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Department Responses

Recommendation 1 – Traumatic Brain Injury: Expand Traumatic Brain Injury Services	**Concur / Partial Concur / Non-Concur** *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends that the Department add Extended State Plan Allied Health Services to the Innovations Waiver so those with TBI can receive ongoing therapies.

DMHDDSUS Response:

The Department concurs with this recommendation.

DHHS has completed a comprehensive analysis of the current utilization of allied health services by Innovations Waiver participants and members of the waitlist. The Department is unable to ascertain the possible need for those who are not receiving allied health services as there is no data for this category of members. DHHS is discussing potential next steps based on the analysis shared with SCFAC in July 2024.

DHHS plans to request recurring funding for the statewide expansion of the TBI Waiver in the next long session. The Department continues to work with the community of people with traumatic brain injury and their families, the General Assembly, and the LME-MCO-TP's to explore the future of TBI care in NC.

DHB Response:

Allied Health Services are offered in the State Plan and as such are available to beneficiaries with a TBI diagnosis. DHB is reviewing both the TBI Waiver and the State Plan to determine the adequacy of the State Plan benefits for these services, as well as the most appropriate avenue for modifying the benefits if needed. DHB will complete the analysis by June 30, 2025.

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Recommendation 2 – Comprehensive Reporting: Provide an Annual Statewide Comprehensive Gaps and Needs Report	**Concur / Partial Concur / Non-Concur** *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends the Department provide a Statewide Comprehensive Gaps and Needs Report from the NC Quality Improvement Team, which encompasses all Tailored Plan Providers.

DMHDDSUS Response:

The Department concurs with this recommendation.

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. In addition to the report being developed you are encouraged to review the results on the NC Medicaid Managed Care Health Plan Network Adequacy at:

NC Medicaid Managed Care Health Plan Network Adequacy | NC Medicaid (ncdhhs.gov)

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Recommendation 3 – Substance Use Disorder and Opioid Use: Additional Funding Allocated to the LME/MCO's	**Concur / Partial Concur / Non-Concur** *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends the Department provide additional funding to the LME/MCO's and/or community-based organizations to develop and sustain new and existing substance abuse programs.

DMHDDSUS Response:

The Department does not concur with this recommendation.

The foundational and primary source of funding for individuals with substance use disorders who are uninsured is the Substance Use Prevention, Treatment and Recovery Services Block Grant, which provides approximately $52m per year. No less than 20% of the annual award must support primary prevention services and activities. Additionally, no more than 5% may be spent for state-level administration purposes.

In SFY25, the following is proposed/budgeted:

- 4.3% - state-level administration ($2,297,852)
- 20% - primary prevention ($10,469,120)

Of the remaining $41,876,481:

- 50% - LME/MCOs for treatment and recovery services for youth and adults, including all levels of care, recovery supported housing, etc. ($20,735,270). LME/MCOs utilize the total of this funding for direct services, no funds are retained for administrative purposes.
- 18% - appropriations directed to specific agencies per the General Assembly ($7,479,970)

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- 32% - contracts directly with community-based organizations, universities, etc. for training, workforce development, collegiate recovery programs, recovery supported housing, recovery community organizations, etc. ($13,661,241)

DMHDDSUS staff would welcome the opportunity to share with SCFAC the numerous SUD projects and initiatives currently funded.

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Department Responses

Recommendation 4 – Veterans and Military Families: Veterans Care Coordination Department Integration	Concur / Partial Concur / Non-Concur *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends the Department take deliberate steps to enhance support for Veterans and their families by fostering closer collaboration with DHHS staff and programs through the intentional alignment with the NCServes Program.

DMHDDSUS Response:

The Department concurs with this recommendation.

The Department 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.

Current staffing allows for dedicated staff to utilize the NCServes Program via NCCARE360.

Direct links to NCServes, to allow easy access to veteran's resources, will be included on public websites.

