

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

Division of Mental Health,  
Developmental Disabilities and  
Substance Use Services

# SCFAC Updates

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

**April 10, 2024**

# Agenda

1. Introductions
2. MH/SU/IDD/TBI System Announcements & Updates
3. Tailored Plans and Accessible Communications
4. Samples of Accessible Communications Materials

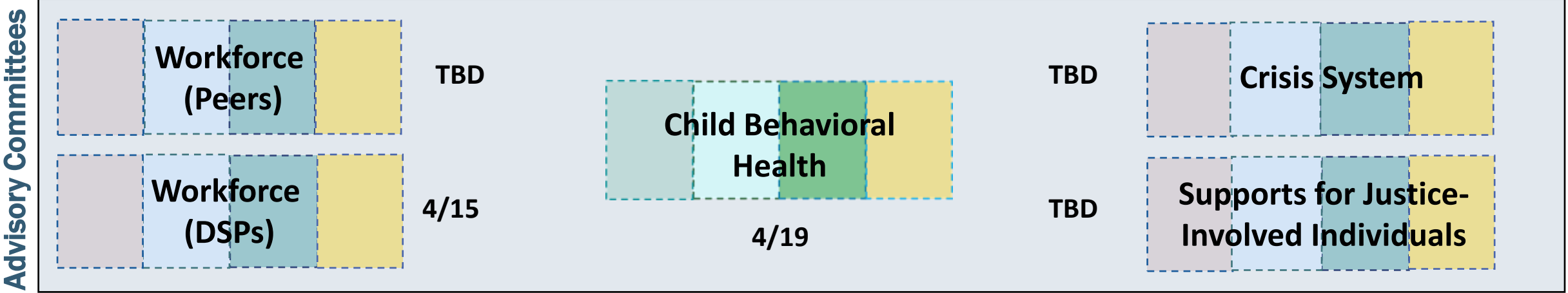
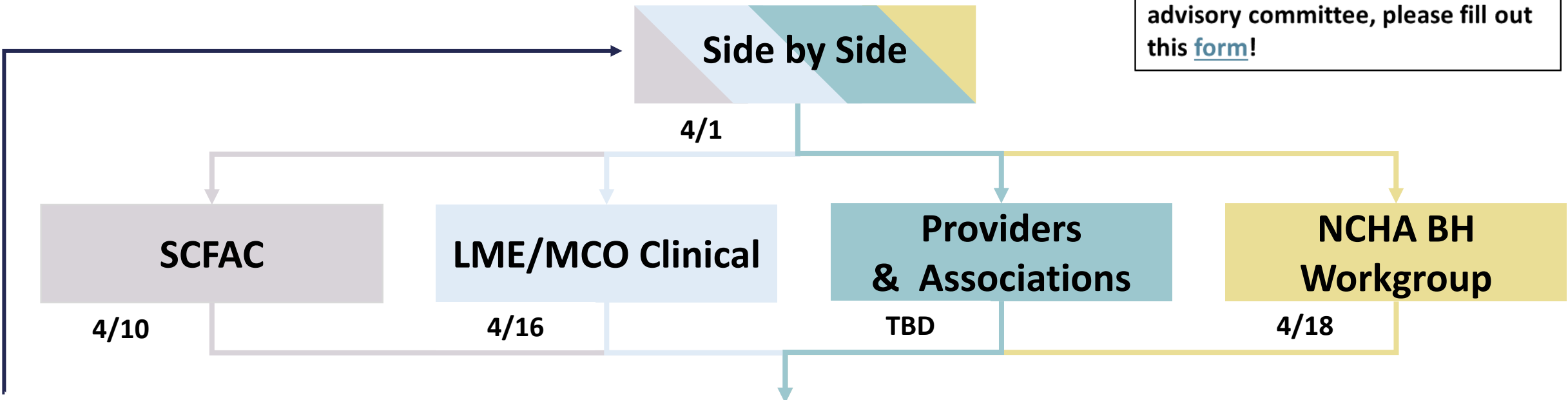
# MH/SU/IDD/TBI System Announcements & Updates



# April Community Collaboration

Topic: Tailored Plans

If you're interested in joining an advisory committee, please fill out [this form!](#)



# Reminder: The Statewide Peer Warmline Launched on 2/20!

- People are calling 988 looking for support and resources.
  - 40% of people are repeat callers
- **The Peer Line is open 24/7/365**
- **People can call the Peer Warmline Directly OR 988 can do a warm transfer**
- Peer Support Specialists are people living in recovery with a mental illness and/or substance use disorder
  - offer non-clinical support and resources to those who reach out
  - offer a unique perspective of shared experiences
- Read the press release [here!](#)



# Reminder: 988 Performance Dashboard

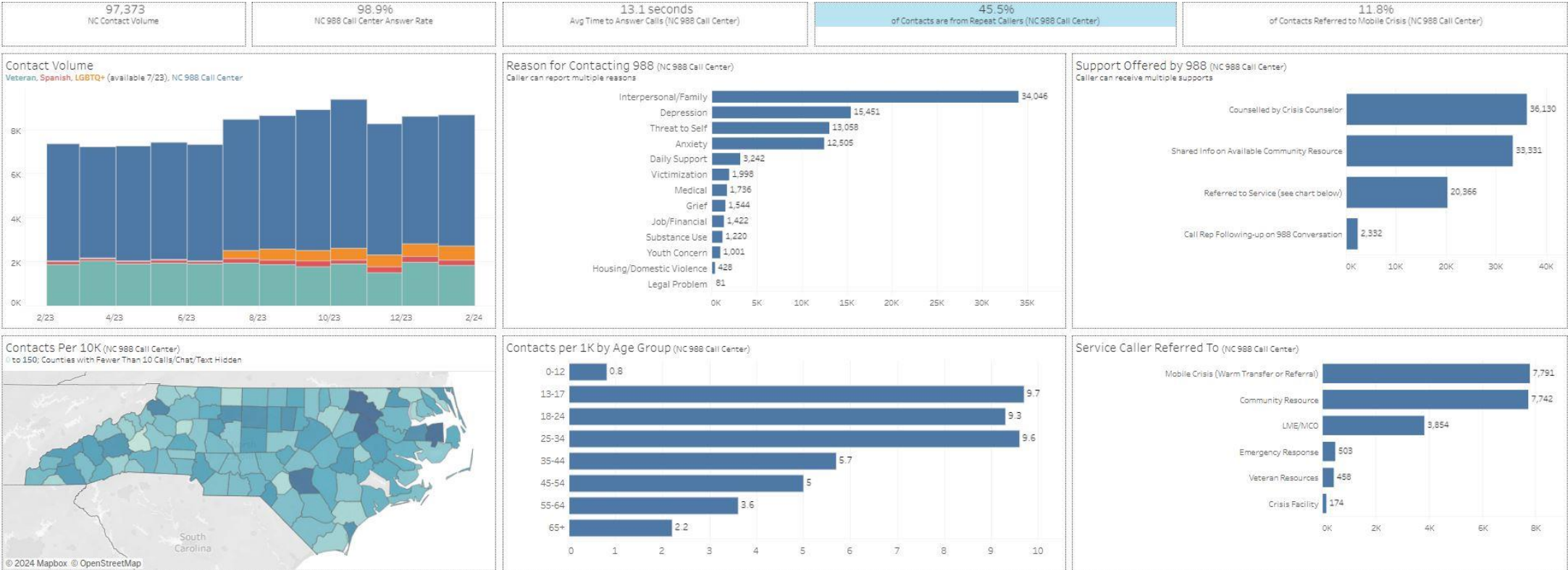
You can access the [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website



