



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Mental Health,
Developmental Disabilities and
Substance Use Services

SCFAC Updates

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NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

January 10, 2024

Agenda

1. MH/SUD/IDD/TBI System Updates
2. Direct Support Professionals: Actions to Strengthen the Workforce
3. Q&A

MH/SUD/IDD/TBI System Updates

Medicaid Expansion Launched on Dec. 1!



More North Carolinians can get health care coverage through Medicaid.



Beginning on Dec. 1, 2023, NC Medicaid will cover people ages 19 through 64 years with higher incomes. You may be able to get health care coverage through Medicaid even if you didn't qualify before.

Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health and more – at little or no cost to you.



NC Medicaid covers most health services, including:

- **primary care** so you can go to a doctor for a check-up or when you are not feeling well
- **hospital services** when you need to stay overnight (inpatient) or when you can go home the same day (outpatient)
- **maternity and postpartum care** if you are pregnant and after giving birth
- **vision and hearing services**
- **prescription drug benefits** to pay for your medicines
- **behavioral health**
- **preventative and wellness services**
- **devices and other therapies**

Most people will be able to get health care coverage through Medicaid if they meet the criteria below. And if you were eligible before, you still are. Nothing changes for you.

- **You live in North Carolina**
- **Age 19-64**
- **You are a citizen.** Some non-US citizens can also get health care coverage through Medicaid.
- And if **your household income** fits within the chart below:

Household Size	Annual Income
Single Adults	\$20,120 or less
Family of 2	\$27,214 or less
Family of 3	\$34,307 or less
Family of 4	\$41,400 or less
Family of 5	\$48,493 or less
Family of 6	\$55,586 or less

How to apply for Medicaid:



ePASS
epass.nc.gov



Paper application
[ncgov.servicenow.com](https://ncgov.servicenow.com/services)



In person at your
local DSS office
ncdhhs.gov/localDSS



Call DSS office
ncdhhs.gov/localDSS

Learn more at:
Medicaid.ncdhhs.gov

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You can access the Medicaid Expansion Toolkit, trainings, and FAQs on the NC Division of Health Benefits (Medicaid)'s website

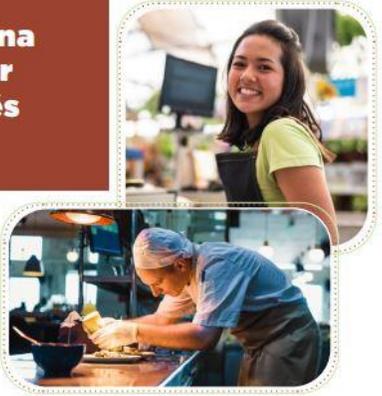
Learn How to Apply With ePASS

(Spanish and English versions)

Más habitantes de Carolina del Norte pueden obtener cobertura médica a través de Medicaid.

A partir del 1 de diciembre de 2023, NC Medicaid cubrirá a las personas de 19 a 64 años que tienen ingresos más altos de lo que se permitía antes. Es posible que puedas obtener cobertura médica de Medicaid incluso si no calificaste antes.

Medicaid paga las visitas al médico, los chequeos médicos de rutina anuales, la atención de emergencia, servicios de salud mental y más, a bajo costo o sin costo para ti.



La mayoría de personas podrán obtener cobertura médica a través de Medicaid si cumplen con los criterios a continuación. Y si eres elegible antes, todavía lo eres. Nada cambia para ti.

- **Vivir en Carolina del Norte.**
- **Tener entre 19 y 64 años.**
- **Ser ciudadano.** Algunas personas que no son ciudadanos estadounidenses son elegibles para obtener cobertura médica a través de Medicaid.
- Y si los **ingresos de tu hogar** están dentro del cuadro a continuación.

Tamaño del hogar	Ingreso Anual
Adultos solteros	\$20,120 o menos
Familia de 2 personas	\$27,214 o menos
Familia de 3 personas	\$34,307 o menos
Familia de 4 personas	\$41,400 o menos
Familia de 5 personas	\$48,493 o menos
Familia de 6 personas	\$55,586 o menos

Medicaid cubre la mayoría de los servicios de salud, incluyendo:

- **atención primaria** para que vayas al médico para un chequeo de rutina o cuando no te sientas bien
- **servicios hospitalarios** cuando necesitas pasar la noche en el hospital (paciente hospitalizado) o cuando puedes irte a casa el mismo día (paciente ambulatorio)
- **atención de maternidad y posparto** si estás embarazada y después de dar a luz
- **servicios de visión y audición**
- **beneficios para pagar tus medicamentos recetados**
- **salud del comportamiento**
- **servicios preventivos y de bienestar**
- **dispositivos y otras terapias**

Cómo solicitar Medicaid:



ePASS
epass.nc.gov



Solicitud impresa (en papel)
nc.gov.servicenow/services.com



En persona, en tu oficina local del Departamento de Servicios Sociales (DSS)
ncdhhs.gov/localDSS



Llamando a tu oficina local de DSS
ncdhhs.gov/localDSS

Obtén más información:

Medicaid.ncdhhs.gov/InfoDeExpansion

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PARTICIPANT'S LIST IS STILL CLIMBING, SO WE ARE GOING TO GIVE IT ABOUT A MINUTE AND WE WILL GET STARTED

Welcome to our ePASS Demo!

September 19, 2023

Welcome & Introduction

0:00 / 1:29:38 • Welcome & Introduction

Navigating ePASS: Guide to Providing Application Assistance

Unlisted

English-Language video: <https://www.youtube.com/watch?v=204bNI5pGkI>

Spanish-language video: <https://www.youtube.com/watch?v=whLNhXj7zvM>

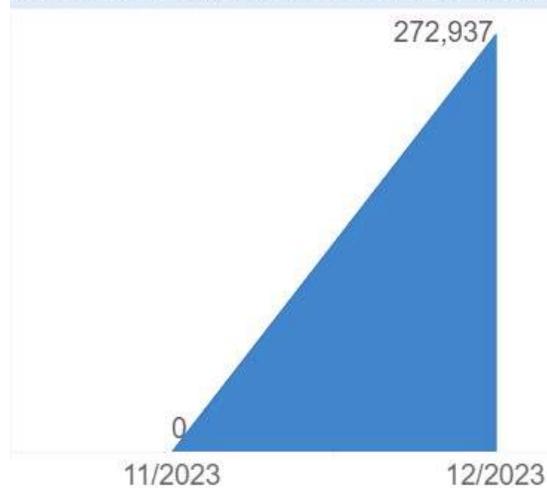
Medicaid Expansion Dashboard

On December 20th, DHHS released a [dashboard](#) to track monthly enrollment in Medicaid for people eligible through expansion. You can read the press release [here](#).

