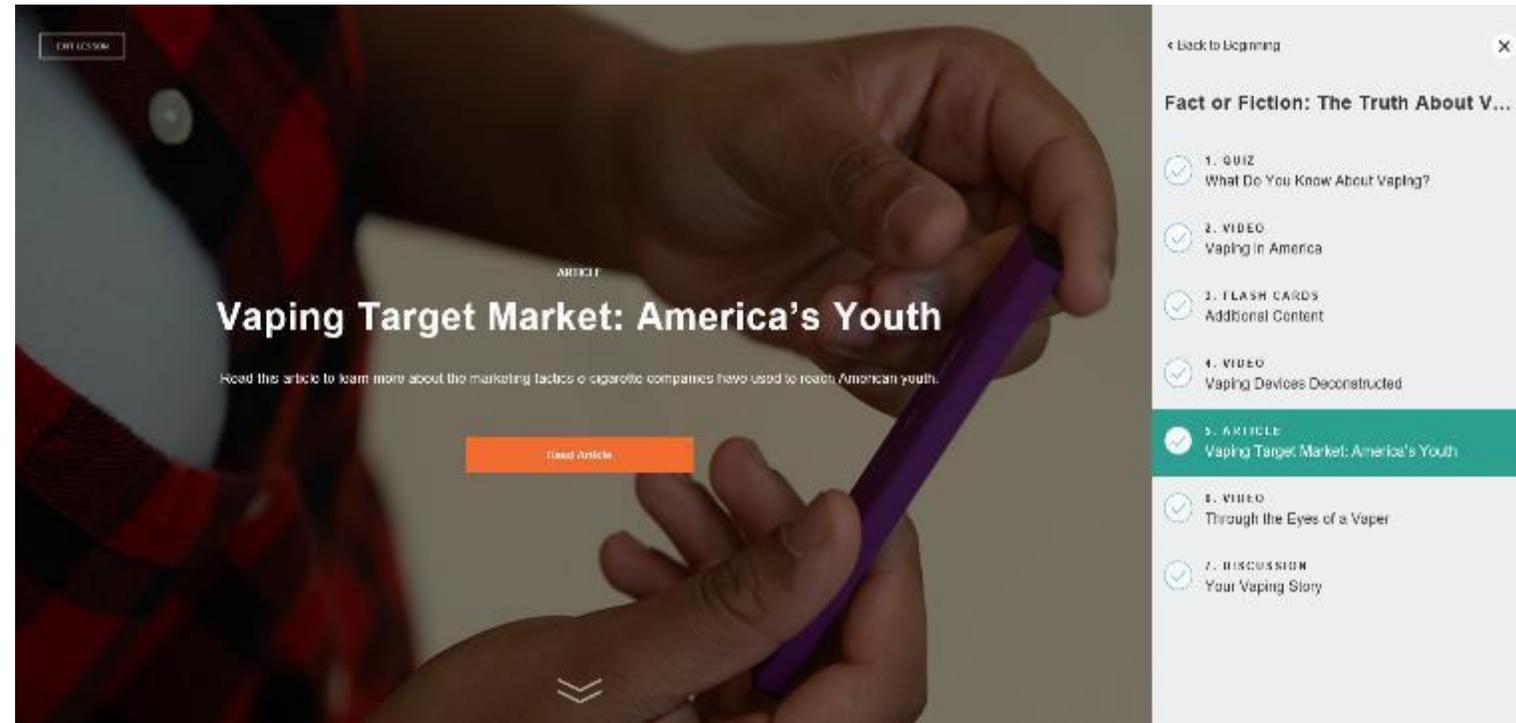
Live Vape Free Program

Most kids and teens have heard about vaping from someone, often their peers. They need to hear from the adults in their lives, too. The Live Vape Free program is focused on supporting parents and other concerned adults with the Vaping epidemic. This online learning program is designed to provide the insights needed for getting started, tips and tools, and resources for ongoing support.



Delivering rich online experiences to entertain and educate

-  Videos
-  Discussion forums
-  Journaling
-  Polls
-  Interactive exercises



Images and content courtesy of Optum. Used with permission.

Note: Online learning is standard for the employer market.



QUESTIONS????

Thank you!

Contact information:

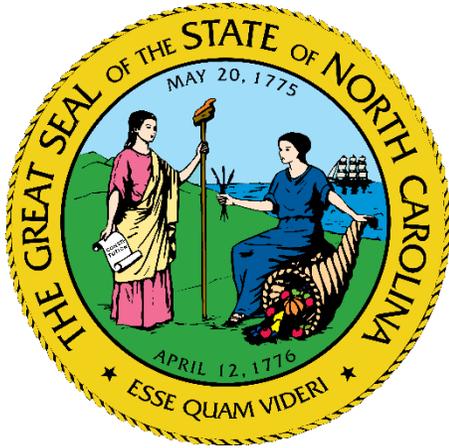
Joyce Swetlick, MPH

Director of Tobacco Cessation

Division of Public Health

Joyce.swetlick@dhhs.nc.gov

919-707-5402



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Medicaid Update

Eva Fulcher

Deputy Director, Member Operations

Deb Goda

Associate Director, Behavioral Health and I/DD

April 12, 2023

COVID-19 Federal Public Health Emergency (PHE) Update

2023 Consolidated Appropriations Act (Omnibus Bill)

Signed into law Dec. 29, 2022

Removed the continuous coverage requirement from the federal COVID-19 PHE

- As of April 1, 2023, state Medicaid programs are no longer required to maintain continuous coverage for beneficiaries

Includes a new requirement to contact individuals using more than one modality prior to termination

- A beneficiary's Medicaid cannot be terminated due to mail being returned as undeliverable. State Medicaid programs are required to make a good-faith effort to find the person.

Requires one year of continuous coverage for kids on Medicaid and NC Health Choice (no change from NC Medicaid's current policy)

Permanently extended the 12-month postpartum coverage option.

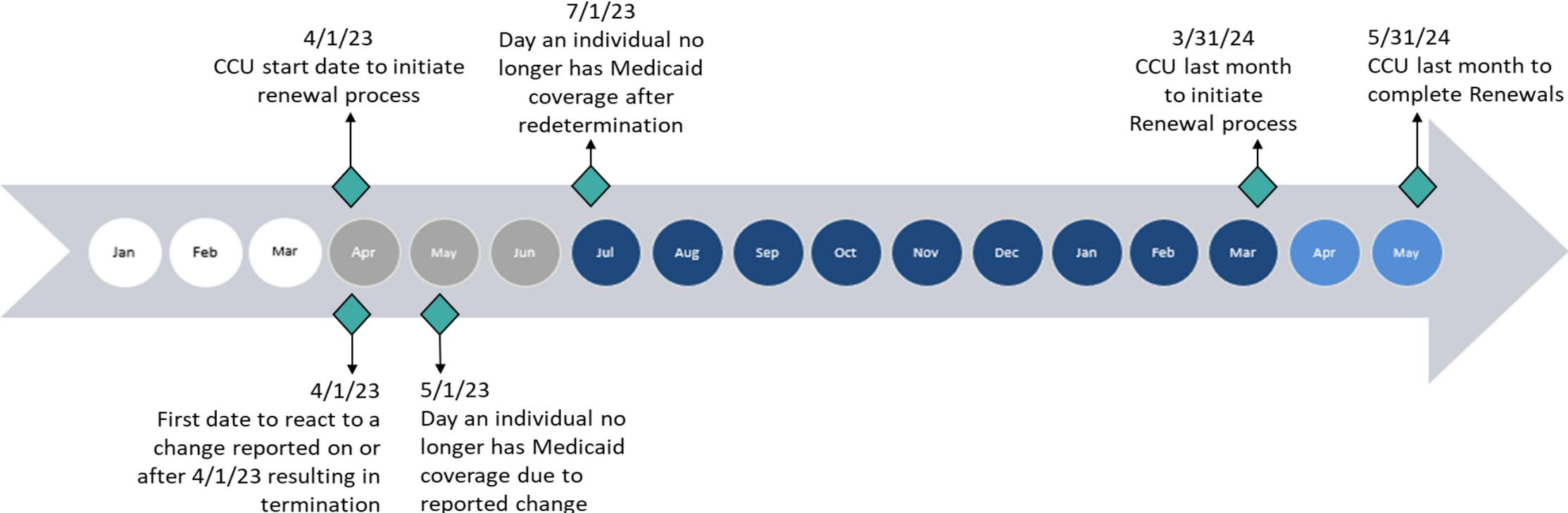
NC Medicaid's Continuous Coverage Unwinding

NC Medicaid began the renewal (recertification) process for Medicaid beneficiaries April 1, 2023. (The unwinding)

- Redeterminations will be completed over the next 12 months, as beneficiaries are up for renewal
 - During renewal, the beneficiary's local Department of Social Services (DSS) will use information they have on file to decide if they or their family member(s) still qualify for NC Medicaid
 - If the local DSS needs more information from a beneficiary to decide on coverage, they will send the beneficiary a renewal letter in the mail
- If a beneficiary is found ineligible for Medicaid, they will receive a letter with the following information:
 - The program being terminated or reduced
 - The decision made by DSS
 - Deadlines for responding
 - How to appeal the decision

Continuous Coverage Unwinding Timeline

Local Departments of Social Services have been completing recertifications throughout the PHE, however, coverage has not been terminated or reduced. North Carolina is using an age-based approach for recertifications during the unwinding period.



If a Beneficiary is Redetermined Ineligible

If a beneficiary loses their NC Medicaid eligibility during recertification their Medicaid coverage will end.

- Beneficiaries have the right to:
 - Appeal the decision. Beneficiaries have 60 days from the date of the termination letter to appeal.
 - Continue to receive benefits pending the fair hearing decision.*
- If a beneficiary no longer qualifies for Medicaid:
 - They may be able to buy a health plan through the federal Healthcare Marketplace and get help paying for it. [healthcare.gov](https://www.healthcare.gov)
 - Four out of five enrollees can find plans that cost less than \$10 a month
 - Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits and more

* If the resolution upholds the beneficiary's termination; the beneficiary may be required to pay for medical services received while the appeal was pending.

What Beneficiaries Can Do to Get Ready for Recertification

- **Update their contact information**

- Beneficiaries should make sure their local DSS has their current mailing address, phone number, email or other contact information.
- With an enhanced [ePASS](#) account, beneficiaries can update their address and other information for Medicaid online without having to call or visit their local DSS.

- **Check their mail**

Local DSS will mail beneficiaries a letter if they need to complete a renewal form to see if they still qualify for Medicaid.

- **Complete the renewal form (if they get one)**

If a beneficiary receives a renewal form, they should fill out the form and return it to their local DSS right away to help avoid a gap in their Medicaid coverage.

Omnibus Bill Requirements - Returned Mail Condition

The “returned mail condition” requires states make a “good-faith effort” to contact an individual using “more than one modality” when returned mail is received in response to a request for information to complete a recertification.

Meeting the returned mail condition is a two-part requirement.

- **Requirement 1:** States must attempt to obtain up-to-date mailing addresses and additional contact information (e.g., phone number, email address) for ALL beneficiaries.
- **Requirement 2:** During the continuous coverage unwinding period, beneficiaries must be contacted through more than one modality prior to termination if returned mail is received. These modalities include:
 - Forwarding address on returned mail
 - Phone call
 - Email
 - SMS text message

To meet these requirements, Medicaid is conducting a targeted beneficiary outreach campaign during the unwinding period.

Targeted Outreach Efforts

Requirement 1 — Attempt to obtain up-to-date contact information for ALL beneficiaries.

Contact Modality	Description	Dates	Timing
Mass Text Messages	Update your contact information so you don't miss important updates from Medicaid.	March 2023 – February 2024	Monthly; based on when the beneficiary is due for Medicaid recertification.
Robo Calls from EB	Use ePASS or contact your local DSS.	Completed in batches based on the beneficiary's renewal due date.	
Mass Emails			

This is in addition to direct mailings from health plans and the enrollment broker, social media, website, press releases, community presentations and webinars.

