

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

September 10, 2025

Block Grant Updates

Block Grant Updates

Background on the Mental Health Block Grant (MHBG)

Purpose of Mental Health Block Grant

MHBG funds are intended to provide states with the flexibility to design and implement activities and services to address the complex needs of children, youth, adults, families and communities impacted by mental illness. The MHBG is also utilized to monitor progress in implementing a comprehensive, community based mental health system.

Populations Served (*these are quotes below*)

Adults with serious mental illnesses

Includes persons ages 18 and older who have a diagnosable behavioral, mental, or emotional condition that interferes with or limits their functional ability.

Children with serious emotional disturbances

Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM) that interferes with or limits their functional ability.

Required MHBG Set Asides

First Episode Psychosis 10% Set-Aside

Minimum 10% set aside of total allocation for Early Serious Mental Illness, including psychotic disorders

Crisis Set Aside

Minimum 5% set aside of total allocation to support evidence-based programs that address crisis care needs of adults with SMI and children with SED (crisis call centers, 24/7 mobile crisis, crisis stabilization)

Mental Health Block Grant

FY26 Proposed Budget (Current as of 9/9/25)

TIME FRAME: 07/01/25 – 06/30/26		
Category	FY26 Requested Amount	FY25 Requested Amount
First Episode Psychosis (10% Set-Aside)	\$4,338,196.25	\$7,033,125.00
Crisis (5% Set-Aside) * Includes BSCA	\$3,186,825.00	\$5,013,786.00
Adult / Child Treatment:	\$27,676,304.23	\$21,179,426.23
Non-UCR / UCR Continuation Allocations	\$4,819,000.00	\$5,831,283.00
Admin/ Positions / DCFW (Using FY25 Total)	\$5,386,350.00	\$5,386,350.00
TOTAL	\$45,406,675.48	\$44,443,970.23

Projects / Initiatives

First Episode Psychosis / Early Serious Mental Illness

Continuation of funding for UNC-CH EPI-NC for required model fidelity oversight, evaluation and training including:

- Developing a plan for a CSC case rate to create sustainability through generation of clinical revenue
- Complete work on adapting model for marginalized populations
- Development and piloting of family support app

Fund Five Coordinated-Specialty Care (CSC) Model Sites

- Goal of serving minimum of 45 clients per site

Crisis

- Peer Respite Centers
- Peer Warmline
- Co-Responder Expansion
- Hope4NC REAL Crisis Intervention
- Focus on Involuntary Commitment
- Crisis Intervention Team (CIT) Training

Projects / Initiatives

NAMI Family & Caregiver Supports

* Family and People of Lived Experience Support Groups

- Family Education Groups
- Funding for affiliate hubs
- Marketing & Outreach
- Adaptations of programs for specialty populations (e.g., Faith-based organizations; veterans; LGBTQ+; Older Adults; Colleges & High Schools)
- Infrastructure to support the delivery and evaluation of CIT training to be held within the state law enforcement entity and partnered with NAMI.
- Recognition Events of CIT officers, Peers, Families

Peers

- Peer Living Rooms (peer warmline & peer respite under Crisis projects)
- Collaborative Community Inclusion for TCL community members
- Training and growing peer models and staff

DMHDDSUS Issued RFA (1/1/2025 – 6/30/2027)

Family and Caregiver Supports

- First WNC
- Montagnard Dega Association
- Tammy Lynn Center
- First in Families NC

Specialty Populations (Aging Adults)

- Kellin Foundation 65+
- Appalachian State 65+
- Southwestern Planning & Economic Development Commission 65+

Specialty Populations Faith Based

- NC Council of Churches
- Quality Comprehensive Health Center

DMHDDSUS Issued RFA Specialty Populations (1/1/2025 – 6/30/2027)

Monarch (LGBTQI+)

UCA WAVES (LGBTQI+)

Charlotte Transgender Healthcare Group (LGBTQI+)

El Futuro (ESL)

Coastal Horizons Center (ESL)

Community Care Clinic of Dare (ESL)

Projects / Initiatives

Workforce

- Old North State Medical Society – Physician training and cultural competency
- Clubhouse International, 8 Clubhouse Sites
- Campbell University School of Osteopathic Medicine
- HEARTS (Old Adults)
- Monarch Technology Enabled Supports
- Critical Time Intervention
- UNC-CH Social Worker Collaborative
- UNC-CH Peer Support Worker Program

Justice

- DAC Priority Re-Entry
- CIT
- JJ Behavioral Health

Veterans

- NCIOM
- Hope 4 Warriors
- Centerstone
- ABCCM / NCHOPE

Treatment & Recovery Supports

- UNCG Strong Minds - Train the Trainer Site Model (CHW)
- NC TOPPS – Evaluation
- Governor’s Institute – IVC policy & workforce
- University of Pennsylvania, Yale University – Older Adults, Person Centered Planning training
- Sunrise Community for Recovery
- VOICES Together
- V.O.I.C.E.S. Therapeutic Solutions – youth with I/DD and BH needs
- RHA Health Services – Deaf and Hard of Hearing
- Dream Connections – Deaf and Hard of Hearing
- Interpreter Services
- Person Centered Practice Collaborative
- Village HeartBeat – Youth and adult wellness hubs
- Certified Community Behavioral Health Clinics – Anuvia, B & D Integrated Health, MAHEC, SouthLight Healthcare

Mental Health Block Grant (MHBG)

Status: On Track for Level Funding

MHBG

- **Funding Period:** Oct. 1, 2024 – Sept. 30, 2026
- **Current Status:** 4th & Final Installment Received
- **Total Funding:** \$28,414,605.00

Supplemental Funding to be Awarded

- NC notified it will receive **\$566,329.00 in Supplemental Funding** to support initiatives addressing homelessness and serious mental illness (SMI) in FFY26

Background on the Substance Abuse Prevention & Treatment (SUPTRS) Block Grant

Purpose of SUPTRS Block Grant

SAMHSA provides funding for prevention, early intervention, treatment and recovery supports to individuals at risk for or with a substance use disorder. These funds are intended to provide states with the flexibility to design and implement activities and services to address the complex needs of individuals, families and communities impacted by substance use disorders and associated problems.

