

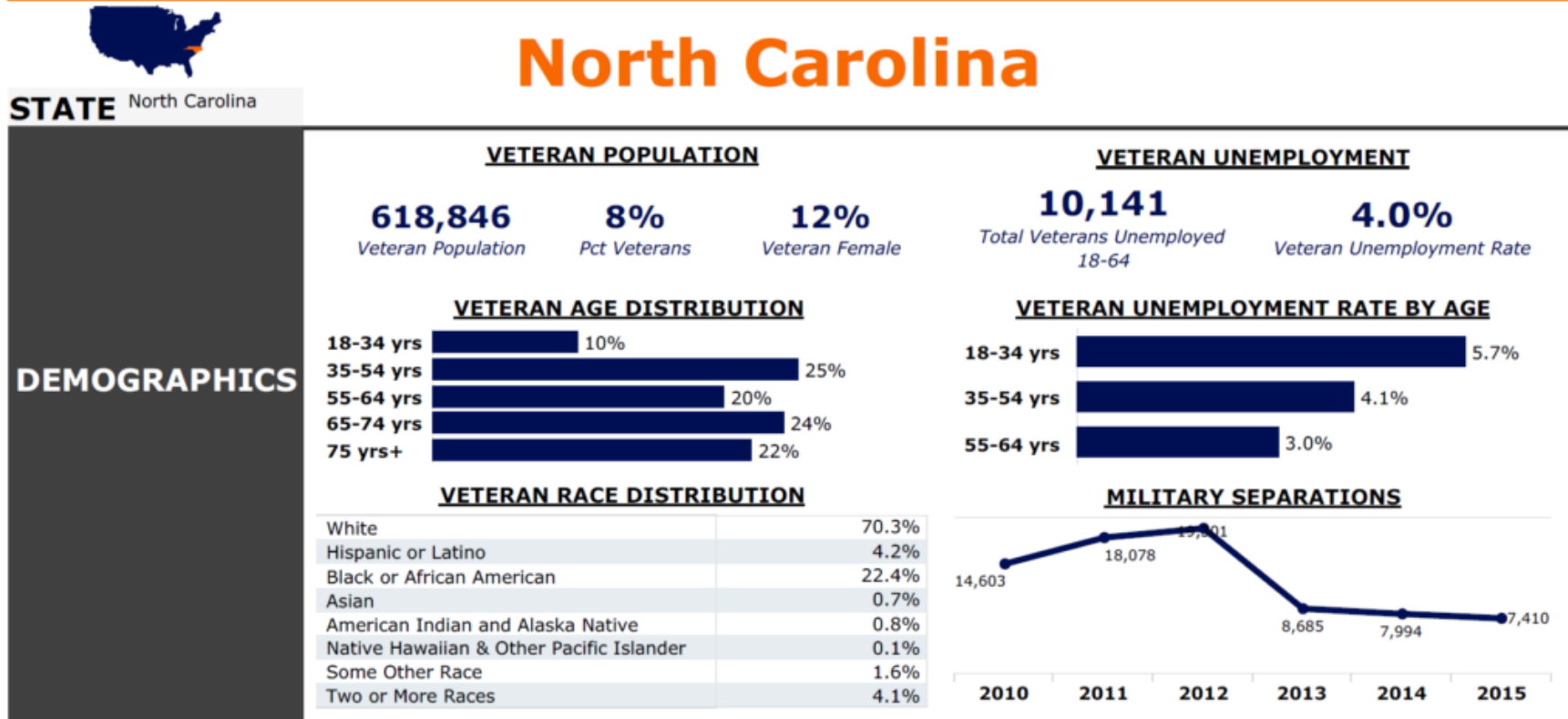


NC Department of Health and Human Services

Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS)

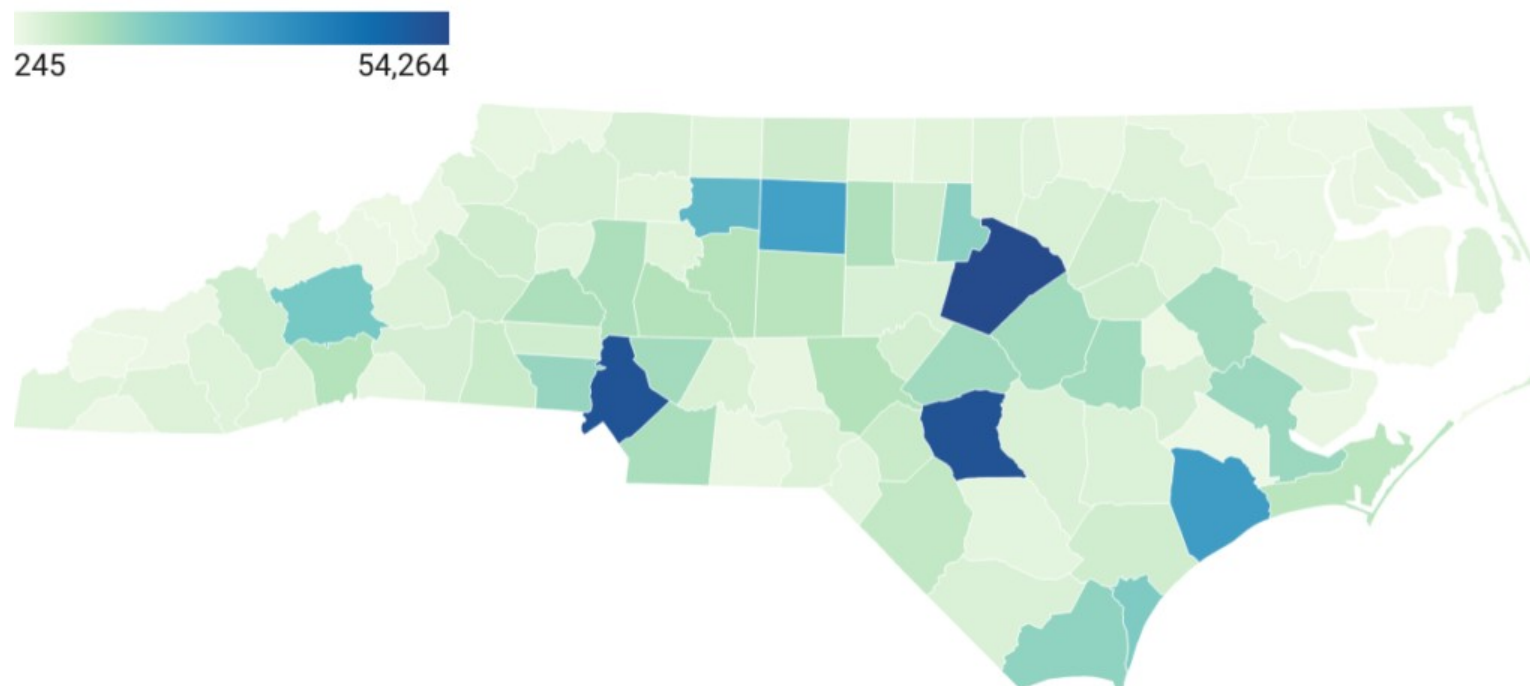
Veteran's Programs & Initiatives

Demographics



Demographics

Total veterans by NC county, 2020



Map: Carolina Demography • Source: U.S. Department of Veteran's Affairs • Created with Datawrapper

DMHDDSUS Veteran's Programs and Initiatives

Veterans Life Center

Hope 4 Warriors (Steven A. Cohen)

Centerstone Military Family Clinic (Steven A. Cohen)

Costello House/Medical Clinic (Asheville Buncombe County Christian Ministry - ABCCM)

Healing Outreach Partnership for Empowerment (ABCCM)

NCServes

NC Governor's Working Group (GWG) on Service Members, Veterans, and their Families (SMVF)

NC State Consumer and Family Advisory Committee (SCFAC)

NCIOM

Veterans Life Center

- VLC is a residential program designed to help at-risk Veterans struggling with homelessness, addiction, mental health issues, or other challenges.
- VLC offers residential programs, counseling, education, job training, with the goal of achieving self-reliance for the veteran.



Hope 4 Warriors (H4W)

- H4W serves all veterans and anyone who has served in the military (including National Guard and Reserves) regardless of discharge status, role while in uniform or combat experience. All sexual orientations and gender identities are welcome.
- H4W serves the entire military family, including parents, siblings, spouses or partners, children, caregivers and others of veterans and active-duty military.



Centerstone Military Family Clinic

- Centerstone serves all veterans and anyone who has served in the military (including National Guard and Reserves) regardless of discharge status, role while in uniform or combat experience.
- Centerstone serves the entire military family, including parents, siblings, spouses or partners, children, caregivers and others of veterans and active-duty military.