Targeted Outreach Efforts

Requirement 2 — Prior to termination of coverage, contact beneficiaries using more than one modality if returned mail is received.

Contact Modality	Description	Dates	Timing
Texts, emails, and robo calls in response to a Renewal Form or Request for Information being sent	Your DSS needs information; Check your mail; Link to provide details on how to complete the recertification	April 2023 – March 2024	Weekly (upon generation of the Renewal form or Request for Information)
Mail returned Renewal Notice or Request for Information to Forwarding Address	Resend returned Renewal Notice or Request for Information if a forwarding address is provided	April 2023 – May 2024	As returned mail is received

Example Beneficiary Scenario



Scenario: MAGI Beneficiary

Barbara is a beneficiary receiving MAGI coverage. Her certification period ends on July 31, 2023. She has a cell phone number and email address on file.

Certification
Period

Month 9

April 2023

Barbara gets a **robo call, text message and an email** to remind her to update her contact information with DSS. She has a new address and calls DSS to make sure it is added to her record.

Requirement 1

Month 10

May 2023

Barbara receives a notice from the Enrollment Broker telling her that her Medicaid will soon be recertified. Barbara's case is picked up by the straight-through recert process in NC FAST on May 3 but falls out due to an income discrepancy.

Month 11

June 2023

Barbara's caseworker picks up her case on June 2 and is unable to complete the ex parte renewal. He sends her an NCF-20020 Renewal Form. Barbara gets a **robo call, text and email** in the following week to let her know DSS needs information to complete her recertification, and to check her mail.

Requirement 2

Month 12

July 2023

Barbara mails the completed NCF-20020 Renewal Form back to her local DSS. Her caseworker completes the recertification, her benefits are continued, and she gets a DSS-8110 Notice of Continued Benefits in the mail.

Flexibilities and Other Efforts to Increase Automation/Save Time

Flexibility / Change	Description	Goal	Implementation Date
Change Reasonable Compatibility threshold from 10% to 20%	Attested income that is within 20% of electronic source income is Reasonably Compatible	Improve STP rates; Increase ex parte rates	January 2023
Straight-through MAGI Recertification Processing Statewide	System processes, approves, and sends renewal notices for some MAGI cases	Reduce caseworker touch on recertifications	January 2023
Update beneficiary address using NCOA or USPS info	Accept updates to beneficiary address from NCOA database and USPS in-state forwarding address without additional confirmation	Change of address from USPS forwarding address label or Enrollment Broker or Health Plan RM reports does not need further confirmation from beneficiary	March 2023
Renewal for individuals with no AVS data returned	Assume no change in resources at renewal when no data returned from AVS within 7 days	Expedite processing when there is no response from AVS	March 2023
Updates to Case Selection Criteria for Straight-through MAGI Recertification Processing	Some case types that were not being selected for STP are now included	Increase automation	March 2023

Flexibilities and Other Efforts to Increase Automation/Save Time

Flexibility / Change	Description	Goal	Implementation Date
Renewal for individuals based on SNAP income	Auto-renew Medicaid benefits for someone with SNAP benefit started/renewed within the past 5 months	Increase automation during unwinding period	April 2023
Straight-through MAGI Application Processing	System processes, approves, and sends approval notice for some MAGI applications	Reduce caseworker touch on applications	April 2023

Resources

- Medicaid recertification webpage
- Medicaid recertification video [English](#) | [Spanish](#)
- Medicaid End of the PHE/CCU website [medicaid.ncdhhs.gov/End-of-PHE](https://www.ncdhhs.gov/medicaid/End-of-PHE)
- Medicaid recertification fact sheet [English](#) | [Spanish](#)

NC Health Choice move to NC Medicaid

Approximately 55,000 NC Health Choice beneficiaries moved to NC Medicaid on April 1, 2023.

A provision in the North Carolina state budget, approved in July 2022, directed NCDHHS to move NC Health Choice beneficiaries from the NC Health Choice program to the Medicaid program.

- Benefits of the change

With NC Medicaid beneficiaries:

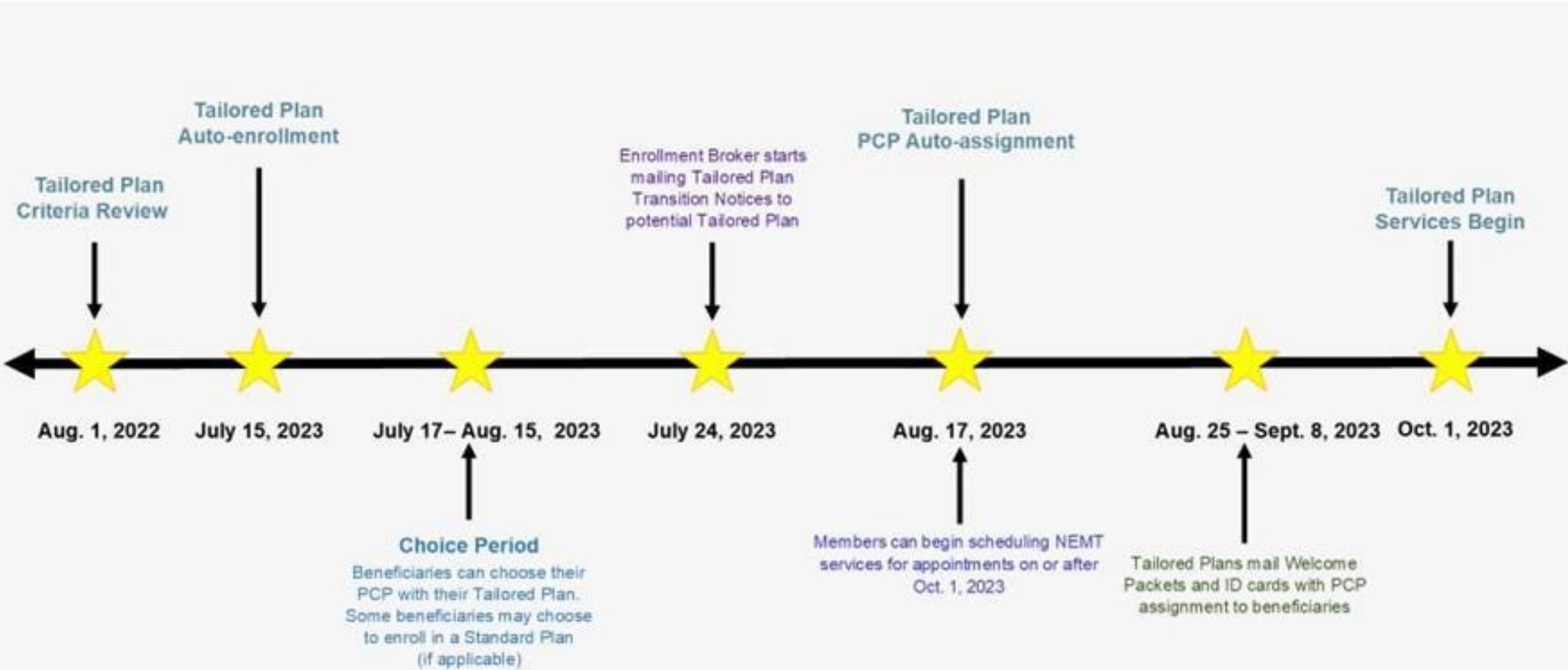
- Are eligible for [Early & Periodic Screening, Diagnosis and Treatment \(EPSDT\)](#), a benefit designed to discover and treat health conditions before they become serious
- No longer have enrollment fees or copays
- Are eligible for [Non-Emergency Medical Transportation \(NEMT\)](#) for Medicaid-covered services

NC Health Choice move to NC Medicaid

What to expect

- Former NC Health Choice beneficiaries were automatically transferred to the Medicaid program. No action on their own was needed for the change to take effect.
- A letter was mailed to beneficiaries (their legal guardians) to explain the move.
- Former NC Health Choice beneficiaries will keep their Medicaid ID number and should keep using their current ID card until they get their new Medicaid ID card in the mail.
- Beneficiaries that were in the NC Health Choice program cannot opt out of moving to Medicaid. NC Health Choice is no longer an offered program.
- For more information visit our webpage medicaid.ncdhhs.gov/nc-health-choice-move-medicaid

Tailored Plan Timeline and Major Milestones



Updated March 31, 2023

Tailored Plan Auto-enrollment

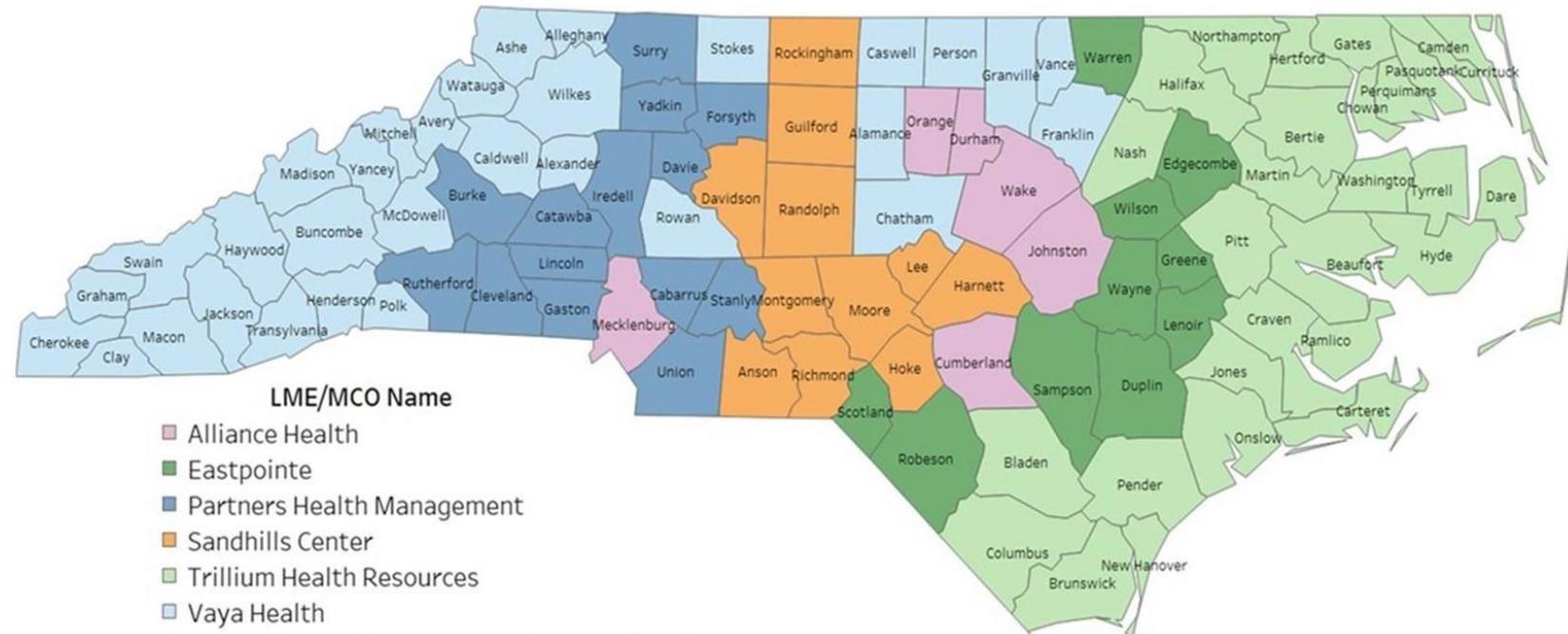
July 15, 2023

Beneficiaries who qualify for a Tailored Plan will be auto-enrolled in a Tailored Plan based on the auto-enrollment algorithm. They will be enrolled in the Tailored Plan that serves their **administrative county**.

