



North Carolina Traumatic Brain Injury Waiver

*State Consumer and Family Advisory Committee (SCFAC)
Meeting*

February 12, 2025

Meeting Purpose

Obtain feedback on the Department of Health and Human Services' (DHHS) vision for engaging with its community partners to expand the Traumatic Brain Injury (TBI) waiver to provide specialized home- and community-based services for North Carolinians with TBI statewide.

History of the TBI Waiver

- North Carolina's TBI waiver started in 2018
- Its goal is to **support people with TBI to live as independently as possible in their homes and communities**
- Since then, the waiver has grown to serve **approximately 107 total eligible people living in seven counties in the state:** Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange and Wake
- Services offered include **specialized therapies, residential supports, and assistive technology**
- Alliance Health has managed the waiver since its start

TBI Waiver Eligibility

- Experienced **TBI** on or after their **18th birthday**
- Show they can **benefit** from rehabilitative services
- Need **facility-based care** due to TBI-caused loss of functions
- Meet required income levels

In October 2023, the General Assembly granted DHHS permission to expand the TBI waiver statewide but did not provide funding to do so.

Need for Statewide Expansion

Nearly 79,000 North Carolinians experience a TBI every year. More than 200,000 North Carolinians currently live with a long-term disability related to TBI.

- **Currently, only North Carolinians living in one of seven counties** can enroll in the TBI waiver
- Most people with TBI living in other counties receive home- and community-based services that are not specialized for TBI (e.g., through the Innovations waiver, Community Alternatives Program for Disabled Adults waiver, or 1915(i)), **or receive limited state-funded services**
- Expanding the TBI waiver statewide would **make it easier for North Carolinians with TBI to access coordinated, specialized services that meet their needs**

Recognizing the great need for these services across the state, DHHS seeks to expand specialized home- and community-based services for North Carolinians with TBI.

Feedback on Expansion Paper

DHHS encourages SCFAC members to review the TBI waiver expansion paper and provide feedback.

DHHS seeks your input to strengthen its vision for TBI care and waiver expansion:

- **Need** for TBI waiver expansion
- **Benefits** of the TBI waiver
- **Long-term vision** for brain injury care

How to Provide Feedback

- DHHS will circulate the expansion paper via email to SCFAC members
- You may provide comments via email or directly in the document

Q&A

Please respond with written feedback by sending an email to iddlisteningsessions@dhhs.nc.gov

Appendix

TBI Waiver Benefit Package

Current TBI waiver services align with best practice rehabilitative treatment and care according to the [Brain Injury Association of America](#).

Supportive home- and community-based services provided by the waiver include:

- Assistive technology
- Cognitive rehabilitation (CR)
- Community networking
- Community transition
- Crisis supports services
- Day supports
- Home-delivered meals
- Home modifications
- In-home intensive support
- Life skills training
- Natural supports education
- Occupational therapy
- Personal care
- Physical therapy
- Remote supports
- Residential supports
- Respite
- Specialized consultation
- Speech and language therapy
- Supported employment
- Supported living
- Vehicle modification

TBI Waiver Eligibility Requirements

- Experience a TBI on or after one's 18th birthday
- Show potential to benefit from rehabilitative services and supports to help regain skills and decrease or prevent regression or readmission to a facility
- Meet admission criteria for placement in a nursing facility (at minimum) or specialty rehabilitation hospital due to lost cognitive, behavioral, or physical functioning resulting from the TBI
- Have income that does not exceed 300% of the Federal Poverty Level (FPL)*

*Estimated annual income of **\$46,950** for an individual in 2025. **Source:** Office of the Assistant Secretary for Planning and Evaluation (ASPE). Poverty Guidelines API. Available at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Agenda

- **1915(b)(3) Services**
 - **1915(i) Services**
 - **Waivers (TBI, CAP/DA & CAP/C)**
 - **Dashboard Enhancements**
 - **1115 SUD CCPs**
 - **Collaborative Care**
 - **LTSS Provider Engagement**
 - **Mental Health Parity**
-

1915(i) Transition

Since 2023, over 11,000 have been approved for 1915(i) services.

As of 1/1/25, 1915(b)(3) individuals have transitioned into 1915(i) services.

DHB is working with Plans and Providers to increase access. In addition, DHB is working with Plans on TCM Assessments.

DHB is working with DMH to sustain qualified DSPs.

The 1915(b)(3) Waiver Amendment was approved by CMS on 12/6/24.

The 1915(i) SPA was approved by CMS on 12/31/24 with an effective date of 1/1/25.

Key:
TCM –
DSP –

Traumatic Brain Injury

TBI Concept Paper

- DHB is finalizing a TBI Concept Paper to request additional slots for the TBI waiver and developing a TBI Dashboard for the DHHS website.

TBI Point of Contact Calls

- DHB continues to hold monthly meetings with TBI SMEs to provide updates and gather feedback on updated service definitions and other initiatives.

TBI Expansion Advisory Committee Meetings

- DHB continues to hold monthly meetings with TBI stakeholders to provide updates and gather feedback on updated service definitions and other initiatives.

Community Alternatives Program for Disabled Adults & Community Alternatives Program for Children

CAP/DA

- CMS approved the CAP/DA waiver with an effective period from 11/1/2024-10/31/2029
- Currently, there's a waiting list for CAP/DA. Individuals on the waitlist are provided option counseling to link to other LTSS.

CAP/C

- CAP/C does not have a waiting list.

Dashboard Enhancements

- **TBI Dashboard**

- DHB is actively working on the TBI Dashboard and will be added to the dashboard link page on the DHHS website.

- **PDN Dashboard**

- DHB is currently building an LTSS Dashboard that will have PDN data incorporated.

- **TP/SP Key Indicators Dashboard**

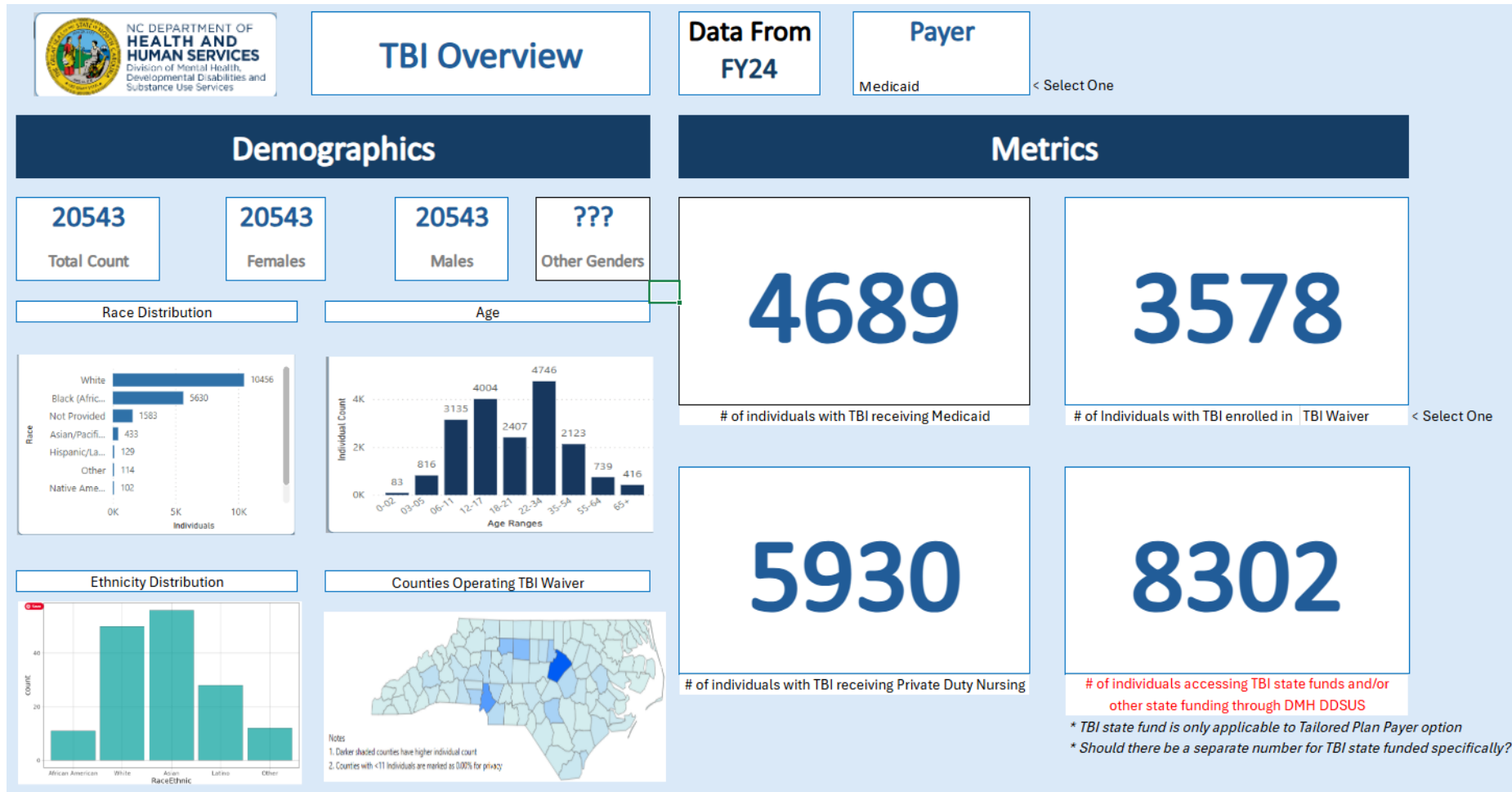
- A dashboard has been created that measures key indicators of integrated care in both Standard and Tailored Plans. The dashboard will be available soon on the Medicaid Quality homepage.

