



Division of Health Benefits (Medicaid)
CCP Updates
Mental Health Parity Overview

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November 2024

Agenda

- The MHPAEA Act
- Impacted Clinical Coverage Policies
- Sample CCP Parity Changes
- Questions & Answers

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

What is the MHPAEA Act?

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical (M/S) benefits.

This requirement applies to:

- Copays, coinsurance, and out-of-pocket maximums
- Limitations on services utilization, such as limits on the number of inpatient days or outpatient visits that are covered
- The use of care management tools
- Criteria for medical necessity determinations

What must NC and Medicaid Managed Care Plans do to comply?

As required by federal law, the DHB is analyzing various types of limits that apply to mental health/substance use disorder (MH/SUD) benefits to determine their compliance with Medicaid/ CHIP parity requirements.

There are **four types of limits** that need to be identified and analyzed/tested:

- **Aggregate Lifetime or Annual Dollar Limits:** Dollar limits on the total amount of a specified benefit over a lifetime or on an annual basis.
- **Financial Requirements (FR):** Payments by members for services received in addition to payments made by the MCO/plan for those services (e.g., copayments, deductibles, and co-insurance).
- **Quantitative Treatment Limitations (QTL):** Limits on the scope or duration of a benefit expressed numerically (e.g., unit, hour, day, or visit limits).
- **Non-Quantitative Treatment Limitations (NQTLs):** Limitations that are not expressed numerically but limit the scope or duration of MH and/or SUD benefits (e.g., prior authorization).

FRs, QTLs, and NQTLs must be identified and analyzed by delivery system (MCO/plan), benefit package, and benefit classification.

CMS Request for CCP Analysis

- After review of the State's initial parity reports for TP and SP, CMS stated that the State's clinical coverage policies (CCPs) must be analyzed for parity compliance. In addition, as a condition of the Alternative Benefit Plan approval for new adults (Expansion), CMS required the State to conduct a parity analysis of limitations in the CCPs across delivery systems (TP, SP, and PIHP/FFS).
- DHB analyzed the utilization management requirements and medical necessity and appropriateness criteria requirements in a subset of CCPs (2 MH, 1 SUD, and 5 M/S benefits) that require prior authorization or concurrent review.
- Results showed no documentation of evidence, or the evidence documented did not match or support the selected strategies in most CCPs.

Implementation of CCP Changes

Many CCPs contain NQTLs (in particular, utilization management [UM] requirements) for which there is no documentation indicating why the NQTL is applied (strategy) or the evidence (evidentiary standard) that supports application of the limit. This makes it impossible for DHB to demonstrate that the strategy and evidence for limits are comparable to and applied no more stringently to MH/SUD benefits as compared to M/S benefits (the NQTL parity test).

- **DHB needs to update UM criteria in CCPs and State Plan by 12/31/24.**
- TPs and SPs need to incorporate CCP changes into their policies, procedures and systems as appropriate by 12/31/24.
- DHB, TPs and SPs need to complete UM parity analysis by 12/31/24.
    - TPs and SPs have the ability to retain NQTLs upon demonstration that they meet parity compliance. PIHPs have the ability to retain NQTLs that are parity compliant for the purpose of aligning their PIHP and TP UM programs.

*For the purposes of parity, I/DD and TBI are classified under M/S benefits. Therefore, these policies do not have to be updated.

Impacted Clinical Coverage Policies (CCP)

Impacted Mental Health and Substance Use Disorder Clinical Coverage Policies

- **8A Enhanced MH and SUD Services**
  - Mobile Crisis Management Services
  - Intensive In-Home Services
  - Multisystemic Therapy (MST)
  - Psychosocial Rehabilitation
  - Partial Hospitalization
  - Professional Treatment Services in Facility-Based Crisis Program
  - Substance Abuse Intensive Outpatient Program (SAIOP)
  - Substance Abuse Comprehensive Outpatient Program (SACOT)
  - Substance Abuse Non-Medical Community Residential Treatment
  - Substance Abuse Medically Monitored Community Residential Treatment

Impacted Mental Health and Substance Use Disorder Clinical Coverage Policies Continued

- 8A-1 Assertive Community Treatment (ACT) Program
- 8A-2, Facility-Based Crisis Service for Children and Adolescents
- 8A-5, Diagnostic Assessment
- 8A-6, Community Support Team (CST)
- 8A-7, Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring
- 8A-8, Ambulatory Withdrawal Management with Extended On-Site Monitoring
- 8A-9, Opioid Treatment Program Service
- 8A-11, Medically Monitored Inpatient Withdrawal Management Service

Impacted Mental Health and Substance Use Disorder Clinical Coverage Policies Continued

- 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- 8D-1, Psychiatric Residential Treatment Facilities for Children under the Age of 21
- 8D-2, Residential Treatment Services
- 8G, Peer Support Services
- 8H-2, 1915(i) Individual Placement & Support (IPS) for Mental Health & Substance Use
- 8H-3, 1915(i) Individual and Transitional Support (ITS)
- 8H-6, 1915(i) Community Transition
- 8I, Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21 Population
- 8J, Children's Developmental Service Agencies (CDSAs)
- 8L, Mental Health/Substance Abuse Targeted Case Management

Sample CCP Parity Changes

Sample CCP Parity Changes
CCP 8A-1 Assertive Community Treatment (ACT) Program

4.2.1 Specific Criteria Not Covered by Medicaid

Medicaid shall not cover the following under ACT activities and these activities may not be billed or considered the activity for which the ACT per diem is billed:

~~i. Services provided before the MCO (including the Prepaid Inpatient Health Plan) has approved authorization;~~

~~j. Services provided without prior authorization by the MCO;~~

Sample CCP Parity Changes
CCP 8A-1 Assertive Community Treatment (ACT) Program

5.1 Prior Approval

Medicaid shall not require prior approval for ACT. ~~Medicaid shall require prior approval for ACT. The provider shall obtain prior approval before rendering ACT. Prior authorization is required on the first day of this service.~~

5.2 Prior Approval Requirements

5.2.1 General

None Apply.