The recommendations can be implemented prior to the recommended timeline of Veteran's Day, November 2025.

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Department Responses

Recommendation 5 – Peer Support Services: Standardize A Universal Peer Support Certification Program	**Concur / Partial Concur / Non-Concur** *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends the Department develop a standardized Peer Support Specialist Curriculum. This curriculum should include a hybrid delivery system, strong oversight on continuing education requirements, and an ethics board to address issues with clients, providers and peers.

DMHDDSUS Response:

The Department concurs with this recommendation.

In late 2023/early 2024 DMHDDSUS held conversations with over 15 community agencies and 100 individuals, mainly Peer Support Specialists, in order to gain feedback on the current Peer Support Program in North Carolina. One common theme heard was the need for an improved certification process that included one core curriculum, standardized training, the reduction of financial barriers for certification, and elevated monitoring of certification/recertification. As a result of this feedback DMHDDSUS, in collaboration with many partners, has begun work on the initiatives listed below.

Standardized Curriculum/Examination: DMHDDSUS in a partnership with UNC-BHS is actively working with 16 Certified Peer Support Specialists from across North Carolina to develop one State Standardized Curriculum and Examination. The Standardized Curriculum will be offered via a hybrid option with the online portion beta tested in April 2025 and a launch date of July 2025. The in-person portion will be launched by September 2025. The certification examination will be ready for implementation by January 2026.

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Standardized Designation and Specialty Training: DMHDDSUS is working to improve the continuing training opportunities for CPSS within North Carolina through the offering of specialized designations and advanced trainings. These trainings may include, but are not limited to, Cultural Competency, Motivational Interviewing, and Trauma while designations may include Crisis, Justice, and LGBTQ+. We will continue to work with our partners to explore the building and implementation of these curricula.

Peer Support Certification Scholarships: DMHDDSUS, as part of their Behavioral Health Workforce Investment is providing funding to support approximately 1500 scholarships. These scholarships will cover the class cost for individuals who want to take a Peer Support Certification Course within the state.

Peer Support Ethics Board: During the 2021 General Assembly Session Peer Support Advocates introduced legislation to create a Peer Support Ethics Board. This legislation did not make it out of Committee. In early 2024 DMHDDSUS helped revise this legislation with input from the NC CPSS Workgroup, Peer Support Workforce Advisory Committee, and SCFAC members. As DMHDDSUS agrees an Ethics Board is an important piece of the NC Peer Support Program, it is the intention that this legislation will be put forward in the 2025 General Assembly long session.

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Department Responses

Recommendation 6(a) – Private Duty Nursing (PDN): Increase in PND Reimbursement Rates	**Concur / Partial Concur / Non-Concur** *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends the Department increase private duty nursing rates and implement a procedural policy that would ensure PDN nurses receive the appropriate portion of the reimbursement rate.

DHB Response:

The Department partially concurs with this recommendation.

The Division of Health Benefits (DHB) acknowledges and generally supports the recommendation to increase PDN rates received from the State Consumer and Family Advisory Council. DHB recognizes and appreciates the complexity of the level of skilled nursing care that Private Duty Nursing (PDN) professionals provide to Medicaid beneficiaries. While the basis of the rate increase recommendation is solid, the currently proposed Governor's budget request for HCBS DCWs includes other specialty/therapy providers who had not received increases for many years. PDN has received rate increases in recent years when other specialty/therapy providers were excluded.

1. Any rate increases implemented by DHB must be supported by NCGA budget appropriations. Unless we see NCGA appropriations take a different direction in the coming months, DHB will have a significant (~$500 m) budget shortfall for this SFY (2025). DHB will not be able to consider increasing any rates without significant additional appropriations from the NCGA.

2. With respect to the request for rate increases passing through to wages, currently DHB does not have established policies and the legislative authority to ensure that PDN providers would receive a portion of rate increases included in their wages. A pass through of any portion of PDN rate increases (if and when they happen to occur) to DCWs would require legislation. Although the 2024 CMS final rule does speak to state requirements regarding a percentage of Medicaid payments for personal care, home health aide, and

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homemaker services be spent on compensation for DCWs as opposed to admin overhead or profit, it does not become effective until July 9, 2030.