- **1915(i) Utilization Dashboard**

- DHB is actively working on a 1915(i) Utilization Dashboard.



Dashboard Enhancements - TBI Dashboard



Mock-Up

Dashboard Enhancements – PDN Dashboard



Coming Soon

1115 SUD Clinical Coverage Policies

- The following policies are still in development phase and need State Plan pages amended or new State Plan pages approved by CMS. Anticipated promulgation date is 7/2025.
- ASAM 2.1 SA Intensive Outpatient Program
- ASAM 2.5 SA Comprehensive Outpatient Treatment
- ASAM 3.1 SA Clinically Managed Low-intensity Residential Treatment Services
- ASAM 3.3 SA Clinically Managed Population-specific High-intensity Residential Programs
- ASAM 3.5 SA Clinically Managed High Intensity Residential Services (Adult, Adolescent, Pregnant and Parenting)
- ASAM 3.7 SA Medically Monitored Intensive Inpatient Services

Collaborative Care

- **In 2018, NC became the first Medicaid program to offer psychiatric collaborative care.** The goal was to improve access to psychiatric services while maintaining continuity of care for beneficiaries with mild to moderate behavioral health needs.
- **Early utilization was low, so a consortium was launched to redesign and relaunch this service to providers across the state.** Training and tracking resources were provided at low to no cost, clinical coverage was streamlined across payers, and continuous improvements were made to increase utilization of this model of care.
- **Improvements include:**
 - Addition of new codes as they are released by the American Medical Association and CMS,
 - Scope expansion of who could serve in the Behavioral Health Care Manager role,
 - increased reimbursement rates,
 - Implementation of a comprehensive collaborative care registry through Community Care of North Carolina (CCNC) and Advancing Integrated Mental Health Solutions (AIMS) Center who will support the registry cost for up to 3 years for AMH Tier 2 or 3 providers
 - Extensive provider support through partnerships with NC Area Health Education Centers (AHEC), NC Academy of Family Physicians (NCAFP), NC Pediatric Society (NCPS), and the NC Psychiatric Association (NCPA), and
 - Elimination of copay to encourage ongoing care.
- **Updates on Collaborative Care will be presented on the 2/13 Front Porch Chat Webinar** ([Webinar Registration - Zoom](#))



LTSS Front Porch Chats

PCS

February

- 2/20/2025 Change of Status Process, Mediation & Appeals, IADL's vs ADL's – [Register here!](#)

May

- 5/15/2025 Notice Overview – [Register here!](#)

August

- 8/21/2025 Monthly Hours Awarded (7 days vs 5 days) – [Register here!](#)

November

- 11/20/2025 Notice Overview – [Register here!](#)

CAP C & DA

January

- 1/16/2025 Transition of Care – [Register here!](#)

April

- 4/17/2025 Denial Reasons (Other Available Options) – [Register here!](#)

July

- 7/17/2025 CAP Services & Skilled Care – [Register here!](#)

October

- 10/16/2025 CAP Overview – [Register here!](#)

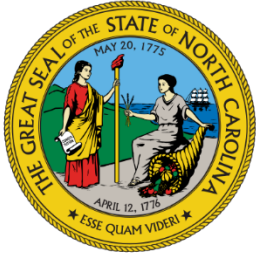
GDIT hosted two PDN provider trainings on January 28 and 30

PDN

To be Announced

Mental Health Parity and Addiction Equity Act

- DHB is in operational compliance with MHPAEA as of 1/1/25.
- DHB is on track to achieve full compliance by 4/1/25.
 - Updated CCP analyses, and TP and SP Parity Reports will be submitted to CMS by 4/1/25.
 - TP and SP Parity Reports and DHB parity oversight tools will be posted to the DHHS website by 4/1/25.



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

Ginger Yarbrough, MPA, CPHQ, NADD-DDS
Chief Clinical Officer, IDD, TBI, Olmstead
DMHDDSUS

February 12, 2024

Agenda

1. MH/SU/IDD/TBI System Announcements & Updates
2. Accessible Communications
3. Crisis to Care Updates
4. Inclusion Connects

MH/SU/IDD/TBI System Announcements & Updates

Justice RFA Awardees

More than \$11M is being awarded to programs that strengthen treatment, recovery, and reintegration pathways for justice-involved individuals who need support with mental health, substance use, intellectual and developmental disabilities, and/or traumatic brain injury.

AWARDEES



North Carolina Harm Reduction Coalition – LEAD

Coastal Horizons Center, Inc. – LEAD

Jubilee Home – Housing & Employment

Hope Mission of Coastal Carolina – Housing

Vaya Health and Alamance Academy – Housing and Employment

Hope Restorations, Inc. – Housing and Employment

These awards fund **law enforcement-assisted diversion (LEAD) programs** as well as **transitional housing and employment services** for people reentering their communities from carceral settings.

In Case You Missed It: NCDHHS Fireside Chat and Tele-Town Hall NC Crisis Services: Get Help 24/7

Total reach of 27,511 people!

The panel discussed:

- Ways to support and improve mental well-being
- When to get help for yourself or a loved one
- What NC crisis services are and how to access them
- Where to find mental health information and resources

[Watch The Replay](#)

 **NCDHHS**

Fireside Chat & Tele-town Hall: NC Crisis Services: Get Help 24/7 Replay



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



Cherene Caraco
CEO and Chief Global
Strategist, *Promise
Resource Network*



**Joy Brunson-Nsubuga MA,
MBA, LMFT, LCAS, CCS,**
Chief Operating Officer
Recovery Innovations, Inc.

Watch the replay [youtube.com/watch?v=iZRzf6na1Tc](https://www.youtube.com/watch?v=iZRzf6na1Tc)
ASL Interpretation & Communication Access Real-Time Translation (CART) provided.

In case you missed it: NCDHHS Cafecito & Tele-Town Hall NC Crisis Services: Get Help 24/7

Total reach of 15,183 people!

The panel Discussed:

- Ways to support mental well-being
- What crisis services are and how to access them
- When to get help for yourself or a loved one
- Where to find mental health information and resources in Spanish

Watch the recording on [Facebook](#) or [Youtube](#)

**NCDHHS**

Spanish-language Cafecito & Tele-town Hall

**NC Crisis Services:
Get Help 24/7**

Thurs., Feb. 6 | 6 to 7 p.m. ET

Submit questions live:

 (855) 756-7520 Ext. 119233#

Communication Access Real-Time Translation (CART) provided.

**Carolina Siliceo Perez, MLAS**
Acting Director for Latinx and Hispanic Policy and Strategy, NCDHHS

**Mary Jones**
Director of Client Care and Engagement, *El Futuro*

**Amanda Huber Lopera, MSW, LCSW**
Psychotherapist and Executive Director, *Sunrise-Amanecer Inc.*

Order Free 988 Print Materials for Barbershop/Hair Salon Outreach

The North Carolina Department of Health and Human Services is providing free, printed [988](#) educational materials for barbershops, hair salons and community organizations for outreach.

- Orders include window clings and wallet cards.
- Order materials by February 14, 2025, to receive them by the end of February.
- <https://share.hsforms.com/1txZrnQY0SqiY5DhV1SFg5g5bzii>



Inclusion Works Lunch & Learn: Employment Models

This webinar will cover different kinds of employment models available through Employment and Independence for People with Disabilities (EIPD). Join Inclusion Works for a discussion on Self-Employment, On the Job Training, Customized Employment, Supported Employment, and Project SEARCH®.

Date/Time: Thursday, Feb. 19, 2025, 12:00-1:00pm

Registration: [Register for the webinar](#)



Connections App Lunch and Learn: Supporting Peers and Providers

The North Carolina Department of Health and Human Services has partnered with CHESS Health and Trillium Health Resources to provide critically needed support for North Carolinians working toward recovery from substance use disorders.

Join DMH/DD/SUS for a webinar to learn about the resources available through the Connections App, a free digital tool that provides peer support and care management tools for individuals during treatment and recovery.

Date/Time: Thursday, Feb. 20, 2025, 12:00-1:00 p.m.