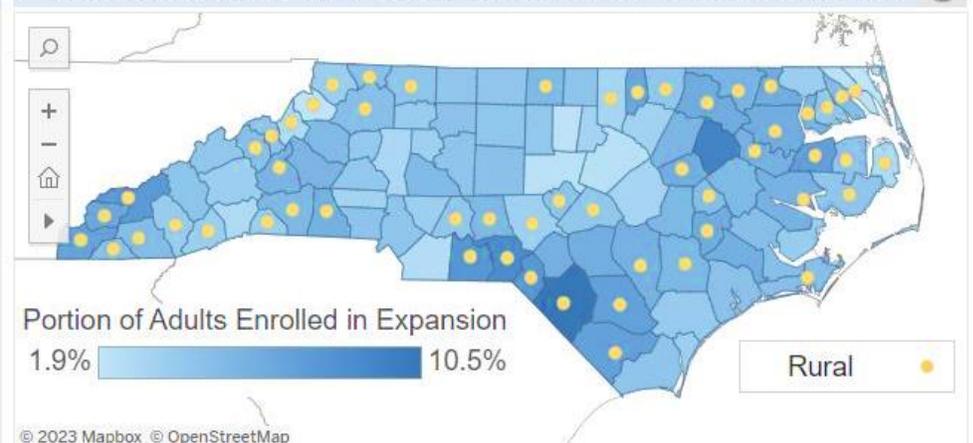
This dashboard shows the number of people eligible for NC Medicaid only through expansion coverage. The charts can be viewed by health plan, demographics, and/or county by using the filters below. *Note: For privacy reasons, categories and/or charts with counts less than 11 will not display.*

Health Plan	Age Group	Sex	Ethnicity	Race	Rurality	County
(All)	(All)	(All)	(All)	(All)	(All)	(All)

NC Medicaid Expansion Enrollment Trend



Portion of Adults (19-64) by County Enrolled in NC Medicaid Expansion



© 2023 Mapbox © OpenStreetMap
The OSBM determination of rural and urban is used for reporting. Fifty-four NC counties are classified as rural, and forty-six NC counties are classified as urban.
<https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/countystate-population-projections>

The section below displays NC Medicaid Expansion Enrollment by various demographic groups. In future months there will be a selector to view enrollment trends.

LME/MCO Consolidation

Guiding Principles

1. What is best for the people we serve and for the providers who deliver services?
2. What will promote the value of whole-person care and move us to tailored plans faster?
3. What will reduce complexity, create less disruption, and make things easier for everyone involved?

Secretary's Directive (11/1)

- Sandhills Center will be dissolved and Eastpointe will be the surviving entity with all counties in the Sandhills Center catchment area aligned to Eastpointe except as follows: Davidson counties will align with Partners Health Management; Harnett County will align with Alliance Health; and Rockingham County will align with Vaya Health.
- Eastpointe shall consolidate with Trillium Health Resources. DHHS has approved the consolidation agreement between the 2 entities.
- Consolidation is effective on 2/1/2024.

DHHS has released FAQs on consolidation for [providers](#) and [beneficiaries](#)