Program Areas

- **Prevention:** Supports direct prevention services for adults and youth to include education; needs assessment/planning/training to include college campuses; supports youth survey/dashboard
- **Treatment & Recovery:** Includes IV Substance Use support; Recovery and Support; Veterans Services, Controlled Substances Reporting System; Crisis Solutions at the collegiate level

SUPTRS FY26: Proposed Budget: \$60,158,870

Time Frame: 07/01/25 – 06/30/26

Category	Budgeted
Prevention	\$13,351,864
IV Substance Use	\$2,000,000
Treatment for Children/Adults	\$40,038,949
Veterans Services	\$250,000
CSRS	\$675,000
State Level Administration	\$2,297,852
Crisis Solutions Initiatives – Collegiate Wellness/Addiction Recovery	\$1,545,205
Total	\$60,158,870

FOUNDATIONS

Prevention	Treatment	Administration
Required 20% of total grant award	Workforce Development Training & Technical Assistance Treatment & Recovery Services Evaluation	Up to 5% state-level administration (personnel, travel, training)

Required Populations & Service Areas	
Primary Prevention Services	Pregnant Women & Women With Dependent Children
Injection Drug Use	Tuberculosis Services
Veterans	Child & Adolescents, Transition-Age Youth and Young Adults

SUPTRS: Prevention

PREVENTION Strategies Allowed

Category	Description
Information Dissemination	Health fairs, Town Hall Meetings, Informational sessions
Education	Youth in-school and afterschool educational curriculums, parenting programs
Alternatives	Safe prom events, drug-free dances and events
Problem Identification and Referral	Alternatives to suspension educational sessions, referrals to treatment
Community-Based Process	Coalition/workgroup/community meetings, strategic planning, grant writing
Environmental	Tobacco and alcohol retail education and purchase surveys, secure storage of alcohol/prescription drug campaigns, dissemination of secure storage items, creation and passage of local drug free policies.

SUPTRS FY26: 20% Prevention Set-Aside

Prevention	\$13,351,000
Direct prevention services per LME	\$6,100,000
Statewide prevention services (training/TA, Assessment/Evaluation, SEOW [required] Special Projects-FASD initiatives, NC Higher Education Center)	\$4,200,000
Synar survey (required) and staffing	\$450,000
Youth and Young Adult Survey/Dashboard provides data for assessment/prioritization for local prevention strategies and statewide ATOD prevention efforts	\$1,000,000
Other projects: (Synar merchant education, additional dollars for direct services, potential SPF-Rx and PFS monies [if services are eliminated in FFY26 budget*])	\$1,601,000 PFS=\$1,250,000 SPF-Rx=\$351,000
Total	\$13,351,000

SUPTRS: Treatment & Recovery

SUPTRS FY26: Treatment & Recovery

Category	Subset	Budgeted Amount
Treatment & Recovery: \$61,438,714	IV Substance Use	\$2,000,000
	Veterans Services	\$250,000
	Controlled Substance Reporting System (CSRS)	\$675,000
	Crisis Solutions Initiatives: Collegiate Wellness/Addiction Recovery	\$1,545,205
	<u>Directed Appropriations:</u> <ul style="list-style-type: none"> • Healing Transitions: \$200,000 • TROSA: \$3,225,000 • First Step of Western NC: \$100,000 • ARCA: \$2,000,000 	\$5,525,000
	LME-MCO Funding	\$23,187,804
	Direct Treatment Contracts	\$28,255,705
GRAND TOTAL		\$61,438,714

Substance Abuse Prevention & Treatment (SUPTRS) Block Grant

Status: On Track for Level Funding

SUPTRS

- **Funding Period:** Oct. 1, 2024 – Sept. 30, 2026
- **Current Status:** 3rd installment received; 4th installment expected in 4 quarter of 2025 for remaining \$13,075,997
- **Total Funding:** \$52,331,730

Suicide Prevention State Action Plan Updates

NC Suicide Prevention Action Plan (2026-2030)

North Carolina

SUICIDE PREVENTION ACTION PLAN

promote services information rehabilitate data engage
management agencies outreach support identify
suicidal funding community risk personnel ensure military
intervention families care communication treatment advocate
healthcare groups **suicide** research individuals
data develop healthcare groups **prevention** equity plan use
access medical encourage education crisis media outreach
hope survivors resources recovery recover
adopt disorders evaluate substance family increases effectiveness staff ensure
members social information health groups wellness help care hope
awareness department training funding behavior reduce
local policies students
include use
organizations
evaluate

2026-2030



Coming September
2025!

Public comment period
now closed

Faith Leaders for Life: Applications Open Now!

- Free suicide prevention program for faith leaders and congregations in NC
- Applicants should be leaders within their faith communities, which we broadly define as faith-based entities that hold regular worship services. Leaders may be in official or unofficial leadership positions, so long as their congregations would consider them leaders.
- Application Now Open: [Faith Leaders for Life](#)
- Virtual 5-week program, which includes 7 hours of online training and 7 hours of virtual discussions every Wednesday for 5 weeks
- For questions, contact Anne L Geissinger at anne.geissinger@dhhs.nc.gov



Culturally Inclusive Training for Non-Clinical Providers



- To date, 8 trainings hosted for nonclinical providers (barbers, community health workers, faith leaders)
- 170 non-clinical providers trained in CALM and/or MHFA
- Over 50 barbers trained
- Past trainings hosted for Wake, Durham, Franklin, Edgecombe Counties
- 4 additional trainings are scheduled for 2025 for Nash, Edgecombe, Wilson and Wake County
 - 2 CALM trainings scheduled with local barber school
 - 1 MHFA and 1 youth Mental Health First Aid are scheduled with barber school and local community members
- Post-training, local committee works with trained non-clinical providers to provide ongoing partnership and oversight

Stronger Together Conference



- September 20th, 2025 9:30 am-5:00 pm
- Rocky Mount Event Center
- Target audience: 18-24 year olds
- Learn more about the agenda and register [here](#)

The **Stronger Together** conference is a one-day, interactive experience designed to offer healing and support to Black Youth and Young Adult Wellness. Centered on cultural connection, creative expression, and community care, the event brings together youth, young adults, and advocates for a day of learning, healing, and community building.