Registration Link: [Register for the webinar](#)

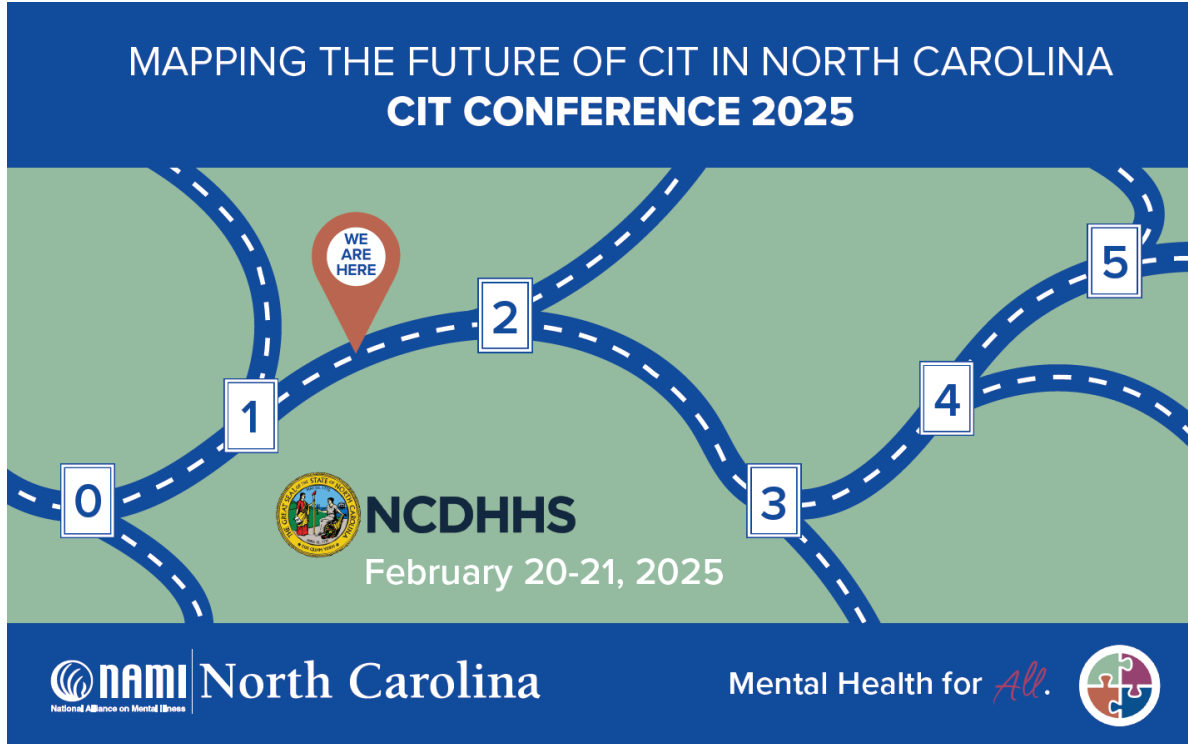
Closed-Captioning & American Sign Language (ASL) Interpreters will be provided.



Crisis Intervention Training Conference 2025

- Pre-conference 2/20
- Conference 2/21

MAPPING THE FUTURE OF CIT IN NORTH CAROLINA
CIT CONFERENCE 2025



NCDHHS
February 20-21, 2025

NAMI North Carolina
National Alliance on Mental Illness


Mental Health for *All.*

JOIN US AS WE EXPLORE THE INTERSECTIONS OF CIT AND SIM

Thursday, February 20	Friday, February 21
Pre-conference	CIT Conference
1:00 pm - 5:00 pm	8:30 am - 4:30 pm
Understanding SIM (Sequential Intercept Model)	Breakfast and Welcome
5:30 pm - 7:00 pm	Breakout sessions
Welcome Reception	CIT Awards Luncheon

BE THERE

 Greensboro-High Point Marriott Airport, One Marriott Drive
Greensboro, North Carolina, USA, 27409



Let's innovate, collaborate, and shape the future together!

[Register Here to Attend](#)

NCGWG SMVF Network Summit

- **One day in-person event:** NCSU McKimmon Center, Raleigh, NC
- **Discussion topics:**
 - Implementing Best Practices in Mental Health and Substance Use Treatment for Veterans
 - Innovative Approaches to Enhancing Family Support for SMVF
 - Targeted Solutions for SMVF Challenges
- **Concurrent Workshops:**
 - Benefits, Social Enrichment, Employment, Housing, Healthcare, Education
- **Confirmed panelists:**
 - Raleigh Police Department
 - NC Department of Health and Human Services
 - NC National Guard
 - Wounded Warrior Project (pending)
 - Others to be established



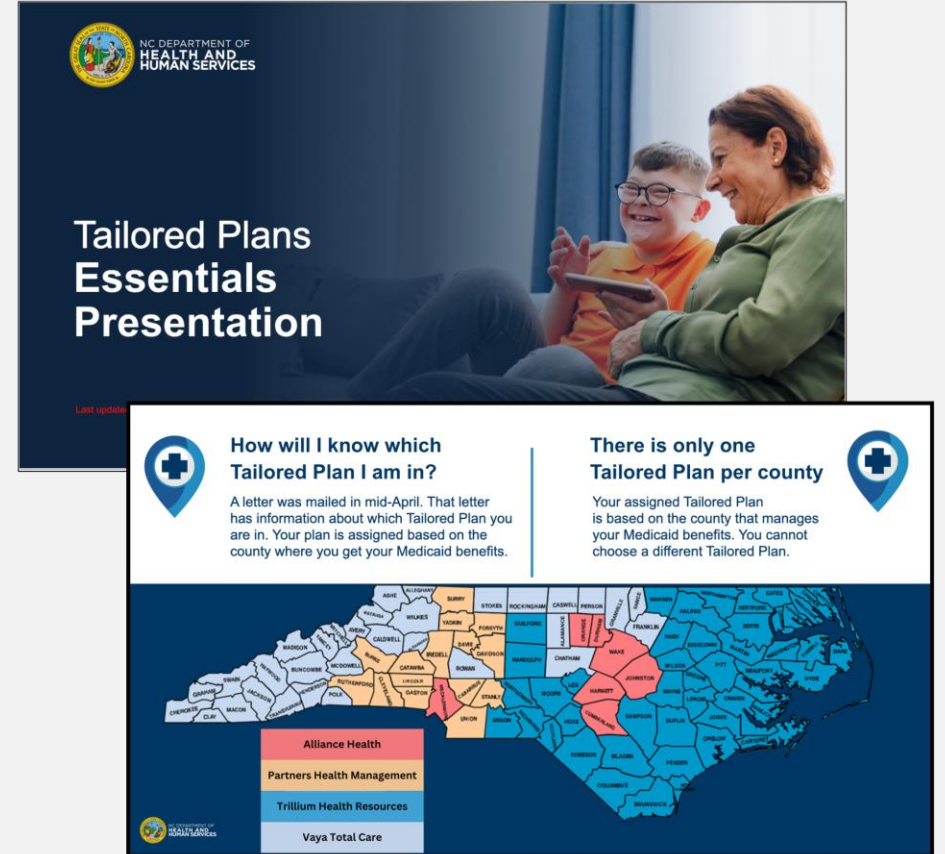
Register to attend
March 7, 2025!

Accessible Communications

Accessible Communications Campaign Updates

The focus of this campaign is the development of accessible resources to help members with serious mental health, substance issues, traumatic brain injury, or intellectual/developmental disabilities better understand:

- ✓ Tailored Plans
- ✓ Tailored Care Management
- ✓ 1915(I) and NEMT services
- ✓ TBI and Innovations Waiver
- ✓ Content for insured individuals
- ✓ Additional promotions as needed



The slide is titled "Tailored Plans Essentials Presentation" and features the NC Department of Health and Human Services logo in the top left. The background image shows a woman and a young boy sitting together and looking at a tablet. Below the title, there are two columns of text, each preceded by a blue location pin icon with a white cross. The left column is titled "How will I know which Tailored Plan I am in?" and explains that a letter was mailed in mid-April. The right column is titled "There is only one Tailored Plan per county" and states that the plan is assigned based on the county. Below the text is a map of North Carolina counties, color-coded to show the assigned Tailored Plan for each county. A legend at the bottom left identifies the colors: Alliance Health (red), Partners Health Management (orange), Trillium Health Resources (blue), and Vaya Total Care (light blue).

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Tailored Plans Essentials Presentation

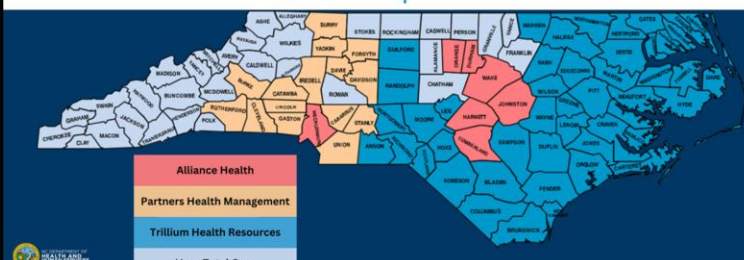
Last update:

How will I know which Tailored Plan I am in?

A letter was mailed in mid-April. That letter has information about which Tailored Plan you are in. Your plan is assigned based on the county where you get your Medicaid benefits.