Auto-enrollment

The Enrollment Broker will begin mailing Tailored Plan Transition notices on July 24, 2023

- Explains the Tailored Plan and other health care options available to the beneficiaries
- Includes information on how to choose a primary care provider (PCP)



Tailored Plan Auto-enrolled vs. Opt-in Populations

- Certain beneficiaries who meet Tailored Plan enrollment criteria will be enrolled in Tailored Plans on July 15, 2023.
- Other beneficiaries who meet Tailored Plan enrollment criteria will not be auto-enrolled but can choose to enroll during the choice period (July 17 - Aug. 15, 2023).

Auto-enrolled Population Examples	Opt-in Population Examples
<ul style="list-style-type: none">• Innovations Waiver participants (including dually eligible*)• TBI Waiver recipients (including dually eligible*)• People who need certain services for a mental health disorder, substance use disorder, I/DD or TBI	<ul style="list-style-type: none">• Federally recognized tribal members• Individuals who qualify for services through Indian Health Service (IHS)

* Dually eligible refers to an individual eligible for Medicaid and Medicare

Tailored Plan Choice Period

July 17, 2023

Aug. 15, 2023

During this time, beneficiaries may choose a primary care provider (PCP) or different health care option (if applicable).

Choice Period

- Beneficiaries may contact their Tailored Plan to choose a PCP.
- Tailored Plan beneficiaries receiving Tailored Care Management (TCM) from their LME/MCO will continue to receive this service from their Tailored Plan. Beneficiaries who want to choose a different TCM provider should contact their Tailored Plan by April 1, 2023.
- Beneficiaries may contact the NC Medicaid Enrollment Broker to choose a different health care option (if applicable).
 - Some Tailored Plan members will have the option to enroll in a Standard Plan. They cannot enroll in a Standard Plan via the website or mobile app – they must enroll by phone or enrollment form.

Tailored Plan PCP Auto-assignment

Aug. 17, 2023

Tailored Plan beneficiaries will be auto-assigned an PCP if they did not select one during the choice period.

PCP Auto-assignment

- Members who did **not** choose a PCP with their Tailored Plan will be auto-assigned to one.
- On **Aug. 17, 2023**, Tailored Plans will conduct PCP auto-assignment.
 - After auto-assignment, Tailored Plans will mail Welcome Packets (Welcome Letter, Medicaid ID Cards, Member Handbook) to their beneficiaries.
 - Welcome Packets will be mailed **Aug. 25 – Sept. 8, 2023**
 - Tailored Plan beneficiaries **must** use the NC Medicaid ID card from their Tailored Plan to receive services.

Tailored Plan NEMT Services

Aug. 27, 2023

Tailored Plan beneficiaries may begin requesting rides for appointments on or after Oct. 1, 2023.

Tailored Plan NEMT Services

- Tailored Plans will conduct outreach to high users of NEMT beginning **Aug. 27, 2023**.
- Beginning Aug. 27, 2023, beneficiaries may call their Tailored Plan to request rides to Medicaid covered-services and carved out services that are on or after **Oct. 1, 2023**.
- Non-Emergency Medical Transportation (NEMT) is provided by Standard Plans and Tailored Plans. Beneficiaries enrolled in the EBCI Tribal Option or NC Medicaid Direct must contact their local [Department of Social Services](#) (DSS) for transportation to medical appointments.

Tailored Plan Launch

Oct. 1, 2023

Tailored Plans begin providing services to beneficiaries.

Tailored Plan Launch

- Tailored Plan beneficiaries begin receiving health care services from their Tailored Plan.
 - Beneficiaries **must** use their NC Medicaid ID card sent to them by their Tailored Plan to receive services.
- Tailored Plan beneficiaries must have a PCP and TCM provider in the Tailored Plan's network.
- Tailored Plan beneficiaries will continue to receive the same health care services NC Medicaid covers today. Medicaid eligibility rules and processes will not change with the Tailored Plan launch.

NC Medicaid Direct

NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in NC Medicaid Managed Care.

- On Oct. 1, 2023, NC Medicaid will transition beneficiaries who need certain services for a mental health disorder, substance use disorder, I/DD or TBI to Tailored Plans.
- Some beneficiaries will remain in NC Medicaid Direct or can choose NC Medicaid Direct instead of a health plan.

NC Medicaid Direct with LME/MCO and CCNC

Beneficiaries not enrolled in a Tailored Plan will receive services for a mental health disorder, substance use disorder, I/DD or TBI from an LME/MCO.

- LME/MCOs will provide Tailored Care Management for eligible NC Medicaid Direct beneficiaries.
- Community Care of North Carolina (CCNC) will provide care management for physical health services.

Resources

- NC Medicaid Website
[medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid)
- NC Medicaid Transformation Website (includes County and Provider Playbooks)
[medicaid.ncdhhs.gov/transformation](https://www.ncdhhs.gov/medicaid/transformation)
- NC Medicaid Enrollment Broker
[ncmedicaidplans.gov](https://www.ncmedicaidplans.gov)
- Requests for presentations or questions
Medicaid.NCEngagement@dhhs.nc.gov

1115 Proposed SUD Amendment

NCDHHS is seeking to amend its Section 1115 demonstration waiver to temporarily extend the residential and inpatient treatment for individuals with a substance use disorder.

Join us for a review of the proposed changes to align the 1115 waiver with the current timeline and design. There will be an opportunity for questions and answers.

Webinar-based Public Hearing for the NC Medicaid 1115 Proposed Amendment for Residential and Inpatient Treatment for Individuals with a Substance Abuse Disorder

2 p.m., Thursday, April 13

[Registration link](#)

[The proposed amendment application is available on the NC Medicaid website at \[medicaid.ncdhhs.gov/proposed-program-design\]\(https://medicaid.ncdhhs.gov/proposed-program-design\)](#)

North Carolina's current 1115 waiver authorizes significant transformations of North Carolina's Medicaid delivery systems through a mandatory managed care program, the Healthy Opportunities Pilots and expenditure authority for substance use disorder treatment in institutions for mental diseases.

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NC Department of Health and Human Services Division of MH/DD/SAS

Who Ya Gonna Call? Building Your Resource File

Name

Title

DATE

Recover Stronger

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



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and **reduce the stigma** around accessing these services.

Child & Family Wellbeing



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.**

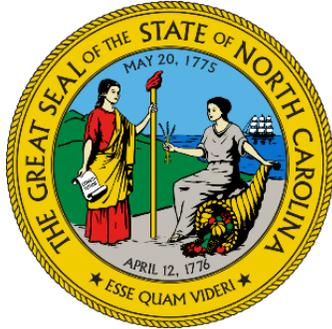
Strong & Inclusive Workforce



We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services** to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

The health insurance coverage gap coupled with insufficient access to affordable care disproportionately impacts Historically Marginalized Populations who have also experienced worse outcomes than others under COVID-19. Medicaid expansion would help close the health insurance coverage gap.

Stay Socially Connected with NCDHHS



NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Mental Health,
Developmental Disabilities
and Substance Abuse Services



Follow the Department:

Twitter: <https://twitter.com/ncdhhs>

Facebook: <https://www.facebook.com/ncdhhs>

Instagram: <https://www.instagram.com/ncdhhs>

Stakeholder Engagement Section

-
- **Customer Service and Community Rights Team**
 - **Community Engagement and Empowerment Team**
 - **Military and Veteran Affairs Liaison**
 - **Communications & Engagement Program Manager**
 - **Certified Peer Support Specialist Contractor**



Stakeholder Engagement - Assistant Director

DMH/DD/SAS has an Assistant Director for Stakeholder Engagement

- Ensures that consumer perspective is incorporated into all aspects of policy development**
- Serves as a member of the Executive Management Team**
- Reports directly to the Division Director**

Contact information:

Jennifer Meade, Assistant Director, Stakeholder Engagement

Office: 984-236-5322

Mobile: 984-218-0273

Email: Jennifer.Meade@dhhs.nc.gov

Customer Service & Community Rights Team

- **Assists families and individuals to access public services**
- **Protects the rights of individuals served in their communities**
- **Responds to complaints or concerns**
- **Provide technical assistance to local and state customer service representatives**
- **Provides information about the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) system**

The Community Engagement & Empowerment Team

- **Supports advocacy and recovery-oriented groups**
 - Peer Support Services
- **Provides a variety of trainings and events for the community**
- **Serves as liaisons between the Local Management Entity/Managed Care Organizations (LME/MCO) and Local Consumer and Family Advisory Committees (LCFAC)**
 - Each LME/MCO has a LCFAC which serves as an advisory committee to the LME/MCO
- **Serves as liaisons for State Consumer and Family Advisory Committee (SCFAC)**
 - SCFAC serves as an advisory committee to the Department of Health and Human Services and the General Assembly
 - Serves as liaison to the Medicaid Member Advisory Committees
 - They are often recruiting for members



How Do We Receive Requests?

- **Phone Calls**
- **Emails**
- **Faxes**
- **Websites**
- **Anonymous Complaint Lines**
- **Letters**
 - **Letters to Governor's Office, Legislators and the Secretary of the Department of Health & Human Services**

Access to Services

- You can receive access to services through your LME/MCOs
- LME/MCOs will serve as regional Behavioral Health I/DD Tailored Plans beginning April 1, 2023



Access to Services

Pre-Paid Health Plans (PHPs) offer Standard Plans in all regions of North Carolina

**AmeriHealth Caritas
North Carolina Inc.**

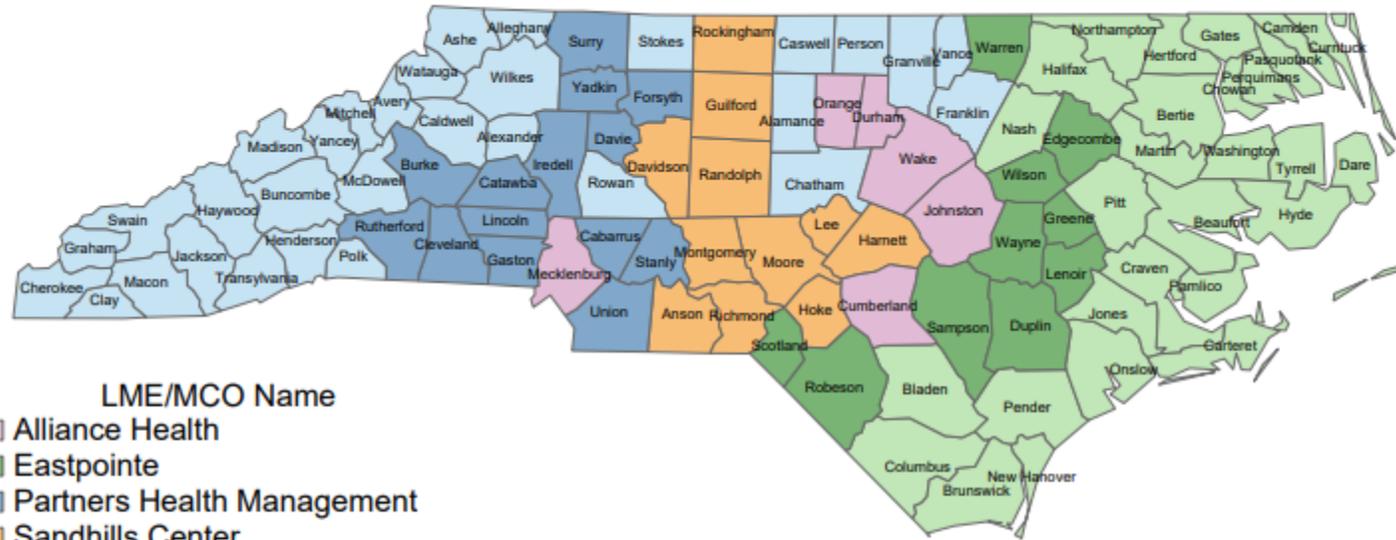
**Blue Cross and Blue
Shield of North
Carolina**