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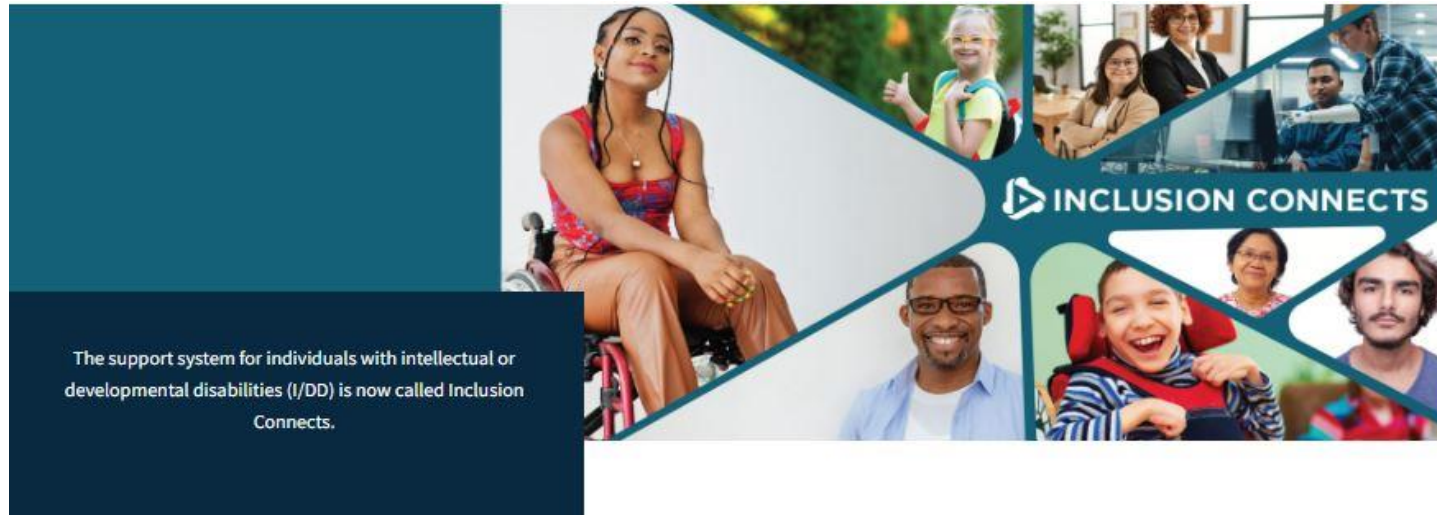
## North Carolina 988 Performance Dashboard Past 12 Months (2/23-1/24)

The 988 Suicide & Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. When an individual contacts (defined as a call, chat, or text) 988, the contact goes to the National Operator (Vibrant Emotional Health). The individual may choose a specialized hotline (Veteran, Spanish, LGBTQ+), which will route them to a specialized call center. If they don't choose a hotline, their area code is used to route them to the NC 988 call center (REAL Crisis Intervention Inc.). If a contact is unanswered by the NC 988 call center after 2 minutes, it is routed back to the National Operator for a response.



# Exciting News: Inclusion Connects Launched on 3/14!

NCDHHS initiative providing resources for connecting individuals with I/DD to services and supports available to live, work and play in their chosen communities.



The support system for individuals with intellectual or developmental disabilities (I/DD) is now called Inclusion Connects.

Click [here](#) to visit the Inclusion Connects website and click here to read the [press release](#)

**Inclusion Connects** focuses on:

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

# We want to hear from our Direct Support Professionals!

Currently, DSPs in North Carolina have a **turnover rate** of ~30%, and **half leave their job** within 36 months.

## Survey Overview

- DHHS is looking to gather information **directly from DSPs** to inform **future investments** that will improve **DSP job quality**.
- The Department will use feedback from the DSP survey to help inform design of initiatives that are aimed at improving **training, retention, and job satisfaction**.
- The DSP survey will ask questions about **who** the DSP workforce is, **quality of training**, and what DSPs are **looking for** from their work.
- The DSP survey is **anonymous**, takes **less than 2 minutes** to complete, and is **mobile-friendly**.
- The DSP survey will go live in **early April** and will be distributed widely, including to this group.

[Click here](#) to complete the survey!



The screenshot shows the survey form header with the NC Department of Health and Human Services logo and title. Below the header is the survey title "2024 Direct Support Professional Survey". The form includes instructions, a thank you message, and three questions with radio button options.

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

### 2024 Direct Support Professional Survey

**Instructions:**

- Please answer every question in the survey
- Please only complete one survey
- Your responses will be anonymous
- Your answers will be shared with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services

Thank you for your participation!

\* 1. How long have you been working as a Direct Support Professional?

Less than 1 year  
 1-2 years  
 3-5 years  
 6-10 years  
 More than 20 years

\* 2. How did you learn about the Direct Support Professional job?

Job Posting  
 Career Fair  
 Social Media  
 Other Direct Support Professionals (current or former)  
 Friends or Family  
 Word of Mouth  
 Other

\* 3. How old are you?

