

**BH/IDD Tailored Plan PMPM Adjustment  
Recommendations Regarding Wages for Direct Support  
Personnel**

**Session Law 2022-74, Section 9D.12**



**Report to  
Joint Legislative Oversight Committee on Medicaid  
and  
Fiscal Research Division  
by**

**North Carolina Department of Health and Human Services**

**August 19, 2025**

## Table of Contents

	<b>Page</b>
<b>Background.....</b>	<b>3</b>
<b>DHB 2023 PMPM Recommendation.....</b>	<b>3-4</b>
<b>S.L. 2023-134 HB 259 9E.15 Direct Support Appropriations.....</b>	<b>4</b>
<b>DHB Application of Funding.....</b>	<b>4</b>
<b>FY2024 Direct Support Personnel Wage Increase Funding Gap.....</b>	<b>5</b>
<b>Appendix A: Session Law 2022-74 9D.12.....</b>	<b>6</b>

## Background

Section 9D.12 of North Carolina Session Law 2022-74 requires the following:

Beginning March 1, 2023, and for five years thereafter, the Department of Health and Human Services, Division of Health Benefits (DHB), shall submit to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice and the Fiscal Research Division a report containing recommendations regarding adjustments to the per member per month (PMPM) capitation amount paid to local management entities/managed care organizations (LME/MCOs) operating BH IDD tailored plans. The recommendations shall include adjustment amounts that are sufficient to increase the wages of direct support personnel who provide services to Medicaid beneficiaries residing in intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), including ICF/IID-level group homes, and Medicaid beneficiaries receiving services through the North Carolina Innovations waiver program. The report shall contain the costs associated with any recommended adjustments to the PMPM capitation amount. DHB shall take the following into account when making the recommendations:

1. Wages of direct support personnel working at the State developmental centers, with the goal of aligning the wages of direct support personnel regardless of place of employment.
2. Actuarial soundness requirements for capitation rates.
3. Assurance of continued safe and effective provision of services to Medicaid beneficiaries residing in ICF/IIDs or receiving services through the North Carolina Innovations waiver program.
4. Input from stakeholders, including the acceptance of data from knowledgeable trade organizations that supports the validation of any recommended adjustment to the PMPM capitation amounts.

This report is the third of the six annual reports. It summarizes the following:

1. DHB's 2023 PMPM recommendation, as indicated in the 2023 and 2024 Report.
2. The subsequent funding and provisions set forth by the General Assembly in S.L. 2023-134.
3. Distribution of the State Fiscal Year (SFY) 2024 funding.
4. The estimated remaining need for increased funding in SFY 2025 to meet the directives of S.L. 2022-74, Section 9D.12.

## **DHB 2023 PMPM Recommendation for Innovations and Private ICF Wage Increases**

To meet the directive of SL 2022-74, Section 9D.12, DHB renews the past report recommendations of a state-appropriations increase of \$78.2 million (funding \$242.1 million total computable dollars added to provider rates) to the NC Medicaid budget for rate increases that support direct support personnel wage increases in private ICF/IIDs and Innovations Waiver Services. This amount was estimated to be required to increase the capitation rates paid to the local management entities operating the BH IDD tailored plan and Medicaid Direct BH programs to a level that would be sufficient to fund increasing direct support personnel wages to approximately \$18.00 per hour. The \$78.2 million increased appropriations is divided into:

- **\$30.1 million in state funding** (providing \$93.3 million of total computable funding) added to the NC Medicaid budget to increase the capitation rates paid to the local management entities operating the BH IDD tailored plan and Medicaid Direct BH programs to level that is sufficient to provide funding to increase direct support personnel wages from \$13.12 to \$15.00 per hour and create wage parity between the Innovations waiver, privately owned ICF/IID and State Developmental Center workforce.
- **\$48.1 million in state funding** (providing \$148.8 million of additional total computable funding) added, to move Innovations and ICF/IID wages from \$15.00 to \$18.00 per hour as noted in the Trade Organization Report discussed in the first of this report. Note that this would create a pay disparity between private and state-operated ICF/IIDs, which would still only be funded at a level supporting wages of approximately \$15.00 per hour.

## **Additional Funding for Innovations Waiver Provider Rate Increases in S.L. 2023-134**

The NC General Assembly appropriated \$60 million in recurring state appropriations (supporting \$176 million in total computable dollars added to provider rates) in the Current Operations Appropriations Act of 2023 (Committee Report page C60, item 111; SL 2023-134, Section 9E.15) to raise NC Medicaid Innovations Waiver Services rates so that Innovations Waiver services providers could in turn raise the hourly wages of the direct care workers (DCW) they employ. The legislation did not include an increase in funding for ICF/IIDs.