We thank you for your recommendation and encourage your organization to lobby your legislators to provide the additional appropriations and take the legislative actions that are necessary to increase PDN rates and address DCW wages with and understanding of our support.

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Recommendation 6(b) – Private Duty Nursing (PDN) PDN Dashboard	Concur / Partial Concur / Non-Concur *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends the Department develop a PDN dashboard to track specific data from Medicaid Direct, Tailored Plans, and Standard Plans. The data should include availability of PDN Providers per county, service types, average reimbursement rate, number of individuals receiving PDN, number of authorized hours, and number of staff hours.

DHB Response:

The Department concurs with this recommendation.

A dashboard is under development with an anticipated deployment by the requested date. It is important to note that due to small cell suppression requirements the level of granularity requested may not be possible. Federal law protects the confidentiality of Medicare and Medicaid beneficiaries by avoiding the release of information that can be used to identify individual beneficiaries. The policy applies to any output in tables and texts describing any of the following: beneficiaries, procedures, and diagnoses. Additionally, Medicaid does not have the capacity to capture and report some of the information noted in this recommendation.

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Recommendation 7 – Traumatic Brain Injury (TBI): TBI Dashboard	**Concur / Partial Concur / Non-Concur** *(circle)*

Explanation

SCFAC Recommendation:

SCFAC has recommended that the Department develop a TBI dashboard to track specific data from Medicaid Direct, Tailored Plans, and Standard Plans including information on race, gender, ethnicity, age, and the following metrics:

- Number of individuals with TBI receiving Medicaid
- Number of individuals with TBI enrolled in CAP/C, CAP/DA, Innovations or TBI Waiver programs
- Number of individuals with TBI receiving Private Duty Nursing
- Number of individuals accessing TBI state funds and TBI state funding programming

DHHS Response:

The Department partially concurs with this recommendation.

DHHS committed to creating a TBI dashboard that tracks the data identified in the SCFAC request. DMHDDSUS has the ability to share State level data now and we welcome feedback on how to better present the data to meet CFAC needs. DHB anticipates a 7/1/25 completion date for Medicaid data. It is important to note the level of granularity requested may not be possible. There will need to be engagement with the Tailored Plans and Internal Support to develop this dashboard. Currently, we have overall data on race, ethnicity, and plan, but a breakout of the TBI population is not readily available.

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Recommendation 8 – CAP Waivers: Relative as Provider Option	**Concur / Partial Concur / Non-Concur** (*circle*)

Explanation

SCFAC Recommendation:

SCFAC recommends the Department include the option of "Relative as Provider" under all of the CAP Waivers.

DHB Response:

The Department does not concur with this recommendation.

CAP/C and CAP/DA already permit a parent, legal guardian, spouse, close kinship relative, or housemate to become a provider through coordinated caregiving. Thus, allowing a stipend to be provided. Adding this language to the CAP/C and CAP/DA waivers would restrict and prohibit a parent, legal guardian, spouse, close kinship relative, or housemate from becoming a provider. The CAP/C and CAP/DA waivers offer greater flexibility in permitting a legally responsible person, regardless of the age of the CAP participant, to become a paid provider. CAP/C and CAP/DA permit family members (parent, legal guardian, spouse, close kinship relative) to be the paid provider for all service options within these two waivers. The service options are provider-led and consumer-directed services.

Department Responses

Recommendation 9(a) – Interpersonal Violence and Intellectual and Developmental Disability: Mandatory Annual Training on IPV Prevention and Healthy Relationships	**Concur / Partial Concur / Non-Concur** *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends the Department require all frontline IDD service providers to complete an annual minimum 2-hour training that includes:

- Understanding healthy relationships and sexual health
- Understanding the forms and dynamics of IPV and the cycles of abuse
- Identifying the signs and symptoms of IPV, including abuse by caregivers and/or staff
- Learning trauma-responsive practices to support survivors appropriately
- Learning how to make an effective referral to IPV resources and supports

DMHDDSUS Response:

The Department partially concurs with this recommendation.