18-25 years old  
 26-35 years old  
 36-49 years old



# Tailored Plans and Accessible Communications

# Accessible Communications Campaign Overview

We are starting a communications campaign in partnership with Neimand Collaborative with the goal of creating accessible materials that improve understanding and access to Tailored Plan and Tailored Care Management benefits for people with:

- Intellectual/ Developmental Disabilities (I/DD)
- Traumatic Brain Injuries (TBI)
- Serious Mental Health issues (SMI)
- Serious Substance Use

# Accessible Communications Campaign Goals

- ☑ Raise awareness about Tailored Plans  
And other programs and services like  
Care Management.
- Promote key dates and actions
- ☑ Explain what people need to do during the Tailored  
Plans transition period and launch.  
Improve readability in promotional materials
- ☑ Make specific materials more user-friendly so that  
they are accessible and understandable.

# Research & Content Development Process

- ☑ **User testing with SCFAC members and other stakeholders:** We've been doing research to understand what people need.
- ☑ **New content to promote Tailored Plans:** We're creating a toolkit, so people should expect new website pages, handouts they can print and share, and social templates.
- ☑ **Ongoing feedback on materials and web pages:** We're launching in April. We will continue to add materials and revise the website after a new round of user testing.

# Samples of Accessible Communications Materials

# New Toolkit Resources

Several bilingual communications are in development to promote Tailored Plans among target audiences during April's Choice Period.

## Tailored Plans Flyer



**Some people on NC Medicaid will get a new health plan called a Tailored Plan**

Mom and son smiling and holding a phone.

Tailored Plans cover services for physical care, prescription drugs, mental health, severe substance use, intellectual and developmental disability, and traumatic brain injury in one plan.

A letter will be mailed in mid-April to let you know if your Medicaid plan is going to become a Tailored Plan. This letter will tell you which Tailored Plan you are in. Your plan is assigned based on the county where you get your Medicaid benefits. The letter will also tell you how to pick a primary care provider (PCP).

**Pick a primary care provider (PCP) by calling your Tailored Plan.**

If you don't pick by May 15th, one will be assigned to you. This is the doctor you see when you feel sick, need a check-up, or for management of a chronic illness like diabetes. You can always change this doctor later.

The phone number for your Tailored Plan will be in your letter. Those numbers for each Tailored Plan are:

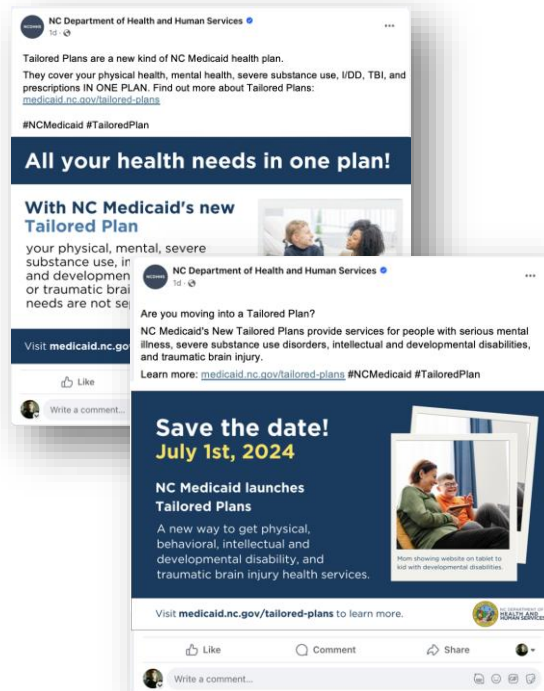
- **Alliance Health:** 1-800-510-9132
- **Partners Health Management:** 1-888-235-4673
- **Trillium Health Resources:** 1-877-685-2415
- **Vaya Health:** 1-800-962-9003

You can also call the NC Medicaid Enrollment Broker for help at 1-833-870-5500 (TTY: 711 or [RelayNC.com](https://www.relaync.com))

Learn more about Tailored Plans at [medicaid.nc.gov/tailored-plans](https://medicaid.nc.gov/tailored-plans)

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03/2024

## Shareable Social Posts



NC Department of Health and Human Services

Tailored Plans are a new kind of NC Medicaid health plan. They cover your physical health, mental health, severe substance use, IDD, TBI, and prescriptions IN ONE PLAN. Find out more about Tailored Plans: [medicaid.nc.gov/tailored-plans](https://medicaid.nc.gov/tailored-plans)

#NCMedicaid #TailoredPlan

**All your health needs in one plan!**

**With NC Medicaid's new Tailored Plan**

your physical, mental, severe substance use, intellectual and developmental disability, or traumatic brain injury needs are not separate.

Are you moving into a Tailored Plan?

NC Medicaid's New Tailored Plans provide services for people with serious mental illness, severe substance use disorders, intellectual and developmental disabilities, and traumatic brain injury.

Learn more: [medicaid.nc.gov/tailored-plans](https://medicaid.nc.gov/tailored-plans) #NCMedicaid #TailoredPlan

Visit [medicaid.nc.gov](https://medicaid.nc.gov) to learn more.

**Save the date! July 1st, 2024**

NC Medicaid launches Tailored Plans

A new way to get physical, behavioral, intellectual and developmental disability, and traumatic brain injury health services.

Visit [medicaid.nc.gov/tailored-plans](https://medicaid.nc.gov/tailored-plans) to learn more.

## Explainer Presentation



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Tailored Plans Essentials Presentation**

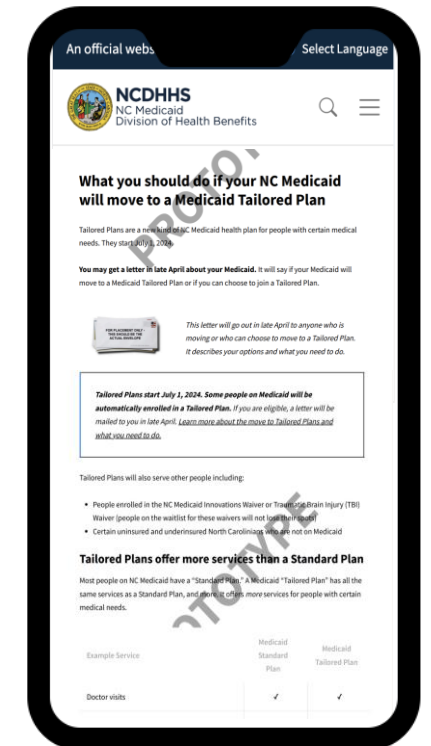
**Who runs Tailored Plans?**

Tailored Plans in North Carolina are managed by four companies called **Local Management Entities (LME)**. If your NC Medicaid is moving to a Tailored Plan, it will be managed by one of these four companies:

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

Your LME will cover your behavioral health, physical health, and prescriptions.