August Program Highlights

September Awareness Celebrations

This month we honor and raise awareness for:

- **Monday was 988 Day** – Promoting awareness of the 988 Suicide & Crisis Lifeline. Press Release
- **Suicide Prevention Month & Teen Suicide Prevention Month** – A reminder that suicide is preventable and help is available.
- **DSP Appreciation Week** – September 7–13, 2025: Recognizing the vital contributions of Direct Support Professionals.
- **National Recovery Month** – Celebrating people in recovery and those who support them.
- **Deaf Awareness Month** – Highlighting the culture, heritage, and language of the Deaf community, including International Week of the Deaf and the International Day of Sign Languages.



Direct Support Professional
RECOGNITION WEEK
September 7 - 13, 2025
RELIAS ANCOR

**NATIONAL
RECOVERY
MONTH**



INTERNATIONAL DAY
OF SIGN LANGUAGES

New Inclusion Works 2025-2030 Strategic Plan Published

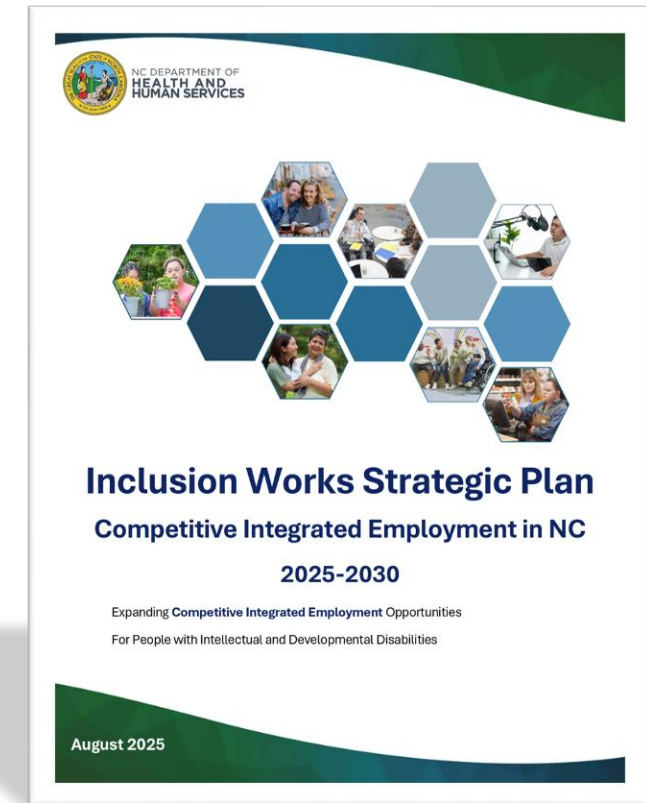
The [Inclusion Works Program](#) has released its [2025–2030 Strategic Plan](#), outlining a multi-year vision to expand service options so that people with Intellectual and/or Developmental Disabilities (I/DD) have every opportunity to achieve their employment goals.

About the Plan

- Built with over a year of input from division leads, policy-makers, advisory committees, community leaders, providers, national experts, and people with lived experience.
- Focused on **Competitive Integrated Employment (CIE)**: jobs in the community, full or part-time, with pay at or above minimum wage, alongside people with and without disabilities, with equal access to benefits and opportunities.

Why it matters

This plan reflects a shared commitment to creating inclusive workplaces and supporting North Carolinians with I/DD in pursuing meaningful, fair, and rewarding employment.



Collaborative Care Management (CoCM) Capacity Building Funding Application Open

The NC General Assembly earmarked **\$5M** to help NC Medicaid-enrolled primary care practices adopt the evidence-based CoCM model, integrating behavioral health into primary care.

Eligible primary care practice sites can qualify to receive up to:

- **\$50K**: new in-house adoption
- **\$30K**: expand existing in-house CoCM or
- **\$20K**: new adoption via external vendor

47 awards supporting **62 practices** have already been funded, with nearly **\$1.26M distributed**.

Apply through [NC AHEC's Practice Support Coaches](#).
More info: [Community Care of NC](#)



Now Accepting Applications: Tarang Community Leads

Are you part of North Carolina's Asian American and Pacific Islander (AAPI) community and passionate about mental health? Tarang is looking for volunteer leaders to help reduce stigma and strengthen awareness around mental health, substance use, and suicide prevention.

- Collaborate with a supportive cohort of AAPI leaders
- Share your voice to shape resources and outreach in your community
- No clinical experience required; just 10 hours/month commitment
- Voluntary, unpaid role with opportunities for learning and impact

Apply by September 13, 2025

Supported by NCDHHS DMH/DD/SUS



CALLING ALL
**COMMUNITY MENTAL HEALTH
CHANGEMAKERS!**

ARE YOU

- BASED IN NORTH CAROLINA
- A MEMBER OF AN ASIAN AMERICAN COMMUNITY
- INTERESTED IN MAKING A POSITIVE CHANGE IN THE CULTURE AROUND MENTAL HEALTH AND ADDICTION ?

**THEN APPLY TO BE A
TARANG COMMUNITY LEAD!**

FOR MORE INFORMATION AND TO APPLY, VISIT
tinyurl.com/tarangCLApp
APPLICATION CLOSSES SEPTEMBER 13TH

GOVERNOR'S INSTITUTE
NCDHHS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities, and Substance Use Services

This program is supported and funded by the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Use Services.

Stay Connected with Hot Topics!

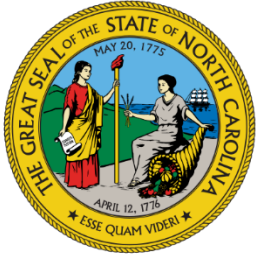
We can't fit everything into today's presentation, but you can catch all the latest updates **every Tuesday and Thursday** through our **Hot Topics Newsletter** and **webpage**.