~~The provider(s) shall submit to the, Department of Health and Human Services (DHHS) Utilization Review Contractor the following:~~

~~a. the prior approval request;~~

~~b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy; and~~

Sample CCP Parity Changes
CCP 8A-1 Assertive Community Treatment (ACT) Program

5.2.2 Specific

None Apply.

~~Utilization management of covered services is a part of the assurance of medically necessary service provision. Authorization, which is an aspect of utilization management, validates approval to provide a medically necessary covered service to eligible beneficiaries.~~

~~**Initial Authorization**~~

~~Services are based upon a finding of medical necessity, must be directly related to the beneficiary's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals detailed in the beneficiary's PCP. Medical necessity is determined by North Carolina community practice standards, as verified by the LME-MCO which will evaluate the request to determine if medical necessity supports more or less intensive services.~~

~~Medically necessary services are authorized in the most cost-effective mode, as long as the treatment that is made available is similarly efficacious as services requested by the beneficiary's physician, therapist, or other licensed practitioner. Typically, the medically necessary service must be generally recognized as an accepted method of medical practice or treatment.~~

~~Medicaid covers 180 calendar days for the initial authorization period based on medical necessity documented on the authorization request form, and supporting documentation. Refer to **Subsection 2.1.2.**~~

~~A signed service order must be completed by a physician, licensed psychologist, physician assistant, or nurse practitioner according to his or her scope of practice. Each service order must be signed and dated by the authorizing professional and must indicate the *date* on which the service was ordered. A service order must be in place *prior to* or on the day that the service is initially provided in order to bill Medicaid for the service. The service order must be based on a comprehensive clinical assessment of the beneficiary's needs.~~

~~The provider shall obtain prior authorization required on the first day of this service. In order to request the initial authorization, the Comprehensive Clinical Assessment, order for medical necessity, and the required NC MEDICAID authorization request form must be submitted to the LME-MCO. A PCP must be completed within 15 days of the initial authorization date. In addition, a completed LME Consumer Admission and Discharge Form must be submitted to the LME-MCO.~~

Sample CCP Parity Changes
CCP 8A-1 Assertive Community Treatment (ACT) Program

5.2.2 Specific (continued)

~~**Reauthorization**~~

~~Medicaid covers up to 180 calendar days for the reauthorization, based on the medical necessity documented in the PCP, the authorization request form, and supporting documentation. Reauthorization should be submitted prior to initial or concurrent authorization expiring. The expectation is that the majority of ACT beneficiaries receive more than 4 contacts in a given 30-calendar day period, with an expected minimum caseload average (median) of 1.5 contacts per week~~.

Sample CCP Parity Changes
CCP 8A-1 Assertive Community Treatment (ACT) Program

5.4 Service Orders

Service orders are a mechanism to demonstrate medical necessity for a service and are based upon an assessment of each beneficiary's needs. Service order is required for ACT team services, and must be written by a Medical Doctor (MD), Doctor of Osteopathic Medicine (OD), Licensed Psychologist, Nurse Practitioner (NP), or Physician Assistant (PA). All of the following applies to a service order:

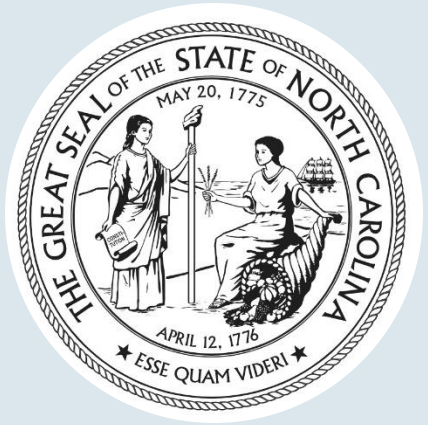
a. Backdating of a service order is not allowed.
b. Each service order must be signed and dated by the authorizing professional and must indicate the date on which the service was ordered.
c. A service order must be in place prior to or on the day that the service is initially provided in order to bill Medicaid for the service. Even if the beneficiary is retroactively eligible for Medicaid the provider cannot bill Medicaid without a valid service order.