## New Landing Pages



An official website | Select Language

NCDHHS  
NC Medicaid  
Division of Health Benefits

**What you should do if your NC Medicaid will move to a Medicaid Tailored Plan**

Tailored Plans are a new kind of NC Medicaid health plan for people with certain medical needs. They start July 1, 2024.

You may get a letter in late April about your Medicaid. It will say if your Medicaid will move to a Medicaid Tailored Plan or if you can choose to join a Tailored Plan.

This letter will go out in late April to anyone who is moving or who can choose to move to a Tailored Plan. It describes your options and what you need to do.

**Tailored Plans start July 1, 2024. Some people on Medicaid will be automatically enrolled in a Tailored Plan. If you are eligible, a letter will be mailed to you in late April. Learn more about the move to Tailored Plans and what you need to do.**

Tailored Plans will also serve other people including:

- People enrolled in the NC Medicaid Innovations Waiver or Traumatic Brain Injury (TBI) Waiver (people on the waitlist for these waivers will not get the letter)
- Certain uninsured and underinsured North Carolinians who are not on Medicaid

**Tailored Plans offer more services than a Standard Plan**

Most people on NC Medicaid have a "Standard Plan." A Medicaid "Tailored Plan" has all the same services as a Standard Plan, and provides extra services for people with certain medical needs.

Example Service	Medicaid Standard Plan	Medicaid Tailored Plan
Doctor visits	✓	✓

# Who runs Tailored Plans?

Tailored Plans in North Carolina are managed by four companies called **Local Management Entities (LME)**. If your NC Medicaid is moving to a Tailored Plan, it will be managed by one of these four companies:



Alliance Health



Partners Health  
Management



Trillium Health  
Resources



Vaya Health

Your LME will cover your behavioral health, physical health, and prescriptions.



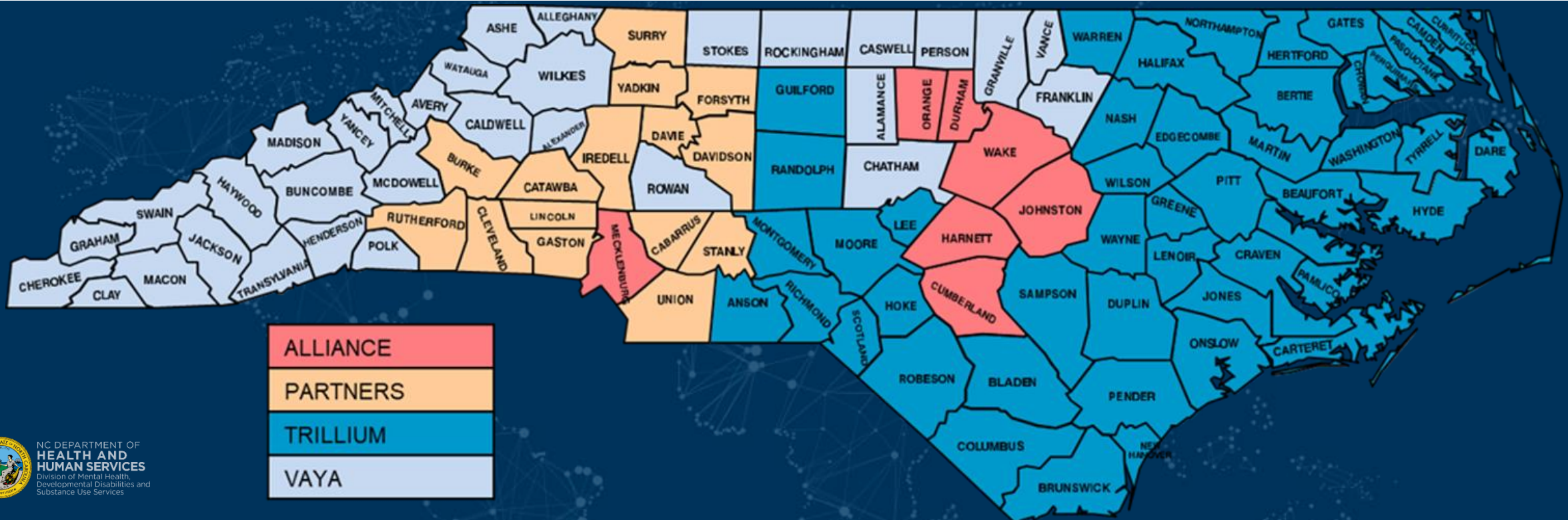
## How will I know which Tailored Plan I am in?

A letter will be mailed in mid-April. It will tell you which Tailored Plan you are in. Your plan is assigned based on the county where you get your Medicaid benefits.



## There is only one Tailored Plan per county

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





# If you will be moved to a Tailored Plan (LME)

**You get a letter to let you know**

You will be asked to choose a Primary Care Provider

**Mid-April**

**Last day to pick a Primary Care Provider (PCP) before one is assigned\***

*\*You can change this later.*

**May 15**

**You get a Welcome Packet and new member health plan ID card from your Tailored Plan (LME)**

**Late May**

**Tailored Plans begin—start seeing providers in your Tailored Plan's network**

**July 1**

# Moving to Tailored Plans?

## Here are 5 things you can do:

1.

Update your address if needed.



3.

Pick a Primary Care Provider (PCP) by May 15.



2.

Know who runs your Tailored Plan.



4.

Check if your doctors and specialists are in your Tailored Plan.



5.

Ask about your Care Manager.



# New Website Content!

- New Tailored Plan web pages with bilingual resources will launch in April. They will share information about Tailored Plans and what people need to do.
- The pages will be updated as new information and materials become available.
- Site analytics and user testing will guide continuous improvements before the July 1 launch.

# New Bilingual Resources!

Toolkit items will be available for download in both **English and Spanish** to increase awareness of the Tailored Plan choice period in April. These resources will also be updated before the July 1st Tailored Plan launch:

1. Essentials Explainer Presentation
2. Stakeholder Email Template
3. Social Media Posts (Copy + Graphics)
4. Flyer With Actionable Steps

# Priority Communications Survey

Share your input to help us determine what we develop in partnership with Division of Health Benefits and Neimand Collaborative next!