988 Performance Dashboard

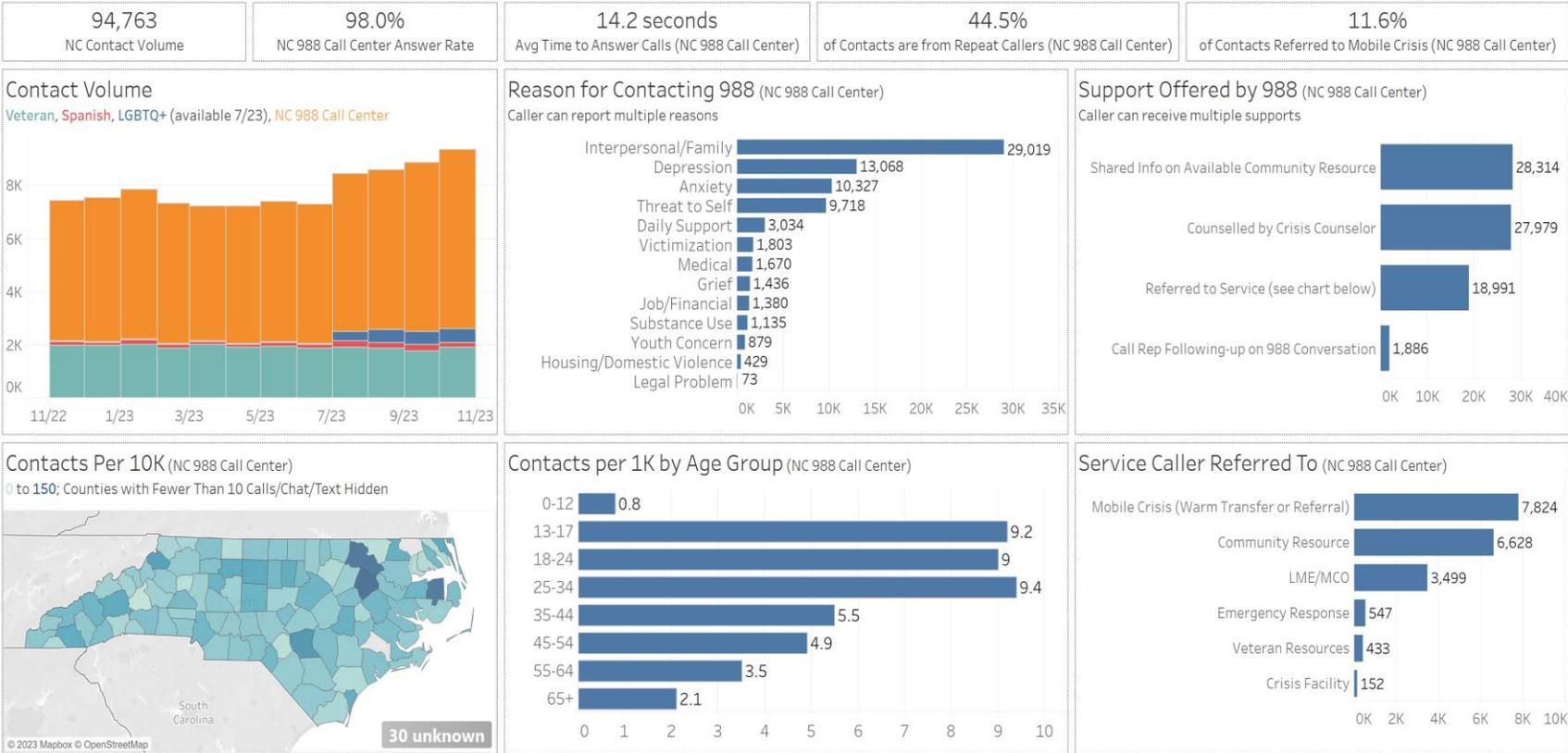


North Carolina 988 Performance Dashboard Past 12 Months (11/22-10/23)



The 988 Suicide & Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. When an individual contacts (defined as a call, chat, or text) 988, the contact goes to the National Operator (Vibrant Emotional Health). The individual may choose a specialized hotline (Veteran, Spanish, LGBTQ+), which will route them to a specialized call center. If they don't choose a hotline, their area code is used to route them to the NC 988 call center (REAL Crisis Intervention Inc.). If a contact is unanswered by the NC 988 call center after 2 minutes, it is routed back to the National Operator for a response.

You can access the [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website



LME/MCO Dashboard

- Department-wide monthly dashboard of key outcomes for the Behavioral Health System.
- Our goal is a tool that highlights our shared priorities and opportunities for improvement.
- If we can better define the problem, we can better work together to solve it.

- The [key measures](#) are:
 - Medicaid, Children in ED & DSS Settings
 - Medicaid, Children in Psychiatric Residential Treatment Facilities (PRTFs)
 - Consumers in State Psych Hospitals Ready for Discharge
 - People on Innovations Waitlist Receiving Any Medicaid or State BH/IDD Service
 - Follow-up Within 7 Days After Inpatient Discharge

- We reviewed the dashboard in the [October 2023 Side by Side webinar](#).
- The most recent report was published in **November 2023** on DMH/DD/SUS' website at: [Reports | NCDHHS](#).

Historic Investments for North Carolina

Behavioral Health & Resilience

\$835M

This budget includes investments and policy changes that enable a seismic step forward in improving North Carolinians' behavioral health. Between recurring and non-recurring funds, approximately three-quarters of the Governor's \$1 Billion Behavioral Health Roadmap were funded, along with other significant investments across the state.

Child & Family Well-Being

\$208.9M

The budget includes notable investments in North Carolina's children, including a package of services that will prevent children languishing in inappropriate settings like Eds and DSS offices while providing additional supports for them and their families. It also includes the long sought-after, statewide Child and Family Specialty Plan which will better serve the care needs for children in the foster care system.

Strong & Inclusive Workforce

\$1.56B

This budget has several important investments in our team to support their critical work including \$40 million to stabilize staffing in our state facilities, plus new positions in Public Health, new inspector positions in DHSR, and new regional support staff in DSS to improve outcomes in our child welfare system.

Behavioral Health Budget Provisions

	Provision	FY24	FY25
Crisis	Crisis System (e.g. mobile, FBCs)	\$30M	\$50M
	Crisis Stabilization (short-term shelter)	~\$3M	~\$7M
	Non-Law Enforcement Transportation Pilot Program	\$10M	\$10M
	BH SCAN	\$10M	\$10M
Justice	Justice-Involved Programs <ul style="list-style-type: none"> Community-based pre-arrest diversion and reentry programs; fund partnerships between law enforcement, counties, and BH providers Community-based and detention center-based restoration programs 	\$29M	\$70M
Workforce /Wellness/ Recovery	Behavioral Health Workforce Training	~\$8M	\$10M
	NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
	Behavioral Health Rate Increases	\$165M	\$220M
	State Facility Workforce Investment	\$20M	\$20M
	Electronic Health Records for State Facilities		\$25M
	Child Welfare and Family Well-Being	\$20M	\$60M
	Collaborative Care	\$2.5M	\$2.5M

BH Rate Increases

Link: [Behavioral Health Reimbursement Rates Increased for the First Time in a Decade](#)

- The rate increases represent an approximate ~20% increase in overall Medicaid funding for behavioral health across all impacted services
- Rate increases should:
 - Recruit more BH providers into the public BH system
 - Improve access to inpatient psychiatric care in community hospitals
 - Invest in recovery-oriented services
 - Support early intervention by investing in gateway services
- Medicaid rate increases will be effective for services provided on or after 1/1/2024
- [Medicaid Bulletin BH Rate Increases](#)

I/DD & TBI Budget Provisions

Provision	FY24	FY25
350 new Innovations slots	\$29.33M	\$29.33M
Innovations Direct Support Professional Wage increases	\$176M	\$176M
Competitive Integrated Employment	\$5M	\$5M
Personal Care Service (PCS) Rate Increases	\$176M	\$176M
Authority to expand TBI waiver statewide		

NC Medicaid Innovations Waiver Provider Rate Increase

Intended to Support Innovations Waiver Services Direct Care Worker Wage Increases

Link: [Innovations Rate Increases for DSPs](#)