Service orders are valid for one year. ~~Medical necessity must be revised, and services must be ordered at least annually, based on the date of the original service order.~~

Sample CCP Parity Changes
CCP 8A-1 Assertive Community Treatment (ACT) Program

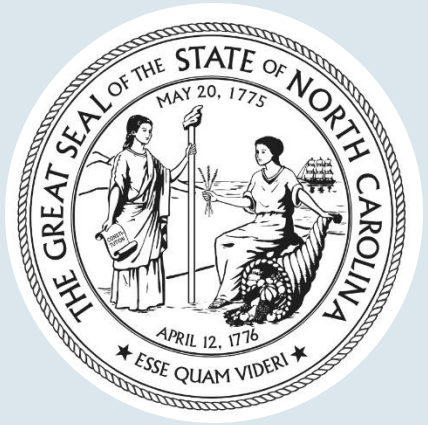
Person-Centered Planning

Before any service can be billed to Medicaid, a written CCA and order for medical necessity must be in place. The PCP must be completed within 15 days of the ~~initial authorized~~ start date of the service. When services are provided prior to the establishment and implementation of the plan, strategies to address the beneficiary's presenting problem shall be documented._ Information gathered from discussions with the person or family receiving services and others identified by them, along with recommendations and other information obtained from the comprehensive clinical assessment, together provide the foundation for the development of the PCP. **Refer to Attachment B** for effective PCP goal writing guidelines.



Questions & Answers

Please use the raise hand feature or type your question in the chat.


THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
APRIL 12, 1776
ESSE QUAM VIDERI

Thank you

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Mental Health,
Developmental Disabilities and
Substance Use Services

SCFAC Update

Kelly Crosbie, MSW, LCSW
Director
NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

December 4, 2024

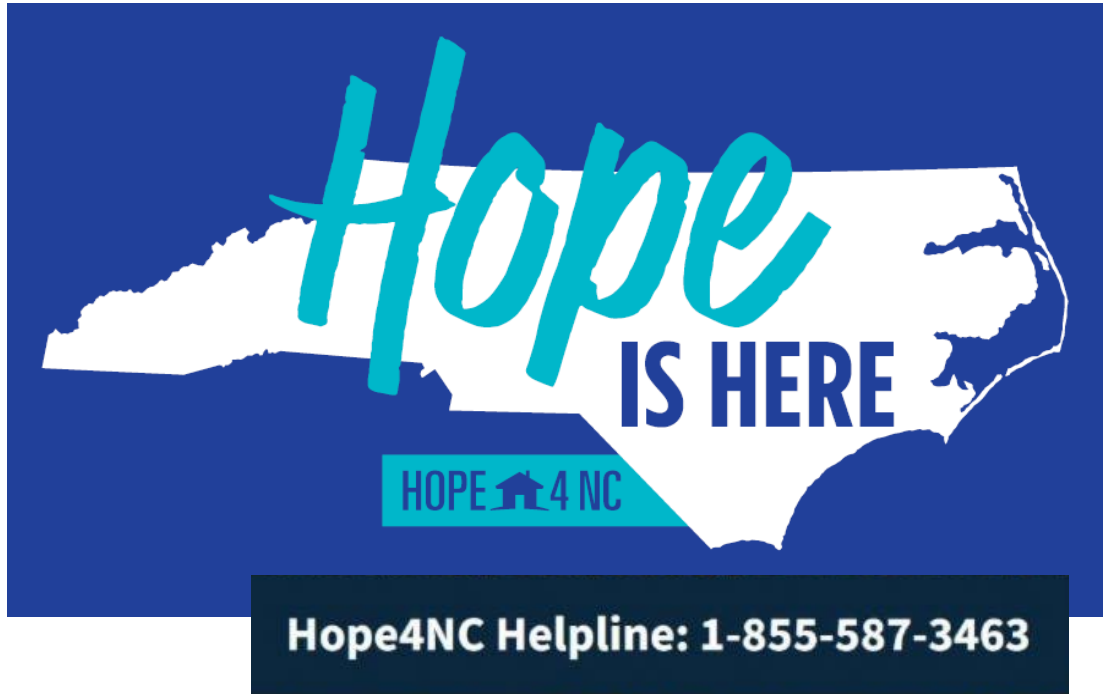
MH/SU/IDD/TBI System Announcements & Updates

SCFAC 20th Anniversary Report:
New! Spanish Translation Available

Expansion of HOPE 4 NC

Hope4NC offers the following help to those in need:

- Individual Crisis Outreach and Support
- Group Crisis Outreach
- Public Education
- Community Networking and Support
- Assessment, Referral, and Resource Connection
- Meeting people where it's most convenient for them
- The program is free and anonymous