There is only one Tailored Plan per county

Your assigned Tailored Plan is based on the county that manages your Medicaid benefits. You cannot choose a different Tailored Plan.



Legend:

- Alliance Health
- Partners Health Management
- Trillium Health Resources
- Vaya Total Care

You're invited!

Register for a Research Session

Over the last year the DMH/DD/SUS has rolled out an Accessible Communications campaign to improve understanding and access to benefits for people with I/DD, TBI, and SMI, with a focus on:

- **Tailored Plans (TPs)**
- **Tailored Care Management (TCM)**
- **1915(i) services**
- **Innovations waiver**

To better understand the impact of the campaign, **we will host an information-gathering session** on your reflections, opinions on the materials, and feedback to inform future content updates.

We invite **partners and stakeholders, including local and state CFAC members**, to attend this 60-minute online focus group and provide input.
Spaces are limited.



Date: March 14th, 11 a.m. EST

Register [here](#) or use the code above.

Thanks for considering participating!

Additional 1915(i) Content

Upcoming content on 1915(i) services is bilingual, written in plain language and developed to help people understand resources available to them or someone they support.

The toolkit will feature FAQs, social media posts, flyers, a slide deck and more. Materials are expected to launch on **Tuesday, Feb. 25.**

Coming Soon! **Embargoed**

NC Medicaid 1915(i) Services
Get support at home or in your community

Services for mental health, substance use, intellectual or developmental disabilities, or traumatic brain injuries

- Help with daily activities like bathing and dressing
- Job coaching to find a job that is right for you
- Breaks for caregivers, including overnight and weekend help
- Help with costs when moving to your own place
- Support building and problem-solving

Call and ask for "1915(i) services"

Available if you have NC Medicaid with:

- Alliance Health**
1-800-510-9132
- Partners Health Management**
1-888-235-4673
- Trillium Health Resources**
1-877-685-2415
- Vaya Health**
1-800-962-9003

1915(i) Community Living and Supports
Support with life skills and daily activities

Get a trained worker to come help you or your loved one with the day:

- For people with traumatic brain injury or intellectual or developmental disabilities
- Learn skills for living at home or in the community (like cooking, shopping, and how to stay safe)
- Help with personal care (like bathing and eating)
- Up to 30 hours per week

Ask for "1915(i) services"

Available if you have NC Medicaid with:

- Alliance Health**
1-800-510-9132
- Partners Health Management**
1-888-235-4673
- Trillium Health Resources**
1-877-685-2415
- Vaya Health**
1-800-962-9003

1915(i) Services
Supporting you in your own home or community

get help with daily activities · learn skills for living in the community
get job coaching · move to your own place · be independent

Learn more:
medicaid.nc.gov/1915i

NCDHHS

Crisis to Care Updates

NEW: NC Mental Health Crisis Services Campaign

When life feels overwhelming, *help is here*. [North Carolina crisis services](#) provide compassionate, confidential, and non-judgmental support to connect individuals and families with the care they need.

New Landing Page

Available in [English](#) and [Spanish](#), that uses easy-to-understand language to describe and connect to our services.

Searchable Map

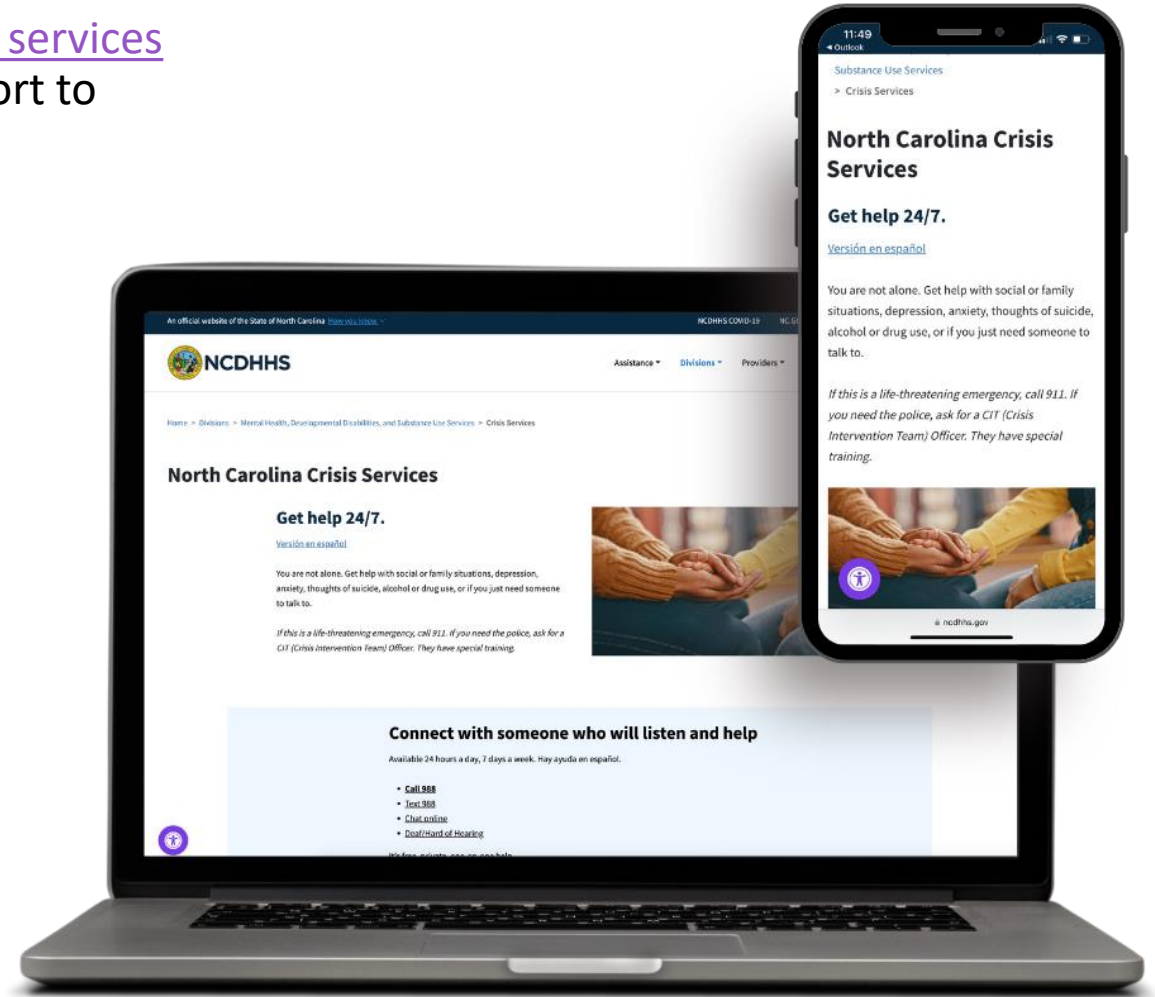
[Find community crisis centers \(Spanish\)](#), including behavioral health urgent cares and facility-based crisis centers.

Zip Code Search

Type your zip code into the "Search" field to [find a mobile crisis team \(Spanish\)](#)

Google Search Ads

To support people actively searching for information



BH SCAN – Behavioral Health Statewide Central Availability Navigator

BH SCAN includes a behavioral health referral and bed registry platform that streamlines crisis placements, reducing unnecessary ED stays. BH SCAN enhances care coordination, information sharing, and provides insights into provider bed availability and referral management.

BH SCAN Bed Registry Features:



View Bed Availability



Generate Digital Referrals



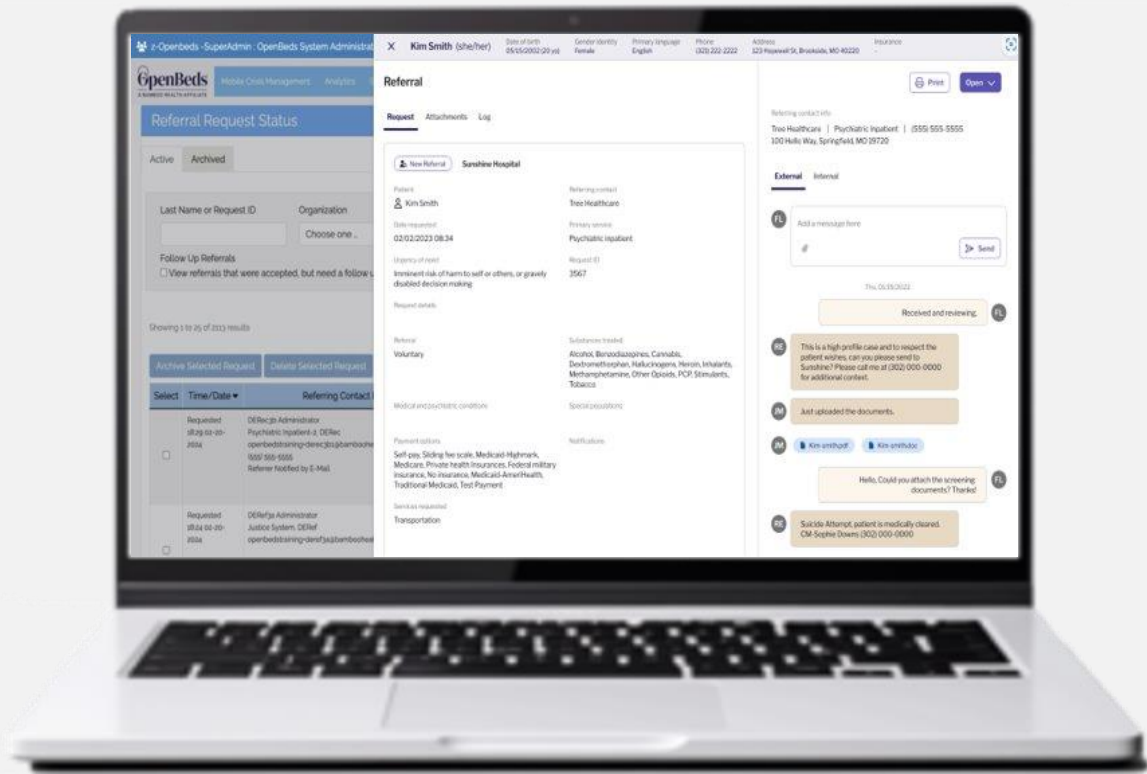
Secure Communication (between Providers)