**Carolina Complete
Health**

**UnitedHealthcare of
North Carolina Inc.**

**WellCare of North
Carolina Inc.**

Local Management Entity/Managed Care Organizations (LME/MCOs)
 NCDHHS Currently Has 6 LME/MCOs Operating Under the Medicaid 1915 b/c Waiver

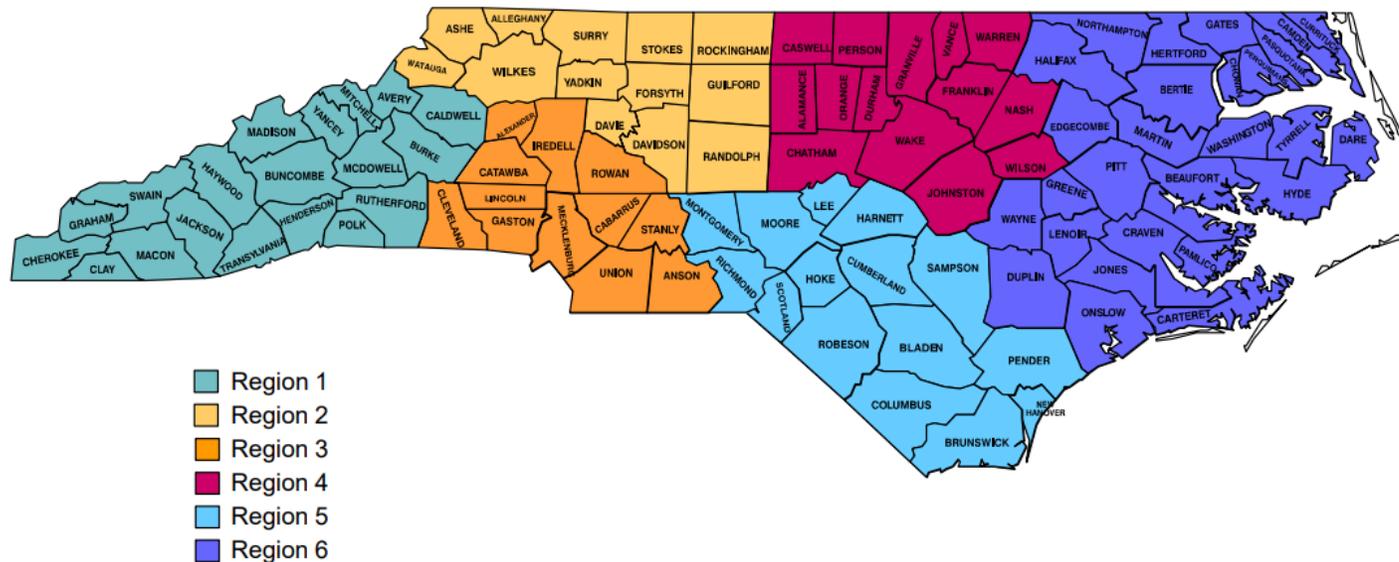


- LME/MCO Name**
- Alliance Health
 - Eastpointe
 - Partners Health Management
 - Sandhills Center
 - Trillium Health Resources
 - Vaya Health

This map shows LME/MCO configuration as of 2/1/22.

Standard Plan Regions

- WellCare, UnitedHealthcare Community Plan, Healthy Blue and AmeriHealth Caritas are offered statewide.
- Carolina Complete Health is offered in regions 3, 4 and 5.



Access and Crisis Lines for LME/MCOs

- Each LME/MCO has a toll-free Access and Crisis Phone Number
- Individuals and families can call to access services and discuss options of providers
- Individuals, families and concerned citizens can call if they feel that a person is having a crisis and needs immediate assistance

LME/MCOs	Crisis Lines
Alliance Healthcare	800-510-9132
Eastpointe	800-913-6109
Partners Health Management	888-235-4673
Sandhills Center	800-256-2452
Trillium Health Resources	866-998-2597
Vaya Health	800-849-6127

Access and Crisis Lines for PHPs

- Each PHP has a toll-free Access and Crisis Phone Number
- Individuals and families can call to access services and discuss options of providers
- Individuals, families and concerned citizens can call if they feel that a person is having a crisis and needs immediate assistance

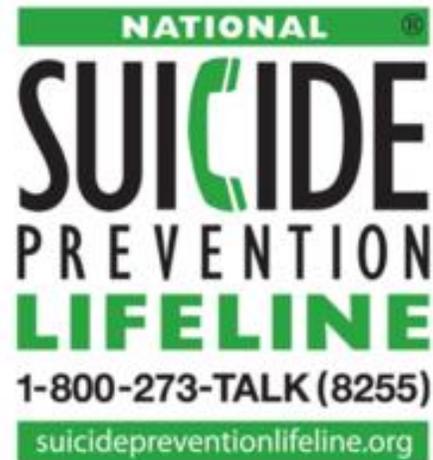
PHPs	Crisis Lines
AmeriHealth Caritas North Carolina, Inc.	833-712-2262
Healthy Blue of North Carolina	844-594-5076
UnitedHealthcare of North Carolina	877-334-1141
WellCare of North Carolina, Inc.	833-207-4240
Carolina Complete Health, Inc. (Regions 3, 4, and 5)	855-798-7093

Access and Crisis Lines

The National Suicide Prevention Lifeline is now:

988 Suicide and Crisis Lifeline

Trained crisis counselors are available 24 hours per day, 7 days per week.



Customer Service Consumer/Member Affairs

- Each LME/MCO and PHP has a **Customer Service or Consumer/Member Affairs office**
- This office may be called by another name
- Staff are available to assist individuals with information about any concerns, complaints/grievances, rights and appeal processes



Medicaid Enrollment Broker

For individuals with Medicaid, the Medicaid Enrollment Broker can provide information regarding each of the plans and services available with each of the plans.

- Website: <http://www.ncmedicaidplans.gov>
- Phone: 833-870-5500



Medicaid Ombudsman

Beneficiaries should call the NC Medicaid Ombudsman when:

- They are not getting the care they need.
- They have questions about a notice or bill they have received.
- They have already talked with their health care provider or health plan and have not been able to solve the problem.
- They have questions about the complaint or appeal process.
- Phone Number: 877-201-3750
- Website: <https://ncmedicaidombudsman.org>

Service Authorization Appeals

(Denial, Suspension, Reduction or Termination of Services)

Individuals or Guardians have the right to appeal



Individuals or Guardians will receive a letter from the LME/MCO or PHP



Separate process for Medicaid services



Specific timeframes for processes

Service Authorization Appeals



- For specific details regarding Medicaid appeal process, contact your LME/MCO, PHP or NC Medicaid Ombudsman Division of Health Benefits
- –NC Medicaid Ombudsman Phone: 1-877-201-3750



- For specific details regarding state-funded appeal process, contact your LME/MCO or the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
 - Phone: 984-236-5300

Resources

Consumers, families, and other stakeholders may have other concerns and needs that do not fall within the scope of the NC DMH/DD/SAS system. Yet, these concerns often effect the overall well being of the person being served.



The remaining slides include resources to help with other issues commonly encountered.

Housing

Complaints about the quality and upkeep of property, cost related to housing, discrimination due to disability.

- **NC Dept. of Administration Human Relations Commission (Fair Housing): 866-324-7474**
- **HUD Counseling and Referral Line: 800-569-4287**
- **Each LME/MCO and PHP has a Housing Coordinator to assist individuals in obtaining housing and resolving concerns.**
- **Section 8 Housing: 984-236-0160; Ext. 1**



Section 8 Housing Choice Voucher Program:

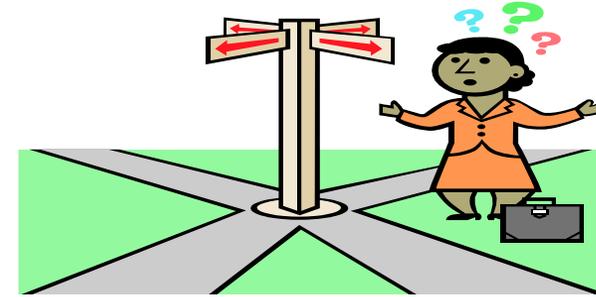
<https://ncadmin.nc.gov/public/american-indians/american-indian-programs-and-services/section-8-housing-choice-voucher-program>

Financial



- **Social Security Administration**
 - To find your local office: <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>
 - Website: www.socialsecurity.gov
 - Phone: 800-772-1213
- **Local Department of Social Services**
 - To find your local office: <http://www.ncdhhs.gov/dss/local/index.htm>
- **Hope4NC will provide information about local resources**
 - For 24/7 for free and confidential emotional support, counseling referrals and community resources: 855-587-3463
 - <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/hope4nc>

Legal



- **Legal Aid of North Carolina**
 - To find your local office: <https://www.legalaidnc.org>
 - Phone: 866-219-LANC (5262)
- **District Attorney**
 - To find your local District Attorney:
<http://www.ncdistrictattorney.org/yourDA.html>
- **Disability Rights North Carolina**
 - Federal Protection & Advocacy Agency in NC: <https://disabilityrightsncc.org>
 - Phone: 877-235-4210

Abuse and Neglect

- **Local Department of Social Services:**
 - Website: <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>
- **State Department of Social Services:**
 - Website: <https://www.ncdhhs.gov/divisions/social-services>
 - Phone: 919-527-6335
- **Facilities licensed by Division of Health Service Regulation (DHSR):**
 - Phone: 800-624-3004 (within NC) or 919-855-4500
- **Nurses Aides, Assistive personnel and unlicensed health care personnel:**
 - NC Healthcare Personnel Registry – 919-855-3969
 - Licensed Staff-contact Licensing Board

Medical Providers

- **Physicians & Urgent Care Centers:**
 - Enrolled in Standard Plan Medicaid (PHP), contact your Standard Plan
 - Enrolled with LME/MCO, contact your LME/MCO
 - Enrolled in Private Insurance, contact your insurance company
 - No insurance, contact Hope4NC for possible options of providers
 - Website: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/hope4nc>
 - Phone: 855-587-3463

Medical Providers

- **NC Division of Health Service Regulation (DHSR) Adult Care and Home Health Facility Agency Listing and Ratings:**
 - Website: <https://info.ncdhhs.gov/dhsr/ahc/licensure.html>
 - Phone: 919-855-4620
- **Nurses:**
 - Website: <https://www.ncnurses.org>
 - Phone: 919-821-4250

Medicare Services

- **Find a Medicare Provider:**
 - Website: <https://www.medicare.gov/care-compare>
 - Phone: 800-MEDICARE (800-633-4227) or, TTY 877-486-2048

- **NC Seniors' Health Insurance Information Program (SHIIP):**
 - Website: <https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip>
 - Phone: 855-408-1212

Transportation

- Enrolled in Standard Plan Medicaid (PHP), contact your Standard Plan
- Enrolled with LME/MCO, contact your Local Department of Social Services
- Enrolled in Private Insurance, contact your insurance company, Hope4NC and local resources such as buses, etc.
- No insurance, contact Hope4NC for possible options of providers
 - Website: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/hope4nc>
 - Phone: 855-587-3463

Community Action Agencies

Community Action Agencies (CAAs) serve millions of Americans whose income is below the poverty level and who do not receive welfare benefits:

- **Promote Self-Sufficiency**
- **Provide help with setting a household budget**
- **Weatherization and Rental Assistance**
- **Nutrition and Emergency Assistance**
- **Education and Housing Assistance**
- **Website: <https://www.ncdhhs.gov/csbg-contacts>**

Community Action Agencies

Our agencies help individuals find jobs, locate housing, obtain shelter, food, obtain access to health care and take care of children. CAAs also administer almost half the nation's Head Start programs.