Costello House & Medical Clinic

- Veteran's Services of the Carolinas supports the Veterans House (Costello House) and Medical Clinic, and assists veterans and their families by implementing essential assistance programs in communities across NC.
- Through housing, employment, outreach, and call center service coordination they collaborate with local partners to engage with veterans and meet critical needs.
- The medical clinic offers the uninsured access to medical and dental care and medicine.



Healing Outreach Partnership for Empowerment (HOPE)

- HOPE teams provide intensive street outreach to chronically homeless veterans struggling with mental health issues or substance use to get off the streets and transform their lives.
- HOPE partners with PATH (Partnerships for Assistance in Transition from Homelessness) to help achieve this goal.



NC Serves

- **NC Serves is a statewide network of organizations based in NC, delivering coordination center services and provider engagement with the goal of providing “best in class service for veterans, service members, and their families.”**
- **NC Serves- Metrolina – coordinated by Veterans Bridge Home**
- **NC Serves – Central Carolina – coordinated by USO of NC**
- **NC Serves – Coastal – coordinated by Eastern Carolina Human Services Agency**
- **NC Serves – Western – coordinated by Veterans Services of the Carolinas**



NC Governor's Working Group (GWG)

- The NC GWG unites federal, state, and local government agencies, community organizations, and partners to address the health, wellness, employment, legal, and financial needs of Service Members, Veterans, and their Families (SMVF).
- Backed by state leadership, this collaborative network's goal is to reduce barriers to essential services and enhance the quality of life for NC's SMVF through innovation and partnership.
- DHHS DMHDDSUS maintains an active role as Vice-Chair in the working group; providing vision and expertise to achieve group goals.



SOURCE:

NC State Consumer and Family Advisory Committee (CFAC)

- The NC State CFAC advises the Department and the General Assembly on the planning and management of the state's public mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services system. These key areas are interwoven into SMVF mental and physical functional areas.
- DMHDDSUS Director provides regular reports on committee recommendations, including those pertaining to SMVF initiatives.



NC Institute of Medicine (IOM)

- The NC IOM monitors and studies health matters, providing data and analysis to aid in forming a basis for health policy and decisions.
- DHHS is committed to assessing and improving the health of our veterans in NC; with dedicated funding for a two-year task force to assess, evaluate, and provide actionable recommendations on a range of veteran-related topics.

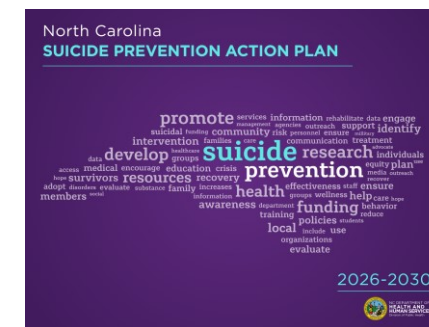


IOM Task Force seeks to address (minimally):

- **Systems around community health care provision for Veterans**
- **Community health care provider Veteran cultural competency**
- **Health-related needs of Veteran family members and caregivers**
- **Veteran knowledge of health-related service availability**
- **Capacity of health-related services for Veterans**
- **Transition experiences from active duty to civilian or reserve status**
- **Empowerment of community-level efforts to support Veteran and family member health and well-being**

NC Suicide Prevention State Action Plan (2026-2030)

- Veterans are a priority group
- Promoting safe storage (firearms and medications)
- Expanding mental health training in non-traditional settings (schools, community spaces)
- Governor and Mayor's Working Group supported plan development
- <https://www.ncdhhs.gov/cspactionplanfinal06052025/open>




NC Governor's Challenge

- DHHS is spearheading a statewide team of diverse professionals, dedicated to ensure service members, veterans, and their families are identified and connected to appropriate resources and care.
- The “AskMeNC” campaign recognizes that veterans and families have unique needs related to behavioral health, trauma, employment, housing, and benefits eligibility.
- Institutionalizing this question “Have you or a family member ever served in the military?” ensures they don’t miss out on a range of benefits and resources.
- We hope to integrate this question statewide and ultimately into state legislation (TN already has a bill making it mandatory at HHS agencies!)



SOURCE:

AskMeNC (prototype)



MISSION
★ ★ ★



**ASK ME
NC**

**HAVE YOU OR ANYONE YOU KNOW
EVER SERVED IN THE MILITARY?**

Military service isn't always obvious. The person you're speaking with could be eligible for important services and benefits they don't know exist. Service Members, Veterans and their Families (SMVF) represent a distinct group of individuals with unique needs.

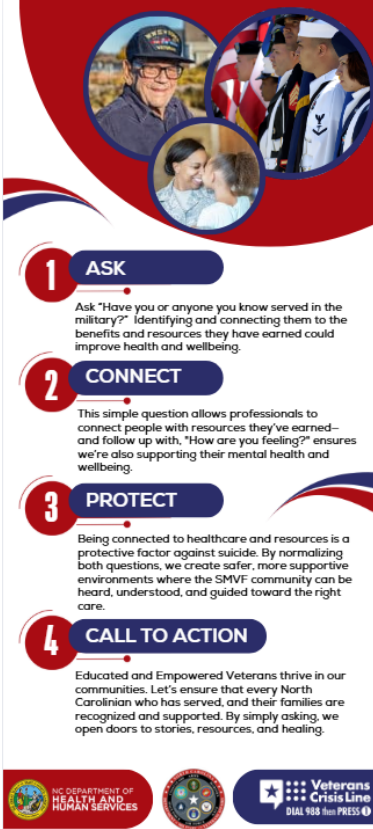
ASK ME NC focuses on asking the question at places where SMVF are receiving services in the community including healthcare, human services, libraries, the justice system and more.

Addressing needs among Service Members, Veterans and their Families related to the social determinants of health can play a role in preventing suicide.



Call 1-855-962-8387

SCAN HERE






1 ASK
Ask "Have you or anyone you know served in the military?" Identifying and connecting them to the benefits and resources they have earned could improve health and wellbeing.

2 CONNECT
This simple question allows professionals to connect people with resources they've earned—and follow up with, "How are you feeling?" ensures we're also supporting their mental health and wellbeing.

3 PROTECT
Being connected to healthcare and resources is a protective factor against suicide. By normalizing both questions, we create safer, more supportive environments where the SMVF community can be heard, understood, and guided toward the right care.

4 CALL TO ACTION
Educated and Empowered Veterans thrive in our communities. Let's ensure that every North Carolinian who has served, and their families are recognized and supported. By simply asking, we open doors to stories, resources, and healing.



NCDHHS – DMVA Collaboration

- **On-going communications between DHHS and DMVA with current administration (Secretary Sangvai and Secretary Mitnaul-Mallette).**
- **Both organizations are influential in the Governor's Working Group, focused on service members, veterans, and family members health and wellness.**

NCDHHS - DMVA Collaboration

Child Care to Support Military Families

- **47,800 Active-Duty Children Ages 0-11 in North Carolina**
- **Crosswalk of DoD certification and state licensing standards**
 - Criminal Background Checks
 - Quality Rating and Improvement System
- **Research other states licensure and certification requirements**
- **Explore streamlined dual licensure/certification process for DoD**
- **Successes:**
 - Expansion of Military Child Care in Your Neighborhood - March 2023
 - NC Military Community Childcare Summit - January 2025

NCDHHS - DMVA Collaboration Aging Services and Veterans

- **16% of the 65+ population in NC are veterans.**
- **DMVA operates 4 full-service state veterans' homes. We spotlighted this in All Ages, All Stage NC – A Roadmap for Aging and Living Well in NC.**
- **Veterans/family members calling the Division of Aging for in-home aide or caregiver support are referred to their County Veteran Service Office to determine the benefits they are eligible for.**
- **Several Area Agencies on Aging are partnering to offer Veteran Directed Services to eligible veterans.**

NCDHHS – DSS

Food and Nutrition Services

- Veterans can apply online at:
 - <https://epass.nc.gov>
 - Local Departments of Social Services
 - SNAP Outreach Partner - [North Carolina SNAP Outreach Partners | NCDHHS](#)
- Veterans are exempt from Able Bodied Adults Without Dependents (ABAWD) rules.
 - No time limit on how long veterans can receive benefits
 - Do not have to meet work requirements to be eligible



NCDHHS – DSS

Food and Nutrition Services

- **If approved for Food and Nutrition Services, veterans can participate in North Carolina's Employment and Training Program; More Than A Job-NC**
- **More Than A Job-NC offers:**
 - **Career Planning**
 - **Training for In-Demand Jobs**
 - **Student Support**
 - **Financial Support**
 - **Continued Support**
- **To Learn more about More Than A Job-NC visit:**
<https://www.ncdhhs.gov/morethanajobnc>

