**NC Department of Health and Human Services**

# Joint DMH/DD/SUS & DHB Provider Webinar

**June 1, 2023**

# Investing in the Caregiving Workforce

**NC Department of Health and Human Services**

**2023**

## AGENDA

1. **Provide background on DHHS Strategic Priorities** including "Strong & Inclusive Workforce"

2. **Discuss overview of NC Caregiving Workforce Strategic Leadership Council** launched over the last year

# NCDHHS Priorities

*These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation*

**Behavioral Health & Resilience**

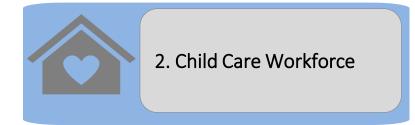**Child & Family Well-Being**

**Strong & Inclusive Workforce**

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

# DHHS' STRONG & INCLUSIVE WORKFORCE PRIORITY SUPPORTS CRITICAL AREAS OF OUR CAREGIVING WORKFORCE

**1. Health Caregiving Workforce**

**2. Child Care Workforce**

**3. State and County Health & Human Services Workforce**

## Workforce Categories – sample

A. **Strategy & long-term Governance to build a robust NC Health Workforce** – for ongoing strategy, policy, and investment in NC's Health Workforce with partners

B. **Direct Care & BH Workforces** – workers caring for individuals who require hands-on assistance due to a health condition, disability, and/or age, or support for a BH need

C. **Child Care Workforce** – workers powering our children's early learning & development, and enabling a strong economy that includes parents/caregivers

D. **DHHS Workforce** – workers delivering critical health and human services to the people of North Carolina across a multitude of supportive programs

E. **State & Local Public Health Workforce** – workers meeting vital health needs in our communities through health promotion & disease prevention

F. **State & Local Social Services Workforce** – workers providing critical safety net services

*These areas of focus will have cross-cutting focuses of being data-driven and advancing equitable wellbeing outcomes.*

Note: some workforces covered elsewhere in DHHS priorities.

# COULD NC BENEFIT FROM DEDICATED COORDINATED FOCUS ON OUR HEALTH CAREGIVING WORKFORCE?  WHY?

➢ North Carolina – like the nation – has experienced a tight labor market as we recover from the global COVID-19 pandemic; while our health caregiving workers were some of our greatest heroes in the pandemic, even prior to the pandemic this workforce was in **chronic short supply**.

➢ While North Carolina has many stakeholders deeply engaged across the state in tackling these challenges, NC could benefit from **a common understanding of the workforce landscape**: the health caregiving workforce areas of greatest need, current efforts underway, and promising strategies that could be scaled.

➢ Beyond this shared understanding, North Carolina could benefit from **a coordinated state response** that marshals collective efforts towards actionable improvement for the ecosystem, and away from unintended externalities or lower return on investment.  A coordinated response contributes to **evidence-driven investment and policy.**

➢ Ultimately, this **persistent challenge needs persistent focus**, and the governance to drive towards long-term solutions for this workforce that underpins a productive and healthy North Carolina.

# CAREGIVING WORKFORCE STRATEGIC LEADERSHIP COUNCIL

## North Carolina Launches Caregiving Workforce Strategic Leadership Council

North Carolina leaders are projecting shortages in direct care workers, nurses and other caregiving positions in the coming decade. At the same time, demand for these services is rising. To address this gap, the North Carolina Department of Health and Human Services and the North Carolina Department of Commerce are leading North Carolina's new Caregiving Workforce Strategic Leadership Council.

"**The caregiving workforce supports every person in North Carolina**, whether you need help daily or during an emergency," said NCDHHS Secretary Kody H. Kinsley. "Leadership Council members are committed to working together to create real solutions that build a workforce pipeline, forge career pathways and address financing strategies that support sustainable wages so we can avert this coming crisis."

"**North Carolina's caregivers not only work to keep our workforce healthy, but they also play a vital role in the state's economy**," said North Carolina Commerce Secretary Machelle Baker Sanders. "We can continue to recruit and retain these critical jobs using a more inclusive and equitable approach — and this council's work is an important step in the right direction."

To create the Council, Secretary Kinsley and Secretary Sanders nominated leaders from across state government and the education sector to participate.

Source: NCDHHS.gov

# THEMES FROM CAREGIVING WORKFORCE STRATEGIC LEADERSHIP COUNCIL

Summary of key themes that have emerged:

- **Leveraging data for informed decision-making**: there is a need for shared, integrated, and synthesized data across entities to understand the problem and craft appropriate solutions

- **Understanding the limiting factors in expanding education and workforce:** we recognize barriers to expanding training like accreditation and precepting, and hurdles in meeting people where they are including textbook costs and affordable childcare

- **Acknowledging the multiple factors involved in attraction and retention**: in addition to pay, organizations are considering leave, flexibility, and career pathing

- **Being intentional about equity**: acknowledge changing demographics and that we have not equitably served all job seekers – thoughtfully incorporate this into our strategy setting