- 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](#)





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health,
Developmental Disabilities and
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State Consumer and Family Advisory Committee(SCFAC) Quarterly Report Update

September 10, 2025

SCFAC Report Recommendations – SFY 2024-2025

Recommendation #	Area	Deliverable	SCFAC Due Date	Progress
Recommendation 2	I/DD & NC Medicaid	Increase Direct Support Professional (DSP) Wages across Health Services Sectors/Medicaid Capitation Rates	June 30, 2026	In-Progress
Recommendation 6	Veterans	Enhancing the Veterans Support Specialist Training Curriculum	June 30, 2026	In-Progress
Recommendation 8	Crisis Services	Expanding Access to the Clubhouse Model for Individuals with Severe Persistent Mental Illness	July 1, 2026	In-Progress

Traumatic Brain Injury

SCFAC 2023-2024 / 2024-2025 Recommendations

NCDHHS Response: Non-Concur

Recommendation 1 / 5: Traumatic Brain Injury (TBI)

Expand Traumatic Brain Injury Services / Specialized Rehabilitative Visits

The visit limits in CCP 10A, Outpatient Specialized Therapies (OST), for beneficiaries age 21 and older were increased and approved by CMS in November 2023 and are not arbitrary. OST visits were increased from 27 combined total visits to 30-120 visits and were subject to sufficiency analysis for all adult service utilization across all diagnoses (e.g., TBI, CVA, SCI). In addition, the limits were required to align with a commercial payer, Healthy Blue Options, whose limits do not consider age of the beneficiary. The updated visit limits are more generous than the commercial payer because state Medicaid agencies must have equal habilitative and rehabilitative service limits. In consideration that outpatient visits occur typically after intensive inpatient rehabilitation following a diagnosis of TBI, the established visits are considered sufficient, and there is no plan to change the limits in CCP 10A to the proposed amount

SCFAC 2023-2024 Recommendations

NCDHHS Response: Concur

Recommendation 7: Traumatic Brain Injury (TBI)
Traumatic Brain Injury Dashboard

DHHS Response:

DHHS is finalizing the TBI dashboard that tracks the data identified in the SCFAC request. Approval will be presented to DHB Governance in November. A demo is projected to be shared within the next couple of months.

Veterans

SCFAC 2023-2024 Recommendations

NCDHHS Response: Concur

Recommendation 4: Veterans and Military Families

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

DHHS Response:

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

SCFAC 2024-2025 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.

Veterans: Initiatives In Progress

Initiatives

- Actively working on Ask Me NC (formerly known as "Ask The Question") campaign. Collaborating with key community organizations, with guidance of SAMHSA, revised materials for statewide distribution and building website for resources & to train/educate providers and SMVF on its value.
- NCIOM project to oversee a task force aimed to examine key challenges to veterans' healthcare and improve veterans' healthcare in community settings. Steering committee has been established, Kick-Off event held on May 22, 2025, site visits and interviews held, and workgroups will begin meeting in September 2025.
- NCGWG has updated its mission/vision and revitalized commitment to SMVF community via NCServes and NC4Vets.
- NCServes 10 Year Report (2014-2024) has been published and available for review.



Intellectual/Developmental Disabilities

SCFAC 2023-2024 Recommendations

NCDHHS Response: Concur

Recommendation 9(a): Intellectual/Developmental Disabilities (I/DD)

Require all frontline I/DD service providers complete a minimum of 2-hour annual Interpersonal Violence (IPV) training.

DHHS Response:

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

SCFAC 2023-2024 Recommendations

NCDHHS Response: Concur

Recommendation 9(b): Intellectual/Developmental Disabilities (I/DD)

Require all I/DD providers to offer accessible Interpersonal Violence (IPV) prevention curriculum to individuals with I/DD and their families.

DHHS Response:

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

SCFAC 2023-2024 Recommendations

NCDHHS Response: Concur

Recommendation 9(c): Intellectual/Developmental Disabilities (I/DD)

Require all I/DD providers to partner with at least one Interpersonal Violence (IPV) service provider to ensure coordinated, accessible, and I/DD informed IPV prevention, response and training.

DHHS Response:

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

Initiatives In Progress

- Work is currently underway – will be linked in with Core Competency Training Curriculum set to launch Fall 2025.
- The IPV Working Subcommittee of the Inclusion Connects Advisory Committee
 - Monthly as curriculum is established
 - 2nd Tuesday of each month at 11AM.
- IPV resources and information to be hosted on Inclusion Connects webpage. Will be accessible to all.
 - Content recommended, developed, and reviewed by IPV Working Subcommittee.

SCFAC 2025-2026 Recommendations

NCDHHS Response: Concur

Recommendation 2: Intellectual/Developmental Disabilities (I/DD)

Annual cost-of-living adjustments to Medicaid Capitation Rates for Innovations and 1915(i) services.

DHHS Response:

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.

Crisis Services

SCFAC 2024-2025 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:

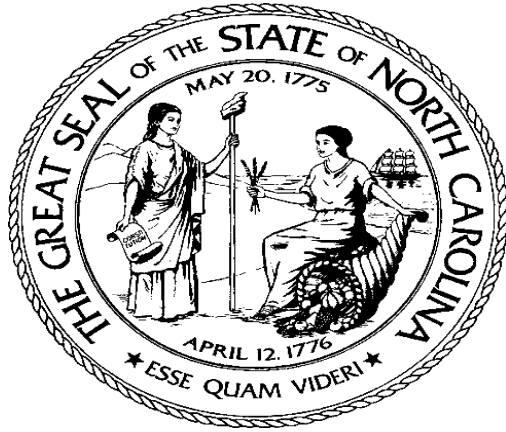
DMH/DD/SUS) supports this initiative.

- 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 support the cost of memberships, staff training and certifications .
- 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.