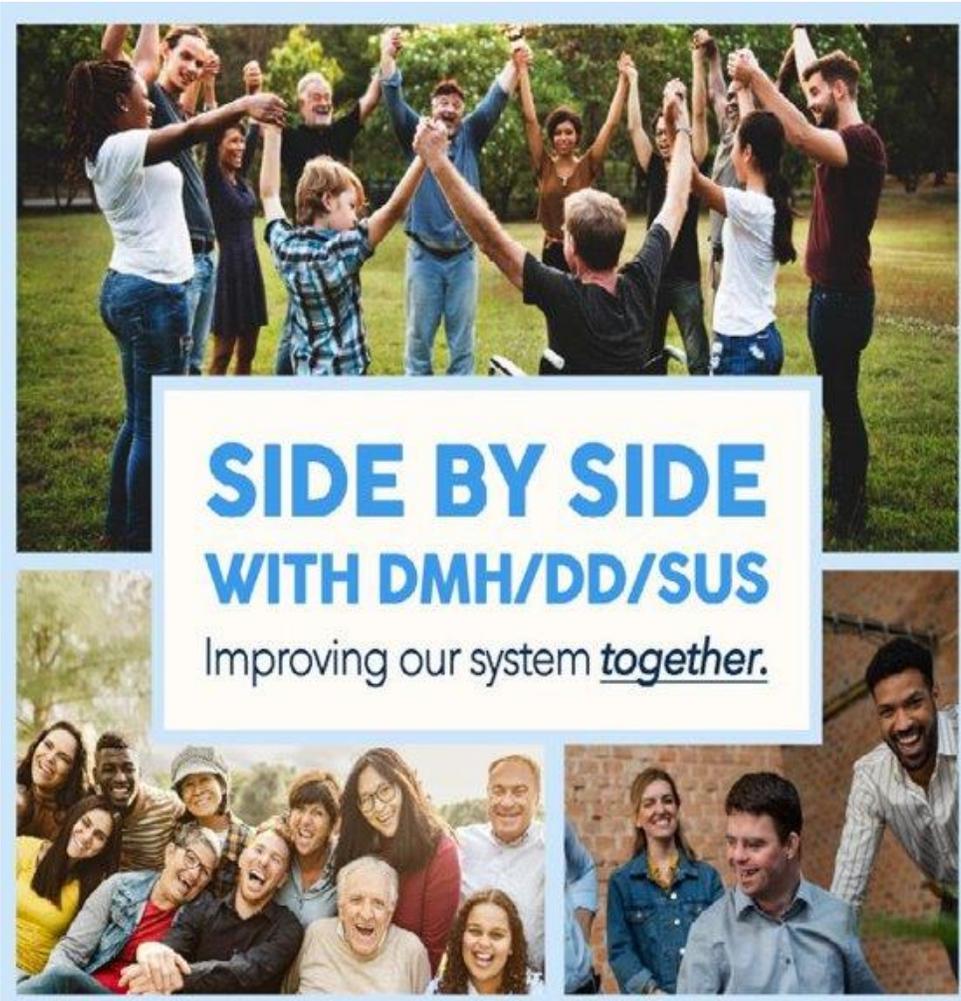
The NC General Assembly appropriated \$176 million in state and federal recurring funding to raise NC Medicaid Innovations waiver services rates for DSPs.

Innovations waiver services providers must document their commitment to and use of the rate increases “to the benefit of its Innovations direct care workers, including in the form of an increase in hourly wage, benefits, or associated payroll costs.”

Services with an increase:

- Residential Supports
- Supported Employment
- Respite Care
- Community Living and Supports
- Day Supports
- Supported Living

Upcoming Side by Side Webinars



Scheduling for Upcoming Webinars

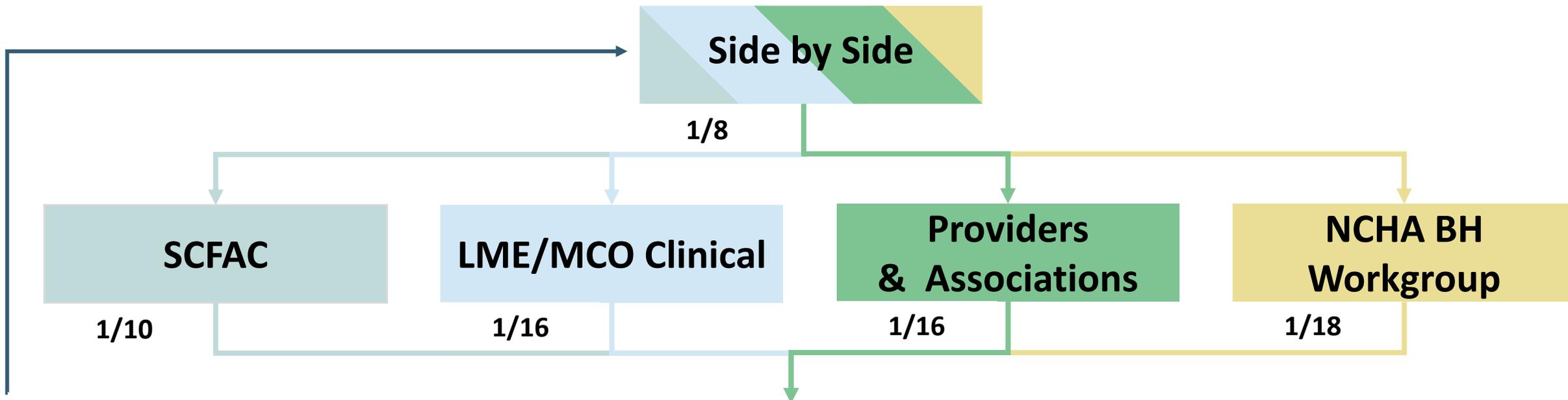
Date	Time	Agenda Topic
Feb. 5, 2024	2:00-3:00pm	To Be Determined
March 4, 2024	2:00-3:00pm	To Be Determined

For more information, or to register as an attendee for one of these webinars, please visit the [Side by Side registration link!](#)



January Community Collaboration

Topic: Workforce (Direct Support Professionals)



Advisory Committees

Workforce (Peers) 1/9

Workforce (DSPs) 1/17

If you're interested in joining an advisory committee, please fill out this [form](#)!