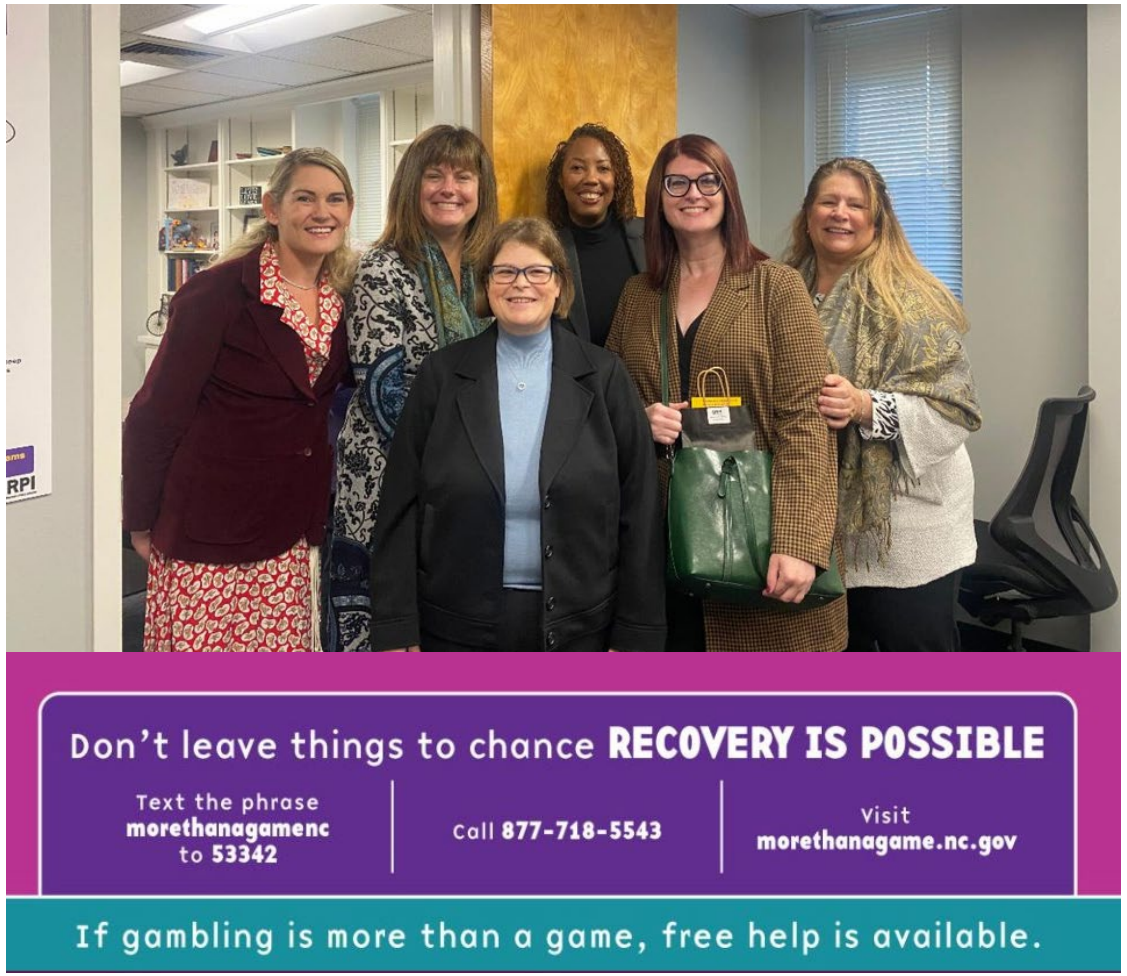
Crisis community workers trained in the CPP Core Curriculum Active

- Crisis Community Workers BEGAN outreach the week of November 25th
- Ongoing recruitment and training over the coming months
- Vaya, Trillium, and Partners participating in the grant
- REAL Crisis is answering the Hope4NC line with over 1,000 call answered

For more information, visit the updated Hope4NC website or download our flyer to share.

NCDHHS and ECU Celebrate Partnership and Launch of Gambling Research and Policy Initiative

NCDHHS and ECU's Department of Criminal Justice and Criminology celebrated the launch of the Gambling Research and Policy Initiative (GRPI) with a ribbon cutting ceremony on Thursday, Nov. 21. DMHDDSUS Director Kelly Crosbie and GRPI Director Dr. Michelle Malkin were joined by representatives from the NC Education Lottery, Birches Health, and Telus Health for the celebration.

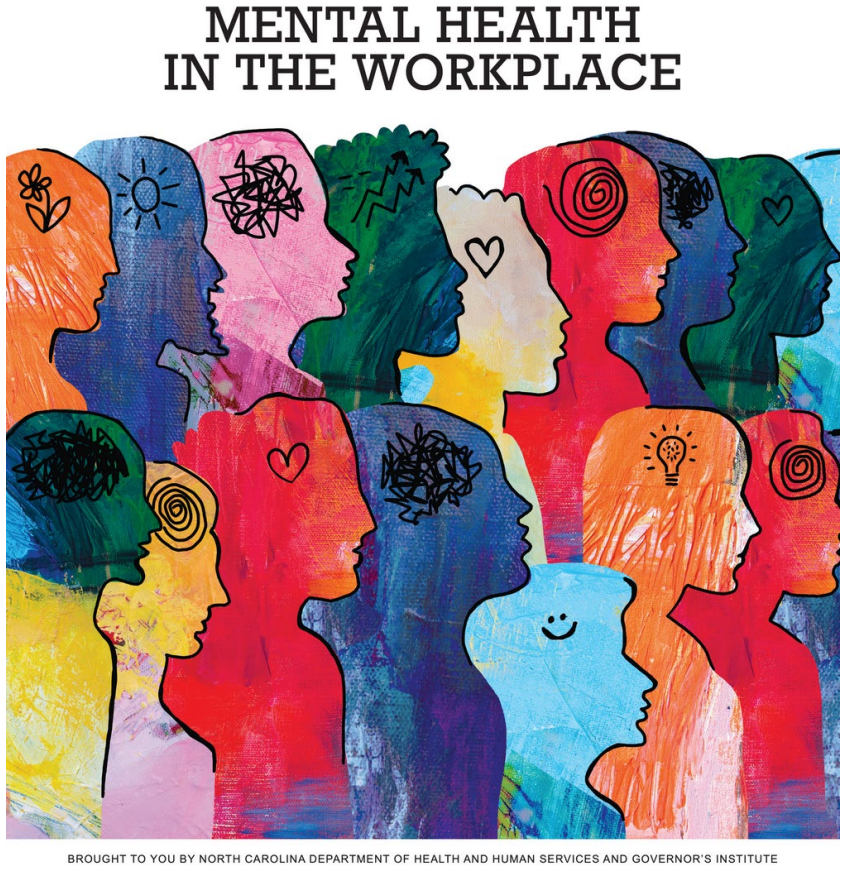


ECU CRIMINAL JUSTICE AND CRIMINOLOGY

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

DMHDDSUS Supports Triangle Business Journal's Mental Health in the Workplace Publication

- Supporting the Triangle Business Journal's publication on mental health in the workplace.
- Highlights the importance of mental health and provides strategies for creating supportive work environments.
- Director Crosbie and Sougata Mukherjee discuss how businesses can support employee mental well-being.