**What is the top communications need for Tailored Plans?**



**[Answer here.](#)**



**Or scan to answer ↗**

# Appendix

# Medicaid Expansion Launched on Dec. 1!



## More North Carolinians can get health care coverage through Medicaid.



Beginning on Dec. 1, 2023, NC Medicaid will cover people ages 19 through 64 years with higher incomes. You may be able to get health care coverage through Medicaid even if you didn't qualify before.

Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health and more – at little or no cost to you.



### NC Medicaid covers most health services, including:

- **primary care** so you can go to a doctor for a check-up or when you are not feeling well
- **hospital services** when you need to stay overnight (inpatient) or when you can go home the same day (outpatient)
- **maternity and postpartum care** if you are pregnant and after giving birth
- **vision and hearing services**
- **prescription drug benefits** to pay for your medicines
- **behavioral health**
- **preventative and wellness services**
- **devices and other therapies**

Most people will be able to get health care coverage through Medicaid if they meet the criteria below. And if you were eligible before, you still are. Nothing changes for you.

- **You live in North Carolina**
- **Age 19-64**
- **You are a citizen.** Some non-US citizens can also get health care coverage through Medicaid.
- And if **your household income** fits within the chart below:

Household Size	Annual Income
Single Adults	\$20,120 or less
Family of 2	\$27,214 or less
Family of 3	\$34,307 or less
Family of 4	\$41,400 or less
Family of 5	\$48,493 or less
Family of 6	\$55,586 or less

### How to apply for Medicaid:



ePASS  
[epass.nc.gov](http://epass.nc.gov)



Paper application  
[ncgov.servicenowservices.com](http://ncgov.servicenowservices.com)



In person at your  
local DSS office  
[ncdhhs.gov/localDSS](http://ncdhhs.gov/localDSS)



Call DSS office  
[ncdhhs.gov/localDSS](http://ncdhhs.gov/localDSS)

You can access the Medicaid Expansion Toolkit, trainings, and FAQs on the NC Division of Health Benefits (Medicaid)'s website

Learn more at:  
[Medicaid.ncdhhs.gov](http://Medicaid.ncdhhs.gov)

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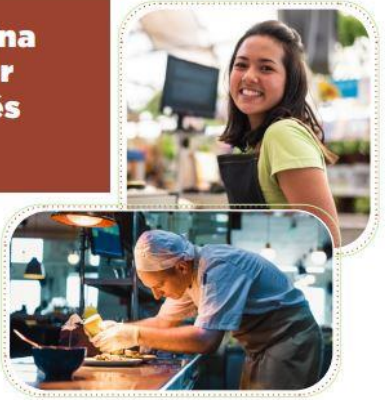
# Learn How to Apply With ePASS

(Spanish and English versions)

## Más habitantes de Carolina del Norte pueden obtener cobertura médica a través de Medicaid.

A partir del 1 de diciembre de 2023, NC Medicaid cubrirá a las personas de 19 a 64 años que tienen ingresos más altos de lo que se permitía antes. Es posible que puedas obtener cobertura médica de Medicaid incluso si no calificaste antes.

Medicaid paga las visitas al médico, los chequeos médicos de rutina anuales, la atención de emergencia, servicios de salud mental y más, a bajo costo o sin costo para ti.



La mayoría de personas podrán obtener cobertura médica a través de Medicaid si cumplen con los criterios a continuación. Y si eres elegible antes, todavía lo eres. Nada cambia para ti.

- **Vivir en Carolina del Norte.**
- **Tener entre 19 y 64 años.**
- **Ser ciudadano.** Algunas personas que no son ciudadanos estadounidenses son elegibles para obtener cobertura médica a través de Medicaid.
- Y si los **ingresos de tu hogar** están dentro del cuadro a continuación.

Tamaño del hogar	Ingreso Anual
Adultos solteros	\$20,120 o menos
Familia de 2 personas	\$27,214 o menos
Familia de 3 personas	\$34,307 o menos
Familia de 4 personas	\$41,400 o menos
Familia de 5 personas	\$48,493 o menos
Familia de 6 personas	\$55,586 o menos

### Medicaid cubre la mayoría de los servicios de salud, incluyendo:

- **atención primaria** para que vayas al médico para un chequeo de rutina o cuando no te sientas bien
- **servicios hospitalarios** cuando necesitas pasar la noche en el hospital (paciente hospitalizado) o cuando puedes irte a casa el mismo día (paciente ambulatorio)
- **atención de maternidad y posparto** si estás embarazada y después de dar a luz
- **servicios de visión y audición**
- **beneficios para pagar tus medicamentos recetados**
- **salud del comportamiento**
- **servicios preventivos y de bienestar**
- **dispositivos y otras terapias**

### Cómo solicitar Medicaid:



ePASS  
[epass.nc.gov](https://epass.nc.gov)



Solicitud impresa (en papel)  
[nc.gov.servicenow/services.com](https://nc.gov.servicenow/services.com)



En persona, en tu oficina local del Departamento de Servicios Sociales (DSS)  
[ncdhhs.gov/localDSS](https://ncdhhs.gov/localDSS)



Llamando a tu oficina local de DSS  
[ncdhhs.gov/localDSS](https://ncdhhs.gov/localDSS)

Obtén más información:

[Medicaid.ncdhhs.gov/InfoDeExpansion](https://Medicaid.ncdhhs.gov/InfoDeExpansion)

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**PARTICIPANT'S LIST IS STILL CLIMBING, SO WE ARE GOING TO GIVE IT ABOUT A MINUTE AND WE WILL GET STARTED**

**Welcome to our ePASS Demo!**

September 19, 2023

**Welcome & Introduction**

0:00 / 1:29:38 • Welcome & Introduction

Navigating ePASS: Guide to Providing Application Assistance

Unlisted

English-Language video: <https://www.youtube.com/watch?v=204bNI5pGkI>

Spanish-language video: <https://www.youtube.com/watch?v=whLNhXj7zvM>



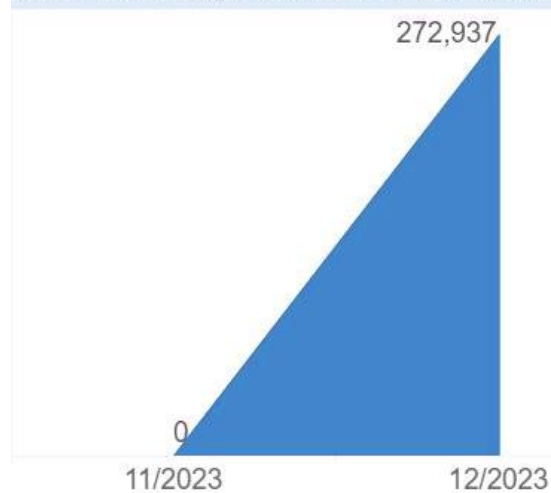
# Medicaid Expansion Dashboard

On December 20th, DHHS released a [dashboard](#) to track monthly enrollment in Medicaid for people eligible through expansion. You can read the press release [here](#).