Contact Information:

DHHS/Office of Economic Opportunity

Name: Marionna C. Poke-Stewart

Email: Marionna.Poke-Stewart@dhhs.nc.gov

Website: <https://www.ncdhhs.gov/csbg-contacts>

Guardianship and Alternatives to Guardianship

Establishment of Guardianship, Legal Assistance, or Clerk of Court in Your County:

- **NC Courts and Guardianship:**
 - Website: <https://www.nccourts.gov/help-topics/guardianship/guardianship>
- **Contact Clerk of Court at Local Courthouse:**
 - Website: <https://www.nccourts.gov/locations>
- **Contact NC Guardianship Association for general guardianship questions:**
 - Phone: 919-266-9207

Social Services

Local Social Services are available for food & nutrition, financial assistance, child support, adult services, child welfare, etc.

- **Local Department of Social Services:**
- **Website:** <http://www.ncdhhs.gov/dss/local/index.htm>

Healthy Opportunities focus on the provision of non-medical services to eligible Medicaid Managed Care enrollees. Services will be delivered through local Human Service Organizations (HSOs)

- **Food**
- **Housing**
- **Interpersonal Violence/Toxic Stress**
- **Transportation Services**
- **Website:** <https://www.ncdhhs.gov/about/departments-initiatives/healthy-opportunities/healthy-opportunities-pilots>

Medicaid

Serves low-income parents, children, seniors, and people with disabilities. There are different types of coverage for people with different needs. Income and resource limits for each of these groups vary:

- **NC Medicaid/ Division of Health Benefits**
 - [Aged, Blind and Disabled](#)
 - [Infants, Children and Families](#)
 - [Long-Term Care](#)
 - [Medicare Recipients](#)
- **NC Medicaid Division of Health Benefits**
 - Website: <https://medicaid.ncdhhs.gov>
 - Phone: 919-855-4100
- **Local Department of Social Services**
 - Website: <http://www.ncdhhs.gov/dss/local/index.htm>

Mental Health, Intellectual Developmental Disabilities, Traumatic Brain Injury, and Substance Use Services

- Contact the LME/MCO or PHP Access and Crisis Line if new to services.
- Contact the Care Coordinator with your LME/MCO or PHP to discuss options for services if currently enrolled.
 - If services cannot be obtained in a timely manner, ask that the case be escalated with your LME/MCO or PHP.
- If you have concerns about a person waiting in an emergency room for a long period of time, please contact DMH/DD/SAS Customer Service and Community Rights
 - Website: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/adult-mental-health-services/customer-service-and-community-rights-team>
 - Phone: 855-262-1946

Healthcare

Get answers to your questions, assistance with filing complaints and appeals, and identify enrollment opportunities with your health insurance company:

- **Public Health Assistance:**
 - Local Health Departments: <http://www.ncalhd.org/directors>
- **Private Health Insurance Assistance:**
 - NC Department of Insurance: <https://www.ncdoi.gov>
 - SMARTNC Guidance: <https://www.ncdoi.gov/media/39/open>
 - Phone: 855-408-1212

Employment Assistance

- **North Carolina Division of Vocational Rehabilitation**
 - State Office: 919-855-3500
 - Toll Free: 800-689-9090
 - Videophone: 919-324-1500
 - TTY: 919-855-3579
 - Website: <https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services>
- **For Supported Employment Services contact your LME/MCO or PHP**

Community Alternative Programs (CAP)

Community Alternative Programs (CAP) are Medicaid Waiver programs in which certain Medicaid requirements are waived-such as income of the family.

- **CAP-DA (Disabled Adults):**
 - Website: <https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/community-alternatives-program-disabled-adults-capda>
 - Phone: 919-855-4340
- **CAP-C (Children):**
 - Website: <https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/community-alternatives-program-children-capc>
 - Phone: 919-855-4340

Community Alternative Programs (CAP)

Community Alternative Programs (CAP) are Medicaid Waiver programs in which certain Medicaid requirements are waived-such as income of the family.

- **Innovations Waiver formally named CAP-MR/DD**
 - Contact your LME/MCO and Request information regarding Innovations and Registry of Unmet Needs (Waitlist)
 - Website: <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/nc-innovations-waiver>

Assistive Technology

Contact the Care Coordinator/ Care Manager with your LME/MCO regarding any possible options for Assistive Technology:

- Medicaid Durable Medical Equipment (DME)
- Community Alternative Programs (CAP) for Disabled Adults
- Children and Innovations Waiver Program
- Loan Programs
- Division of Vocational Rehabilitation Independent Living Program
 - Website: <https://www.ncdhhs.gov/assistance/disability-services/independent-living-for-people-with-disabilities>

Assistive Technology

The North Carolina Assistive Technology Program (NCATP) is a state and federally funded program that provides assistive technology services statewide to people of all ages and abilities:

- **North Carolina Assistive Technology Program**
 - **Website:** <https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/north-carolina-assistive-technology-program>
 - **Phone:** 919-855-3500

Service Animals



- **Service Animals for People with Disabilities**
 - **Website:** <https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/independent-living-people-disabilities/service-animals-people-disabilities>
- **Service Dog Registration**
 - **NC Division of Vocational Rehabilitation Services**
Attn: Mamie Branch
2801 Mail Center
Raleigh, NC 27699-280
 - **Registration Application:** <https://www.ncdhhs.gov/media/8764/open>
 - **Email:** mamie.branch@dhhs.nc.gov
 - **Phone:** 919-855-3524

General Information and Referrals

Information and referrals regarding human services in government and non-profit agencies within North Carolina Department of Social Services.

- For information to learn of service providers in NC:
 - DHHS Customer Service Center:
https://wake.nc.networkofcare.org/mh/services/agency.aspx?pid=dhhs_1458_2_0
 - Phone: 800-662-7030
- DHHS Hotlines: <https://www.ncdhhs.gov/contact/hotlines>

Advocacy Organizations

Alcohol and Drug Council of North Carolina

- Phone: 800-688-4232
- Website: <https://www.alcoholdrughelp.org>

Council on Developmental Disabilities

- Phone: 800-357-6916 or TTY 984-920-8200
- Website: <https://nccdd.org>

Disability Rights of North Carolina

- Phone: 877-235-4210
- Website: <https://disabilityrightsncc.org>

National Alliance on Mental Illness (NAMI)

- Phone: 800-451-9682
- Website: <https://naminc.org>

Recovery Communities of North Carolina

- Phone: 919-231-0248
- Website: <https://www.rcnc.org>

The Arc of North Carolina

- Phone: 919 782-4632 or 800-662-8706
- Website: <https://www.arcnc.org>

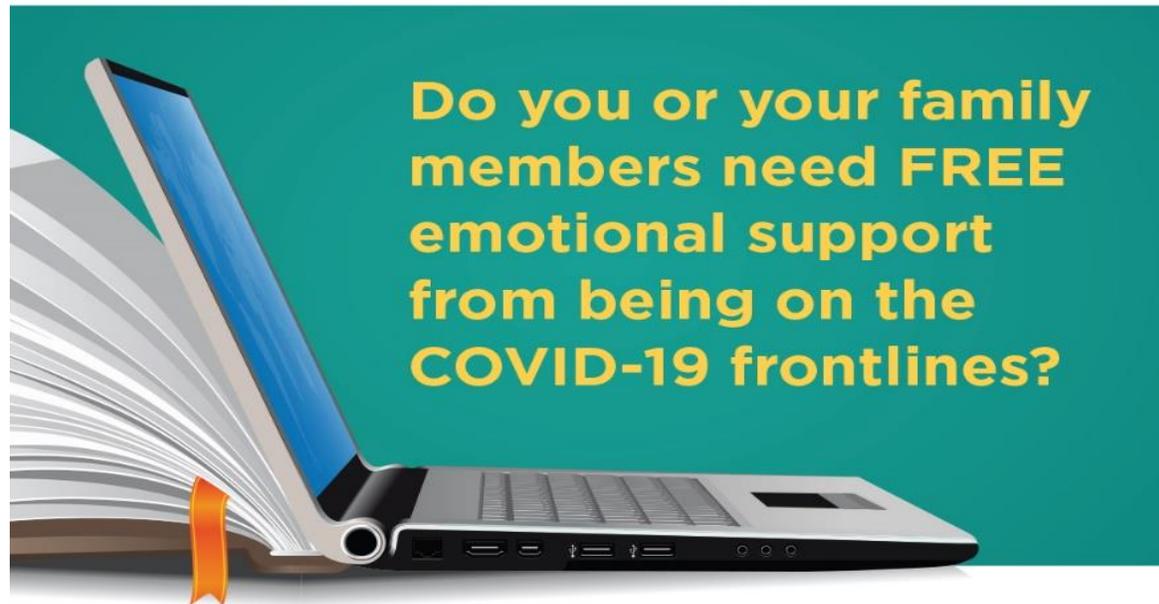
Hope4NC & Hope4Healers

- Hope4NC: 1-855-587-3563
- Hope4Healers: 919-226-2002

HOPE  4 HEALERS

NORTH CAROLINA

Educators & School Staff



NORTH CAROLINA HELPLINE (919) 226-2002

NCDHHS DMH/DD/SAS

DMH/DD/SAS

- Phone: 984-236-5000
- Website: <http://www.ncdhhs.gov/divisions/mhddsas>

Community Engagement and Empowerment Team

- Phone: 984-236-5300
- Website: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-committees/community-engagement-and-empowerment>

NCDHHS DMH/DD/SAS

Customer Service and Community Rights Team

- **Website:** <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/adult-mental-health-services/customer-service-and-community-rights-team>
- **Address:** 3001 Mail Service Center, Raleigh, NC 27699-3001
- **Phone:** 855-262-1946 or 984-236-5300
- **Fax:** 919-733-4192
- **Email:** DMH.Advocacy@dhhs.nc.gov
- **Email:** BHIDD.HelpCenter@dhhs.nc.gov

Questions





COMMUNITY ENGAGEMENT & EMPOWERMENT TEAM

Email the team to join our listserv!

CEandE.Staff@dhhs.nc.gov



<https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-engagement-and-empowerment>

NAME

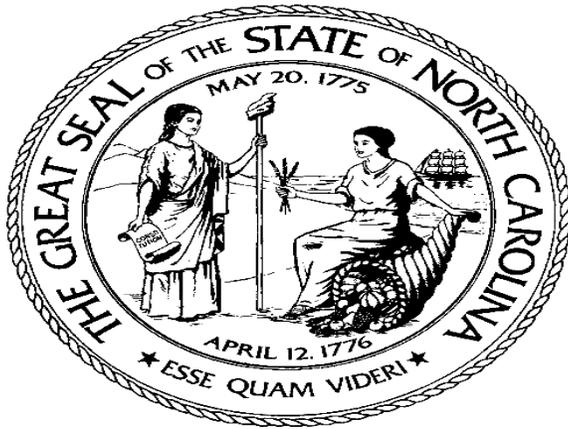
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TBI State Action Plan

April 12, 2023

Rosanne Randall
Brain Injury Advisory Council Chair

Scott Pokorny
Division of Mental Health/Developmental
Disabilities and Substance Use Services

Purpose

- **Provides a framework for understanding the status of brain injury in North Carolina**
- **Offers a comprehensive description of existing services and supports**
- **Incorporates methodical identification of needs and gaps**
- **Establishes and formalizes clearly defined goals and objectives to address identified service system continuum of care needs/gaps, data initiatives, education/awareness activity, and other key areas**
- **Supports collaboration among stakeholders**

Background

- **A collaborative initiative between the state, Brain Injury Advisory Council (BIAC), Brain Injury Association of NC (BIANC), family members, individuals with lived experience and other stakeholders.**
- **Many versions and updates over the past two decades**
- **Consistent format and processes over the past 7 years**
- **Required for TBI Grant from Administration for Community Living (ACL)**
- **TBI State Plan Standing Committee operational under BIAC**