Crisis System 1/8

Supports for Justice-Involved Individuals 1/9

Direct Support Professionals: Actions to Strengthen the Workforce

Caregiving Workforce Strategic Leadership Council

- NC DHHS, along with the North Carolina Department of Commerce, launched the **Caregiving Workforce Strategic Leadership Council in late 2022**, to collaboratively craft a strategic blueprint to guide the growth of a thriving caregiving workforce within the state.
- This initiative included experts from governmental agencies and educational institutions, and was coordinated by NC AHEC, who engaged Deloitte Consulting to provide facilitation of the agencies, groups, and experts involved.
- The Caregiving Workforce Strategic Leadership Council conducted an in-depth exploration of challenges, reviewing ongoing efforts, assessing practices in other states, and identifying potential solutions.
- **The report will be released shortly and will be shared with this group.**
- Next steps: Establish a sustainable structure and governance model for the Council's continued existence and the realization of the blueprint presented in the report.



Three Primary Focus Areas

Strategic recommendations emerged from approximately a year of work for strengthening North Carolina's pipeline in three key focus areas: nursing, behavioral health, and direct care professionals. These focus areas were used to guide the Council in addressing the most urgent and impactful areas of workforce development, ensuring that North Carolina can meet the evolving health care needs of its citizens.

Nursing

- The state faces a formidable challenge in the form of an estimated shortage of approximately 12,500 RNs and 5,000 Licensed Practical Nurses by 2033.
- Even with a potential 10% increase in new nurse graduates, the state would still encounter a significant deficit of approximately 10,000 RNs.

Behavioral Health

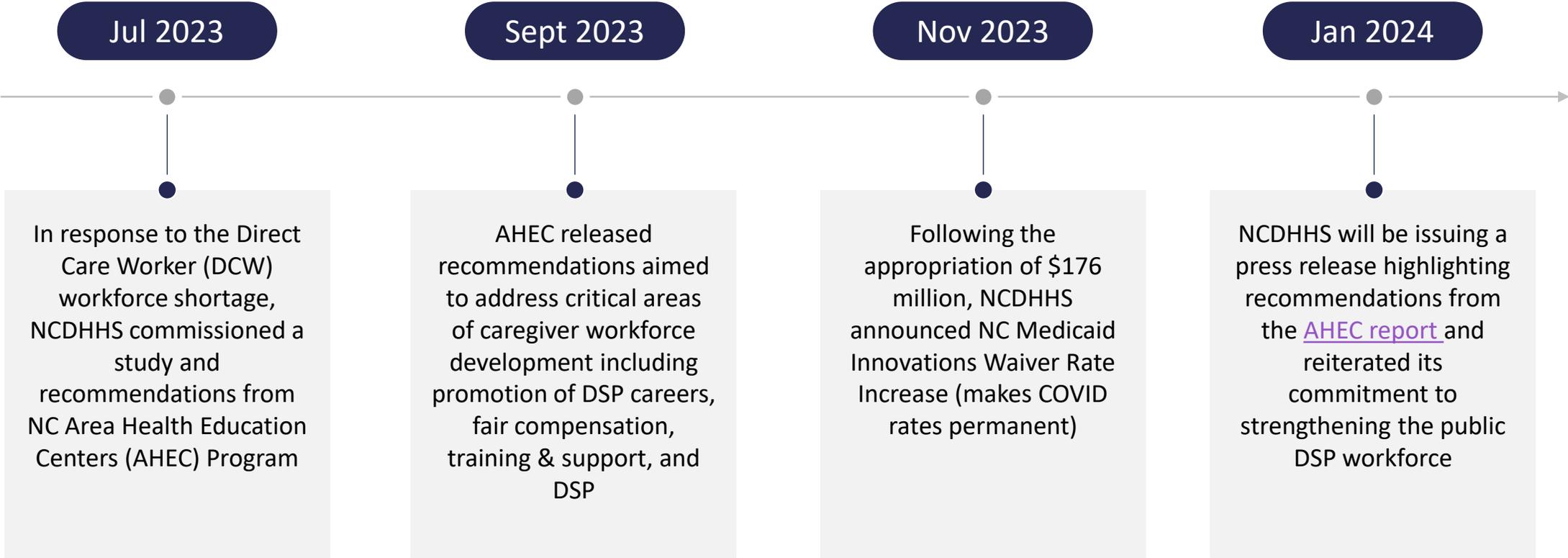
- 94 out of North Carolina's 100 counties are designated as mental health professional shortage areas (HPSA).
 - 68 counties do not have child and adolescent psychiatrists, exacerbating the challenge.
- North Carolina ranks 38th nationally in access to mental health care, with a significant portion of youth experiencing major depressive episodes unable to access the necessary treatment.

Direct Care

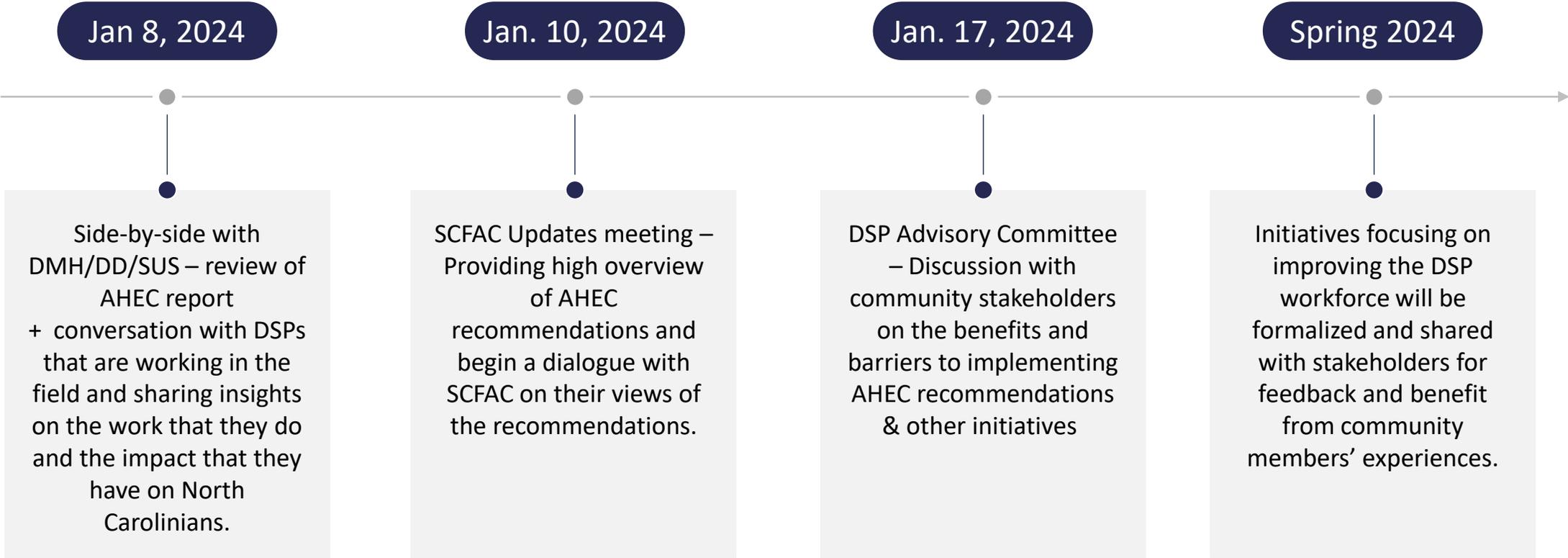
- Between 2018 and 2028, the state projects over 186,000 job openings in this sector.
 - This demand includes nearly 21,000 new positions to meet increasing needs and 165,500 vacancies arising as current workers transition careers or exit the workforce.