SCFAC Annual Report Recommendations – SFY 2024-2025

* The following recommendations were directed to the General Assembly, with input and responses from NCDHHS

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
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



2025 Standard Plan Performance Comparison Tool – State Consumer and Family Advisory Committee

*Hannah Fletcher, Survey Team Lead – Program
Evaluation*

NC Medicaid

September 10, 2025

Today's Agenda

1.

Tool Purpose

2.

Overview

3.

Tool Development

4.

Methodology

5.

How to Use

6.

Scenarios

7.

Links to Tool

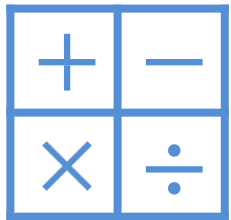
8.

Q&A

Tool Purpose

Purpose & Goals

- ✓ An easy-to-use tool for Standard Plan eligible members to aid in deciding which health plan is best for them/their family
- ✓ Showcases plan performance across a variety of measures
- ✓ Makes quality and survey data more accessible to members
- ✓ Updated annually with most current data available to maintain relevance



*Straight Forward
Methodology*



Informative



*Member
Accessibility*



*Staff & Stakeholder
Confidence*

Overview

Tool Organization

The Standard Plan Performance Comparison Tool is composed of five measure domains:



The Tool at a Glance

NC Medicaid Standard Plan Performance Comparison Tool 2025



How To Use This Tool

It is important to choose a health plan that works for you. Use this tool to learn how well each plan performed during 2023 and 2024 in five areas: getting care, care experience, experience with providers, reproductive and sexual health, and children's health.

- Read across a line to compare plan ratings in a service area
- Read down a column to view a plan's ratings in all areas

- ★ A Full Star* means the health plan performed better than the average of all the Standard Plans
- ★ A Half-Filled Star* means the health plan performed within the average of all the Standard Plans
- ★ An Empty Star* means the health plan performed worse than the average of all the Standard Plans

To learn more about how NC Medicaid calculated performance, including the methodology and the underlying rates, please read the [2025 Standard Plan Performance Comparison Tool Technical Guide](#).

*Note: Star assignments do not necessarily indicate that the observed differences are statistically significant.

GETTING CARE: SURVEY REPORTED

Measure Name	What Was Measured		Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
Getting Needed Care	The percent of members who felt they usually or always got the care they needed.	Child	★	★	★	★	★
		Adult	★	★	★	★	★
Getting Care Quickly	The percent of members who reported usually or always getting care quickly.	Child	★	★	★	★	★
		Adult	★	★	★	★	★
Coordination of Care	The percent of members who reported their personal doctor usually or always coordinated their care with other providers.	Child	★	★	★	★	★
		Adult	★	★	★	★	★
Overall	The plan's average score for all Getting Care measures.	Child	★	★	★	★	★
		Adult	★	★	★	★	★

1

NC MEDICAID STANDARD PLAN PERFORMANCE COMPARISON TOOL 2025

CARE EXPERIENCE: SURVEY REPORTED

What Was Measured		Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
The percent of members who rated their health plan positively.	Child	★	★	★	★	★
	Adult	★	★	★	★	★
The percent of members who rated all their health care positively.	Child	★	★	★	★	★
	Adult	★	★	★	★	★
The percent of members who reported usually or always having a positive experience with their health plan's customer service.	Child	★	★	★	★	★
	Adult	★	★	★	★	★
The plan's average score for all Care Experience measures.	Child	★	★	★	★	★
	Adult	★	★	★	★	★

EXPERIENCE WITH PROVIDERS: SURVEY REPORTED

Name	What Was Measured		Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
Rate	The percent of members who reported their personal doctor usually or always communicated well with them.	Child	★	★	★	★	★
		Adult	★	★	★	★	★
Doctor	The percent of members who rated their personal doctor positively.	Child	★	★	★	★	★
		Adult	★	★	★	★	★
Not Seen	The percent of members who rated the specialist they saw most often positively.	Child	★	★	★	★	★
		Adult	★	★	★	★	★
	The plan's average score for all Experience with Providers measures.	Child	★	★	★	★	★
		Adult	★	★	★	★	★

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NC MEDICAID STANDARD PLAN PERFORMANCE COMPARISON TOOL 2025

CHILDREN'S REPRODUCTIVE AND SEXUAL HEALTH: HEALTH PLAN REPORTED

What Was Measured	Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
Percent of live deliveries in which the birthing parent had a prenatal care visit in their first trimester.	★	★	★	★	★
Percent of birthing parents with a postpartum visit between 7-84 days after delivery.	★	★	★	★	★
Percent of women 16-24 years of age who had a test 1 test for chlamydia during the year.	★	★	★	★	★
Percent of women 21-64 of age who were appropriately screened for cervical cancer.	★	★	★	★	★
Plan's average score for all Reproductive and Sexual Health measures.	★	★	★	★	★

CHILDREN'S HEALTH: PLAN REPORTED

What Was Measured	Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
Percent of children who turned 15 months of age and had at least 6 well-child visits in their first 15 months of life.	★	★	★	★	★
Percent of children who had at least 2 well-child visits between the ages of 5-30 months.	★	★	★	★	★
Percent of children 3-21 years of age who received 1 or more well-child visit during the measurement year.	★	★	★	★	★
Percent of children who had the full series of 10 recommended vaccines before turning 2 years of age.	★	★	★	★	★
Percent of adolescents (youth) who had the full series of 3 recommended vaccines before turning 13 years of age.	★	★	★	★	★
Plan's average score for all Children's Health measures.	★	★	★	★	★

3

NC MEDICAID STANDARD PLAN PERFORMANCE COMPARISON TOOL 2025

For any questions or concerns, contact the health plan directly. The health plan can tell you which plan is in their plan and what extra services they offer. For questions about choosing the plan that is best for your family, call the **NC Medicaid Enrollment Broker at 1-833-870-5500**.