- **Acknowledging multi-stakeholder response**: need exists for many different entities to play a role, including the many people already doing great work here across the state, with an opportunity to further lift up and coordinate the work

- **Considering state-wide and regional approaches**: balance our state-wide strategic approach with regional/community progress

- **Establishing governance and alignment**: build commitment, process, and infrastructure for sustained focus, coordination, and outcomes

Source: Caregiving Workforce Strategic Leadership Council Nov 2022

# WHAT COULD CHARTING NEAR-TERM PROGRESS LOOK LIKE?

*While we build towards a longer-term vision and governance, we want to move towards:*

|  | **1. Top workforce needs** | **2. Landscape analysis & synthesis** | **3. Governance framework** | **4. Recommendations for action** |
|---|---|---|---|---|

**Deliverable**

**1. Top workforce needs**
- Initial analysis of NC **top health caregiving workforce areas of need** based on available data
- **Data strategy** for enhanced data availability/insight

**2. Landscape analysis & synthesis**
- **Scan and summary of existing efforts** to improve workforce, esp. for initial focus areas
- Identification of **main gaps/opportunities and barriers**, esp. for initial focus areas and cross-cutting themes
- Idea generation on **key improvements**, with learnings from other states

**3. Governance framework**
- **Scan and summary of potential workforce governance structures** and learnings from other states' governance and intervention
- **Proposed ongoing long-term governance** for vision, coordination, and implementation oversight

**4. Recommendations for action**
- **Final report with key recommendations** for:
  - Health caregiving workforce areas for initial focus
  - Key strategies for near-term action, with synopsis of potential longer-term actions
  - Proposed longer-term state-level governance

# TOP WORKFORCE NEEDS AND INITIAL AREAS OF FOCUS

## Determining top health caregiving workforce needs

Understand the top health caregiving workforce needs facing NC, to ground our definition of the problem, inform initial focus areas, and shape strategies that address data limitations.

### Approach
- Pose key questions and track findings across key health categories
- Triangulate across data sources for more robust picture
- Utilize available subject-matter expertise
- Leverage data insights to build towards action on a subset of areas of need, by understanding initiatives in place and gaps/opportunity

### Overview of data
- Primary data sources:
  - NC Dpt. of Commerce Labor & Economic Analysis Division
  - UNC Cecil G. Sheps Center for Health Services Research
  - HHS Health Resources and Services Administration
  - PHI International Workforce Data Center on Direct Care

## Initial focus areas

### Behavioral Health Workforce
- Rationale: ~52% of NC adults with mental illness received no treatment, and shortages of Mental Health and Substance Use Disorder professionals extend across NC per UNC Sheps (e.g., 25% counties don't have Psychiatrist)
- Potential themes – *not exhaustive*: career pathways, financial incentives (e.g., loan reimbursement), training and/or clinical experience support

### Direct Care Workforce
- Rationale: NC lost ~9% of its Direct Care workforce from 2016-21 per PHI, and there aren't enough Direct Support Professionals to meet needs of those with disabilities (with >30% turnover rate)
- Potential themes – *not exhaustive*: wages & benefits, credentialing, building pathways

### Nursing Workforce
- Rationale: NC faces a shortfall of ~12,500 RNs and 5,000 LPNs by 2033 per UNC Sheps, with needs across NC
- Potential themes – *not exhaustive*: nurse retention and workplace environment (e.g., wellness), increasing NC Nursing Graduates (e.g., student support to graduate, other barriers)

# THANK YOU

NC Department of Health and Human Services

*From Theory to Practice:*

Person-Centered Planning in North Carolina

Brittany Jones MA, LCAS, CCS
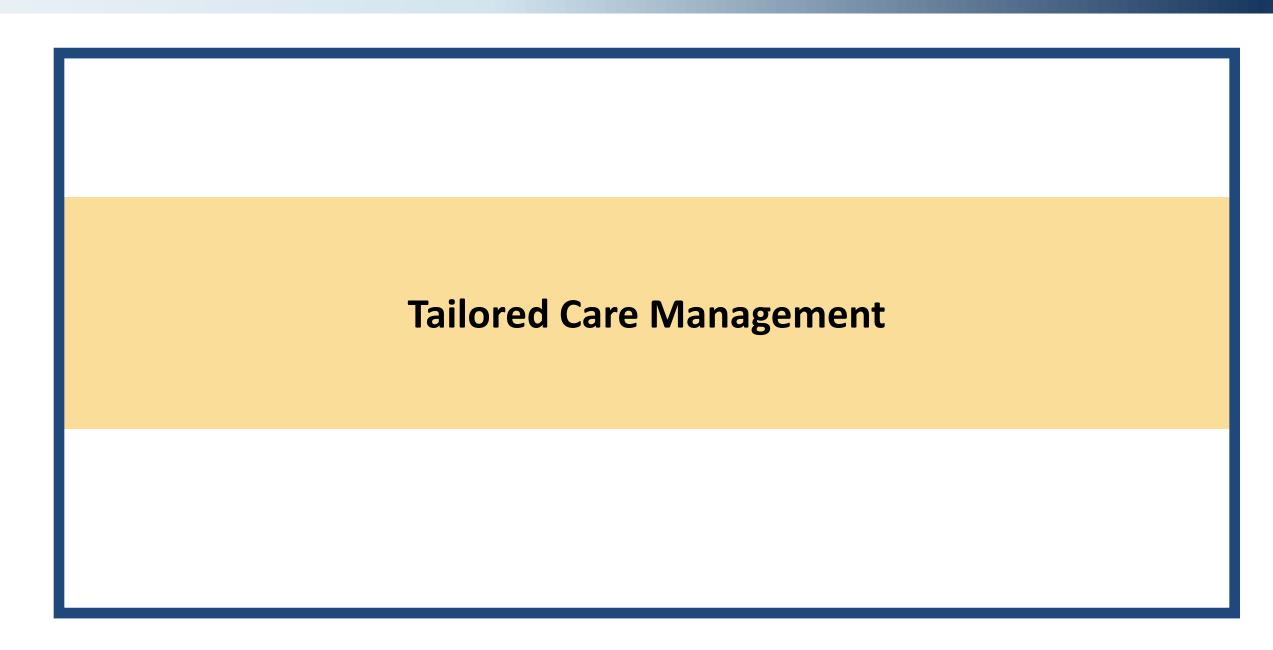
Human Services Program Consultant II