Division of Services for the Deaf and Hard of Hearing

DSDHH* Mission

- Ensure that North Carolinians who are Deaf, Hard of Hearing, or DeafBlind can communicate their needs and get information
- Achieve equal and effective communication access
- Support independence
- Help improve quality of life

Resources & Services

- Assistive technology (hearing aid, personal amplification devices)
- Sign language interpreting & captioning
- Advocacy & ADA* rights education
- 7 Regional Centers serving all 100 counties
- No costs for resources and services

Regional Centers

- Asheville
- Charlotte
- Greensboro
- Morganton
- Raleigh
- Wilmington
- Wilson
- **Home Office: Raleigh - Dix Campus**

* **DSDHH**: Division of Services for the Deaf and Hard of Hearing, **ADA**: Americans With Disabilities Act

DSDHH Veterans Initiatives

The Veterans Liaison Mission	The Challenge	The Response
<p>Connect Veterans to DSDHH Hearing Loss (HL) information, resources, and services through—</p> <ul style="list-style-type: none"> • Outreach • Education • Partnerships 	<p>Veterans are disproportionately impacted by hearing loss.</p> <ul style="list-style-type: none"> • Veterans at higher risk for severe HL than non-veterans • HL is the top service-connected VA* disability • Not all veterans have access to the VA to address HL • HL can affect broader health outcomes • Military culture barriers to seeking help • Lack of awareness about DSDHH 	<ul style="list-style-type: none"> • Participation in Veteran Stand-downs and coffees • Presentation at DMVA Spring VSO* Conference in March • Ads in the NC DMVA Guide • Engagement in the Governors Working Group (GWG) • Development of Military Culture awareness capacity • Group and org. presentations • The Veterans Liaison position is unique on a national level

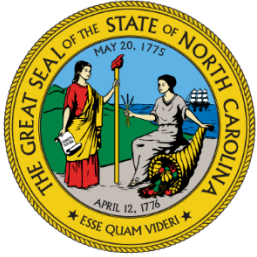
Points of Collaboration

- Captioning access for Veterans events, e.g., GWG
- Develop VSO relations and referral system inclusion
- Access to DMVA's state veteran population numbers

- Broadening the discussion about invisible injuries
- Engage with State Veterans Homes

* **VA:** Veterans Administration, **VSO:** Veterans Service Officers. Org. Organizational

Q & A



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

August 13, 2025

Federal Updates

988 Update: Support Remains for LGBTQ+ Youth Despite Federal Funding Change

The U.S. Department of Health and Human Services recently announced that [starting July 17, 2025, it will eliminate federal funding for the 988 Lifeline option dedicated to LGBTQ+ youth.](#)

This means callers will no longer hear the “Press 3” option for LGBTQ+ support.

Director Kelly Crosbie reaffirmed North Carolina’s commitment:

- **988 is still available to all callers**, including LGBTQ+ youth.
- **North Carolina answers every call**, with an average response time of under 14 seconds.
- Trained 988 operators continue to provide **confidential, affirming support** 24/7.

“In North Carolina, there will always be someone to call, someone to respond, and somewhere to go if you are in crisis or just need someone to talk to.”

Resources and multilingual materials remain available on the [DMH/DD/SUS 988 Suicide & Crisis Lifeline Page.](#)



Strengthen the Crisis System

Supporting People Who Are Unhoused with Mental Health & Substance Use Needs

Our Commitment

- Everyone deserves **care, kindness, respect, and choice**.
- Services should help people live full lives in the communities they choose.

Our Concern

- The [Federal Executive Order](#) suggests custody or commitment for unhoused individuals with MH/SU needs.
- This approach **does not honor choice**, can harm recovery, and may discourage seeking help.

Our Action

- Expand **community-based services and supports** statewide.
- Collaborate with **consumers, families, LMEs, providers, and all partners** to strengthen care.

Get Help

- **NCDHHS Crisis Services:** 24/7 options for someone to talk to, somewhere to go, and someone to respond.
- **988 Suicide & Crisis Lifeline:** Call, text, or chat—free, confidential, available anytime.

Sec. Sangvai Releases Statement on "Big Beautiful Bill"

The **North Carolina Department of Health and Human Services** is reviewing President Trump's "Big Beautiful Bill," signed into law last week, to understand its full impact on North Carolinians. The bill makes significant changes to **Medicaid, SNAP, and other public health and social support programs**, with expected major reductions in federal funding.

Secretary Dev Sangvai's statement (July 3):

- This bill will remove billions from North Carolina's economy and undermine residents' health.
- Cuts to Medicaid and SNAP will deeply affect individuals, families, and the systems supporting them.
- Despite these challenges, **NCDHHS remains committed to improving the health and well-being of all North Carolinians**, working with determination and compassion.

NCDHHS will share more updates as details emerge and continues to prioritize the needs of our communities.

NCDHHS Prepares for Rural Health Transformation Program

Goal: Increase access to care and improve health outcomes for North Carolina's 3+ million rural residents.

Background:

Part of **H.R. 1** federal legislation, which also enacted Medicaid cuts projected to reduce NC funding by **\$49.9B over 10 years**.

RHTP funding: \$50B total over 5 years (temporary, non-recurring).

- First \$25B split evenly among all states (~\$100M/year for NC).
- Second \$25B distributed at CMS discretion.

Next Steps:

NC's application will outline plans to:

- Improve access to rural hospitals and providers.
- Strengthen the rural health care workforce.
- Foster provider partnerships.
- Improve outcomes for rural residents.

Fall 2025: NCDHHS will collect provider and community feedback via a public website and input sessions.

Dec. 31, 2025: Target for CMS application approval.

Early 2026: Public notice and funding application process for providers/hospitals.

Summary of H.R.1's Medicaid Provisions and Impact

Notable H.R.1 Medicaid Provisions

On July 4, the president signed the budget reconciliation legislation, H.R.1, making sweeping changes to Medicaid that will have a substantial impact on North Carolinians.

Provisions with the greatest projected impact on Medicaid enrollment and expenditures:

Financing Provisions

Immediate ban on new or increased State Directed Payments (SDPs) above Medicare rates

Ramp down of existing SDPs beginning in 2028

Immediate ban on new or increased provider taxes and gradual reductions in allowable provider taxes

\$50 billion in funding for states to implement rural health transformation plans

Eligibility and Enrollment Provisions

Mandatory work reporting requirements for Medicaid expansion adults

Delayed implementation and enforcement of certain Biden-era eligibility and enrollment rules

Six-month redeterminations for Medicaid expansion adults

Copayments and limits to retroactive coverage

Key Medicaid Provisions Impacting Individuals with SMI, SUD, IDD, and TBI Needs

Deep Dive: Medicaid Work Reporting Requirements and More Frequent Redeterminations

Work Reporting Requirements: North Carolina must condition Medicaid eligibility on compliance with work reporting requirements for Medicaid expansion and expansion-like adults ages 19 to 64, effective January 1, 2027, unless it receives a good faith waiver from CMS.¹

- **Qualifying Activities.** 80 hours per month of: work, a Supplemental Nutrition Assistance Program (SNAP)-defined work program, community service, part-time education, or a combination of these activities. Alternatively, individuals can qualify by earning at least \$580/month—or averaging that over six months for seasonal workers.
- **Exemptions.** The law outlines mandatory and short-term hardship exemptions (see Appendix for the full list). States must use *ex parte* data “where possible.”

Individuals are exempt if they have a: (1) substance use disorder; (2) disabling mental disorder; (3) significant physical, intellectual, or developmental disability; (4) serious or complex medical condition; or are (4) participating in a drug/alcohol treatment program, among other criteria. The law also exempts caretaker relatives/family caregivers of a disabled individual, foster care youth or former foster youth under age 26, veterans with disability rated status, and individuals who are incarcerated or recently released from incarceration within the past 90 days.
- **Outreach.** North Carolina must begin enrollee outreach between June 30 and August 31, 2026, depending on how many months of compliance they require before application, and continue outreach regularly thereafter.
- **Compliance Checks.** North Carolina must verify compliance **at both application and renewal** using *ex parte* data—meaning individuals need to demonstrate completion of 80 hours of qualifying activities for **at least one month prior to application** and again once enrolled for at least one month within every six-month period. When compliance or exemptions cannot be verified, individuals will be denied or terminated from Medicaid coverage and barred from receiving subsidized Marketplace coverage.

More Frequent Redeterminations: The law will also require North Carolina, effective December 31, 2026, to redetermine eligibility for adults enrolled through Medicaid expansion or an expansion-like section 1115 waiver once every six months – twice as often as they do today.²



1. The state can delay until December 31, 2028 with HHS Secretary approval.

2. CMS must issue guidance by January 5, 2026.


35

Individuals with SMI/SUD/IDD/TBI Are At Particularly High Risk of Coverage Loss (1/2)

Work requirement exemptions for SMI, SUD, IDD, and TBI do not sufficiently protect people from losing coverage. States will rely on a mix of electronic sources (e.g., claims data) and potentially, self-reported information to identify people meeting applicable exemptions. Both present significant challenges.