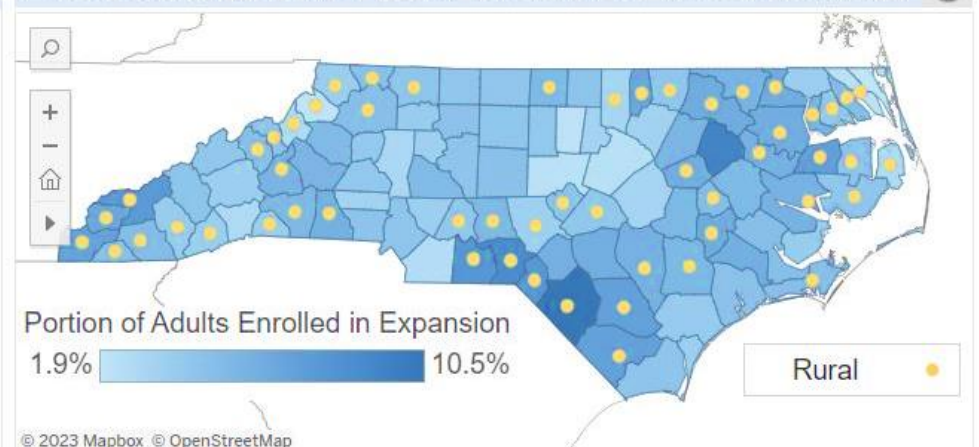
This dashboard shows the number of people eligible for NC Medicaid only through expansion coverage. The charts can be viewed by health plan, demographics, and/or county by using the filters below. *Note: For privacy reasons, categories and/or charts with counts less than 11 will not display.*

Health Plan	Age Group	Sex	Ethnicity	Race	Rurality	County
(All)	(All)	(All)	(All)	(All)	(All)	(All)

NC Medicaid Expansion Enrollment Trend



Portion of Adults (19-64) by County Enrolled in NC Medicaid Expansion



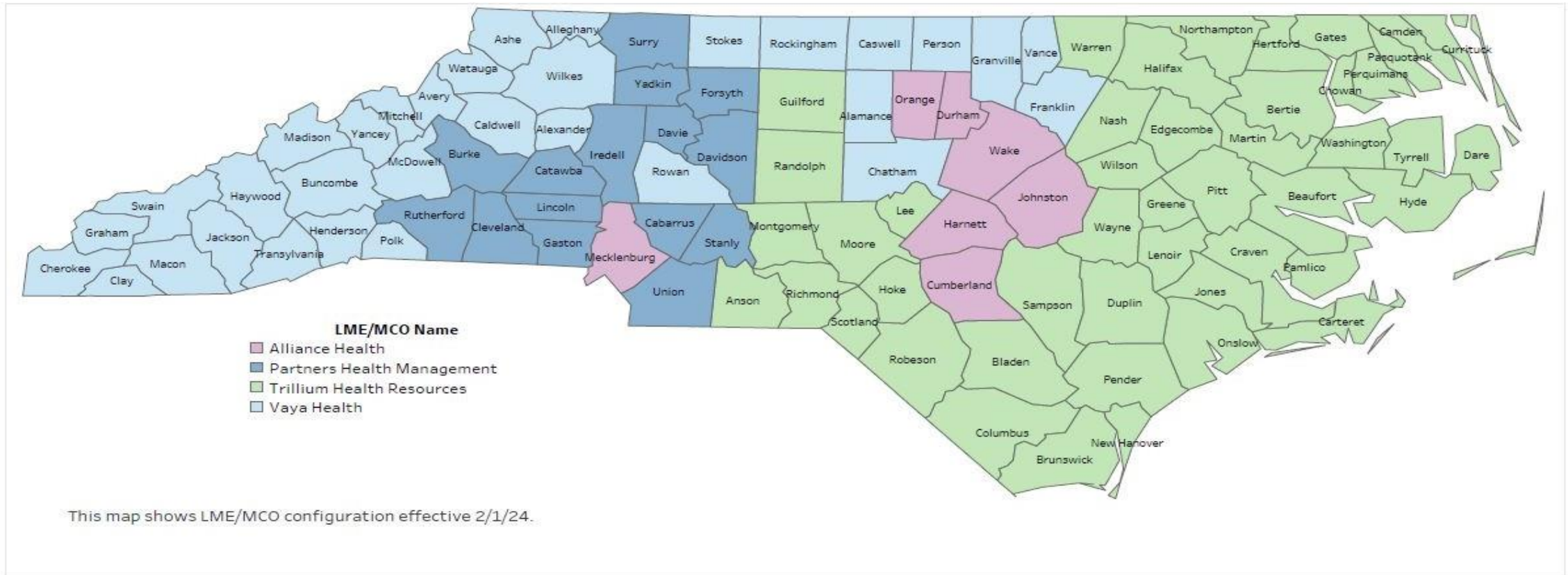
© 2023 Mapbox © OpenStreetMap  
The OSBM determination of rural and urban is used for reporting. Fifty-four NC counties are classified as rural, and forty-six NC counties are classified as urban.  
<https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/countystate-population-projections>

The section below displays NC Medicaid Expansion Enrollment by various demographic groups. In future months there will be a selector to view enrollment trends.

# LME/MCO Dashboard

- Department-wide monthly dashboard of key outcomes for the Behavioral Health System.
- Our goal is a tool that highlights our shared priorities and opportunities for improvement.
- If we can better define the problem, we can better work together to solve it.
  