Listen to the Podcast

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Mental Health,
Developmental Disabilities and
Substance Use Services

Mental Health Block Grant

NCDHHS is investing in community-based initiatives that support mental well being and recovery for LGBTQIA+ communities, faith-based groups and older adults. The three grant opportunities totaling $4.5 million will support local partners in developing programs to improve equitable access to mental health services, expand peer support services and strengthen family and caregiver support services.

To learn more, visit the DMHDDSUS grant opportunities page.

Community-Based Mental Health Initiatives

Projects that expand access to mental health supports for the LGBTQIA+ community, faith-based communities, people over the age of 65 and non-native English speakers, who often encounter unique challenges to finding and accessing culturally competent care.

Peer Services

Peer Respite and Peer Living Room Models that serve as community-based alternatives to emergency departments or hospitals for crisis and recovery services. These programs provide peer-supported crisis, mental health and substance use recovery services.

Family and Caregiver Support Services

Programs that offer support for family members who are caregivers and siblings of loved ones requiring intensive care for behavioral health, substance use, intellectual or developmental disabilities, traumatic brain injury or co-occurring conditions.

Community-Based Mental Health Initiatives Grant Recipients: Expanding Access for all Populations

Statewide Programs

- **Charlotte Trans Health:** Enhancing mental health care for transgender individuals and training providers in affirming care. (Statewide)
- **El Futuro:** Seeking to enhance behavioral health services for Latino individuals with an emphasis on LGBTQ+ communities. (Statewide)
- **Kellin Foundation:** Offering clinical services and peer support for older adults and training in mental health first aid. (Statewide)
- **NC Council of Churches:** Training faith leaders to reduce mental health stigma and establish wellness hubs in churches. (Statewide)

Regional Programs

- **Appalachian State University:** Expanding mental health services for older adults in rural areas. (Western NC)
- **Coastal Horizons:** Expanding the Clinical Latina program for Hispanic and Latinx communities. (Southeast NC)
- **Community Care Clinic of Dare:** Providing MH crisis and telehealth services for underserved populations. (Northeast NC)
- **Monarch NC:** Supporting LGBTQ+ youth through specialized programs. (Western NC)
- **Quality Comprehensive Health Center:** Developing culturally sensitive crisis services for LGBTQ+, POC, and faith-based communities. (Mecklenburg County)
- **Southwestern Commission:** Improving early intervention services for seniors. (Western NC)
- **United Chinese Americans:** Addressing mental health challenges for Asian Americans, Native Hawaiians, and Pacific Islanders and LGBTQ+ communities through peer support and education. (Wake, Durham, and Cumberland Counties)

Community-Based Mental Health Initiatives Grant Recipients

Peer Respite and Recovery Hubs

- **Hope Mission**: Creating peer-led recovery hubs addressing social determinants of health. (Eastern NC)
- **Love and Respect**: Expanding peer respite facilities to offer safe alternatives to emergency rooms. (Western NC)
- **Promise Resource Network**: Establishing peer-run respite centers and trauma-informed crisis support. (Central NC)

Family and Caregiver Support

- **FirstWNC**: Empowering families with advocacy skills and creating social networks for youth in transition. (Western NC)
- **First in Families NC**: Expanding peer support connections through community outreach programs. (Statewide)
- **Montagnard Dega Association**: Establishing a culturally competent wellness center for refugee families. (Triad Area)
- **Tammy Lynn Center**: Offering training and resources for families of children with disabilities through town halls and digital tools. (Central NC)

DHHS' Vision for Residential Treatment Settings for Children & Youth

Vision

DHHS is committed to implementing high quality, evidenced-based care in residential treatment settings, levels II-IV and PRTFs, that is trauma-informed, time-limited, and effective, while prioritizing and valuing the sustained connection to the child's home and community.

Objectives

			
Enhance Environments of Care to create safe, trauma-informed treatment programs	**Improve the Quality of Care delivered within evidence-informed residential treatment settings**	**Increase Access to Care to ensure the right service at the right time in the right location**	**Develop Specialized Capacity that provide services for those with complex, co-occurring needs**

Attend this month's Side By Side Webinar December 9, 2024, 2pm to learn more.
Focus on *Child Behavioral Health.*
Register Here to Attend!

Child Residential Improvements: Environment of Care (EoC) Investments

DMH/DD/SUS has already begun working with providers across NC on new projects to develop and enhance trauma-informed environments of care within residential settings. Provider projects target key priorities for trauma-informed care across residential settings and range from furniture and facility improvements to new sensory, recreation, and outdoor spaces.