Challenge	
<div></div> <div>SMI, SUD, IDD and TBI conditions can make it challenging to work and meet work reporting requirements.</div>	<ul style="list-style-type: none">• Almost 20% of adult Medicaid enrollees with SMI or SUD do not work on the basis of their disability.<ul style="list-style-type: none">○ Individuals with SMI and SUD may experience challenges with executive function and managing stress.• Certain health conditions common among the IDD population and persistent impairments from brain injury can create barriers to employment.• People with co-occurring SMI, SUD disorders, disabilities, lived experience with the justice system, and/or housing instability experience employment discrimination.
<div></div> <div>Data may not be available to prove compliance or exemptions with work reporting requirements.</div>	<ul style="list-style-type: none">• Many people with SMI or SUD may not have a diagnosis nor be engaged in treatment. Further, backlogs in Supplemental Security Income (SSI) determinations prevent individuals who have submitted proof of disabling conditions from providing certification for exemption or from being moved to the aged, blind, and disabled eligibility group, which is not subject to work reporting requirements.• Defining medical frailty due to SUD is particularly challenging because other programs for people with disabilities (e.g., SSI) do not establish SUD alone as a qualifying condition.• TBI is difficult to identify in data due to variations in provider coding practices.• Applicants may not voluntarily self-report exemptions due to stigma and legal concerns around disclosing illicit substance use.

Individuals with SMI/SUD/IDD/TBI Are At Particularly High Risk of Coverage Loss (2/2)

Challenge	
<div data-bbox="40 698 127 805"></div> <p data-bbox="160 544 456 1043">Paperwork requirements to prove compliance or exemption will be particularly challenging for these populations.</p>	<ul style="list-style-type: none"><li data-bbox="499 344 2497 444">• As noted on the previous slide, SMI, SUD, IDD, and TBI are associated with impairments that make it more difficult to navigate “red tape” and complete complex paperwork.<li data-bbox="499 515 2497 843">• Coverage losses resulting from redeterminations during the COVID “unwinding” and previous states’ work reporting requirements programs offer a troubling precedent.<ul style="list-style-type: none"><li data-bbox="570 629 2497 729">○ People with SMI/SUD conditions and disabilities were more likely to lose Medicaid coverage than the general population, in addition to being more likely to be disenrolled for paperwork reasons.<li data-bbox="570 743 2497 843">○ Data on Arkansas’s implementation of work reporting requirements in 2018 showed that people with disabilities, caregivers, and those juggling health issues or unstable schedules lost coverage. <div data-bbox="634 882 2489 1025"> Adding to the complexity, unlike previous states’ work reporting requirements policies, individuals must now demonstrate compliance for the month <u>prior</u> to enrollment.</div> <li data-bbox="499 1086 2497 1243">• People with disabilities and their caregivers face difficulty documenting that they qualify for an exemption because caregiving work is not often documented in state employment data (unless they were paid by Medicaid).

Noncitizen Coverage Restrictions

Effective October 1, 2026, the law includes for certain noncitizens new restrictions on eligibility and a reduction in federal funding for emergency services. These restrictions will (1) limit single stream funding; (2) prevent noncitizens from obtaining SMI, SUD, IDD and TBI services; and (3) increase the uninsured population.



Provides States with their Regular Match for All Emergency Medicaid Services.

- States cannot receive the 90% enhanced match for emergency Medicaid services for individuals who would qualify for expansion but for their immigration status. Instead, they'll receive the standard federal medical assistance percentage.
- The provision also applies to services provided to refugees, asylees, and other lawfully present individuals.



Ending Federal Medicaid Funding for Refugees, Asylees, and Certain Other Noncitizens

- Federal Medicaid/CHIP funding is no longer available for full coverage of most noncitizens, except: (1) lawfully residing children and pregnant people under the Children's Health Insurance Program Reauthorization Act (CHIPRA) 214 option; (2) lawful permanent residents after five years; (3) Cuban-Haitian entrants; and (4) Compacts of Free Association migrants.
- States lose enhanced funding for most refugees, asylees, trafficking victims, and others unless covered under CHIPRA 214.

North Carolina already utilizes the CHIPRA 214 option to maintain coverage for lawfully residing children and pregnant women.



DMH/DD/SUS will need to determine utilization and financial implications of these changes for its programs, including intersections with new restrictions on eligibility for SAMHSA programs and CCBHC under the Personal Responsibility and Work Opportunity Reconciliation Act.

State Updates

NCDHHS Secretary Releases Statement on NCGA Spending Plan

Governor Josh Stein signed a stopgap “mini budget” that includes \$600 million to support the Medicaid rebase and the Medicaid Oversight Fund. However, this still leaves a \$319 million shortfall in Medicaid funding.

Key Impacts:

- The funding gap puts current levels of Medicaid services at risk.
- To remain within budget, NCDHHS may need to **reduce optional services and/or provider rates**.
- The shortfall jeopardizes progress made in building a nationally recognized Medicaid program.

Statement Highlights from Secretary Sangvai:

- Over **3 million North Carolinians** rely on Medicaid for essential care.
- Forced cuts could impact the most **vulnerable populations**.
- There is concern about the long-term erosion of Medicaid if underfunding continues.
- Despite challenges, NCDHHS remains committed to its mission to serve all North Carolinians with **determination, compassion, and focus**.

Healthy Opportunities Pilot Update

The recently passed NCGA “mini-budget” did not include continued funding for the Healthy Opportunities Pilots (HOP). As a result, HOP services stopped on July 1, 2025. NCDHHS remains in close conversation with lawmakers as they negotiate a full FY26–27 budget and is committed to seeking future funding opportunities.

About HOP:

- Nation’s first comprehensive program testing non-medical interventions for housing, food, transportation, and interpersonal safety for high-needs Medicaid enrollees.
- Launched March 2022 in 3 NC regions.
- Delivered 1M+ services to nearly 40,000 members.
- Reduced health care costs by \$85 per member/month and lowered ER and hospital use.

Impact:

Partnerships with network leads, care hubs, human service organizations, prepaid health plans, and care management providers have made HOP a nationally recognized model for improving health and lowering costs.

Learn more: [Healthy Opportunities Pilots](#)

Other State and Federal Budget News

The Hard

- No new Innovations or TBI waiver slots (Medicaid)
- Medicaid rebase issues
- Cuts to Single Stream Dollars (state MH, SUD, IDD funding)
- Cuts to 3-way bed dollars (hospital & crisis) and MH Task Force Funds (justice)

The Good

- Continued federal MHBG , SUPTRS, SOR funding (Mental Health, Substance Use)

The Murky

- We still have time to influence state and federal policy on Medicaid changes, even after the Big Beautiful Bill (timing, work requirements, use of rural investment dollars)

August Program Highlights

New Peer Support Certification Curriculum Now Available

DMH/DD/SUS, in partnership with the UNC-Chapel Hill School of Social Work and the North Carolina Certified Peer Support Specialist (NCCPSS) Program, has released a **free, standardized training curriculum** to become a Certified Peer Support Specialist in North Carolina.

Program Overview:

- **Foundations Course (Part 1)** is on-demand and takes ~20 hours to complete.
- Co-designed by CPSSs to teach essential peer support skills.
- Part 2 launches October 2025.

To Enroll, You Must:

- Be 18+, in recovery from SMI and/or SUD for 18+ months.
- Have a high school diploma or equivalent.
- Complete required training and pass the exam.

Learn more: [NCCPSS Program Website](#)

Questions: nccpssprogram@unc.edu



Free Advanced Training Certificate for Direct Support Professionals

NCDHHS and the NC Community College System are launching a **free Advanced Training Certificate** to strengthen the Direct Support Professional (DSP) workforce.

Program Details:

- Offered through Stanly, Asheville-Buncombe, and Forsyth Tech Community Colleges (Aug–Sept 2025 start).
- Two eight-week, virtual continuing education courses.
- Open to current DSPs and individuals pursuing a career in the field.
- Space is limited — register through participating colleges' continuing education offices.

