NC Department of Health and Human Services

State Consumer and Family Advisory Committee (SCFAC) Annual Report Update

June 18, 2025

SCFAC Deliverables

Area	Deliverable	SCFAC Due Date	Progress
Traumatic Brain Injury	Add Extended State plan Allied Health Services to the Innovations Waiver	Phased Implementation beginning October 2024	In Progress
Traumatic Brain Injury	Create TBI dashboard to track data from Medicaid, Tailored Plans, and Standard Plans	July 1, 2025	In Progress
Comprehensive Reporting	Provide a Statewide Comprehensive Gaps and Needs Report in partnership with the NC Quality Improvement Team	January 1, 2025	Completed – Project will be on going
Veterans	Enhance supports for Veterans and families through collaboration such as NCServes Programs	November 11, 2025	Several initiatives in progress
Peer Support	Developing a Standardized Peer Support Curriculum, strong oversight on continuing education, and an ethics board.	January 1, 2025	In Progress

SCFAC Deliverables

Area	Deliverable	SCFAC Due Date	Progress
Private Duty Nursing	Increase private duty nursing rates and implement a procedural policy to ensure PDN nurses receive a portion of the reimbursement rates	January 1, 2025	Partially concurred, this is a General Assembly request and has a new CMS final rule but not in effect until 2030
Private Duty Nursing	Development of a Private Duty Nursing Dashboard to track specific Medicaid, TP, and SP data	January 1, 2025	Dashboard has been completed, public release pending department approval
IPV & IDD	Require all frontline IDD Service Providers to complete annual training at a minimum of 2-hours	January 1, 2025	In Progress
IPV & IDD	IDD Providers must offer consumers and family/guardians an accessible IPV curriculum	July 1, 2025	In Progress
IPV & IDD	IDD providers establish a reciprocal partnership with at least one IPV provider to ensure effective IPV referral responses.	May 1, 2025	In Progress

Traumatic Brain Injury

SCFAC Recommendation:
Add Extended State plan Allied Health Services to the Innovations Waiver

DHB Response:
Allied support services data does not support adding additional services to the Innovations Wavier. DHB will continue to work with our Allied Health unit and Tailored Plans to decide on adding the extended state plan services.

Key Considerations:
Number of IW members using Medicaid State Plan services. As of 2024, of the 14,736 IW slots, 2,357 individuals, or 6.2%, were identified as utilizing Allied Health Services. 97 individuals diagnosed with TBI on the IW accessed Allied Health Services.

SCFAC Recommendation:
Create TBI dashboard to track data from Medicaid, Tailored Plans, and Standard Plans

DMH/DD/SUS Response:
DHHS is finalizing the TBI dashboard that tracks the data identified in the SCFAC request. A demo is projected to be shared within the next couple of months. The Department is committed to providing this information annually six months after the conclusion of each fiscal year.

Comprehensive Service/Provider Network Reporting

SCFAC Recommendation:
Provide a Statewide Comprehensive Gaps and Needs Report in partnership with the NC Quality Improvement Team

DMH/DD/SUS Response:
The Division is working toward a comprehensive report related to the Tailored Plans network adequacy annual submissions, along with other measures related to system access and gaps. The report is undergoing a review process now. It will be available early 2025.

Comprehensive Gaps & Needs Report

Purpose:

In response to the recommendation from the State Consumer & Family Advocacy Committee, DMHDDSUS is putting together a comprehensive Gaps, Needs and Provider Network Analysis Report. This report aims to:

- Measure reported gaps in services
- Monitor access to care-related performance measures
- Gain insight on the perceptions from individuals in service on system access
- Gain a better understanding to barriers and resource needs

This report offers data and initiatives based to support:

- Consumers & Families
- Advocates
- Providers
- LME/MCO/Tailored Plans
- Community Stakeholders
- State Agencies
- Lawmakers

Having awareness about the service system supports the ability to create strategies and viable solutions at every level of our system.

This report looks to include information on:

- Behavioral Health Provider Network Analysis Overview & Exception Requests
- Medicaid Expansion Measures
- Access To Care Performance Measures
- Perceptions of Care
- NC-TOPPS
- National Core Indicators
- NC Cares 360
- Health Opportunities Pilot
- DMHDDSUS Initiatives

Veterans

SCFAC Recommendation:
Enhance supports for Veterans and families through collaboration such as NCServes Programs

DMH/DD/SUS Response:
The Division is taking deliberate steps to revitalize the NC Governors Working Group that is charged with facilitating collaboration and coordination among all federal, state, and local agency partners that touch a veteran's life in the state of NC.

Veterans: Initiatives In Progress

Initiatives

- Actively working on Ask Me NC (formerly known as "Ask The Question") campaign. Collaborating with key community organizations, with guidance of SAMHSA, revised materials for statewide distribution and building website for resources & to train/educate providers and SMVF on its value.