Relay Status Updates with Notifications



Reporting



BH SCAN Stats: Bed Registry

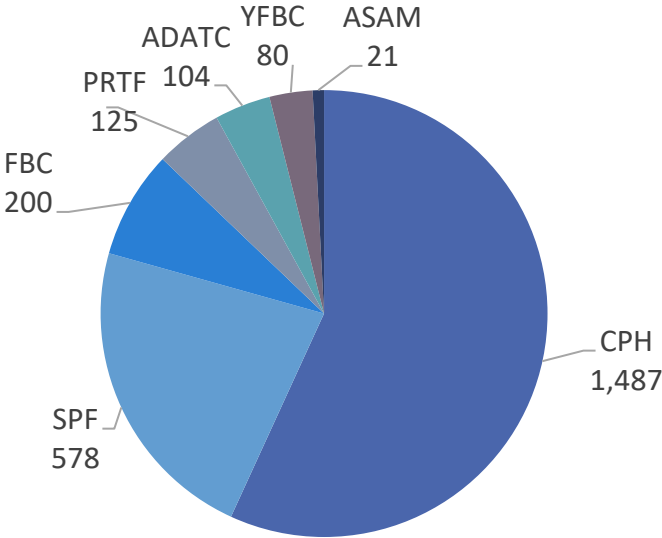
59
Provider Facilities

74%
3-month Average Rate of
Updated Bed Status
within 24 Hours

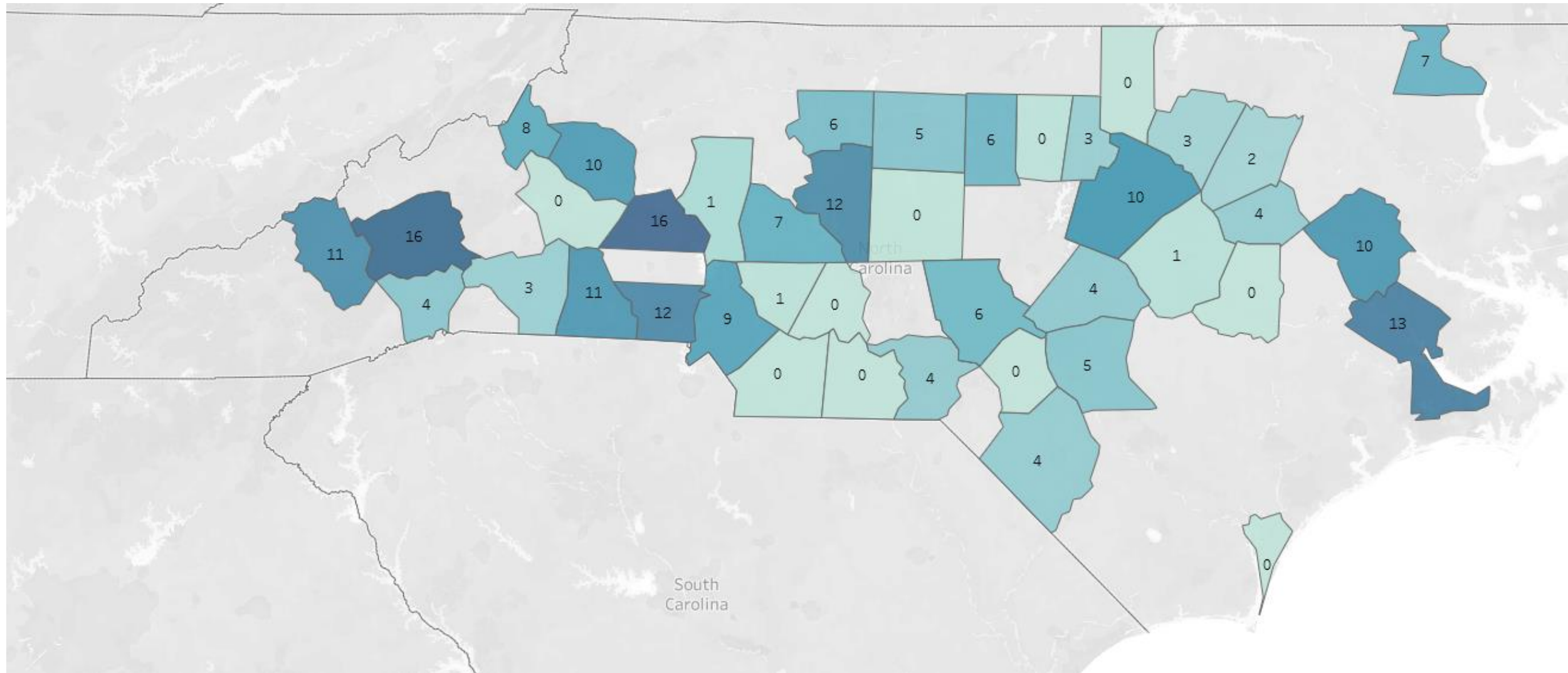
3,155
Licensed Beds

Service Type	Number of Listings
Community Psychiatric Inpatient Hospital (CPH) units	56
State Psychiatric Facility (SPF)	3
Adult Facility Based Crisis (FBC)/Non-Hospital Detox	14
Psychiatric Residential Treatment Facility (PRTF)	5
Alcohol and Drug Abuse Treatment Center (ADATC)	2
Youth Facility Based Crisis (YFBC)/Non-Hospital Detox	5
ASAM Level 4/4WM – SUD Treatment	1

Operational Beds (2595 total)