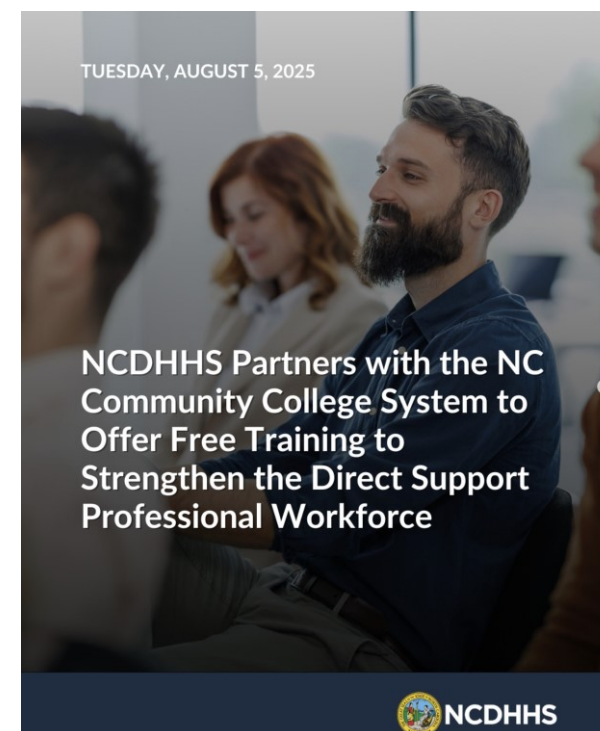
Why It Matters:

DSPs support people with intellectual and developmental disabilities (I/DD) to live, work, and thrive in their communities. The certificate program builds skills, improves retention, and supports inclusion through the Inclusion Connects Program.

Workforce Investment:

Part of NCDHHS's [DSP Workforce Plan](#), which awarded \$3M in grants to 140+ provider agencies in 2024 for recruitment, training, and retention efforts.

[Learn more about Inclusion Connects](#)



NCDHHS Launches Pilot to Reduce Restraint Use in Child Residential Facilities

22 Psychiatric Residential Treatment Facilities (PRTFs) across North Carolina are participating in a new two-year pilot to implement Ukeru®, a trauma-informed crisis intervention model that replaces restraint and seclusion with comfort-based strategies.



About Ukeru®:

- Translates from Japanese as “to receive”
- First crisis intervention training in the U.S. to eliminate restraint and seclusion
- Built on the belief that physical restraint is both unnecessary and unproductive
- Emphasizes comfort over control through de-escalation and emotional regulation tools
- Uses soft, cushioned blocking pads to keep youth and staff safe

Trainer certification sessions were held in Raleigh and Marshville in July.

Participating providers include:

Alexander Youth Network, Thompson, Canyon Hills, Premier, Acute Behavioral Health, Anderson Health Services, and others

Why it matters:

This pilot is part of NCDHHS’s broader strategy to strengthen mental health care for youth and reduce trauma in treatment settings. It aligns with the \$835 million investment to transform North Carolina’s behavioral health system.

Order Free 988 Print Materials for Back-to-School Outreach

The North Carolina Department of Health and Human Services is providing free, printed 988 educational materials for schools, local governments and community organizations for Back-to-School outreach.

- Sign up today for these **new bilingual posters, post cards, flyers, wallet cards and stickers** designed for youth.
- Order materials by submitting a [988 order form](#) and a [Crisis Services order form](#) to share with your community!



Strengthen the Crisis System

A young woman with curly hair, wearing a denim jacket, looking down at her smartphone. The background is a gradient of blue and purple.

No matter your struggle, you are not alone.

The 988 Suicide and Crisis Lifeline is free, private, and here to help. Whether feeling lonely, depressed, anxious, or thinking about hurting yourself, you'll get support that can make a difference.

988

SUICIDE & CRISIS
LIFELINE

Call, text or chat 988 — anytime.
988lifeline.org

The seal of the North Carolina Department of Health and Human Services, featuring a circular design with a central figure and text around the perimeter.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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New Talkspace Partnership Expands Free Virtual Therapy for Justice-Impacted Teens



Expand services for people in the justice system

NCDHHS and Talkspace have launched a new partnership to provide **free, confidential mental health therapy** to justice-impacted youth ages 13–17 in North Carolina.

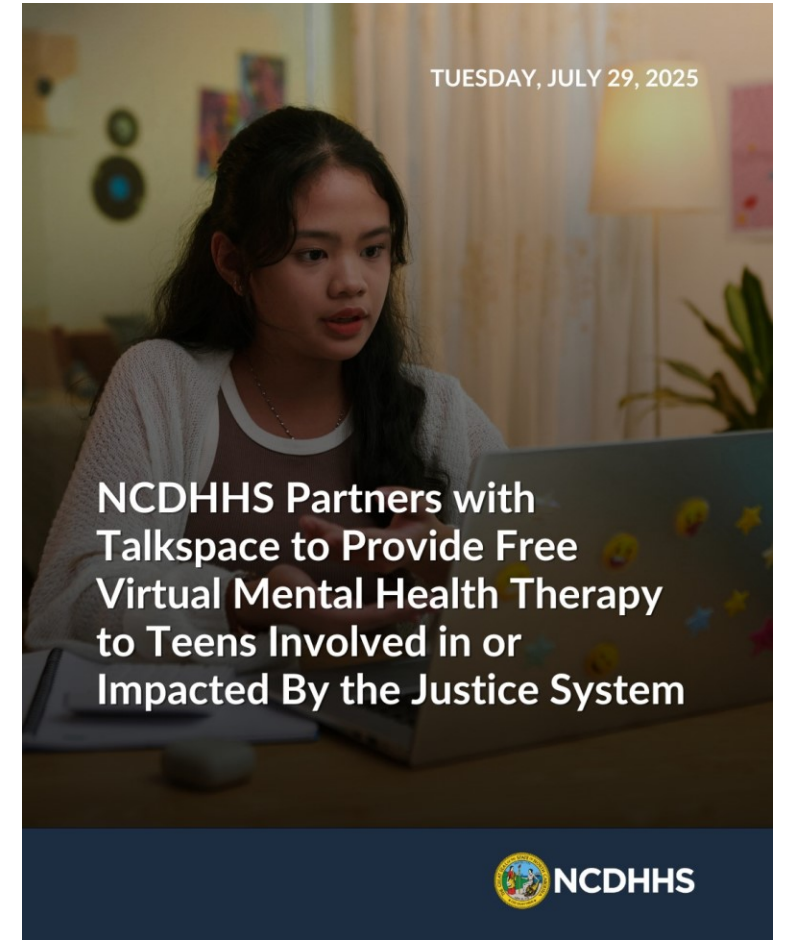
Key Features:

- 24/7 access to licensed therapists via text, audio, or video
- No appointments required – engage anytime, anywhere
- Referrals through court counselors and community partners
- Voluntary participation; not court-ordered

The program aims to reach up to **20,000 teens** over two years and is part of a broader effort to expand behavioral health support for youth in the justice system.

Learn more at talkspace.com/coverage/ncyouth

Talkspace



Request for Applications: Strong Minds, Strong Communities Mental Health Intervention

NCDHHS DMH/DD/SUS, in partnership with The University of North Carolina at Greensboro (UNCG), is seeking **community-based organizations** to implement the *Strong Minds, Strong Communities (SMSC)* mental health program.

Opportunity Highlights:

- Receive up to **\$166,950 in Year 1 funding**
- Build your **Community Health Worker (CHW)** team and add a licensed clinical supervisor
- Support **culturally competent, evidence-based mental healthcare** for underserved and rural populations

Key Dates:

- **RFA Posted:** July 25, 2025
- **Applications Due:** September 1, 2025
- **Award Period:** October 1, 2025 – September 30, 2026
- **Info Sessions:**
 - Aug. 5, 2–3 PM- [Join the meeting](#)
 - Aug. 7, 10–11 AM- [Join the meeting](#)

More info: [Strong Minds, Strong Communities Program Website](#)

Questions? Contact Claire Poindexter: c_poinde@uncg.edu



Build the workforce



NCDHHS

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



UNC GREENSBORO

Center for Youth, Family
and Community Partnerships

Supporting Transition Age Youth with Opioid Use Disorders



Prevent substance misuse and overdose

Award Recipients Announced

Two North Carolina community-based agencies have been selected to pilot evidence-based programs that expand access to treatment and recovery supports for **Transition Age Youth (TAY)** with opioid use disorders.

Awarded Organizations:

- [Kellin Foundation](#) – Greensboro
- [HIGHTS](#) – Cullowhee

Funded through the **State Opioid Response (SOR)** grant, this initiative focuses on youth ages 16–25; over **162,000** of whom are estimated to experience a substance use disorder in NC.

Program Goals:

- Expand access to **medications for opioid use disorder (MOUD)**
- Integrate **family-based treatment and education** to support youth in their homes
- Reduce need for **foster care, residential placement, or justice involvement**
- For older youth: address **housing, education, and employment** as part of recovery



Stay Connected with Hot Topics!

We can't fit everything into today's presentation, but you can catch all the latest updates **every Tuesday and Thursday** through our **Hot Topics Newsletter** and **webpage**.