Provider Projects:

25	18	12
Total Projects	Unique Providers	Unique Counties

Total EoC Funding Awarded:

$2.8 Million

This investment will result in **255 youth,** on any given day, engaging in treatment in settings that are **physically safe, comfortable and conducive to healing.**

Workforce Gains

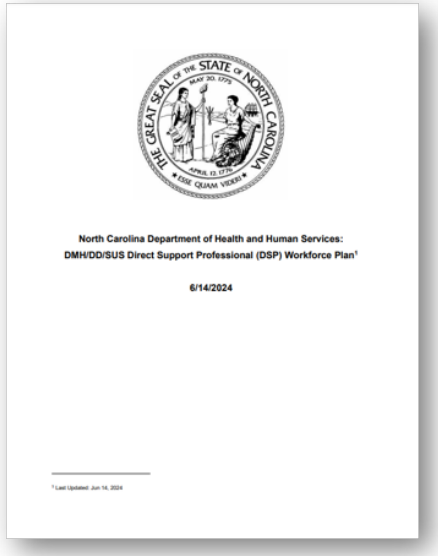
Peers

Over 38 Peer Support scholarships awarded state-wide!

Explore the new website!

Direct Support Professionals

- **DSP Provider and EOR Recruitment and Retention Grants applications now closed.**
- **Over 300 applications received!**


North Carolina Department of Health and Human Services:
DMH/DD/SUS Direct Support Professional (DSP) Workforce Plan[1]

6/14/2024

DMH/DD/SUS Justice RFA closed 12/2

The RFA is a funding opportunity, aligned with the DMH/DD/SUS Strategic Plan and is funded by the $835m Behavioral Health Transformation Funding from the General Assembly

Strengthen pathways to **community-based programs that divert adults** with mental health, substance use disorders, I/DD and/or TBI needs away from incarceration.

Expand access, as part of diversion or upon reentry, to **community-based housing and employment supports** to promote community integration and stabilization.

Help Us Improve the DMH/DD/SUS Website

DMH/DD/SUS is working on some big improvements to our website to provide easier access to resources and supports for the communities we serve.

To help us better serve you, we'd like your insight. You can help shape the future of the DMH/DD/SUS website by participating in this brief survey. Your input is invaluable to us, and we appreciate your time!

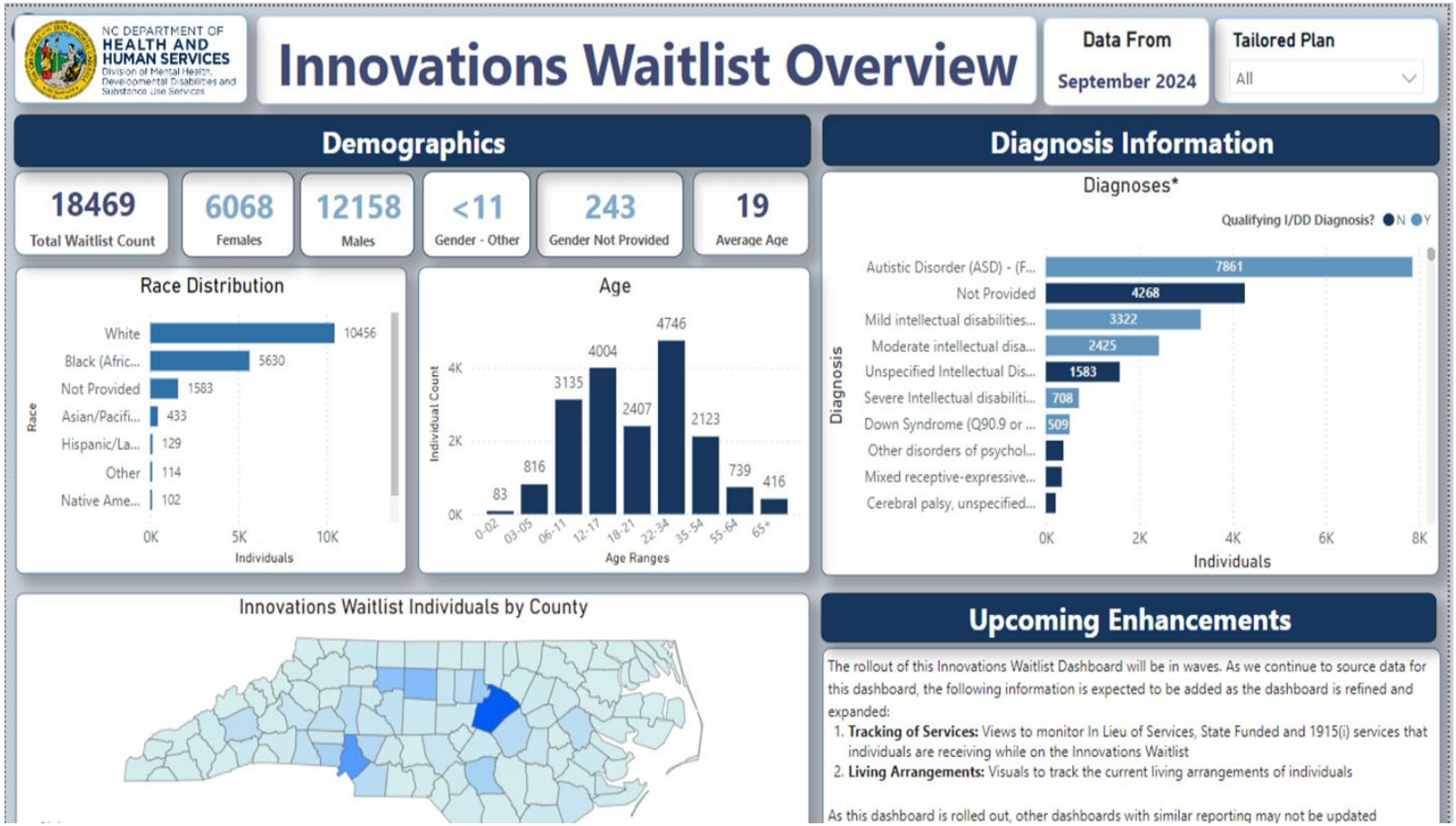
The survey will be open until 5:00 p.m. on **Thursday, December 5, 2024**.