NCDHHS is working with a variety of stakeholders, including AHEC, to develop a strong, well-trained workforce of Direct Support Professionals (DSPs) to provide high-quality services in the homes and communities of North Carolinians.



NCDHHS will continue to engage with stakeholders at various levels and gather input and feedback on proposed initiatives related to the Direct Support Professionals (DSPs) workforce.



NC AHEC

**RECRUIT
TRAIN
RETAIN**

Home and Community Based Services (HCBS) Worker Certification

DHHS ASK: NC AHEC will develop a plan that addresses certification as part of the recruitment and retention of the HCBS workforce.

- **Preliminary Certification Research: To determine the scope and impact of worker certification, Contactor will:**
 - Work with other organizations in North Carolina to recommend definitions of the categories and volume of workers that will be targeted by this initiative and the healthcare settings in which they operate.
 - Describe benefits and concerns related to certifying HCBS workers, including recommendations to enhance benefits and mitigate potential concerns.
 - Identify other organizations doing relevant work in North Carolina to understand the timing of their work and to integrate the outputs of their work into a plan of worker certification, whenever possible and appropriate
- **Implementation Support Plan: To support the development and implementation process, Contractor will include the following in the Final Report:**
 - Interview and address questions and concerns of Department subject-matter experts and stakeholders as identified by Department.
 - Describe other organizations doing relevant work in North Carolina and the timing, desired outputs and applicability of that work to the worker certification plan as part of the HCBS worker recruitment and retention plan.
 - Identify potential methods of tracking HCBS worker recruitment and retention efforts, including HCBS workers who are certified under the plan.
- **Final Report: AHEC Recommendations for HCBS Worker Certification**

Steps Taken



Literature review with AHEC librarians



Defined target audience (Appendix A)



Researched and met/scheduled to meet with existing training platforms for workers in the direct care field (Appendix B)



Exploring efforts both inside and outside state of NC (Appendix C and page 34)



Included input from approximately 70 consulting organizations, groups, and individuals (Appendix D)

4 Premises provide a framework for the Implementation Plan

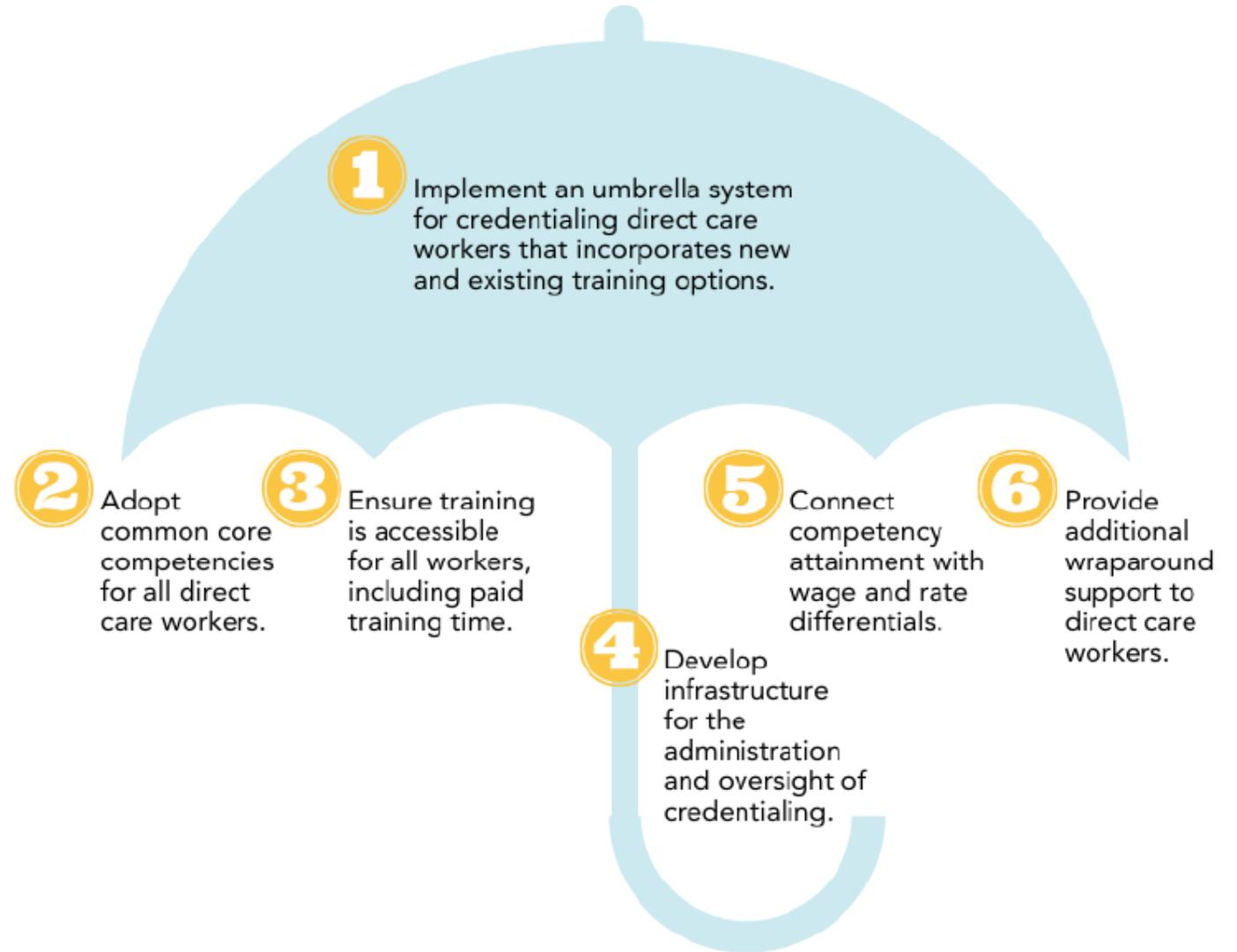
1 Reliable funding must be made available to invest in the recommended activities.