- New programs and initiatives
- Community success stories
- Upcoming events and funding opportunities
- Resources you can share with your networks

Sign up for the [Hot Topics Newsletter](#)

Visit the [Hot Topics page](#)





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

August 13, 2025

SCFAC Annual Report Recommendations – SFY 2024-2025

Recommendation #	Area	Deliverable	SCFAC Due Date	Progress
Recommendation 1	Crisis Services (General Assembly)	Enhancing Funding & Policy for Behavioral Health Crisis Services	June 30, 2027	Concur
Recommendation 2	I/DD & Medicaid (General Assembly)	Increase Direct Support Professional (DSP) Wages across Health Services Sectors/Medicaid Capitation Rates	June 30, 2026	Concur
Recommendation 3a	Medicaid (General Assembly)	Sustain and Strengthen the Existing Healthy Opportunities Pilot Regions	June 30, 2028	Concur
Recommendation 3b	Medicaid (General Assembly)	Sustain and Strengthen the Existing Healthy Opportunities Pilot Regions	June 30, 2028	Concur
Recommendation 4	Medicaid	Improve Consistency and Accountability in Medicaid Policy Implementation	June 30, 2026	Non-Concur
Recommendation 5	Traumatic Brain Injury	Increase Specialized Rehabilitative Visits	January 1, 2026	Non-Concur

SCFAC Annual Report Recommendations – SFY 2024-2025

Recommendation #	Area	Deliverable	SCFAC Due Date	Progress
Recommendation 6	Veterans	Enhancing the Veterans Support Specialist Training Curriculum	June 30, 2026	Concur
Recommendation 7	NCDHHS	Bilingual Support Infrastructure	January 1, 2026	Partial Concur
Recommendation 8	Crisis Services	Expanding Access to the Clubhouse Model for Individuals with Severe Persistent Mental Illness	July 1, 2026	Concur
Recommendation 9	Olmstead (General Assembly)	Increased Resources for Housing Interventions	June 30, 2026	Concur
Recommendation 10	Traumatic Brain Injury (General Assembly)	Support the Expansion of the Traumatic Brain Injury Statewide	June 30, 2026	Concur
Recommendation 11	I/DD (General Assembly)	Increase Innovations Waiver Slots	June 30, 2033	Concur

Crisis Services

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 1: Mental Health Services

Enhancing Funding & Policy for Behavioral Health Crisis Services

DHHS Response:

DMHDDSUS supports recurring funding for community-based behavioral health crisis centers. Recommends language to ensure funding does not revert, due to delays from construction and licensing.

Suggests expanding scope to fund all crisis services, including:

- Behavioral Health Urgent Care (BHUC)
- Facility-Based Crisis (FBC)
- Mobile Crisis Management
- Mobile Outreach, Response, Engagement & Stabilization (MORES)
- Peer Respite
- Enhancements to improve crisis service delivery

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 8: Mental Health Services

Expanding Access to the Clubhouse Model for Individuals with Severe Persistent Mental Illness in North Carolina

DHHS Response:

DMH/DD/SUS) supports this initiative.

- Currently, there are 8 Clubhouses operating in the state.
- DMHDDSUS is allocating additional Block Grant funding to support training and accreditation for 7–10 new Clubhouses.
- Existing Clubhouses received funding to enhance their environments, care, and programming.
- DMHDDSUS will collaborate with Clubhouses, LME-MCOs, and other DHHS divisions to expand awareness and referrals.
- Sustainability depends on:
 - Increased utilization of Clubhouse services
 - Medicaid reimbursement rates that support both current and new Clubhouses
- DHHS will engage with stakeholders to explore clinical coverage policy updates and potential rate changes, as budget allows.
- Success of sustainability is going to be dependent on increased utilization and reimbursement rates that support the existing Clubhouses and any development of new Clubhouses.

Intellectual/Developmental Disabilities

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 2: Direct Support Professional Wages

Increase in Direct Support Professional Wages Across Health Services Sectors

DHHS Response:

DMH/DD/SUS) supports the recommendation to the General Assembly to appropriate additional funding to raise the minimum hourly wage for Direct Support Professionals (DSPs) to \$18.

Strengthen the DSP Workforce:

- [Direct Support Professional Workplan](#) focused on educating, employing, and elevating DSPs
- \$3M in grants awarded in 2025 for recruitment, training, and retention (e.g., bonuses, stipends, mentoring).
- Free core competency training to reduce costs and streamline onboarding.
- Training bonus pilot for DSPs earning Advanced Certification via NC Community Colleges.

These initiatives reflect our commitment to recognizing the vital role of DSPs and ensuring they have the support, training, and compensation needed to continue providing essential services to individuals and families across North Carolina.

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 2: Direct Support Professional Wages
Increase in Direct Support Professional Wages Across Health Services Sectors

DHHS Response:
The Department appreciates the feedback. NC Medicaid works annually to develop actuarially sound capitation rates. These rates include consideration for historical trends related to utilization and unit cost growth observed as compared to the base data. Additionally, the Department reviews available funds and works with the Legislature to identify priority investment areas, including adjustments to provider fee schedules and rates, for opportunities to align with market measures as the budget allows.

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 11: Intellectual/Developmental Disabilities Increase Innovations Waiver Slots

DHHS Response:

DMH/DD/SUS is committed to supporting individuals on the Innovations Waiver waitlist. Although additional waiver slots must be appropriated by the General Assembly, there are services currently available to support individuals and families.

- The [Inclusion Connects Quarterly Report](#) summarizes key data, including:
 - Changes in the number of people on the waitlist over time
 - Reasons for removal from the waitlist
 - The percentage of individuals on the waitlist currently receiving IDD services
- In December 2024, DMH/DD/SUS published the [Innovations Waitlist Dashboard](#)
- DMH/DD/SUS and NC Medicaid continue community education efforts through webinars and accessible communication campaigns

For more information, visit the [Inclusion Connects](#) website.

Traumatic Brain Injury

SCFAC Recommendations

NCDHHS Response: Non-Concur

Recommendation 5: Traumatic Brain Injury (TBI) Services
Increase Specialized Rehabilitative Visits

DHHS Response:
NC Medicaid values this recommendation and encourages continued use of existing processes to ensure effective oversight and collaboration:

Clinical Coverage Policy (CCP) 10A, effective December 1, 2023:
Annual treatment visits must be medically necessary and are available to beneficiaries 21 years and older as follows:

- A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy habilitative services
- A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy rehabilitative services
- A total maximum of 30 treatment visits per calendar year for speech therapy habilitative services
- A total maximum of 30 treatment visits per calendar year for speech therapy rehabilitative services

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 10: Traumatic Brain Injury

Support the Expansion of the Traumatic Brain Injury (TBI) Waiver Statewide

DHHS Response:

DMH/DD/SUS is committed to public education on current TBI services like Care Management, 1915(i) services, State Plan benefits, and state-funded programs. DMH/DD/SUS is partnering with stakeholders to update and finalize State TBI Plan covering Medicaid, state-funded, and federal TBI programs

- NCDHHS authorized to expand Traumatic Brain Injury (TBI) Waiver statewide
- Governor's budget proposes up to 200 Innovation Waiver slots and 75 TBI Waiver slots starting Jan 1, 2026 (pending approval by the General Assembly)
- 107 waiver slots available in pilot region covering 7 counties served by Alliance Health
- NCDHHS collaborating with Tailored Plans (TP) and TBI Waiver Advisory Committee to develop statewide rollout plan
- Plans include standardized implementation, clinical policies, and waiver administration procedures
- TP to create Registry of Interest for individuals wanting TBI waiver services and actively screen for TBI indicators

Medicaid

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 3a & b: Strengthening the Medicaid System

Sustain and Strengthen the Existing Healthy Opportunities Pilot (HOP) Regions

DHHS Response:

North Carolina General Assembly (NCGA) recently passed a mini-budget signed by Governor Stein that includes an appropriation to support the Medicaid rebase and Medicaid Oversight fund.

- Since its launch in March 2022, HOP has delivered more than 1 million services to nearly 40,000 high-needs Medicaid members across three regions in North Carolina.
 - Addressing non-medical drivers of health (housing insecurity, food insecurity, interpersonal violence, and transportation insecurity)
 - Reduced health care costs by \$85 per member per month
 - Reducing emergency department utilization and in-patient hospitalizations.
- NCDHHS continues advocating for future funding for the FY26–27 budget

To learn more about HOP, read success stories and check on the current status of the Pilots, visit the [NCDHHS Healthy Opportunities Pilots at Work](#) webpage.