Scan to take the survey!

Innovations Waiver Waitlist Dashboard

Innovations Waiver Waitlist Dashboard

The Dashboard will increase DMHDDSUS' data-driven strategies for understanding services currently being used, services still needed, and the workforce necessary to meet these needs.



Data to include:

Demographics: Information on age, gender, race, and ethnicity

Diagnosis: Details on diagnoses and which ones qualify for the Innovations Waiver

Locality: A look at where people on the waitlist live across NC to help target resources and services

Navigating the New Innovations Waiver Waitlist Dashboard

WEBINAR

DATE/TIME: WEDNESDAY, DEC 11, 2024, 12:00-1 P.M.

Join DMHDDSUS for an introduction to the new Innovations Waiver Waitlist Dashboard. We will explore some of the current information, review different options, and talk about what's next.

Register for the webinar

INCLUSION CONNECTS

Q&A

State CFAC Annual Report Update

December 4, 2024

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	In Progress
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 Dashboard to track specific Medicaid, TP, and SP data	January 1, 2025	Delayed due to Hurricane Helene- In-progress
IPV & IDD	Require all frontline IDD Service Providers to complete annual training at a minimum of 2-hours	January 1, 2025	Delayed - In Progress
IPV & IDD	IDD Providers must offer consumers and family/guardians an accessible IPV curriculum	July 1, 2025	Delayed - 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 Ask: 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 make a determination on adding the extended state plan services.

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

DMH/DD/SUS Response: DHHS is committed to creating a TBI dashboard that tracks the data identified in the SCFAC request. The Department is committed to providing this information annually six months after the conclusion of each fiscal year.

- Actively working on TBI dashboard.
- It will be added to the dashboard link page on the DHHS website.
- Working to complete earlier than 7/1/25 deadline

Comprehensive Service/Provider Network Reporting

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

DMH/DD/SUS Response: The Division is working towards a comprehensive report related to the Tailored Plans network adequacy annual submissions. The report will be available in 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 Ask: 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.

IN-PROGRESS: Actively working on Ask The Question campaign , to inspire and empower agencies to better serve NC veterans and their families. Training materials approved 11/2024, launch date TBD due to technical challenges (CEUs and coding).

IN-PROGRESS: Actively working with NCGWG to update mission/vision and revitalize commitment to SMVF community via NCServes and NC4Vets.

IN-PROGRESS: Initial stages of NCIOM project to oversee a task force aimed to examine key challenges to veterans' healthcare and improve veterans' healthcare in community settings.

Peer Support Services

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

DMH/DD/SUS Response: DMHDDUS 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 **16 CPSS from all 3 regions and the Entire State** to help create the curriculum first meeting was July 22. Online Curriculum is in final editing stages. Launch date set for July 2025.
- **Offering scholarships for peers to take current certification courses at no cost - 48 have been awarded to date**
- Update Qualified Professional definition to clarify **CPSS can supervise other peers**
- Working with Community Colleges to **offer Workforce Preparation Classes** such as: Employment Skills 101, Resume Building, Navigating the Healthcare System, and more
- Peer to Peer Mentoring Application to launched and had over 500 NC CPSS participating

Peer Workforce: Future Initiatives

Future Initiatives

- Define peer support **designations and specialty trainings for additional populations and settings**, including Youth, Justice-Involved, Crisis, Emergency Departments, LGBTQ+, Cultural Competency
- Winter 2024 begin meeting with DHHS IDD and TBI providers and Subject Matter Experts to discuss an **IDD and TBI curriculum**
- Spring 2025 begin meeting with **IDD and TBI community providers** to discuss Peer requirements to build a Peer curriculum
- Development of a **Peer Supervisor Training**
- **UNC-BHS to offer job search supports** for NC CPSS and Providers
- Evaluate Ethics Board legislation for 2025 introduction to the General Assembly

Private Duty Nursing

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

Response: Dashboard is already under development. However, due to small cell suppression requirements, level of requested information may not be possible.

PDN Dashboard:

- Hurricane Helene caused a delay in launch of Dashboard
- Aiming for launch at the end of January 2025
- Will provide more updates as launch becomes closer

IPV & IDD

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

DMH/DD/SUS Response: DMHDDSUS 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.

Status Update:

- As part of our DSP Workforce initiatives, DMHDDSUS is leading the development a standardized Core Competency Curriculum
- Will include training on Interpersonal Violence (IPV) recognition, prevention, and education in addition to the requirements outlined in statute and clinical coverage policy.
- Current timeline to be live by Fall 2025

Required Competencies

Develop Curriculum that meets the requirements of *NC Statute 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals*. Competencies shall be demonstrated by exhibiting core skills including:

- Technical knowledge
- Cultural awareness
- Analytical skills
- Decision making
- Interpersonal skills
- Communication skills
- Clinical skills

Required Competencies

Develop Curriculum that meets the requirements of *Medicaid and Health Choice Clinical Coverage Policy No: 8-P*. DSPs shall have competency in the following areas:

Communication	Person-centered planning	Evaluation and observation
Crisis prevention and intervention	Professionalism and ethics	Health and wellness
Community inclusion and networking	Cultural humility	Education, training and self-development

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

DMH/DD/SUS Response: DMHDDSUS 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. DMHDDSUS will advertise, recruit, provide administrative support, and facilitate all meetings. The first collaborative meeting will launch by 7/1/2025.