Plan	Contact Information
Ameri-Health Caritas	1-855-375-8811 www.amerihhealthcaritasnc.com
Carolina Complete Health	1-833-552-3876 www.carolinacompletehealth.com/contact-us.html
Healthy Blue	1-844-594-5070 www.healthyluenc.com/north-carolina/home.html
United Healthcare	1-800-349-1855 www.uhc.com/communityplan/north-Carolina/plans/Medicaid/Medicaid-uhc-community-plan
WellCare	1-866-799-5318 www.wellcarenc.com/members/medicaid.html

For more about NC Medicaid:
Medicaid website: <https://ncmedicaidplans.gov>

Star ratings:
5 Standard Plan Performance Comparison Tool used ratings from:
3 Healthcare Effectiveness Data and Information Set (HEDIS®)
and Year 2024 data from The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

For details about these data sources, please read the [2025 Standard Plan Performance Comparison Tool I Guide](#).

Methodology:
Read the [2025 Standard Plan Performance Comparison Tool Technical Guide](#) to see how NC Medicaid calculated the star ratings for each category. The Companion Guide also shows an example calculation and the rates for each measure for each plan.

Measures:
For detailed information on the performance measures, please read the [2023 Annual Technical Specifications for Medicaid Managed Care Quality Measurement Year 2023 Technical Specifications \(download/attachment\)](#).

Department of Health and Human Services
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4

Tool Development

Many Stakeholders Engaged for Tool Development

- ▼ Worked with the NC Medicaid Executive Team to ensure alignment with NC Medicaid's mission
- ▼ Incorporated Quality and Evaluation teams into the design, review, and finalization of the tool
- ▼ Coordinated with Enrollment Broker & Member Team for language accessibility and expected questions from members
- ▼ Engaged members in a focus group assessing the utility, accessibility, and visual organization of the tool
- ▼ Solicited feedback from Standard Plans and incorporated edits

Star Assignment Methodology

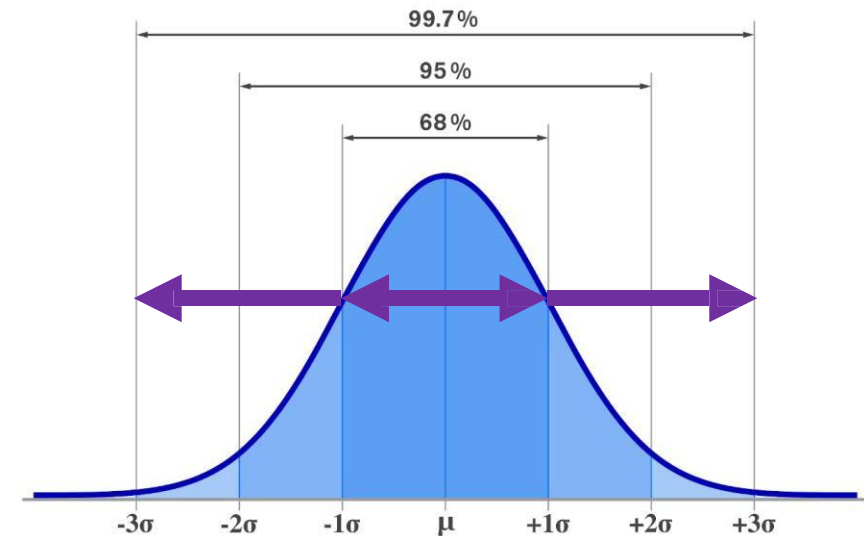
Definitions

- **Standard Plan (SP) Average:** The measure rates of all five Standard Plans are summed and divided by total number of Plans (i.e., five).
- **Standard Deviation:** Measures the spread of a dataset (i.e., the data set being the rates for all five Standard Plans) relative to the dataset's average (i.e., the SP Average).
- **Star Assignment:** Symbols used to succinctly and intuitively interpret individual Standard Plan performance relative to the Standard Plan Average.

Star Rating Assignments

- ★ • **Above average performance** is defined as the plan's performance was greater than one (1) standard deviation above the Standard Plan Average
- ☆ • **Average performance** is defined as the plan's performance was within one (1) standard deviation from the Standard Plan Average
- ☆ • **Below average performance** is defined as the plan's performance was greater than one (1) standard deviation below the Standard Plan Average

The Empirical Rule



In a normal distribution, we expect to see 68% of observed data within one standard deviation (sigma or σ) of the mean/average (μ or μ), 95% of observed data within two standard deviations, and 99.7% of all observed data within three standard deviations.

Star Ratings Methodology Example

Calculating Standard Deviation for Children's Health Domain
EXAMPLE USING MOCK DATA – FOR ILLUSTRATION PURPOSES ONLY

Measure	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Standard Deviation
Well-child Visits, First 15 Months	65.30%	78.21%	68.79%	73.82%	76.89%	5.46%
Well-child Visits, 15 to 30 Months	80.20%	59.92%	72.55%	78.85%	61.55%	9.49%

Measure	Standard Deviation	Standard Plan Average	★		★	★
			1 SD Below SP Average (-1 SD)	1 SD Above SP Average (+1 SD)	Less than -1 SD Below SP Average	Greater than +1 SD Above SD Average
Well-child Visits, First 15 Months	5.46%	72.60%	5.46-72.60 = 67.14%	5.46+72.60 = 78.06%	(Anything lower than 1 SD Below SP Average column)	(Anything higher than 1 SD Above SP Average column)
Well-child Visits, 15-30 Months	9.49%	70.61%	61.13%	80.10%	At or below 61.12%	At or above 80.11%

Tool Technical Guide



NC MEDICAID 2025 STANDARD PLAN PERFORMANCE COMPARISON TOOL TECHNICAL GUIDE	
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How To Use

Tool Pages 1 and 2

NC Medicaid Standard Plan Performance Comparison Tool 2025



How To Use This Tool

It is important to choose a health plan that works for you. Use this tool to learn how well each plan performed during 2023 and 2024 in five areas: getting care, care experience, experience with providers, reproductive and sexual health, and children's health.