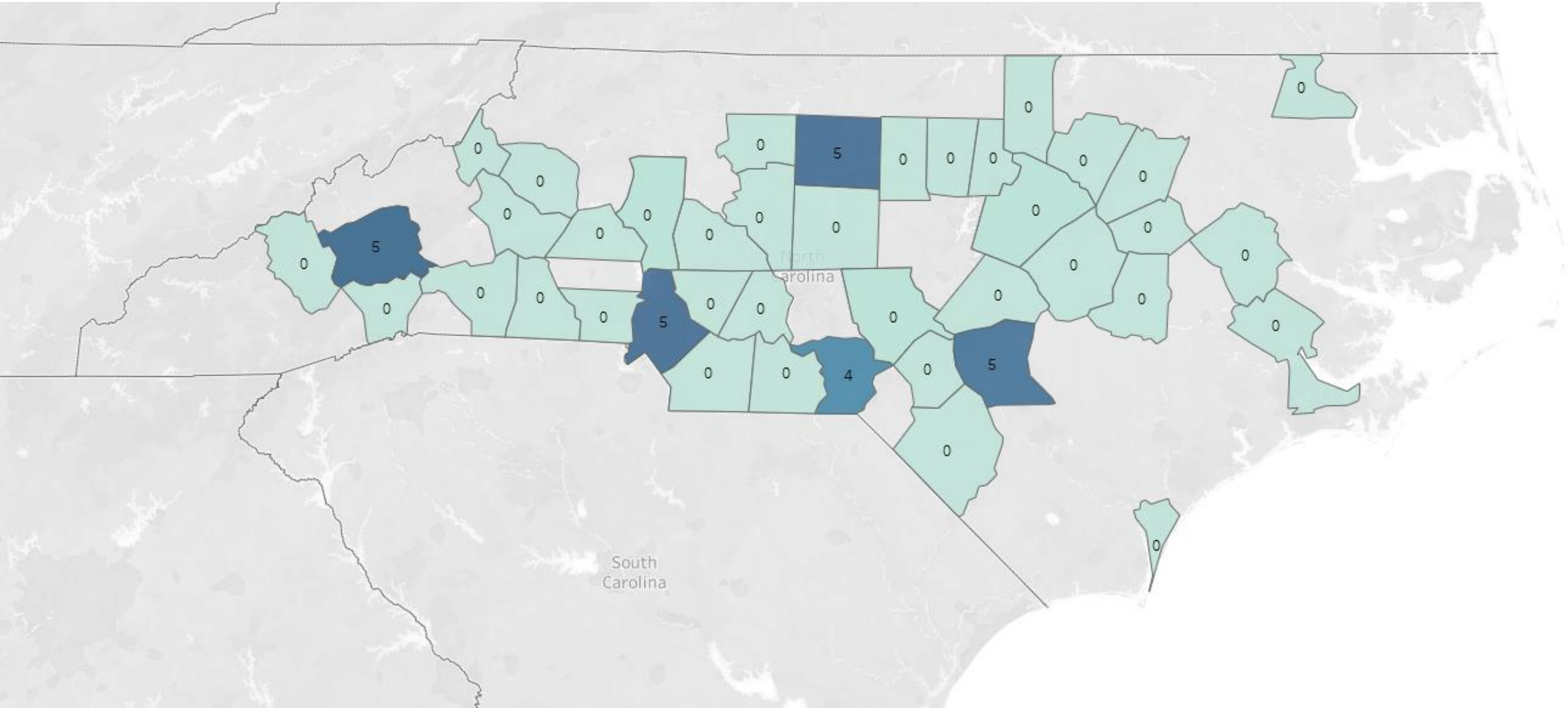


Bed Availability (1/1/2025-1/31/2025)



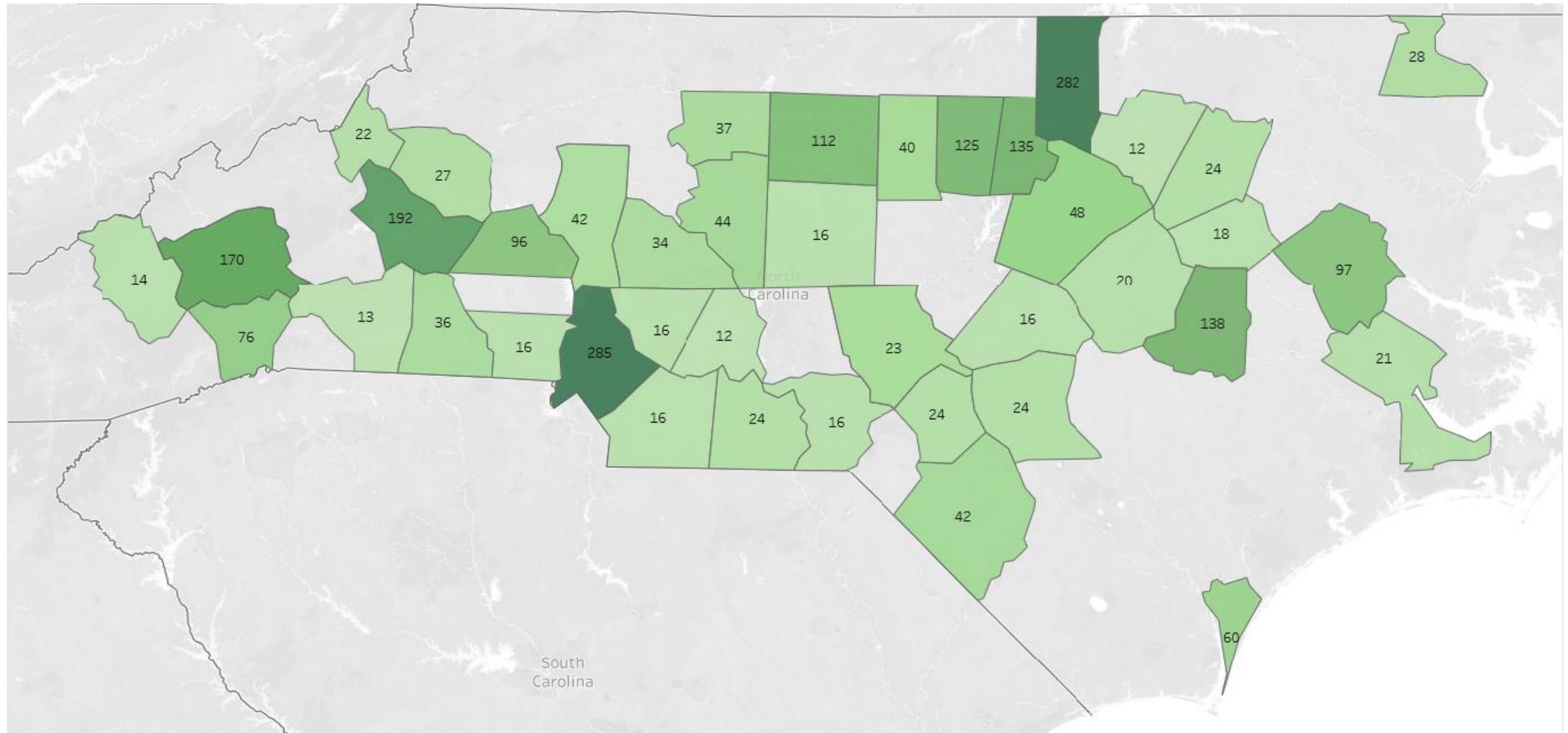
Bed availability for the month of January for all service types, youth and adults, on BH SCAN

Bed Availability: Youth (1/1/2025-1/31/2025)



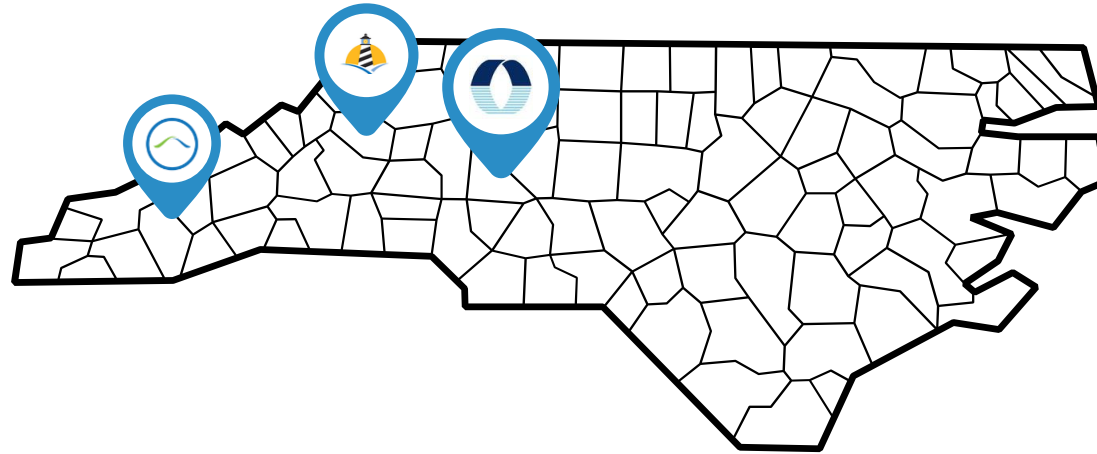
Bed availability for the month of January for all service types, youth only, on BH SCAN. Bed availability for youth is limited to 5 counties.

Operational Beds (1/1/2025-1/31/2025):



Operational beds for the month of January for all services types, youth and adults, on BH SCAN.

New Behavioral Health Urgent Care Centers (BHUCs)



Caldwell County BHUC

Tuesday, February 25, 2025 at 10:00 am
2415 Morganton Blvd., SW
Lenoir, NC 28645

- Co-located with existing walk-in center
- Provides Behavioral Health, Crisis Stabilization Services, Outpatient Care & Recovery Support



Rowan County BHUC

Wednesday, March 26, 2025 at 10:00 am
2129 Statesville Boulevard
Salisbury, NC 28147

- Co-located with existing walk-in center



Haywood County BHUC

Tuesday, March 4, 2025 at 11:00 am
91 Timberlane Road
Waynesville, NC 28786

- Facility will house 12 beds
- Co-located with existing FBC at the Balsam Center

NCDHHS and Trillium Health Resources Announce More Than \$13 Million for New Crisis Centers

- New crisis centers and behavioral health urgent care centers in Lenoir, New Hanover, and Pitt counties.
- Centers will provide safe, supportive places for people experiencing mental health or substance use crises
- Offering critical alternatives to emergency departments.

[Learn More](#)



**NCDHHS &
Trillium Health Resources
Announce More Than
\$13 Million for New Crisis Centers**



Request For Proposals: New Non-Law Enforcement Transportation Program

- NCDHHS is investing \$20 million in non-law enforcement transportation
- Providing trauma-informed transportation for people in mental health crises who need to be transported from emergency rooms to residential treatment.
- Aims to decriminalize and destigmatize the process of seeking mental health care.
- Eligible transportation vendors can submit a proposal through **February 28, 2025**.