Status Update:

- DMHDDSUS has hired a full-time employee to lead all IPV efforts
- FTE started with DMHDDSUS in September and has been onboarded
- Roll out plan to be developed and launch is still on target by 7/1/25

SCFAC Deliverables

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

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

NC Medicaid Advisory Committee and Beneficiary Advisory Council

Getting Input to Improve NC Medicaid

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

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Getting input to improve NC Medicaid

In April 2024, CMS released its final rule, “Ensuring Access to Medicaid Services.”

- The new rule requires State Medicaid agencies to create a Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC) by July 2025.*
- The MAC/BAC are designed to center the lived experience of beneficiaries, their families and caregivers.
- The MAC/BAC will provide a more formalized structure for beneficiaries and interested parties to provide feedback to the state about Medicaid.
- The MAC will replace the current Medical Care Advisory Committee (MCAC) that advises the NC Medicaid on health and medical care services.

** Some requirements will be phased-in over a longer period.*

Getting input to improve NC Medicaid

The MAC/BAC will provide insights to NC Medicaid on topics related to program operations and the needs of Medicaid beneficiaries, including:

- Additions and Changes to Covered Services
- Coordination of Care
- Quality of Services
- Eligibility, Enrollment and Renewal Processes
- Beneficiary and Provider Communications
- Access to Services
- Cultural Competency, Language Access and Health Diversity
- Other Issues Impacting Health/Medical Services

Medicaid Advisory Committee (MAC)

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

The MAC

What is the MAC?

The MAC will be a diverse group of Medicaid stakeholders with a wide range of perspectives and experiences.

The MAC will include BAC members and at least one representative from each of these categories:

- Clinical providers/administrators
- Participating health plans/state associations
- Other state agencies as ex-officio members
- State, local or community-based organizations

Membership

MAC Membership

- The MAC shall be composed of at least 20 members with members selected from the 14 congressional districts and six additional at-large members.
- The MAC must include a portion of BAC members (10% July 9, 2025; 20% July 10, 2026; 25% July 11, 2027).
- BAC members may rotate on the MAC to alleviate burden of serving on the MAC for individual BAC members.

Beneficiary Advisory Council (BAC)

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

The BAC

What is the BAC?

The BAC will be a dedicated forum for people with lived experience with NC Medicaid.

BAC members must include:

- Current and/or former Medicaid beneficiaries
- Family members of beneficiaries
- Paid or unpaid caregivers of beneficiaries

The BAC shall be composed of no more than 18 members with members selected from the 14 congressional districts and four additional at-large members.

Membership

The BAC and MAC can be built to meet the unique features of the program.

By July 9, 2025, Medicaid must have bylaws and a recruitment/facilitation processes in place. This includes:

- Member selection criteria (must be selected on a continuous and rotating basis).
- Onboarding.
- Term lengths - members may not serve consecutive terms but can serve multiple non-consecutive terms.
- How members roll on and off – members cannot serve consecutive terms (but can serve non-consecutive terms).
- Compensation.

Existing committees can be adapted to meet requirements of the BAC and MAC, as long as

- The existing committees meet the new requirements.
- The state declares in publicly posted bylaws the group is being used to fulfill the BAC and MAC regulatory requirements.

Meeting Frequency and Format

Meeting Frequency

- Both the BAC and MAC must meet once each quarter with off-cycle meetings held as needed.
- The BAC must meet separately from and before each MAC meeting to ensure BAC members are prepared to participate in the MAC meeting.

Meeting Format

- Must offer rotating meeting participation options, including all in-person, all virtual and hybrid (virtual and in-person) attendance.
- Regardless of the meeting format, a telephone dial-in option must be available.
- Two MAC meetings per year must be open to the public, with dedicated time for public comment.
- The BAC will decide for itself which meetings (if any) are to open to the public.

Outcomes from the MAC/BAC

Must publicly post the MAC and BAC annual report, bylaws, membership lists, member recruitment/selection processes and meeting minutes.

Annual Report Requirements

The MAC, with help from NC Medicaid, must submit an annual report that describes for both the BAC and the MAC:

- Activities
- Topics discussed
- Recommendations
- The state's responses to recommendations

MAC members must be provided an opportunity to review the annual report.

Recruitment

The selection process must be open to the public.

- MAC and BAC members are selected be the Deputy Secretary of Medicaid.
- Interested parties must submit applications for review by Medicaid.
  - In the application, prospective members must describe their interest in the Medicaid program.
  - Must ensure varied representation on the BAC and MAC (e.g., enrollees with different demographics or health care needs, different provider types).

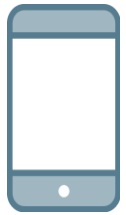
How to apply for the MAC or BAC

Online

MAC/BAC Application

Paper application

Paper Application



By phone

Email for appointment

MAC/BAC webpage Medicaid.ncdhhs.gov/MAC-BAC

For help applying or to schedule a phone application, email Medicaid.NCEngagement@dhhs.nc.gov