Key Points

- **Structured---Useful with consistent implementation and review**
- **Focus---With a multitude of initiatives to pursue, it is a helpful guide to maintain focus on mutual goals to see through to completion**
- **Organized Change---goals, objectives and/or measures change when:**
 - **They are achieved**
 - **Become unattainable**
 - **Systems change requiring a refocus on common priority(s)**
 - **At any time stakeholder consensus determines a change is needed**
- **Separate stand alone goals, objectives and measures document (working document)**

Logistics

- **Created and voted upon by BIAC and approved by DMHDDSUS leadership**
- **Goals/objective/measures reviewed quarterly (ideally)**
- **Updated as needed and at a minimum of annually**
- **Needs and Gaps assessment- used when establishing goals/objectives and measures**
 - **Conducted bi-annually through TBI Grant**
 - **Conducted annually through LME-MCO Network Adequacy Reviews**
- **Changes to goals/objectives/measures can occur at any time deemed appropriate by stakeholder consensus.**

Content Areas

- **Introduction**
- **Goals, Objectives and Measures**
- **TBI Program**
 - **DMHDDSUS as Lead Agency**
 - **Brain Injury Advisory Council**
- **Additional TBI Resources**
 - **Brain Injury Association of NC (BIANC)**
 - **Division of Public Instruction (DPI)**
 - **Disability Rights NC (DRNC)**
 - **Division of Health Benefits (DHB)—**
- **NC Medicaid**
- **Additional TBI Resources cont.**
 - **Division of Health Services Regulation (DHSR)**
 - **Division of Public Health (DPH)**
 - **Division of Vocational Rehabilitation Services (DVRS)**
 - **Veterans**
- **Needs Assessment**
 - **Methods for conducting the assessment**
 - **Common Gaps**
 - **Analysis of Assessment Process**
 - **Strengths and Challenges**
- **Conclusion**

Goal Areas

- **Data Collection**
- **Collaboration and Development**
- **Resource Access and Engagement**
- **Prevention**

Goals and objectives are established to assist individuals with lived experience, families, professionals, policy makers and other interested stakeholders in helping to improve access to appropriate specialized services and supports and increase knowledge and awareness about brain injuries among children and adults, their families, and providers.

Data Collection

Objective: Collect data on usage of state resources for all ages.

Measure/Milestone 1: Identify the individuals with TBIs using existing data sources who are in state developmental centers, state psychiatric hospitals, ADOLESCENT PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTFs), community ICF's and SNF's.

Measure/Milestone 2: Identify individuals with TBI receiving Medicaid who enter jail or prison systems.

Collaboration and Development

Objective: Facilitate and initiate brain injury education and training development across the state.

Measure/Milestone 1: Collaborate with provider agencies and organizations in regards to determining brain injury training and education needs.

Measure/Milestone 2: Identify available in-person or online training opportunities related to brain injury throughout the state including but not limited to events, conferences, and webinars.

Measure/Milestone 3: Disseminate current and new training and educational information from sources in state and across the country.

Measure/Milestone 4: Facilitate training and educational opportunities regarding brain injury across the state.

Resource Access and Engagement

Objective: Establish opportunities for advocacy to allow for recommendations related to public policy and legislation.

Measure/Milestone 1: Utilize the results of the needs and resources assessment to identify gaps & needs within the NC service system for individuals living with brain injury to potential barriers, including but not limited to accessing benefits and services, long-term supports, residential options, employment, transportation, care coordination and disparities for historically marginalized populations.

Measure/Milestone 2: Identify recurring funding opportunities for individuals living with brain injury to help the brain injury service infrastructure and sustain the continuum of brain injury care.

Prevention

Objective: Enhance public awareness for targeted brain injury prevention efforts statewide.

Measure/Milestone 1: Determine highest incidence of brain injury based on existing data.

Measure/Milestone 2: Determine best and promising practices for brain injury prevention efforts based upon highest incidence.

Measure/Milestone 3: Identify potential collaborators for brain injury prevention efforts statewide.

Measure/Milestone 4: Implement best and promising practice strategies with collaborators

Questions or Comments?

Please reach out to

TBIContact@dhhs.nc.gov

Division of Child and Family Well-being



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

AGENDA

- Who We Are
- Transition to DCFW
- Current State
- Staff
- CBH Dashboard
- System of Care Grants
- School BH Strategic Plan
- Rapid Response Team

NCDHHS PRIORITIES

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

Behavioral Health & Resilience



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access**, when and where they are needed and to **reduce the stigma** around accessing these services.

Child & Family Well-Being



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient, better educational outcomes and, in the long term, a stronger society.**

Strong & Inclusive Workforce



We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services** to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

CHILD & FAMILY WELL-BEING



Child behavioral health

Bring together programs and data to support children's behavioral health needs in their communities



Child welfare

Strengthen the services and supports available across NC for our most vulnerable children and families



Nutritional insecurity for children & families

Increase access to healthy, nutritious food through innovative strategies



Maternal & infant health

Equitably improve women's health and birth outcomes

CHILD BEHAVIORAL HEALTH UNIT OVERVIEW

- Part of the Whole Child Health Section at the Division of Child and Family Wellbeing
- Staff and programs transitioned from DMH/DD/SAS in March 2022
- Most Child Behavioral Health Programs and Activities now at DCFW- Whole Child Health Section

DCFW Programs and Contacts



Children with Complex Needs

Rachel Johnson: rachel.johnson@dhhs.nc.gov

NC-PAL

Stacie Forrest: stacie.forrest@dhhs.nc.gov

System of Care

Kristen Jerger: kristen.jerger@dhhs.nc.gov

Family Partner/Family Run Organization

Stacie Forrest: stacie.forrest@dhhs.nc.gov

School Behavioral Health

Sharon Bell: sharon.bell@dhhs.nc.gov

High Fidelity Wraparound

Lisa Wilson: lisa.wilson@dhhs.nc.gov

Child Treatment Program

Terri Grant: terri.grant@dhhs.nc.gov

Trauma-Focused Community Capacity Building

Terri Grant: terri.grant@dhhs.nc.gov

PROGRAMS THAT REMAIN AT DMH/DD/SUS

1

Residential

2

Crisis Services

3

Substance Use Services

4

Intellectual and Developmental Disabilities

CHILDREN WITH COMPLEX NEEDS

Children with Complex Needs are ages 5 and under 21, with a developmental and/or intellectual disability and a mental health disorder diagnosis who are Medicaid eligible and at risk of not being able to return to or maintain placement in a community setting.

Each LME-MCO is responsible for identifying these youth and coordinating their care across services and supports that meet both the MH & IDD needs. DCFW staff provide support, coaching, and fund training, and other workforce development activities in support of the LME-MCO and providers.

NORTH CAROLINA PSYCHIATRY ACCESS LINE (NCPAL)

Practice-Focused Programs

Consultation

Pediatric Phone Line

Perinatal Phone Line

Care Guides & Screening Forms

One-time patient assessments

Education

REACH PPP Mini Fellowship

Residency Training

Lectures, Talks & Linkage to Trainings

NC AHEC Courses

Practice Improvement

Resource Navigation Support

IDD Supports

Early Childhood Supports

Collaborative Care Support

Quality Improvement with Local Health Departments

Community-Focused Programs

Social Services

Collaboration in statewide case reviews and policy development

Consultation & education pilots with select DSS agencies

Schools

Collaboration in statewide policy and program development

Consultation & education pilots with select school districts

Perinatal / Early Childhood

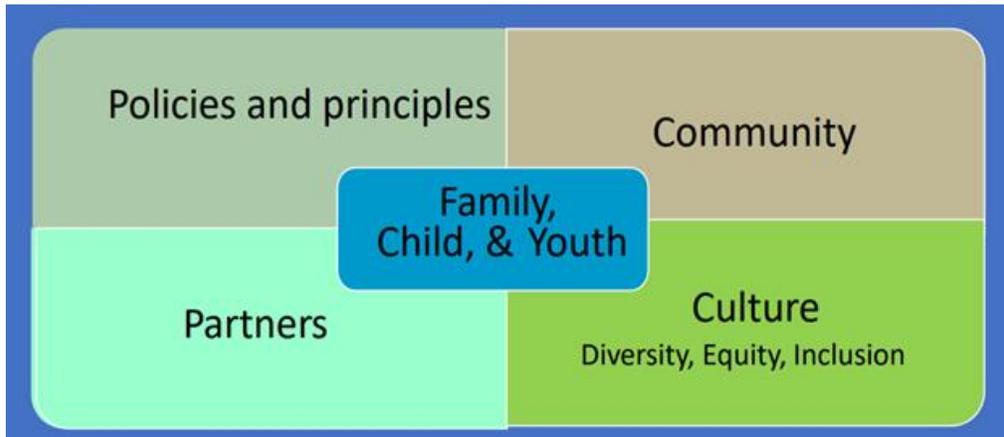
Attachment Network of NC

Collaboration in statewide policy and initiatives

Collaborate with early childhood programs

Collaboration with home visiting and family support programs

SYSTEM OF CARE



North Carolina System of Care (NC SOC) is a framework designed to ensure that all of our services and programs work together with youth and families to achieve the desired outcomes identified by the youth and family.

System of Care is a comprehensive network of community based services and supports organized to meet the needs of the family who are involved in multiple child serving agencies, and promote success at home, school, and in the community.

The set of core values through which behavioral health services are provided to all children, youth, and their families are:

- Family-driven and Youth-guided
- Interagency collaboration
- Trauma Informed/Resilience Focused
- Individualized and strength-based
- Cultural and linguistic responsiveness
- Evidence-Based Practices
- Data Driven/Accountability

The **Community Collaborative** is a community group comprised of individuals and representations of various community sectors. The objective is to bring together families and representatives across diverse sectors to support a well-coordinated service system, to problem-solve barriers, and to monitor the system for ongoing success. Community Collaboratives promote the system of care framework.

FAMILY PARTNER/FAMILY RUN ORGANIZATION



NC Youth and Family Voices Amplified is a program within the UNC Greensboro Center for Youth, Family and Community Partnerships.

The mission of **Voices Amplified** is to amplify the voice of NC's youth and families in systems and services that support their mental health and well being. This is done through education, community partnerships, and support to enhance family-driven and youth-led care.

Voices Amplified provides:

- Training and certification for Family Partners and Youth Peer Support Providers across North Carolina
- Technical assistance to Youth and Family Peer Support Providers, as well as the agencies that employ them
- Collaboration activities to advance the System of Care framework across child and family-serving systems in North Carolina
- In-person and on-line outreach to youth and families to promote mental health and access to services and support
- Recruitment of prospective new Family Partners and Youth Peer Support Providers
- Advocacy for youth and families to be at the table when decisions are made about systems and services that impact their lives.