[Submit A Proposal](#)

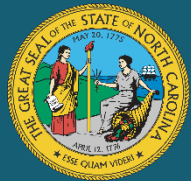


REQUEST FOR PROPOSALS

**NCDHHS Invests \$20 Million in
Transportation Program for People
Experiencing a Mental Health Crisis**

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

Inclusion Connects

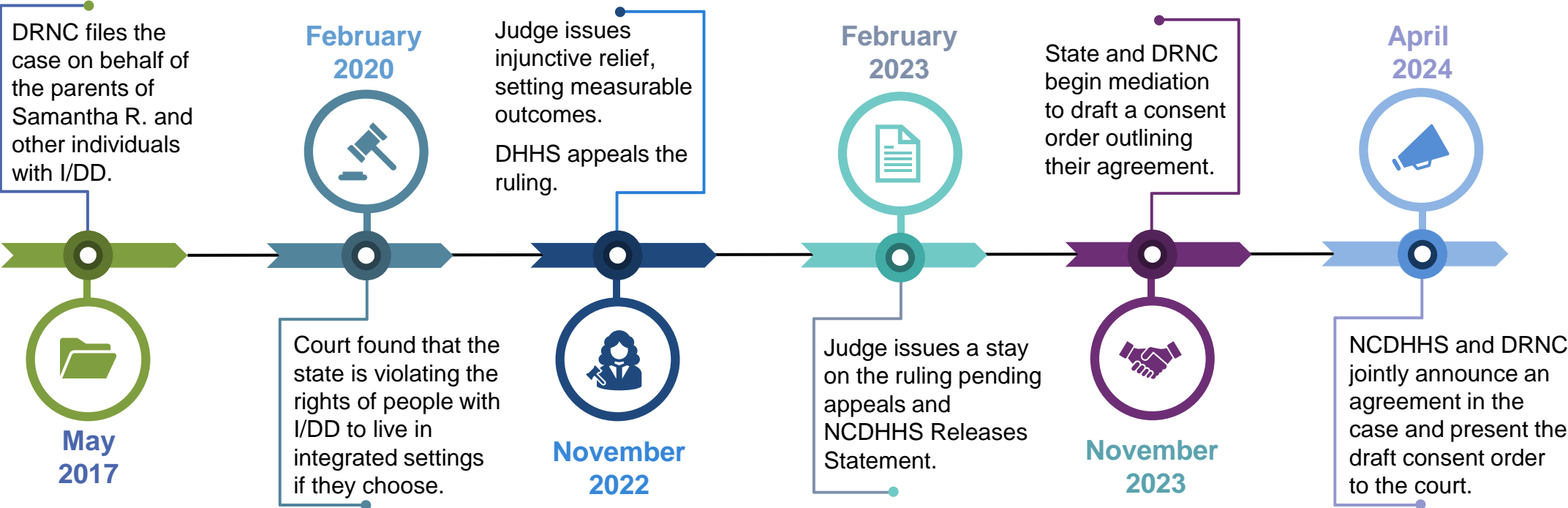


NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Samantha R. Overview

The Samantha R. case identifies the need for adequate home and community-based services for people with intellectual and developmental disabilities (I/DD) in North Carolina.



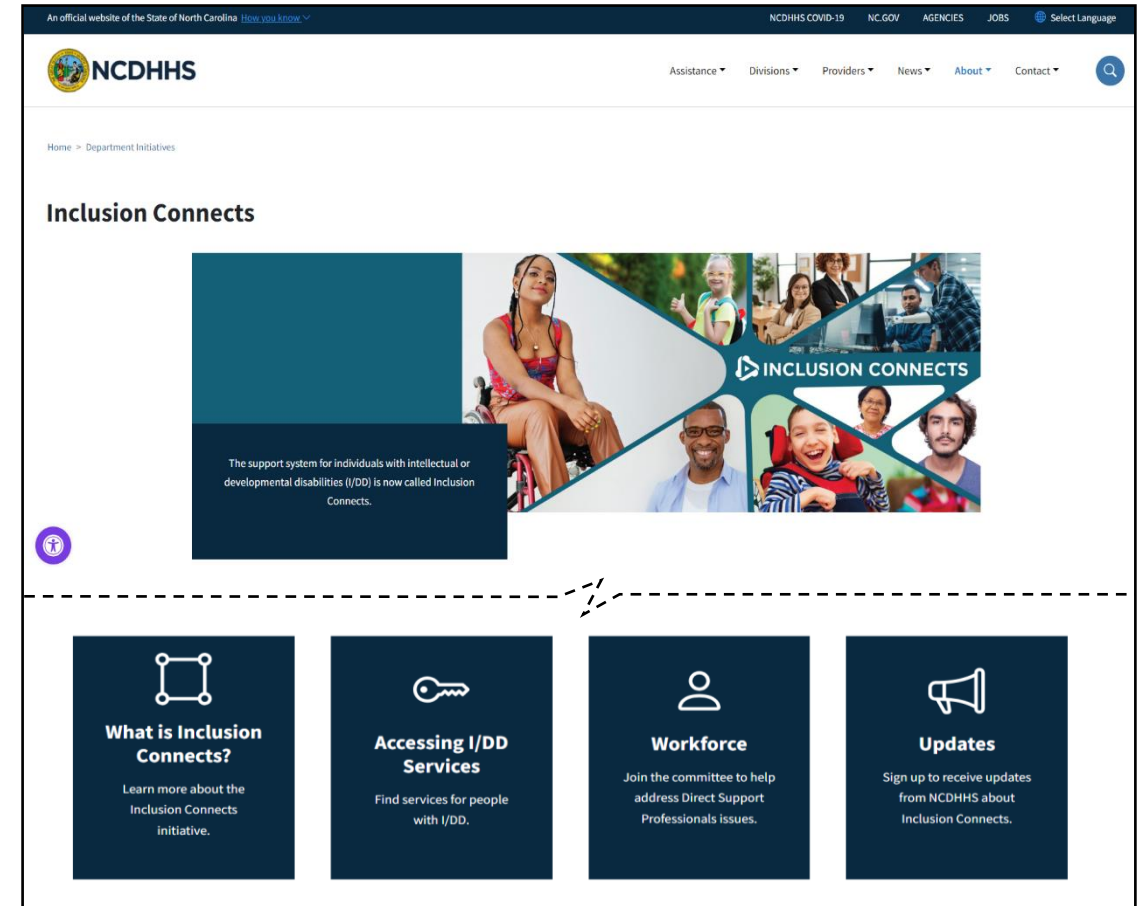
The agreement announced by the parties on April 10 is a compromise that allows the parties to move forward. DRNC and NCDHHS will continue to work together to improve the lives of individuals with I/DD in North Carolina.

Inclusion Connects Background

Inclusion Connects is designed to help individuals with I/DD in North Carolina, regardless of age or ability level, and their families navigate the complex system of services from birth to the end of life.

Inclusion Connects was created to enhance the I/DD connection to their community, focusing on:

- Improving access and enhancing the housing array for individuals with I/DD.
- Promoting access to services for all individuals in need of services, including those on the Innovations Waiver Waitlist.
- Addressing the Direct Support Professional (DSP) Workforce Shortage, including connecting DSPs with providers and individuals with I/DD.



Innovations Waitlist Dashboard

Target Outcome: Creating a unified dashboard to inform, accelerate progress and empower decision-making