- The [key measures](#) are:
  - Medicaid, Children in ED & DSS Settings
  - Medicaid, Children in Psychiatric Residential Treatment Facilities (PRTFs)
  - Consumers in State Psych Hospitals Ready for Discharge
  - People on Innovations Waitlist Receiving Any Medicaid or State BH/IDD Service
  - Follow-up Within 7 Days After Inpatient Discharge
  
- We reviewed the dashboard in the [October 2023 Side by Side webinar](#).
- The most recent report was published in **November 2023** on DMH/DD/SUS' website at: [Reports | NCDHHS](#).

# February 1, 2024: LME-MCO System



[LME/MCOs](#) serve as the public behavioral health infrastructure. They manage the care of NC beneficiaries who receive publicly-funded mental health and substance use services. LME-MCOs will operate Tailored Plans.

# Behavioral Health Budget Provisions

	Provision	FY24	FY25
Crisis	Crisis System (e.g. mobile, FBCs)	\$30M	\$50M
	Crisis Stabilization (short-term shelter)	~\$3M	~\$7M
	Non-Law Enforcement Transportation Pilot Program	\$10M	\$10M
	BH SCAN	\$10M	\$10M
Justice	Justice-Involved Programs <ul style="list-style-type: none"> <li>Community-based pre-arrest diversion and reentry programs; fund partnerships between law enforcement, counties, and BH providers</li> <li>Community-based and detention center-based restoration programs</li> </ul>	\$29M	\$70M
Workforce /Wellness/ Recovery	Behavioral Health Workforce Training	~\$8M	\$10M
	NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
	Behavioral Health Rate Increases	\$165M	\$220M
	State Facility Workforce Investment	\$20M	\$20M
	Electronic Health Records for State Facilities		\$25M
	Child Welfare and Family Well-Being	\$20M	\$60M
	Collaborative Care	\$2.5M	\$2.5M

# BH Reimbursement Rate Increases

Link: [Behavioral Health Reimbursement Rates Increased for the First Time in a Decade](#)



- The rate increases represent an approximate ~20% increase in overall Medicaid funding for behavioral health across all impacted services
- Rate increases should:
  - Recruit more BH providers into the public BH system
  - Improve access to inpatient psychiatric care in community hospitals
  - Invest in recovery-oriented services in the community

# I/DD & TBI Budget Provisions

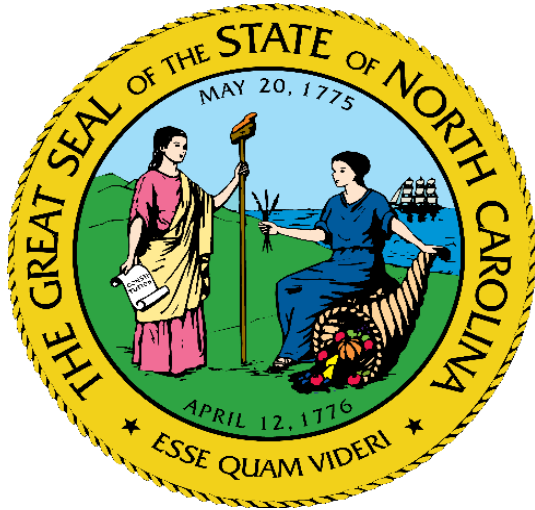
Provision	FY24	FY25
350 new Innovations slots	\$29.33M	\$29.33M
Innovations Direct Support Professional Wage increases	\$176M	\$176M
Competitive Integrated Employment	\$5M	\$5M
Personal Care Service (PCS) Rate Increases	\$176M	\$176M
Authority to expand TBI waiver statewide		

# NC Medicaid Innovations Waiver Provider Rate Increase

Link: [Innovations Rate Increases for DSPs](#)

- The NC General Assembly appropriated **\$176 million** in state and federal recurring funding to raise NC Medicaid Innovations waiver services rates for DSPs.
- Services with an increase:
  - Residential Supports
  - Supported Employment
  - Respite Care
  - Community Living and Supports
  - Day Supports
  - Supported Living





# **TBI and Innovations Waiver Update**

**NC Medicaid**

**April 2024**



# SCFAC Questions and Responses

- **Mid-April: report concerning the expansion of the TBI waiver across the State.**
  - **DHB Response:**
    - In October 2023, the General Assembly in HB 259, Section 9E.16.(d) of S.L. 2023-134 granted DHHS the permission to expand the TBI Waiver statewide by January 2025 or later with CMS approval. There are currently 107 TBI slots. DHB's finance team is analyzing the impact of adding TBI Waiver slots. If DHB can verify funding availability per statute G.S. 108A-54 (e)(1), the TBI Waiver will be positioned to expand statewide by Spring 2025.
      - Beginning in November 2023, DHHS began meeting with LME-MCO's monthly to present and discuss pertinent topics and logistical considerations involved in waiver expansion/implementation statewide. These monthly meetings will continue to occur at least through statewide TBI waiver implementation.
      - DHHS also reformed the TBI Waiver Expansion Statewide Advisory Committee which began meeting in March 2024. The purpose of this committee is to make recommendations and provide support/guidance on the statewide expansion of the current TBI Waiver. Committee membership includes statewide representation from individuals with lived TBI experience, family members, representatives from all LME-MCO's, Brain Injury Advisory Council (BIAC), Brain Injury Association of NC (BIANC), Disability Rights NC (DRNC), NC Provider Council, DD Consortium, State Consumer and Family Advisory Committee (SCFAC). state staff from pertinent Divisions and other key representatives. are underway.

# SCFAC Questions and Responses: Demographic Questions

- For the Demographic questions submitted:
  - **DHB Response:** Please see the below data which has been compiled.

SFY	GROUP	Total Members	Allied Health Members	Percent of Allied Health Members	Members with TBI Diagnosis	Percent of Members with TBI Diagnosis	TBI Members with Primary TBI Diagnosis	Percent of TBI Members with Primary TBI Diagnosis	TBI Members with Secondary TBI Diagnosis	Percent of TBI Members with Secondary TBI Diagnosis
2022	Innovation Beneficiaries	13,824	2,203	15.94%	337	2.44%	237	70.33%	217	64.39%
2022	Innovation Waitlist	16,473	4,853	29.46%	399	2.42%	296	74.19%	213	53.38%
2023	Innovation Beneficiaries	14,623	2,340	16.00%	361	2.47%	252	69.81%	230	63.71%
2023	Innovation Waitlist	17,092	4,858	28.42%	410	2.40%	306	74.63%	221	53.90%

# SCFAC Questions and Responses: Demographic Questions

- For the Demographic questions submitted:
  - **DHB Response:** Below is a template of what the data would look like. Let us know if this is ok or if something different is needed. Will do this for Innovation beneficiaries and Innovation waitlist with Non-TBI Diagnosis and TBI Diagnosis.