- NCIOM project to oversee a task force aimed to examine key challenges to veterans' health care and improve veterans' healthcare in community settings. Steering committee has been established, Kick-Off event held on May 22, 2025, with site visits to begin next quarter.

- NCGWG has updated its mission/vision and revitalized commitment to SMVF community via NCServes and NC4Vets.
  - NCServes 10 Year Report (2014-2024) has been published and available for review.

Peer Support Services

SCFAC Recommendation:
Developing a Standardized Peer Support Curriculum, strong oversight on continuing education, and an ethics board.

DMH/DD/SUS Response:
DMH/DD/US is actively standardizing the Peer Support Curriculum, creating new standardized designation and specialty trainings, and finding an avenue for the Ethics Board with the 2025 General Assembly.

Peer Workforce: Initiatives In Progress

Initiatives

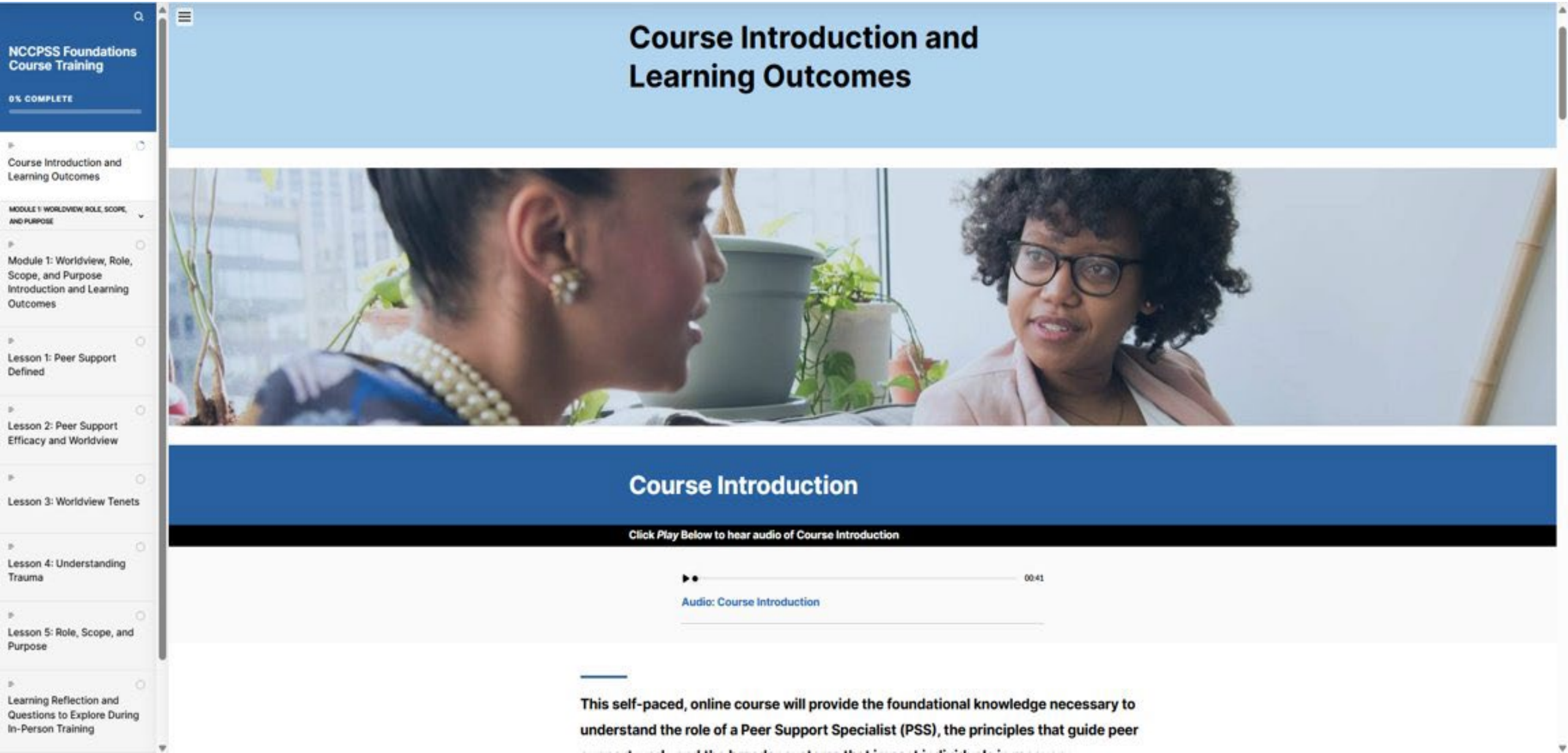
- Standardized Curriculum Committee online curriculum launch in July. In-person curriculum to launch in September. Trainer class will be held in August.
- Meeting with DHB to discuss updates to the Peer Support Services definition
- Working with UNC School of Social Work to offer a Workforce Center for CPSS and providers
- Outlines for Standardized Specialty Job Training course have been created : Justice Involved and Crisis
- Updating all NC CPSS Program Policies to include recovery time and new curriculum will be available prior to July 1, 2025, for review
- Peer Mentor Curriculum outline has been completed