[Voices Amplified Website](#)

TRAUMA-INFORMED COMMUNITIES PROJECT

- Community capacity building project conducted via partnership of Ctr for Child & Family Health and Communities Organized for Racial Equity (CORE). Project served 7 communities in Phase I.
- In SFY 2023 will move to Phase II – expanding to 40+ coalition communities.
- Centering racial equity in the prevention of trauma, mitigation of long-term effects of trauma, and promotion of healing and thriving
- Public and Private agencies learning to become trauma-informed organizations
- Developing and Sustaining Evidence-Based Practices
- Growing cross-sector partnerships that reflect the community and build on individual, system and community assets

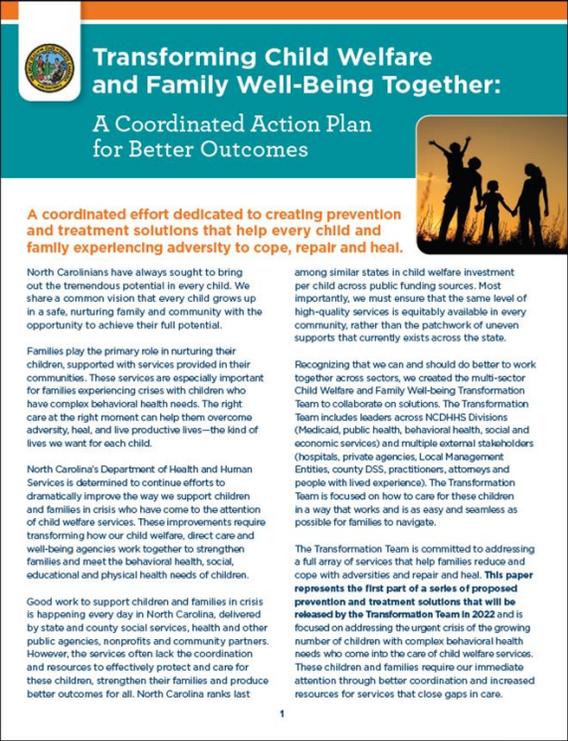
NC COMPREHENSIVE TREATMENT PROGRAM

- Has legislative mandate to support the expansion of the evidence-based child mental health service array in partnership with DHHS, LME-MCOs, and private sector leadership
- Trains several eb treatment models (including the treatment of youth with problem sexual behaviors). Extends support in following ways:
 - EBP Training and Coaching (250 clinicians each year)
 - Treatment Support to program graduates in ongoing learning and to agencies in strengthening their organizational infrastructure to sustain the eb practices
 - Treatment Monitoring Support via development of internal systems to monitor service delivery patterns and quality indicators
- Outcomes
 - 761 individual clinicians were on the NC CTP roster as of 6/30/2022
 - Graduation rates of 57%to 85% across the ebt training cohorts

DCFW - KEY PRIORITIES

- 1** Coordinated Action Plan
- 2** School Behavioral Health
- 3** Child Behavioral Health Data Dashboard and Use of Data
- 4** Rapid Response Team

STRENGTHENING THE SERVICE ARRAY FOR CHILDREN WITH THE MOST COMPLEX BEHAVIORAL NEEDS



Transforming Child Welfare and Family Well-Being Together:
A Coordinated Action Plan for Better Outcomes

A coordinated effort dedicated to creating prevention and treatment solutions that help every child and family experiencing adversity to cope, repair and heal.

North Carolinians have always sought to bring out the tremendous potential in every child. We share a common vision that every child grows up in a safe, nurturing family and community with the opportunity to achieve their full potential.

Families play the primary role in nurturing their children, supported with services provided in their communities. These services are especially important for families experiencing crises with children who have complex behavioral health needs. The right care at the right moment can help them overcome adversity, heal, and live productive lives—the kind of lives we want for each child.

North Carolina's Department of Health and Human Services is determined to continue efforts to dramatically improve the way we support children and families in crisis who have come to the attention of child welfare services. These improvements require transforming how our child welfare, direct care and well-being agencies work together to strengthen families and meet the behavioral health, social, educational and physical health needs of children.

Good work to support children and families in crisis is happening every day in North Carolina, delivered by state and county social services, health and other public agencies, nonprofits and community partners. However, the services often lack the coordination and resources to effectively protect and care for these children, strengthen their families and produce better outcomes for all. North Carolina ranks last

among similar states in child welfare investment per child across public funding sources. Most importantly, we must ensure that the same level of high-quality services is equitably available in every community, rather than the patchwork of uneven supports that currently exists across the state.

Recognizing that we can and should do better to work together across sectors, we created the multi-sector Child Welfare and Family Well-being Transformation Team to collaborate on solutions. The Transformation Team includes leaders across NCDHHS Divisions (Medicaid, public health, behavioral health, social and economic services) and multiple external stakeholders (hospitals, private agencies, Local Management Entities, county DSS, practitioners, attorneys and people with lived experience). The Transformation Team is focused on how to care for these children in a way that works and is as easy and seamless as possible for families to navigate.

The Transformation Team is committed to addressing a full array of services that help families reduce and cope with adversities and repair and heal. This paper represents the first part of a series of proposed prevention and treatment solutions that will be released by the Transformation Team in 2022 and is focused on addressing the urgent crisis of the growing number of children with complex behavioral health needs who come into the care of child welfare services. These children and families require our immediate attention through better coordination and increased resources for services that close gaps in care.

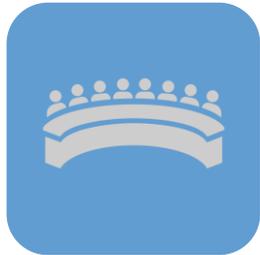
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[Coordinated Action Plan](#)

The Coordinated Action Plan Outlines 13 Strategies to Pursue as a Starting Point	
<p>Expand treatment services that prevent children from being removed from their homes or experiencing multiple placements</p>	<p>Connect children to expanded care placement options more quickly</p>
<ul style="list-style-type: none"> • Expand High-Fidelity Wraparound Services Pilots Statewide • Launch START Substance Use Treatment Pilots in 10 Counties • Expand MORES Mobile Crisis Intervention Teams Statewide • Strengthen Care Coordination for Children and Youth in DSS Care and for Former Foster Youth • Expand the NC-PAL Program Statewide • Implement the “988” Statewide Crisis Hotline 	<ul style="list-style-type: none"> • Establish Placement First Pilots • Establish Crisis, Inpatient and Residential Bed Tracking and Crisis Referral System • Establish Emergency Respite Pilots for Caregivers • Build Professional Foster Parenting Programs • Strengthen the NCDHHS Rapid Response Team (RRT) • Develop a Plan to Increase Supply of Appropriate Treatment and Residential Placements for Children Needing Behavioral Health Services • Use Administrative Flexibilities and Enforcement to Create New Placement and Service Options for Children

LEVERAGING COVID FLEXIBILITIES TO OFFER BEHAVIORAL HEALTH SUPPORTS IN SCHOOLS

North Carolina public schools can opt-in to new funding opportunities to support school-based mental and behavioral health initiatives at no cost to K-12 schools through the CDC's Reopening Schools grant. Schools must be participating in our COVID testing program to be eligible for these behavioral health supports.



Funding to support **School Health Advisory Councils** that are based at the school district level. SHACs can choose activities that will benefit their local district that align with the WSCC model, including partnerships that support behavioral health services and professional development.



The **North Carolina Psychiatric Access Line (NC-PAL)** provides telephonic consultation and education programs on child behavioral health. Selected schools will receive behavioral health educational consultation and training for school staff.



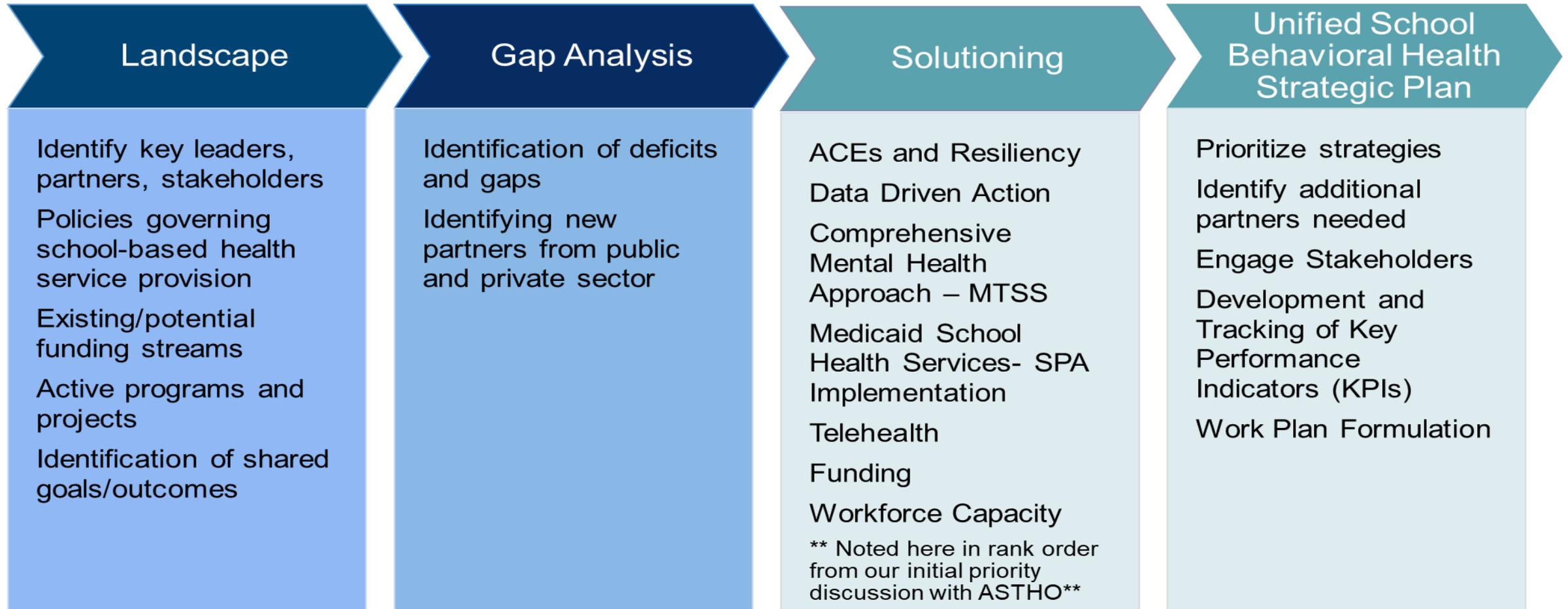
System of Care (SOC) Training for schools will cover how to work with local behavioral health partners to engage families, transition plan for students, and be effective in the changing NC Medicaid landscape as we transition to Medicaid Managed Care.

SCHOOL BEHAVIORAL HEALTH STRATEGIC PLAN

Top priority for DCFW and DHHS

State Partners: NC Department of Public Instruction, DMH/DD/SAS, DHB, DPS/JJ, Governor’s Office, others

External Partners: ASTHO, Duke Endowment, Caronova



UNIFIED SCHOOL BEHAVIORAL HEALTH ACTION PLAN

Funding for this school behavioral health package is being requested by NCDHHS and the Dept of Public Instruction (DPI)

These priorities have been developed in over a year of work with DPI, external partner engagement & ASTHO support

To be presented at Jan State Board of Education meeting. Several items have already garnered support from DPI leadership

Strategy	Brief Description of Strategy	Estimated Annual Budget Ask
Telehealth Pilot for In-school Behavioral Health	Fund telehealth pilots and technical assistance via contractor(s) to expand access to about 10,000 students in districts without programs and create sustainability plan	\$4.2-5.7 M (Non-recurring)
School Electronic Health Record System	Maintenance cost for school electronic health record system that is being built with COVID ELC funding in 2022-23 school year	\$1.7 M (Recurring DPI ask)
Project AWARE/ACTIVATE	Sustain Project AWARE, a program that builds the capacity of schools to support and respond to behavioral health needs, for two more years in three districts with pilot funding ending June 2023 (Beaufort, Cleveland, Rockingham) to create a path to sustainability and replication	\$2M (Non-recurring)
School Linkages to Community Resource Networks	Expand on COVID funded efforts (ELC grant) to bring schools into Systems of Care and build relationships for schools to connect students with local behavioral health providers and payers	\$300,000 (Non-recurring)
School Health Advisory Council (SHAC) Funding	Offer \$60,000 to all districts for school behavioral health investments selected by local community advisory councils, aligning with funds offered using COVID ELC funding in 2022-23 school year	\$7M (Discussing funding options with DPI, unlikely to be in long session ask)
Mental Health First Aid	Offering training to school staff, youth, and communities across state	None (2 yrs GEER funding)

YOUTH MENTAL HEALTH FIRST AID

Youth MHFA training teaches adults who work with youth, including teachers and school staff, how to identify and support youth ages 12-18 who are experiencing mental health and substance use challenges and how to help in crisis situations. Teen MHFA trains students on how to identify and support their peers.

Mental Health First Aid covers the following:

1

Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD)

2

Common signs and symptoms of substance use challenges

3

How to interact with a child or adolescent in crisis

4

How to connect the youth with help

5

Expanded content on trauma, substance use, self-care and the impact of social media and bullying



TEEN MENTAL HEALTH FIRST AID



Designed For

Teens, grade 10-12, or ages 15-18.