SFY	Group	Total	Allied Health	Allied Health rate	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71+
2022	Inn Ben	n	n	%	% [age/allied health number denominator]	%	%	%	%	%	%	%
2023	In Wait	n	n	%	%	%	%	%	%	%	%	%

SFY	Group	Total	Allied Health	Allied Health rate	Hispanic	Non-Hispanic
2022	Inn Ben	n	n	%	% [ethn #/allied health number denominator]	%
2023	In Wait	n	n	%	%	%

SFY	Group	Total	Allied Health	Allied Health rate	White	Black	AI/NA	Asian	PI/HA	No race
2022	Inn Ben	n	n	%	% [race #/allied health number denominator]	%	%	%	%	%
2023	In Wait	n	n	%	%	%	%	%	%	%

SFY	Group	Total	Allied Health	Allied Health rate	Female	Male
2022	Inn Ben	n	n	%	% [# /allied health number denominator]	%
2023	In Wait	n	n	%	%	%

# SCFAC Questions and Responses: Demographic Questions

- For the Demographic questions submitted:
  - **DHB Question:** DHB requires clarifications on the below data elements, this will be submitted to the chair for review by the committee:
    - Geographic area- a geographic area that may not be covered
    - Areas that may need to have more attention to them

# SCFAC Questions and Responses

- Funds Question: What are the funds being used for?
  - DHB Response: Please see the below:

TBI Waiver Services & Equipment Needs	
Assistive Technology	Personal Care
Cognitive Rehabilitation	Physical Therapy*
Community Networking	Remote Supports
Community Transition	Residential Supports
Crisis Supports Services	Resource Facilitation (This will no longer be a part of the 3/1/2024 Waiver Amendment)
Day Supports	Respite
Home Delivered Meals	Speech and Language Therapy*
Home Modifications	Specialized Consultation
In Home Intensive Support	Supported Employment
Life Skills Training	Supported Living
Natural Supports Education	Vehicle Modifications
Occupational Therapy*	

# SCFAC Questions and Responses

- **Question:** There were several questions around the **Definition of TBI** – This was discussed but still some questions about the scope of the definition between the medical profession and the state definition.
  - **DHB Response:** The definition of TBI per the North Carolina General Statute 122C-3(38a) is:
    - “Traumatic brain injury. An injury to the brain caused by an external physical force resulting in total or partial functional disability, psychosocial impairment, or both, and meets all of the following criteria:
      - A. Involves an open or closed head injury.
      - B. Resulted from a single event, or resulted from a series of events which may include multiple concussions.
      - C. Occurs with or without a loss of consciousness at the time of injury.
      - D. Results in impairments in one or more areas of the following functions: cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.
      - E. Does not include brain injuries that are congenital or degenerative.”

# SCFAC Questions and Responses

- **Question:** A definition that would be more appropriate for families where English is their second language, for those who do not have a good understanding of what a TBI is, what the waiver can do for them, and how they can become a part of the waiver especially if it is more appropriate than what they are currently a part of.
  - **DHB Response:** DHB is working to address language barriers within Medicaid by updating front facing material.
  
- **Question:** What are the parameters used to determine the time limits, are the limits negotiable? How does the state address the uniqueness of TBIs and whether a person is showing progress?
  - **DHB Response:** Medicaid waiver beneficiaries can continue to receive services and supports as long as they remain eligible for the waiver. TBI Waiver does not have time limits. Rehabilitation is measured by a person-centered individualized progress.

# SCFAC Questions and Responses

- **Funds Question:** Are there enough funds allocated and if not, what is the amount that would be needed?
  - **DHB Response:** DHB is working with the Finance team on projecting the funding needed for expanded slots.
- **Question:** What is a **higher level of care** that is being referred to when people are not able to get on the waiver, and services are not able to be provided?
  - **DHB Response:** Home and Community Based Services (HCBS) are offered to individuals that meet the level of care (LOC) among other eligibility criteria. Alternative programs may be available for individuals that have been assessed to need a higher level of care (support) than what the waiver is designed to provide.



# SCFAC Questions and Responses

- **Question:** What services are provided to young people who have TBI?
  - **DHB Response:** Alliance does not add individuals under the age of 18 to the TBI waiver interest list. In general, they would have access to the IDD and behavioral health services array based on their individual clinical support needs. This may include outpatient services, enhanced services, residential services such as TFC, Level III group homes and PRTF, B3 services and 1915i services. Children with TBI are also supported on the Innovations Waiver. If they do not have Medicaid and meet state criteria IDD/developmental disability, they can access state funded behavioral health services. Children with TBI may also be supported in ICFs.
  
- **Question:** What is the Percentage of young people who are eligible for the waiver?
  - **DHB Response:** Per waiver policy, individuals under 18 are not eligible for the TBI Waiver.

# SCFAC Questions and Responses

- **Question:** How are you getting the information out to reach those who may not speak English have a limited understanding of English or have a lower understanding of TBI, what the waiver is, and what it can provide to their loved one? What does the reach-out look like? What is the ratio of staff to families (families that are described above)
  - **DHB Response:** Medicaid’s commitment is to have all beneficiary-facing materials converted to Spanish. Medicaid is considering additional reimbursement to providers through adding codes when a provider needs to use an interpretative service delivery.
- **Question:** What is the outlook for the waiver?
  - **DHB Response:** If DHB can verify funding availability per statute G.S. 108A-54 (e)(1), the TBI Waiver will be positioned to expand statewide by Spring 2025.

# SCFAC Questions and Responses

- **Question:** What are the 6-month projected/ anticipated numbers?
  - **DHB Response:** DHHS is unable to project waiver enrollment numbers due to a variety of uncontrollable factors such as applicant medical and financial eligibility determination outcome, applicant choosing not to apply for Medicaid, move out of catchment area and choosing to pursue alternative services. Generally, the current 107 slots are projected to be filled in the next 6 months.
- **Question:** What would a state-wide waiver look like?
  - **DHB Response:** A state-wide waiver would mean the TBI Waiver services are available in all the Tailored Plans.