2 Direct care workers move between settings, specialties, and populations.

3 Existing DCW training curricula and platforms can be leveraged.

4 The solution to the direct care worker crisis is not unilateral.

Recommendations for implementing a Credentialing System for Direct Care Workers in NC: **The 6 Core Elements**



1

Implement an umbrella system incorporating new & existing training options.

Tiered competency framework

Embraces existing experience, training, and on-the-job learning

System of buildable skills and qualifications

Freedom for employers to determine training needs for their workers

Status quo is considered the entry-level direct care position

2

Adopt common core competencies for all direct care workers.

Foundation of core competencies

Additional competencies can address specific context needs

3

Ensure the accessibility of training for all direct care workers.

Prioritizes worker accessibility

Employers should provide paid time for worker training and development

LMS supports stackable certifications, is portable, offers annotation capabilities and effective tracking, caters to adult learning, is available in multiple languages, and is compatible with assistive devices

4

Develop infrastructure for
administration & oversight
of credentialing.

Lead organization dedicated to move work forward

Formation of advisory committee of subject matter experts

Employers receive resources for clear implementation guidelines and best practices

5

Connect competency attainment with wage & rate differentials.

Competency achievement linked to rate differences for employers and wage increases for workers

Training costs and time do not burden workers

Employers adequately compensated to support worker training and advancement

6

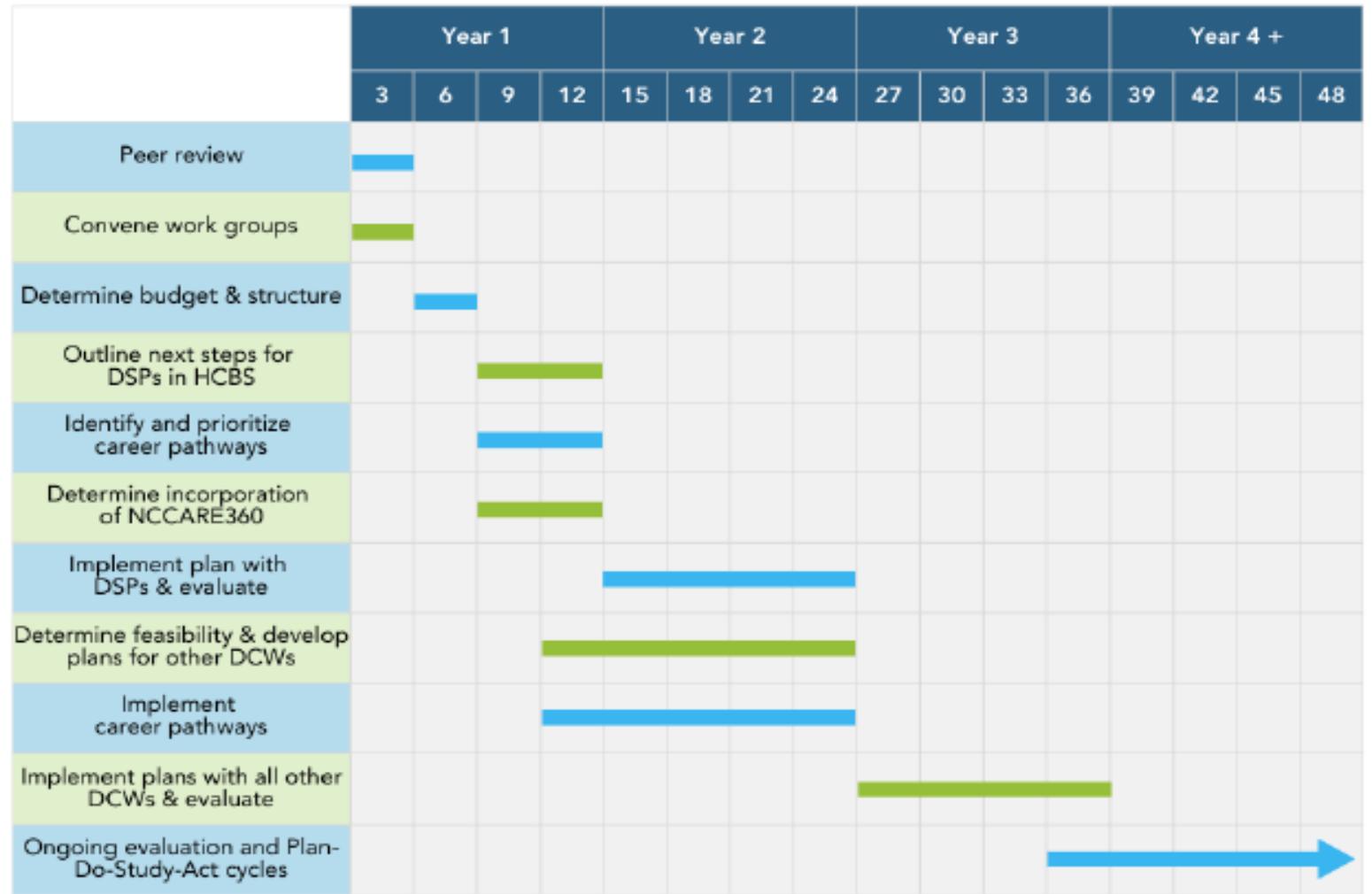
Provide additional supports to direct care workers.