- Read across a line to compare plan ratings in a service area
- Read down a column to view a plan's ratings in all areas

- ★ A Full Star* means the health plan performed better than the average of all the Standard Plans
- ★ A Half-Filled Star* means the health plan performed within the average of all the Standard Plans
- ☆ An Empty Star* means the health plan performed worse than the average of all the Standard Plans

To learn more about how NC Medicaid calculated performance, including the methodology and the underlying rates, please read the [2025 Standard Plan Performance Comparison Tool Technical Guide](#).

*Note: Star assignments do not necessarily indicate that the observed differences are statistically significant.

GETTING CARE: SURVEY REPORTED

Measure Name	What Was Measured		Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
Getting Needed Care	The percent of members who felt they usually or always got the care they needed.	Child	★	★	☆	★	★
		Adult	★	★	★	★	★
Getting Care Quickly	The percent of members who reported usually or always getting care quickly.	Child	★	★	★	★	★
		Adult	★	★	☆	★	★
Coordination of Care	The percent of members who reported their personal doctor usually or always coordinated their care with other providers.	Child	★	☆	★	★	★
		Adult	☆	★	★	★	★
Overall	The plan's average score for all Getting Care measures.	Child	★	★	★	★	★
		Adult	★	★	☆	★	★

NC MEDICAID STANDARD PLAN PERFORMANCE COMPARISON TOOL 2025

CARE EXPERIENCE: SURVEY REPORTED

Measure Name	What Was Measured		Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
Rating of Health Plan	The percent of members who rated their health plan positively.	Child	★	★	★	☆	★
		Adult	☆	★	★	★	★
Rating of All Health Care	The percent of members who rated all their health care positively.	Child	★	★	☆	★	★
		Adult	★	★	★	★	★
Customer Service	The percent of members who reported usually or always having a positive experience with their health plan's customer service.	Child	★	★	★	★	★
		Adult	★	★	★	★	★
Overall	The plan's average score for all Care Experience measures.	Child	☆	★	★	★	★
		Adult	★	★	★	★	☆

EXPERIENCE WITH PROVIDERS: SURVEY REPORTED

Measure Name	What Was Measured		Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
How Well Doctors Communicate	The percent of members who reported their personal doctor usually or always communicated well with them.	Child	☆	★	★	★	★
		Adult	★	★	★	☆	★
Rating of Personal Doctor	The percent of members who rated their personal doctor positively.	Child	☆	★	★	★	★
		Adult	★	★	★	★	☆
Rating of Specialist Seen Most Often	The percent of members who rated the specialist they saw most often positively.	Child	★	★	★	☆	★
		Adult	★	★	★	★	★
Overall	The plan's average score for all Experience with Providers measures.	Child	☆	★	★	★	★
		Adult	★	★	★	★	★

Tool Pages 3 and 4

NC MEDICAID STANDARD PLAN PERFORMANCE COMPARISON TOOL 2025

REPRODUCTIVE AND SEXUAL HEALTH: HEALTH PLAN REPORTED

Measure Name	What Was Measured	Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Health-care	WellCare
Timeliness of Prenatal Care	Percent of live deliveries in which the birthing parent had a prenatal care visit in their first trimester.	★	★	★	☆	★
Postpartum Care	Percent of birthing parents with a postpartum visit between 7-84 days after delivery.	★	★	☆	★	★
Chlamydia Screening	Percent of women 16-24 years of age who had at least 1 test for chlamydia during the year.	★	★	★	★	★
Cervical Cancer Screening	The percent of women 21-64 of age who were appropriately screened for cervical cancer.	★	★	☆	★	★
Overall	The plan's average score for all Reproductive and Sexual Health measures.	★	★	★	☆	★

CHILDREN'S HEALTH: PLAN REPORTED

Measure Name	What Was Measured	Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Health-care	WellCare
Well-Child Visits, First 15 Months	Percent of children who turned 15 months of age and had at least 6 well-child visits in their first 15 months of life.	★	★	★	☆	★
Well-Child Visits, 15-30 Months	Percent of children who had at least 2 well-child visits between the ages of 15-30 months.	★	★	★	☆	★
Well-Child Visits, Ages 3-21	Percent of children 3-21 years of age who received 1 or more well-child visit during the measurement year.	★	★	★	☆	★
Childhood Vaccinations	Percent of children who had the full series of 10 recommended vaccines before turning 2 years of age.	☆	★	★	★	★
Adolescent Vaccinations	Percent of adolescents (youth) who had the full series of 3 recommended vaccines before turning 13 years of age.	★	★	★	☆	★
Overall	The plan's average score for all Children's Health measures.	★	★	★	☆	★

NC MEDICAID STANDARD PLAN PERFORMANCE COMPARISON TOOL 2025

If you have any questions or concerns, contact the health plan directly. The health plan can tell you which providers are in their plan and what extra services they offer. For questions about choosing the plan that is best for you and your family, call the **NC Medicaid Enrollment Broker** at **1-833-870-5500**.

Health Plan	Contact Information
AmeriHealth Caritas	1-855-375-8811 www.amerhealthcaritasnc.com
Carolina Complete Health	1-833-552-3876 www.carolinacompletehealth.com/contact-us.html
Healthy Blue	1-844-594-5070 www.healthybluenc.com/north-carolina/home.html
United Healthcare Community Plan	1-800-349-1855 www.uhc.com/communityplan/north-carolina/plans/Medicaid/Medicaid-uhc-community-plan
WellCare	1-866-799-5318 www.wellcarenc.com/members/medicaid.html

To learn more about NC Medicaid:

Go to NC Medicaid website: <https://ncmedicaidplans.gov>

About the ratings:

This 2025 Standard Plan Performance Comparison Tool used ratings from:

- 2023 Healthcare Effectiveness Data and Information Set (HEDIS®)
- Calendar Year 2024 data from The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

For more details about these data sources, please read the [2025 Standard Plan Performance Comparison Tool Technical Guide](#)

About the methodology:

Please read the [2025 Standard Plan Performance Comparison Tool Technical Guide](#) to see how NC Medicaid determined the star ratings for each category. The Companion Guide also shows an example calculation and the actual rates for each measure for each plan.