SCFAC Recommendations

NCDHHS Response: Non-Concur

Recommendation 4: Mental Health Parity

Improve Consistency and Accountability in Medicaid Policy Implementation

DHHS Response:

NC Medicaid values this recommendation and encourages continued use of existing processes to ensure effective oversight and collaboration:

- Clinical policy development is governed by the legislatively mandated (Session Law § 108A-54.2) Physician Advisory Group (PAG), which provides expert clinical guidance and ensures evidence-based, sound policies.
- NC Medicaid currently has a public comment forum that allows consumers, providers, and stakeholders to review and give feedback on proposed policies, ensuring transparency and broad participation.
- Policy development is centralized and standardized across all Medicaid plans in NC, which includes internal and external reviews to maintain consistency and address discrepancies.
- Ongoing internal reviews, external audits, and quality oversight mechanisms ensure fair and accurate policy application, with annual audits verifying compliance with federal and state standards.

Veterans

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 6: Veterans and Military Families

Enhancing the Veterans Support Specialist Training Curriculum

DHHS Response:

DMH/DD/SUS) fully supports the creation of a Mini-Track Series to address training gaps for those working with Service Members, Veterans, and their Families (SMVF) who don't require full Veterans Support Specialist (VSS) certification.

- DMH/DD/SUS is committed to expanding training access, standardizing certification, and integrating VSS roles across the state.
 - Mini-Track series reflects best practices in curriculum design
 - Expand the Veterans Support Specialist Program
- The Division's Veterans Services Coordinator will work closely with the Governor's Institute to ensure high-quality, relevant training.

Olmstead

SCFAC Recommendations

NCDHHS Response: Concur

Recommendation 9: Addressing Homelessness Increased Resources for Housing Interventions

DHHS Response:

The Department's Strategic Housing Plan, which provides a guide to focus policy efforts and resource decision making in creating maximizing community-based housing opportunities for people with disabilities supports this recommendation.

Additionally, the [Back@Home program](#) transitioned to NCDDHS effective 7/1/2025. This program has assisted 755 individuals and families secure permanent housing since January 2024. It uses multiple funding sources to serve homeless individuals and families with severe needs across 79 counties and uses the following evidence-based practice models:

- Housing First
- Trauma Informed Care
- Progressive Engagement
- Harm Reduction

The Department will provide quarterly updates on the [Strategic Housing Plan](#).

Accessible Communications

SCFAC Recommendations

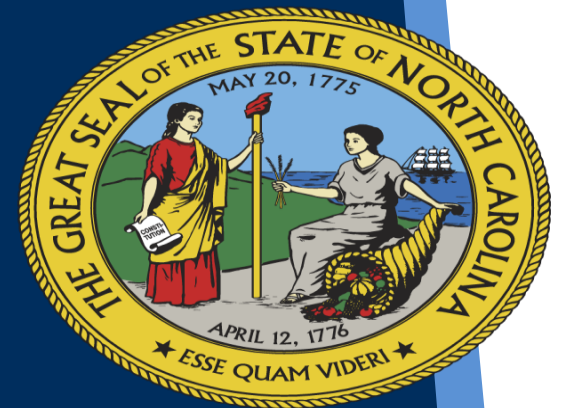
NCDHHS Response: Partial Concur

Recommendation 7: Accessible Communication
Bilingual Support Infrastructure

DHHS Response:
The DHHS Ombudsman has the capacity to communicate effectively with the Hispanic community leveraging cultural competence utilizing their expertise in healthcare advocacy, conflict resolution, and program navigation. DHHS has no plans to hire six additional bilingual healthcare workers.

Impact of Federal Medicaid & SNAP Changes in North Carolina

August 13, 2025



Impact of Federal Medicaid Changes in North Carolina

NC Medicaid Provides Affordable Health Coverage to 3.1 Million People

NC Medicaid Snapshot

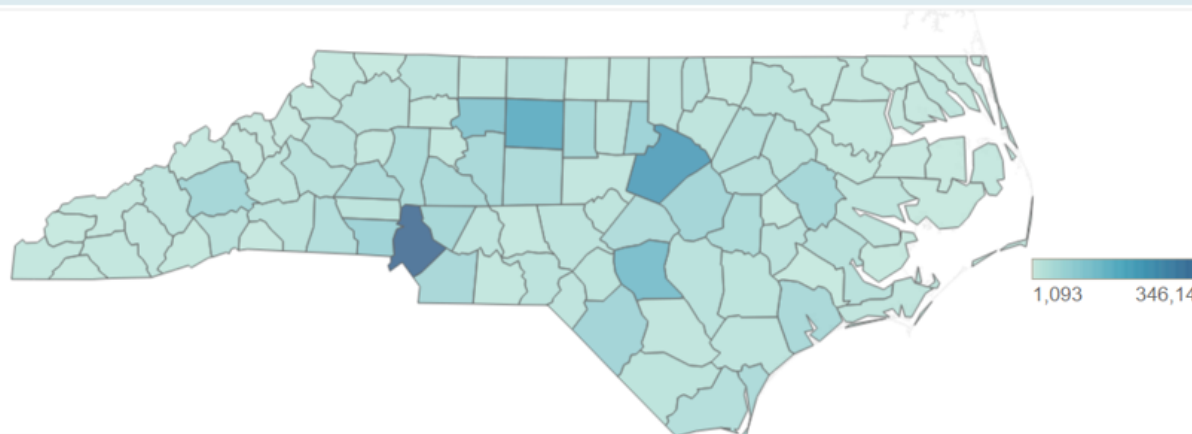
August 2025
total enrollment:
3,121,580

which includes

August
2025 Medicaid
expansion
enrollment:
678,335

Gender			Age Group		
FEMALE	55.8%	1,740,007	0-5	14.2%	441,793
MALE	44.2%	1,375,558	6-18	31.5%	981,622
Grand Total	100.0%	3,115,565	19-20	3.7%	113,988
Race			21-44	27.2%	845,997
WHITE/CAUCASIAN	56.2%	1,750,472	45-64	14.6%	455,179
BLACK/AFRICAN AMERICAN	37.0%	1,152,518	65+	8.9%	276,986
ASIAN	2.2%	67,013	Grand Total	100.0%	3,115,565
MULTI RACE*	1.9%	58,570	Ethnicity		
AMERICAN INDIAN OR ALASKAN	1.6%	48,467	NOT HISPANIC OR LATINO	81.4%	2,537,205
UNREPORTED	1.1%	33,552	OTHER HISPANIC OR LATINO	10.5%	326,426
NATIVE HAWAIIAN OR OTHER PACIFIC ..	0.2%	4,973	HISPANIC MEXICAN AMERICAN	4.2%	131,696
Grand Total	100.0%	3,115,565	UNREPORTED	2.5%	77,235
* If a person selects more than 1 racial group, they are considered multi racial.			HISPANIC PUERTO RICAN	1.0%	32,592
			HISPANIC CUBAN	0.3%	10,197
			Grand Total	100.0%	3,115,351

Enrollment by County



Federal Changes to Medicaid

The state is required to fund part of Medicaid costs, with a significant share coming from provider taxes paid by hospitals, long-term care facilities, and other healthcare providers. These taxes help sustain and enhance the Medicaid program without raising general taxes. The state uses this revenue to fund Medicaid expenditures, which the federal government partially matches based on a formula.

	Federal Reconciliation Bill
Provider Taxes	<p>No new provider taxes and reduces the 6% cap down to 3.5% for expansion states only.</p> <p>Includes \$50 Billion Rural Healthcare Provider Fund</p> <p>\$22.5 billion will be taken out of the NC economy over 10 years</p>

Federal Changes to Medicaid

Work requirements are rules some states put in place that say certain adults must work, look for a job, go to school, or do other activities like job training to keep their coverage. Currently, North Carolina does not have work requirements for Medicaid.

	Federal Reconciliation Bill
Work Requirements	<p>Adds a Medicaid expansion Work Requirement (Ages 19–64). Must work or do approved activities (Paid work, job training, community service, or school) for 80+ hours/month</p> <p>Exemptions: Parents/guardians/caretakers with kids 14 or younger are exempt. States may allow self-attestation for some exemptions</p> <p>Start date: By Dec. 31, 2026, but States can request up to 2-year delay (through Dec. 31, 2028) if making a good faith effort</p> <p>Verification: Required within 1 month of enrollment and at each renewal (now every 6 months)</p> <p>Expect as many as 255,000 North Carolinians to lose coverage</p>

Federal Changes to Medicaid

Medicaid State Directed Payments are a way for states to direct funds to healthcare providers. This helps fix problems like low payments, gaps in care, and making sure important health services can keep running. In NC, our largest SDPs is the Healthcare Access and Stabilization Program for acute care hospitals, which was authorized by NCGA along side expanding Medicaid. NC also has some smaller SDPs. By 2026, HASP will be a \$6 billion+ program.