Peer Workforce: Future Initiatives

Future Initiatives

- Continue to define peer support specialty job trainings and additional trainings for more robust populations and settings, including Emergency Departments, LGBTQ+, Cultural Competency
- Development of a Peer Supervisor Training and provider technical assistance
- Creating an Ethics and Boundaries process within DMHDDSUS

Certified Peer Support: Course Introduction and Learning Outcomes



Certified Peer Support: Course Introduction and Learning Outcomes

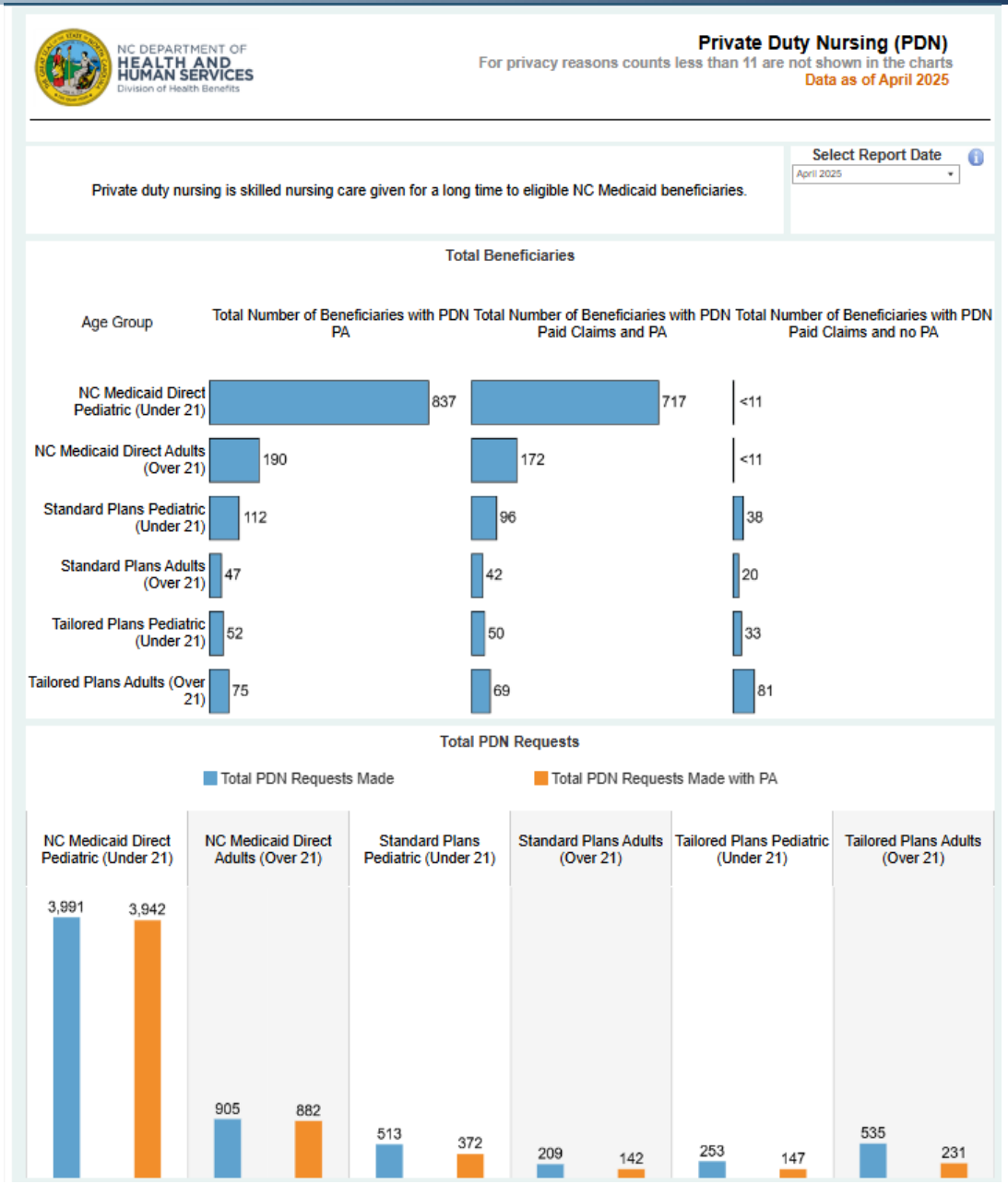
Private Duty Nursing

SCFAC Recommendation:
Development of a Private Duty Dashboard to track specific Medicaid, TP, and SP data