About the measures:

For more detailed information on the performance measures, please read the [2023 Annual Technical Specifications](https://medicaid.ncdhhs.gov/medicaid-managed-care-quality-measurement-year-2023-technical-specifications-manual/download?attachment) (<https://medicaid.ncdhhs.gov/medicaid-managed-care-quality-measurement-year-2023-technical-specifications-manual/download?attachment>).

Scenarios

Scenario #1

I am a mother of one young child, and I am planning to have a second child in the near future. My child and I are newly eligible for Medicaid and have been informed I must select a plan for myself and my child.

NC MEDICAID STANDARD PLAN PERFORMANCE COMPARISON TOOL 2025

REPRODUCTIVE AND SEXUAL HEALTH: HEALTH PLAN REPORTED

Measure Name	What Was Measured	Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Health-care	WellCare
Timeliness of Prenatal Care	Percent of live deliveries in which the birthing parent had a prenatal care visit in their first trimester.	★	★	★	☆	★
Postpartum Care	Percent of birthing parents with a postpartum visit between 7-84 days after delivery.	★	★	☆	★	★
Chlamydia Screening	Percent of women 16-24 years of age who had at least 1 test for chlamydia during the year.	★	★	★	★	★
Cervical Cancer Screening	The percent of women 21-64 of age who were appropriately screened for cervical cancer.	★	★	☆	★	★
Overall	The plan's average score for all Reproductive and Sexual Health measures.	★	★	★	☆	★

CHILDREN'S HEALTH: PLAN REPORTED

Measure Name	What Was Measured	Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Health-care	WellCare
Well-Child Visits, First 15 Months	Percent of children who turned 15 months of age and had at least 6 well-child visits in their first 15 months of life.	★	★	★	☆	★
Well-Child Visits, 15-30 Months	Percent of children who had at least 2 well-child visits between the ages of 15-30 months.	★	★	★	☆	★
Well-Child Visits, Ages 3-21	Percent of children 3-21 years of age who received 1 or more well-child visit during the measurement year.	★	★	★	☆	★
Childhood Vaccinations	Percent of children who had the full series of 10 recommended vaccines before turning 2 years of age.	☆	★	★	★	★
Adolescent Vaccinations	Percent of adolescents (youth) who had the full series of 3 recommended vaccines before turning 13 years of age.	★	★	★	☆	★
Overall	The plan's average score for all Children's Health measures.	★	★	★	☆	★

Scenario #2

I am an older adult with a chronic health condition that requires frequent care. Communication is very important to me as my diagnosis is complex. I have been with a Medicaid health plan for the past year and was recently informed I have a 90-day choice period where I have the option of continuing with the same plan or selecting a new one.

NC Medicaid Standard Plan Performance Comparison

How To Use This Tool

It is important to choose a health plan that works for you. Use during 2023 and 2024 in five areas: getting care, care experience, sexual health, and children's health.

- Read across a line to compare plan ratings in a service area
- Read down a column to view a plan's ratings in all areas

- ★ A Full Star* means the health plan performed better than most
- ☆ A Half-Filled Star* means the health plan performed with average
- ☆ An Empty Star* means the health plan performed worse than most

To learn more about how NC Medicaid calculated performance rates, please read the [2025 Standard Plan Performance Comparison](#)

*Note: Star assignments do not necessarily indicate that the observed difference is statistically significant.

GETTING CARE: SURVEY REPORTED

Measure Name	What Was Measured		Ameri-Health Caritas
Getting Needed Care	The percent of members who felt they usually or always got the care they needed.	Child	★
		Adult	★
Getting Care Quickly	The percent of members who reported usually or always getting care quickly.	Child	★
		Adult	★
Coordination of Care	The percent of members who reported their personal doctor usually or always coordinated their care with other providers.	Child	★
		Adult	☆
Overall	The plan's average score for all Getting Care measures.	Child	★
		Adult	★

NC MEDICAID STANDARD PLAN PERFORMANCE COMPARISON TOOL 2025

CARE EXPERIENCE: SURVEY REPORTED

Measure Name	What Was Measured		Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
Rating of Health Plan	The percent of members who rated their health plan positively.	Child	★	★	★	☆	★
		Adult	☆	★	★	★	★
Rating of All Health Care	The percent of members who rated all their health care positively.	Child	★	★	☆	★	★
		Adult	★	★	★	★	★
Customer Service	The percent of members who reported usually or always having a positive experience with their health plan's customer service.	Child	★	★	★	★	★
		Adult	★	★	★	★	★
Overall	The plan's average score for all Care Experience measures.	Child	☆	★	★	★	★
		Adult	★	★	★	★	☆

EXPERIENCE WITH PROVIDERS: SURVEY REPORTED

Measure Name	What Was Measured		Ameri-Health Caritas	Carolina Complete Health	Healthy Blue	United Healthcare	WellCare
How Well Doctors Communicate	The percent of members who reported their personal doctor usually or always communicated well with them.	Child	☆	★	★	★	★
		Adult	★	★	★	☆	★
Rating of Personal Doctor	The percent of members who rated their personal doctor positively.	Child	☆	★	★	★	★
		Adult	★	★	★	★	☆
Rating of Specialist Seen Most Often	The percent of members who rated the specialist they saw most often positively.	Child	★	★	★	☆	★
		Adult	★	★	★	★	★
Overall	The plan's average score for all Experience with Providers measures.	Child	☆	★	★	★	★
		Adult	★	★	★	★	★

Links

Where to Access the Tool

Currently, the tool is posted to the [NC Medicaid Quality Management & Improvement Webpage](#):

- NC Medicaid 2025 Standard Plan Performance Comparison Tool:
 - <https://medicaid.ncdhhs.gov/nc-medicaid-2025-standard-plan-performance-comparison-tool/download?attachment>
- NC Medicaid 2025 Standard Plan Performance Comparison Tool Technical Guide:
 - <https://medicaid.ncdhhs.gov/standard-plan-performance-comparison-tool-technical-guide/download?attachment>

Questions/ Comments?

For any additional questions or further details, please reach out to Medicaid.Quality@dhhs.nc.gov