While we agree that the training is of the utmost importance, this cannot be made into a requirement for these professionals in the time lined recommendation. NC DHHS commits to developing an IPV training that will be offered to identified professionals and explore what steps would be necessary to expand the training requirements.

DMHDDSUS currently supports pilot programs at three IPV program sites for people with lived TBI experience. These pilot sites incorporate education/awareness, training, screening, and resource facilitation into their programming for staff and participants. We are committed to building on this model and the lessons learned through these pilots to inform our ongoing efforts in supporting people with I/DD and TBI. 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. The curriculum will be developed by experts in IPV and Healthy Relationships in the TBI population.

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While it will not be mandatory by the date specified in the SCFAC report; we will explore what rules, statutes, regulations, and clinical coverage policies would require changes to implement the new mandatory training. We understand potential unintended impacts on staffing, provider costs, etc.

DMHDDSUS is currently developing a pilot standardized Core Curriculum Program and Certificate Program for Direct Support Professionals. DMHDDSUS will build IPV training into these programs in partnership with our future training partners. DMHDDSUS will facilitate a relationship between future educational partners and IPV organizations throughout the State of North Carolina to ensure quality curriculum is developed. These courses will include tracking of data related to the number of individuals who participate in the courses and satisfaction within the course.

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Recommendation 9(b) – Interpersonal Violence and Intellectual and Developmental Disability: Availability of an Accessible Curriculum for IPV Prevention	**Concur / Partial Concur / Non-Concur** *(circle)*

Explanation

SCFAC Recommendation:

SCFAC recommends that the Department requires that all IDD providers offer consumers and family members or guardians an accessible IPV prevention curriculum, including information addressing healthy relationship dynamics, communication and sexual health.

DMHDDSUS Response:

The Department concurs with this recommendation:

DMHDDSUS will work with IPV and Accessible Communication experts, along with people with lived experience to support the development of an accessible curriculum for IPV prevention. This curriculum will be made available for all individuals with disabilities. DMHDDSUS will solicit and collect satisfaction data from those who choose to participate in this curriculum. NC DHHS will explore various platforms for ease of access and data collection capabilities.

The target date to launch the first medium of this curriculum is 7/1/2025 with others to follow.

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Recommendation 9(c) – Interpersonal Violence and Intellectual and Developmental Disability – Requiring Collaborative Engagement	Concur / Partial Concur / Non-Concur *(circle)*

Explanation

SCFAC Recommendation:
SCFAC recommends the Department require that all IDD providers establish a reciprocal partnership with at least one IPV service provider to ensure effective responses to IPV referrals from IDD provider agencies.

DMHDDSUS Response:
The Department partially concurs with this recommendation.

DMHDDSUS supports collaboration between Service Providers. We encourage I/DD, TBI, and community providers partner among each other in order to be well informed of other potential community resources and providers. DMHDDSUS will develop and launch an IPV-I/DD-TBI Collaborative Committee that will meet quarterly. The purpose of this collaborative will be to share resources and build connections between IPV Service Providers, IPV Experts, I/DD Providers, TBI Providers, and the Tailored Plans.

This collaborative will also advise on programmatic improvements to the curriculum offered for direct support professionals, supervisors, and care managers. DMHDDSUS will provide data related to the number of DSPs, Supervisors, and TCMS who receive the IPV training as well as any satisfaction data received.

The IPV-I/DD-TBI Collaborative will make recommendations for program improvements to reduce instances of IPV in the I/DD and TBI populations. DMHDDSUS will provide available aggregate data regarding prevalence of incidents of IPV reported through IRIS.

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