DHB Response:
The Private Duty Dashboard is now live; NC Medicaid Direct Long Term Services and Supports (LTSS) Dashboard | NC Medicaid

Program Updates

- LTSS now has a dashboard that contains Private Duty Nursing program data and data from the other LTSS programs
- The dashboard refreshes monthly (15th of each month)
- https://medicaid.ncdhhs.gov/reports/dashboards/nc-medicaid-direct-long-term-services-and-supports-ltss-dashboard



Program Updates

May 15, 2024, Private Duty Nursing (PDN) Clinical Coverage policy revision:

6.3 Provider Relationship to Beneficiary

NC Medicaid Provider agencies at their discretion can allow their employees who are the beneficiaries near relative or individuals as a beneficiary's legally responsible person to deliver PDN skilled nursing services to a PDN eligible beneficiary. In order to deliver skilled nursing services, the near relative or legally responsible person must have a valid and current nursing license and must operate within their scope of practice.

NC Medical shall not cover PDN if:
The PDN Service provider is owned by the beneficiaries near relative (spouse, child, parent, grandparent, grandchild, or sibling including corresponding step-and in-law relationships) or legally responsible person.

Program Updates

NC Medicaid is Revising Private Duty Nursing Forms:

- Remove duplication
- Decrease the number of forms required
- Lessen administrative burden

IPV & IDD

SCFAC Recommendation:
Require all frontline IDD Service Providers to complete annual training at a minimum of 2-hours

DMH/DD/SUS Response:
By 6/30/2025, we will begin development of an IPV and healthy relationship training for those working with people with I/DD and TBI. Curriculum will be developed by experts in IPV and healthy relationships in the specified population.

SCFAC Recommendation:
IDD Providers must offer consumers and family members and guardians an accessible IPV curriculum

DMH/DD/SUS Response:
DMH/DD/SUS will work with IPV experts, Accessible Communication experts, and people with lived experience to support the development of an accessible curriculum for IPV prevention. This curriculum will be available for all individuals with disabilities to access by 7/1/2025.

Initiatives In Progress

- As part of our Direct Support Professional (DSP) Workforce initiatives, DMH/DD/SUS is leading the development of a standardized Core Competency Curriculum
- Scope of work is in development.
- Will include Interpersonal Violence (IPV) recognition, prevention, and education in addition to the requirements outlined in statute and clinical coverage policy.
- Current timeline to go live by fall 2025

SCFAC Recommendation:
IDD providers establish a reciprocal partnership with at least one IPV provider to ensure effective IPV referral responses

DMH/DD/SUS Response:
DMH/DD/SUS will develop and launch an IPV-I/DD-TBI collaborative that will meet once per quarter. The purpose of this collaborative will be to share resources and build connections between IPV Service Providers and experts, I/DD Providers, TBI Providers, and Tailored Plans. DMH/DD/SUS will advertise, recruit, provide administrative support, and facilitate all meetings. The first collaborative meeting will launch by 7/1/2025.

Initiatives In Progress

- DMH/DD/SUS is establishing the Interpersonal Violence (IPV) Working Subcommittee as part of the Inclusion Connects Advisory Committee (ICAC).

- The first IPV working subcommittee meeting was held in May 2025.
  - Will meet at a minimum quarterly each year. The current cadence is monthly.
  - Additional ad hoc meetings will be scheduled as necessary
  - DMH/DD/SUS will advertise, recruit, provide administrative support, and facilitate all meetings.

- Subcommittee Goals:
  - Establish a collaborative to connect with IPV experts, Accessible Communication experts, and people with lived experience to support the development of an accessible curriculum for IPV prevention.
  - Share resources and build connections between IPV Service Providers and experts, I/DD Providers, TBI Providers, and Tailored Plans.

SCFAC Deliverables

NCDHHS either partially concurred with later deadlines or did not concur with the below recommendations. Please refer to the official response provide by NCDHHS.

Area	Deliverable	SCFAC Due Date	Progress
Substance Use Disorder and Opioid Use Funding	Provide additional funding to LME/MCOs and/or community-based organizations to develop and sustain new and existing substance use programs	January 1, 2025	Did not concur with recommendation
CAP Waivers	Include the option of "Relative as Provider" under all of the CAP Waivers	October 1, 2025	Did not concur with recommendation
Private Duty Nursing	Increase private duty nursing rates and implement a procedur al policy to ensure PDN nurses receive a portion of the reimbur sement rates	January 1, 2025	Partially concurred, this is a General Assembly request and has a new CMS final rule but not in effect until 2030