Provide wraparound support for workers - supports range from fulfillment of basic human needs to creating hope for the future

Comprehensive social services can enhance workplace success

Key areas requiring support include childcare, transportation, and access to safe, affordable housing

Next Steps and Suggested Implementation Timeline



Seeking Feedback

Standardized Core
Competencies

A
badging/credentialing
system

Concerns, benefits
or any issues that
you see



Other ideas that
may be more
beneficial to DSPs

Accessible Communications Campaign

Project Overview

DMHDDSUS is embarking on a long-term effort to provide people with intellectual/developmental disabilities, traumatic brain injury and/or serious mental illness with materials and information to help them better understand the programs and policies that affect their lives.

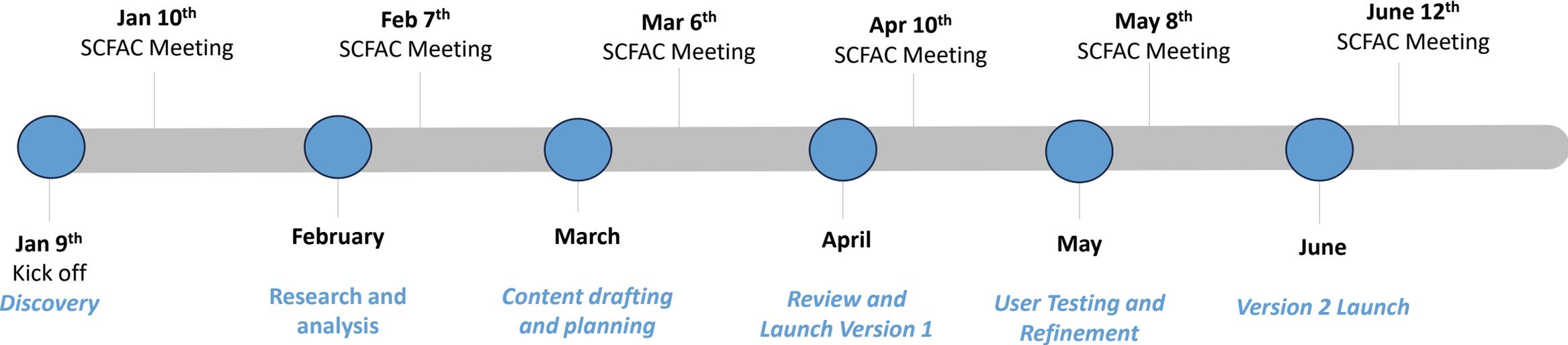
Goals:

1. **Develop consumer-facing educational and training campaigns** intended to promote better awareness of key programs and services that reach target audiences.
2. **Improve specific materials so that they are more communicative and accessible** for the target audience
3. **Raise awareness** about critical services

Project Timeline

This project will begin in **January 2024** and end by April 2025.

This initial tasks and deliverables are focused on the **Tailored Plans Campaign (January – June 2024)**.



SCFAC Input

There are opportunities to **participate and provide input monthly**.

We have an initial need for **help with connecting with members of the campaign target audience for interviews and exploratory research**.

TIMING AND DESCRIPTION OF ACTIVITIES	
January 2024	<ul style="list-style-type: none">• Scan of existing research and program materials• Identify research interviewees• Draft interview invitation & guide• Invite interviewees
February 2024	<ul style="list-style-type: none">• Online focus group input gathering during Feb. 7th SCFAC Meeting• Conduct 10-12 interviews• Initiate exploratory research

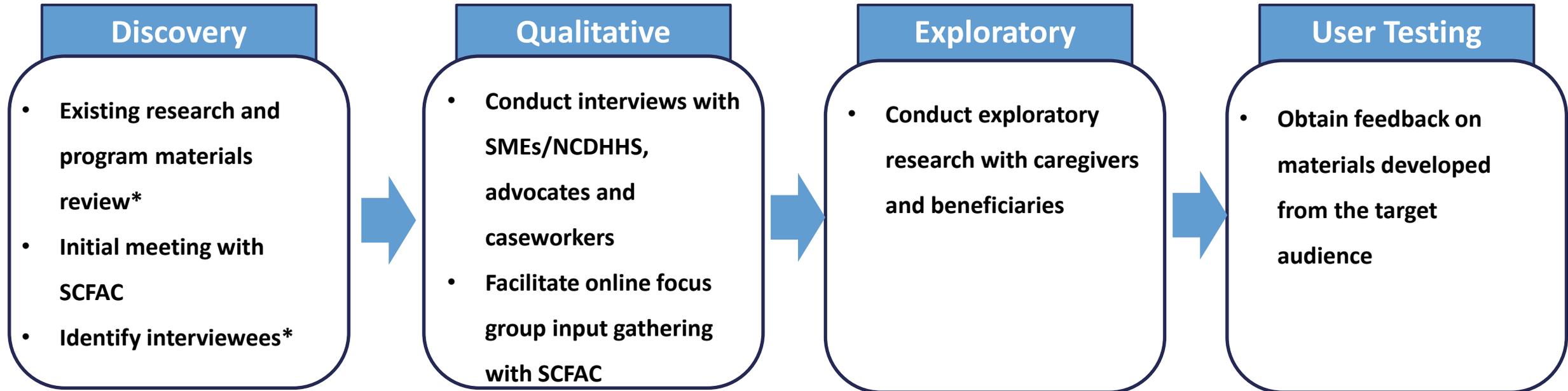
Research Focus:

The project consists of the following:

- Existing research and program materials review
- Interviews
- SCFAC Input
- Exploratory research

Details of each are described on the next slide.

Research Activities



* Please send any existing research and program materials that would be helpful for our review, as well as the names of advocates and caseworkers we should interview to Karolyn@neimandcollaborative.com.