Though the legislation did not specify an amount or percentage of the rate increase that was required to be passed through to Innovations Waiver Services DCW wage increases, the General Assembly stated an intention of increasing the average hourly wage for DCWs in Innovations services by \$6.50 per hour to move those workers to an average wage of \$18.00/hr. The funding appropriated for State Fiscal Year (SFY) 2024 did not ensure this large of a wage increase, but it did support significant movement in that direction.

## Distribution of the SFY 2024 Funding for Innovations Waiver Provider Rate Increases

Based on historical data regarding number of providers and units of services delivered by Innovations Waiver Services DCWs, DHB determined that the \$176 million in total recurring funding would support a uniform per unit increase of \$1.13 per 15-minute increment of service, subject to proportional adjustment for services not funded in 15-minute service units. These rate increases were effective July 1, 2023, and were retroactively adjusted in capitation rates for Local Management Entities/Managed Care Organizations (LME/MCOs). LME/MCOs were also contractually required to reprocess claims for dates of service on or after July 1, 2023, to ensure that providers receive the increased rates beginning on the effective date.

## SFY 2025 Direct Support Personnel Wage Increase Funding Gap

The following table shows the difference between DHB’s FY 2023 PMPM recommendations and the total appropriated funding for Innovations Waiver Services DCW wage increases set forth in SL 2023-134. To continue raising Innovations Waiver Services and ICF/IIDs DCW wages to an estimated average of \$18.00/hour, the General Assembly would need to fund approximately an additional \$23.3 million (\$66.1 total computable) in recurring appropriations specifically targeted to wage increases for DCWs in Innovations Waiver Services and ICF/IIDs.

Service Category	Department's 2023 Recommendation	SL 2023-134 Appropriated	Total Funding Gap	Total State Share
<b>Innovations</b>	\$201.3 million	\$176 million	\$25.3 million	\$8.9 million
<b>ICF/IDD</b>	\$40.8 million	\$ -	\$40.8 million	\$14.4 million
<b>TOTAL</b>	\$242.1 million	\$176 million	\$66.1 million	\$23.3 million

Note that increasing funding aimed at raising wages only for DCWs employed by Innovations Waiver Services and ICF/IDD providers would likely create wage disparities between these DCWs and those employed by other Medicaid providers (particularly, home and community-based service or “HCBS” providers) whose reimbursement rates have not received the same increases. Direct support personnel also provide services through North Carolina’s community alternatives program (CAP) waivers, personal care and home health services via North Carolina’s Medicaid State Plan, and state-operated facilities. It is imperative that the General Assembly consider promoting wage parity across the broader direct care environment to avoid putting undue recruitment and retention pressure on any particular service or provider type within the Medicaid continuum.

## **Limitations**

The DHB analyses supporting this report were performed by Mercer Government Human Services Consulting (Mercer) on behalf of DHB for purposes of estimating the potential impact of increasing direct care wages for select service types. These estimates were developed under the direction of Mercer actuaries Fallon Harrell, FSA MAAA and Bob Karsten, ASA MAAA, who are members of the American Academy of Actuaries and meet its US Qualification Standards for issuing statements of actuarial opinion.

Mercer's estimates are based on the information available at a point in time and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use.

## **Appendix A: Session Law 2022-74 9D.12**

### **BH/IDD TAILORED PLAN PMPM ADJUSTMENT RECOMMENDATIONS**

**SECTION 9D.12.** Beginning March 1, 2023, and for five years thereafter, the Department of Health and Human Services, Division of Health Benefits (DHB), shall submit to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice and the Fiscal Research Division a report containing recommendations regarding adjustments to the per member per month (PMPM) capitation amount paid to local management entities/managed care organizations (LME/MCOs) operating BH IDD tailored plans. The recommendations shall include adjustment amounts that are sufficient to increase the wages of direct support personnel who provide services to Medicaid beneficiaries residing in intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), including ICF/IID-level group homes, and Medicaid beneficiaries receiving services through the North Carolina Innovations waiver program. The report shall contain the costs associated with any recommended adjustments to the PMPM capitation amount. DHB shall take the following into account when making the recommendations:

1. Wages of direct support personnel working at the State developmental centers, with the goal of aligning the wages of direct support personnel regardless of place of employment.
2. Actuarial soundness requirements for capitation rates.
3. Assurance of continued safe and effective provision of services to Medicaid beneficiaries residing in ICF/IIDs or receiving services through the North Carolina Innovations waiver program.
4. Input from stakeholders, including the acceptance of data from knowledgeable trade organizations that supports the validation of any recommended adjustment to the PMPM capitation amounts.