Sample View



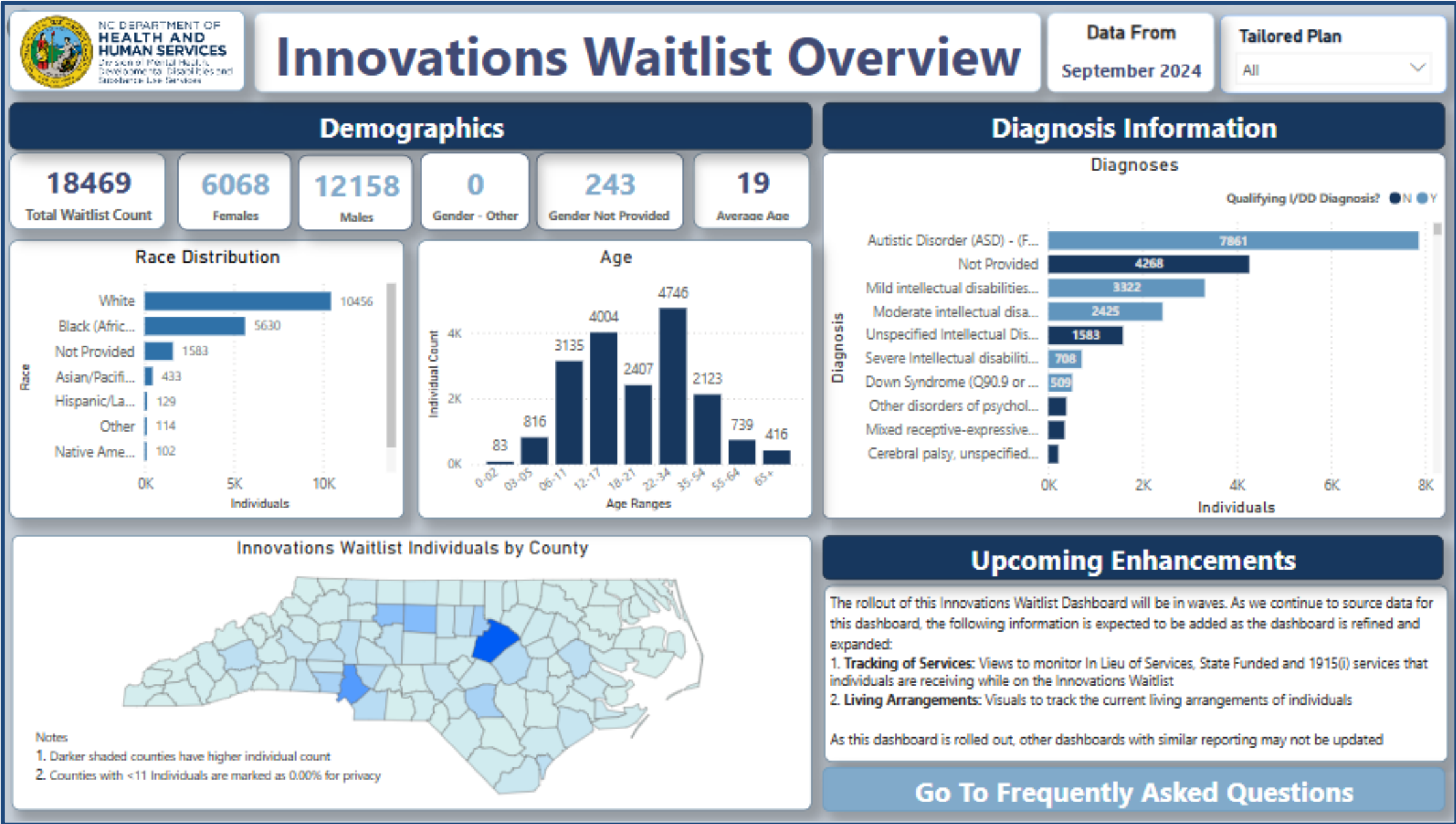
Key Features

- 1 **Individual Count** – Individuals on the Innovations Waitlist with insight into gender and average age
- 2 **Current Diagnosis** – Comprehensive list of I/DD diagnoses categorized by Qualifying and Not Qualifying
- 3 **Key Demographics** – Breakdown of individuals on Innovations Waitlist by Race, Age and Locality
- 4 **Upcoming Updates** – Insight into housing arrangements and services received of those on the Innovations Waitlist
- 5 **Tailored Plan Filter** – Ability to view all metrics by total individuals or choose specific Tailored Plans

Link to Innovations Waitlist Dashboard:



Innovations Waitlist Dashboard



Transition / Housing Data Reporting

Transition and Housing Data Highlights

390
(33.4%)

Individuals Began Transition Planning Following In-Reach

Percentage of People Who Began Transition Following In-Reach

12

Individuals Transitioned From Institutional Settings

A "successful" transition is defined as living in the community one year after discharge.

1,168
(48.3%)

Individuals Are Eligible and Engaged for In-Reach Activities

Percentage of Eligible Individuals Engaged in In-Reach

Improving Outcomes

1

Improving in-reach by:

- Increasing LME/MCO accountability
- Expanding eligibility
- Standardizing requirements

2

Ensuring individuals with I/DD:

- Receive Services and support for transition
- Are fully educated on all living options
- Are supported in making an informed choice

3

Engaging with LME/MCOs' housing staff, providers, advocates, and people with lived experience **to understand barriers to transitions** and find gaps in supports.

Report Period: July – September 2024

Transition / Housing Pillar Activities

Goal: Increase access to the full continuum of community housing options for individuals with I/DD.



Community Living Guide

Created the Community Living Guide, available on the [Inclusion Connects](#) website, which provides housing, funding, and support resources in one centralized location for individuals with I/DD.



Transition Barriers and Supports Exploration

Engaging with LME/MCOs to understand barriers to community transitions and identify needed supports and motivators to aid successful transitions.



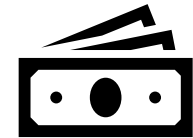
Informed Decision-Making Tool

Collaborating across teams to create an I/DD-specific tool that supports individuals in making a fully informed housing decision.



Success Stories

Collecting success stories from individuals with I/DD who have moved into non-institutional settings and the providers who aided their transitions to celebrate their progress and guide others who want to live in a community setting.



Housing Vouchers

Pursuing HUD housing vouchers for the I/DD population. A remedial preference letter was recently sent to HUD that would prioritize individuals with I/DD in federal housing programs and the Housing Choice Voucher if approved.

Reporting Update: The Department is working with the LME/MCOs and departmental SMEs to refine the current report template to enhance data collection and analysis

Services Data Reporting

Services Data Highlights



Individuals completed the 1915(i) Assessment and Approval Process



Individuals received 1915(i) services



Individuals on the Waitlist receiving I/DD-related services



Active Waiver Slots



Total Individuals Remaining on Waitlist as of 9/30/2024

Improving Outcomes

- 1 Established **multiple communication channels to maintain ongoing stakeholder engagement** about the implementation and results of 1915(i) services
- 2 Engage the public through hosting webinars that **focus on access to and eligibility for 1915(i) services**
- 3 The **Innovations Waitlist Dashboard** has been launched to offer insights into individuals on the waitlist and improve tracking of their service needs

Services Pillar Activities

Goal: Improve access, service delivery and communications for individuals with I/DD.



Innovations Waiver Waitlist Dashboard

Continuously enhance data quality to improve dashboard tracking, ensuring effective monitoring and decision-making for individuals receiving services.



Waitlist Analysis

Understand the scope of need for individuals on the waitlist by analyzing demographic and service usage data while reviewing historical data to identify common characteristics of waitlisted individuals.



Waitlist Management

Standardize waitlist management processes across LME/MCOs to ensure consistency and prioritization of individuals in need of services.



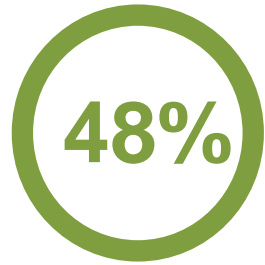
Services Expansion

Enhance access to services for individuals on the waitlist through several offerings. This objective also focuses on educating and coordinating with individuals about available services.

Reporting Update: Monthly emails are sent to the LME/MCOs to summarize any data deficiencies and discuss steps for resolution.

DSP Workforce Data Reporting

DSP Workforce Data Highlights



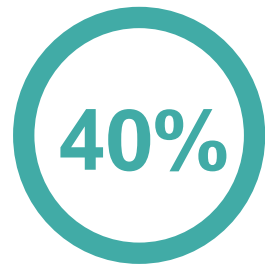
Average
Utilization Rate
of CLS Hours



TP #1
Utilization Rate
of CLS Hours



TP #2
Utilization Rate
of CLS Hours



TP #3
Utilization Rate
of CLS Hours



TP #4
Utilization Rate
of CLS Hours

Department is looking into utilization rate discrepancies and taking necessary steps to ensure consistency in data reporting across TPs

Improving Outcomes

- 1** On June 14, 2024, DHHS launched a **multi-year DSP Workforce Plan** to build a skilled workforce to support North Carolina's I/DD population
- 2** DHHS is working to implement the Educate, Employ, Elevate framework to **mitigate NC's shortage of DSP's**
- 3** **Medicaid Funding Rate increase** for Innovations Waiver will benefit DSPs directly and **aims to improve utilization of CLS hours**

Report Period: July – September 2024

DSP Workforce Pillar Activities

Goal: Mitigate the critical shortage of the DSP workforce through strategic recruitment and improved worker retention.



1915i Service Authorization Report

Refined BCM078 report to enable efficiency and promote data accuracy and launched report to streamline collection of service authorization data from LME/MCOs.



EOR & Provider Incentive Grants

Introduced incentive grants to support workforce recruitment and retention initiatives, receiving 296 applications for Provider incentives and 282 applications for EOR incentives.



Training Programs

Finalized partnership with NCCCS to provide advanced DSP training, focusing on skill enhancement and career advancement, with a pilot for wage increases for participants upon completion.

Reporting Update: The Department is currently working with the LME/MCOs to provide additional guidance and instruction for future report submissions.

You're invited!

Register for a Research Session

Over the last year the DMH/DD/SUS has rolled out an Accessible Communications campaign to improve understanding and access to benefits for people with I/DD, TBI, and SMI, with a focus on:

- **Tailored Plans (TPs)**
- **Tailored Care Management (TCM)**
- **1915(i) services**
- **Innovations waiver**

To better understand the impact of the campaign, **we will host an information-gathering session** on your reflections, opinions on the materials, and feedback to inform future content updates.

We invite **partners and stakeholders, including local and state CFAC members**, to attend this 60-minute online focus group and provide input.
Spaces are limited.



Date: March 14th, 11 a.m. EST

Register [here](#) or use the code above.

Thanks for considering participating!

Q&A