What Teens Learn

How to identify, understand, and respond to signs of a mental health or substance use challenge in their friends and peers.



What Teens Gain

The training gives teens the skills to have supportive conversations with their friends and teaches them how to get help from a responsible and trusted adult.

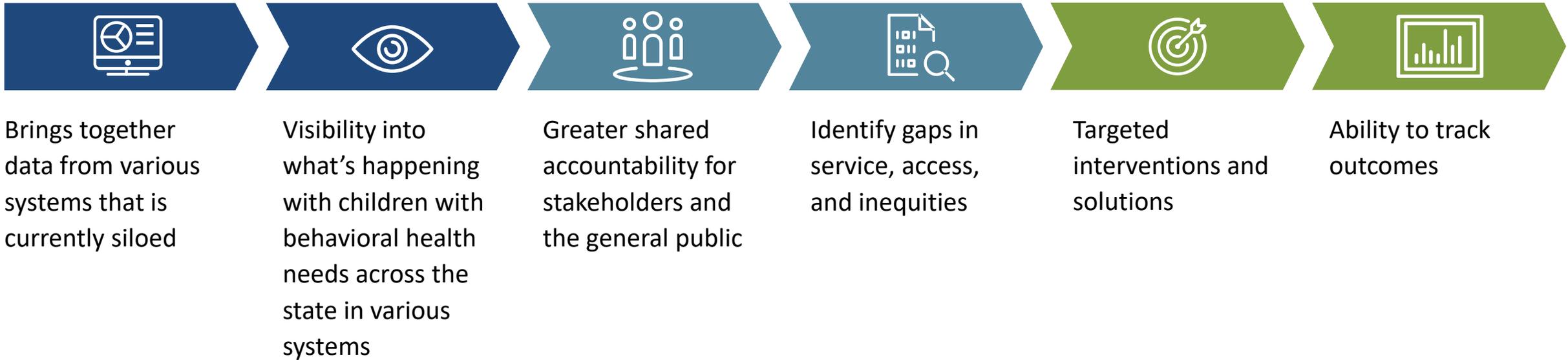


Mental Health FIRST AID[®]

from NATIONAL COUNCIL FOR MENTAL WELLBEING[®]

WHY WE NEED A CHILD BEHAVIORAL HEALTH DATA DASHBOARD

To help us achieve our vision that all children are healthy and thrive in nurturing families, schools, and communities



METRICS PRIORITIZED BY CROSS-DIVISIONAL & EXTERNAL STAKEHOLDER GROUPS **DRAFT**

Metric (Data Source)	Child Population M = Medicaid Pop	Foster Care Population (Medicaid identified)
% children who are "flourishing" (Nat. Survey Child Health)	✓	
# of children with ADHD dx (Medicaid)	✓ ^M	✓
# of children with depression dx (Medicaid)	✓ ^M	✓
# of children with SUD/NAS diagnosis (Medicaid MD)	✓ ^M	✓
# of substance-affected infants (Plan of Safe Care)	✓	
ED utilization for behavioral health (Medicaid MD)	✓ ^M	✓
Suicide attempts resulting in ED visit (NC DETECT)	✓	
Mobile Crisis Utilization (counts, later cost) (Medicaid)	✓ ^M	✓
PRTF utilization (counts, later costs) (Medicaid)	✓ ^M	✓
Inpt psych care utilization (counts later costs (Medicaid)	✓ ^M	✓
School Behavioral Health		
% high schoolers and % of middle schoolers feeling sad or hopeless in last 12 months (YRBS)		
% high schoolers and % of middle schoolers feeling good about themselves (YRBS)- needs to replace flourishing and not be next to other YRBS metric		
Early Childhood		
% babies born with low and very low birth weight (Vital Statistics)		
% children who had 6 well-child visits with a primary care practitioner (PCP) during their first 30 months of life (Medicaid)		
% of deliveries that had a postpartum visit on or between 21 and 56 days after delivery (Medicaid)		

RAPID RESPONSE TEAM (RRT)

DHHS cross-divisional team

meets every weekday to review referrals for children in DSS custody who are in hospitals or DSS offices and are unable to access **treatment at the identified medically recommended level of care.**

RRT facilitates

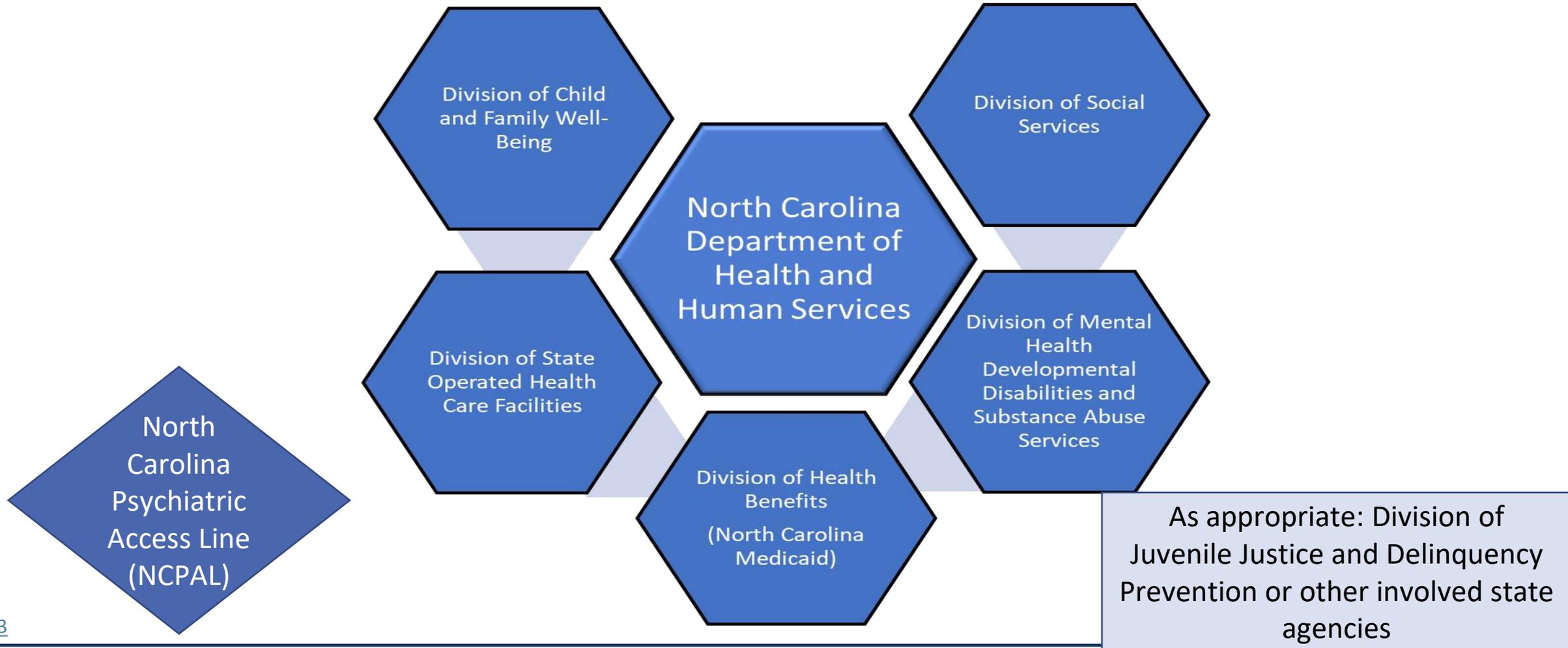
problem-solving and challenging conversations among county DSS, LME/MCOs, and other stakeholders in the child serving system.

RRT may also help

with state-level barriers in accessing needed services.

RAPID RESPONSE TEAM (RRT) AND SB 693

NC Department of Health and Human Services Staff for RRT



RAPID RESPONSE TEAM (RRT), CONT.

The NCDHHS Rapid Response Team receives referrals for children in DSS custody who are lacking appropriate placements and treatments

- 143 referrals received to RRT between April-September 2022
- 55 Counties, Average age at time of referral 13.2 years

Location at Referral

51% Emergency Department

37% DSS Office

Other: PRTF and Inpatient

Service Needed

54% PRTF

25% Level II/Level III

Other: Inpatient, TFC, IAFT

Barriers to Placement

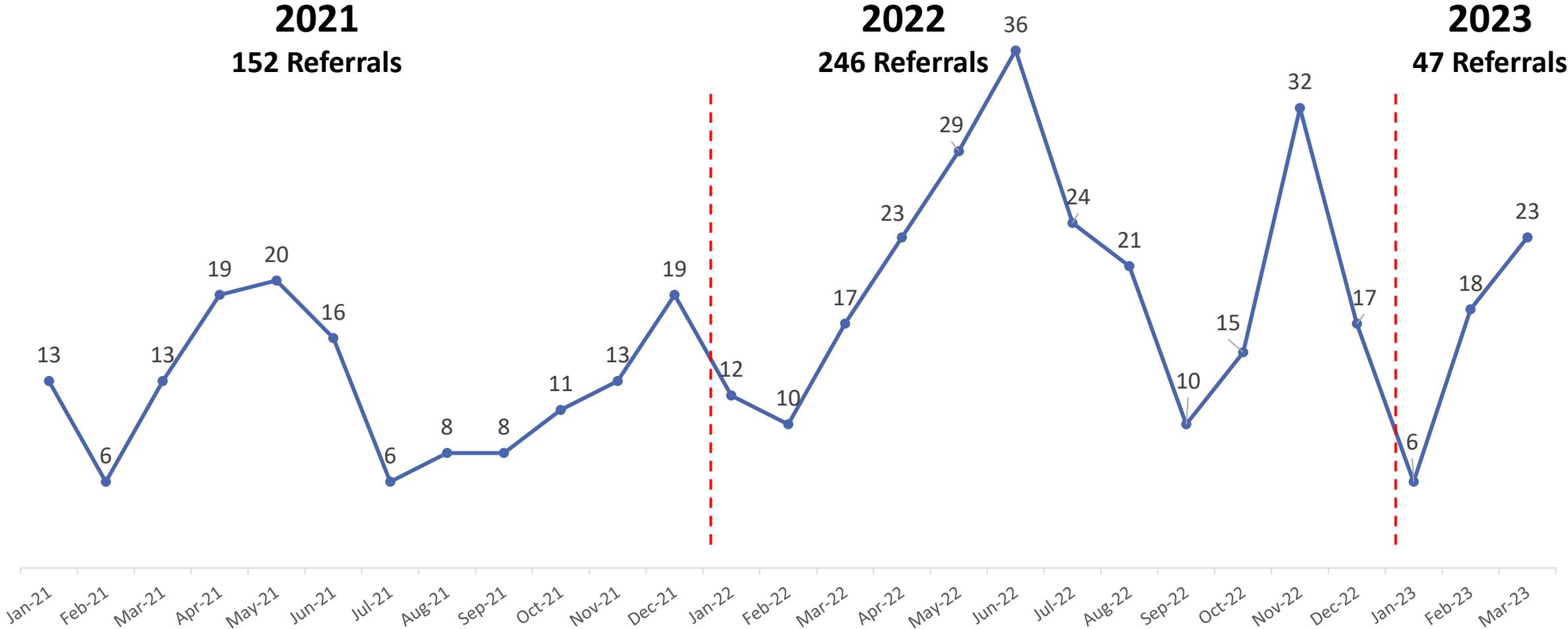
47% Behavior/Aggression

12% Bed Availability

Other: IDD/ASD, Medical Needs, PSB

RAPID RESPONSE TEAM (RRT)

THE NCDHHS RAPID RESPONSE TEAM RECEIVES REFERRALS FOR CHILDREN IN DSS CUSTODY WHO ARE LACKING APPROPRIATE PLACEMENTS AND TREATMENTS.



Source: DHHS Rapid Response Team