	Federal Reconciliation Bill
State Directed Payments (SDPs) <i>Healthcare Access and Stabilization Program (HASP)</i>	<p>New SDP payments are capped at Medicare rates: 100% for expansion states, 110% for non-expansion.</p> <p>Starting in 2028, existing SDPs payments will be cut by 10 percentage points each year, until they equal 100% of Medicare rates in expansion states.</p> <p>Eliminates the \$6 billion HASP program</p>

Federal Changes to Medicaid

An eligibility check is the process used to determine whether an individual still qualifies to receive Medicaid benefits. Currently, North Carolina checks eligibility every year.

	Federal Reconciliation Bill
6-Month Eligibility Determinations	<p>States must check if people still qualify for Medicaid every 6 months</p> <p>This policy starts for renewals happening on or after December 31, 2026</p> <p>Will lead to more work and delays at local DSS offices, and more people losing coverage</p>

Federal Changes to Medicaid

Total Loss of Funding	\$49.9 billion over 10 years

- More than 70% of the Medicaid cuts will come from cuts to North Carolina's hospital expenditures
- NC rural hospitals alone will see a \$3.7 billion Medicaid cut (up to half could be offset by the Rural Healthcare Provider Fund temporarily)
- Hundreds of thousands of North Carolinians are expected to lose health coverage
- In addition, without a statutory change, the new administrative costs for work requirements will likely trigger the NC law that ends Medicaid expansion, resulting in coverage loss for 671,476 people

Impact of Federal SNAP Changes in North Carolina

Over 1.4 Million North Carolinians Rely on SNAP

- **More than a million North Carolinians** are food insecure, including 1 in 6 children
- **600,000+ children** under 18 and 159,000+ older adults over 65 benefit from SNAP
- **4 in 5 families** participating in SNAP in NC have either a child, a senior, or an adult with a disability.
- More than 66% of participating families have children and more than 34% include seniors or adults with disabilities
- Between 2019-2023, an average of 80% of SNAP households in NC included someone who was working
- 46,000+ **NC veterans** benefit from SNAP



Federal Changes to SNAP

Payment error rate is the percentage of SNAP benefit payments that were made incorrectly – either too much (overpayment) or too little (underpayment). National error rate in 2024 is 10.93%. NC’s 2024 error rate is 10.21%. Any overpayments are already required to be recouped and repaid to the federal government.

Currently, the federal government pays 100% of benefits costs.

	Federal Reconciliation Bill
Benefit Cost Share	<p>Starting October 2027, states are required to pay portion of benefit costs each year based on SNAP payment error rates, as follows:</p> <ul style="list-style-type: none">• No cost share if error rate <6% (<i>8 states met this in 2024</i>)• 5% if error rates between 6 to 8%• 10% if error rates between 8 to 10%• 15% if error rates over 10% <p>Cost share based on error rates from 3 years prior.</p> <p>States with error rates over 13.33% would have a delay in paying cost share for 2 years.</p> <p>NC cost share would be \$420 million per year based on current error rate</p>

Federal Changes to SNAP

Administrative costs in SNAP are those costs incurred by the state and by counties to run the SNAP program.

Currently, the federal government pays 50% of administrative cost, and states/counties pay the other 50%.

	Federal Reconciliation Bill
Administrative Cost Share	<p>Federal government pays 25% of administrative costs of SNAP</p> <p>State and counties will pay 75% of administrative costs for SNAP</p> <p>Starts October 2026</p> <p>NC state administrative costs likely to increase by \$14M. NC county administrative costs likely to increase by \$65M.</p>

Federal Changes to SNAP

Work requirements for SNAP are rules that say certain adults must work or participate in job training or similar activities to keep getting SNAP benefits. These are already in place for able-bodied adults without dependents ages 18-54.

80% of SNAP households in North Carolina include someone who was working.

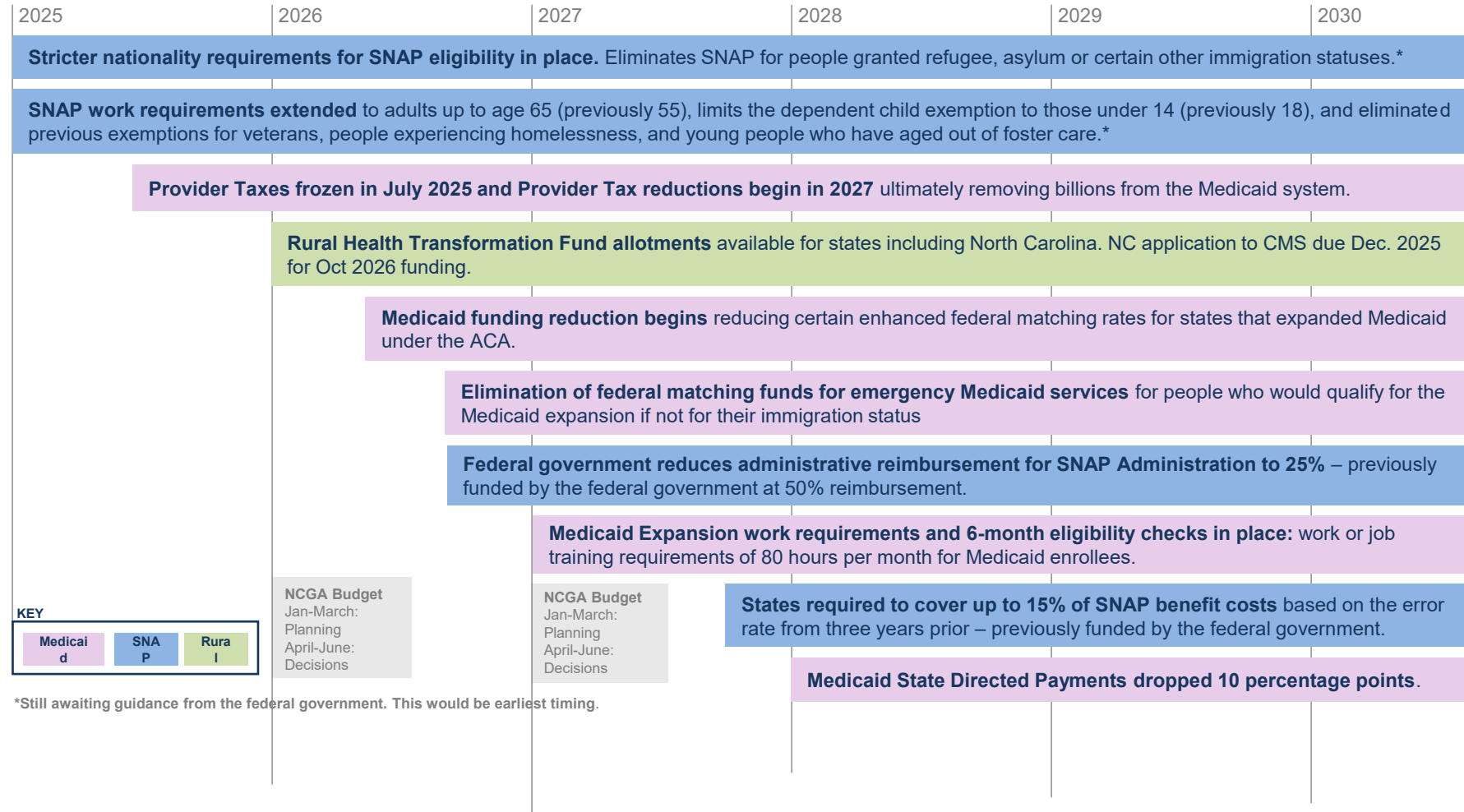
	Federal Reconciliation Bill
Work Requirements	<p>SNAP work requirements will apply to able-bodied adults without dependents ages 18-64 and parents of children over age 14</p> <p>Some exemptions have been eliminated</p>

Two Paths Forward

- **Option 1: North Carolina pays the increased state benefit cost share. NC has limited options to reduce enrollment and reduce the state share amount.**
- **Option 2: If North Carolina cannot pay for increased state benefit cost share, we will not meet federal requirements and will have to stop offering the SNAP program completely.**

Some H.R.1 policies are effective immediately while others will come later

Effectiveness dates for new, existing, and ending programs and policies in the H.R.1



State Funding for NC Medicaid Funding

Current State Funding for NC Medicaid

	Requested Funding	Funding in SL 2025-89 (H125)	Shortfall
Medicaid Rebase	\$819 million	\$600 million <i>\$500 million for Rebase \$82 million for Oversight \$18 million for missing LME/MCO transfer</i>	\$319 million (=819-500)
Medicaid Managed Care Oversight Fund	\$115 million		\$33 million (=115-82)
Technology for NC Medicaid	\$13 million	\$0	\$13 million

Thank You