# Pop Health Behavioral Health DHB Provider Webinar

*June 1, 2023*

# Agenda

○ **Tailored Care Management Updates**

○ **Success Stories**

# Tailored Care Management

# What is Tailored Care Management?

○ **Tailored Care Management = Care management**

**Care managers coordinate and support beneficiaries' connections to needed healthcare and community services.**

**Why is it called "Tailored Care Management?  Because care mangers will be serving:**

- ▪ Individuals enrolled in NC Medicaid Direct (e.g., dual eligibles) who would otherwise be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.

- ▪ All Tailored Plan Members, including individuals enrolled in the 1915(c) Innovations and TBI waivers.

○ **Under Tailored Care Management, members will have a single care manager who will be equipped to manage all of their needs, spanning physical health, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health-related resource needs.**

# Tailored Care Management and Tailored Plan Key Dates

**December 1, 2022**
Tailored Care Management Launch for Medicaid Direct Members

**April 1, 2023**
Additional Populations Included in Medicaid Direct, eligible members assigned a Tailored Care Management entity.

**October 1, 2023**
Tailored Plan Launch, eligible members enrolled with a Tailored Plan.
*Please note that TCM assignments will remain unless a TCM entity has chosen not to contract with the Tailored Plan their assigned member is enrolled with.

# Tailored Care Management Stabilization

**Understanding that Tailored Care Management is a new service, the Department has worked with our partners to address key concerns from providers and PHPs.**

○ To ensure that TCM providers can accurately identify their assigned members, DHB created the **TCM Enrollee Report** that is delivered to TCM entities via NCTracks monthly.

○ DHB worked with LME/MCOs **to update the contact information for TCM members** and continues to investigate ways to **collect and distribute more accurate contact data**.

○ **Round 3 TCM Certification has been delayed** and includes providers that are serving areas or member populations that currently have gaps in TCM entity availability to ensure our existing TCM providers have the chance to receive full panels and stabilize.

○ **Post-Production Calls** are held weekly with TCM providers and PHPs to address any data discrepancies and/or technology concerns.

○ The TCM team publishes a monthly **TCM Newsletter** to keep providers updated on key dates and activities in the field.

# Populations Eligible to Obtain Tailored Care Management

- **As of April 1, 2023, all individuals who will be eligible to enroll in a Tailored Plan on October 1, 2023, or who would otherwise meet the clinical eligibility criteria for a Tailored Plan if they were not part of a delayed or excluded population\* are eligible to obtain Tailored Care Management.**

- This includes clinically eligible Medicaid beneficiaries who are children under age three or who were previously enrolled in NC Health Choice.

*\* For example, an individual who is dually eligible for Medicare and Medicaid who has an I/DD or a child with a serious emotional disturbance who would have been eligible for a Tailored Plan if they were not in foster care.*

# Training for Tailored Care Management Staff

Tailored Care Management Program Updates will be posted to the Department's webpage this week.

**5.31.23 Updates**
- **Training**. Effective April 1, 2023, the Department is requiring care managers, care manager extenders, and supervisors complete training on the below core modules[1] before being deployed to serve members; care managers, care manager extenders, and supervisors must complete the remaining training modules within **6 months of being deployed** (**5.31.23 Update**).

*Care Manager, Extenders and Supervisors hired on or before May 22, 2023 should adhere to the following:*
- Complete the **core** modules within 90 days of hire**.**
- Complete the remaining training modules of the Tailored Care Management training curriculum within six (6) months of hire**.**

- The department has aligned with AHEC regarding updates.
- A communication will be shared with the field that includes the updated document.
- Language regarding 6-month timeframe for completing non-core trainings will be updated in the May 2023 release of the Provider Manual.

*\* The Department may update this list of core training modules at a future date.*
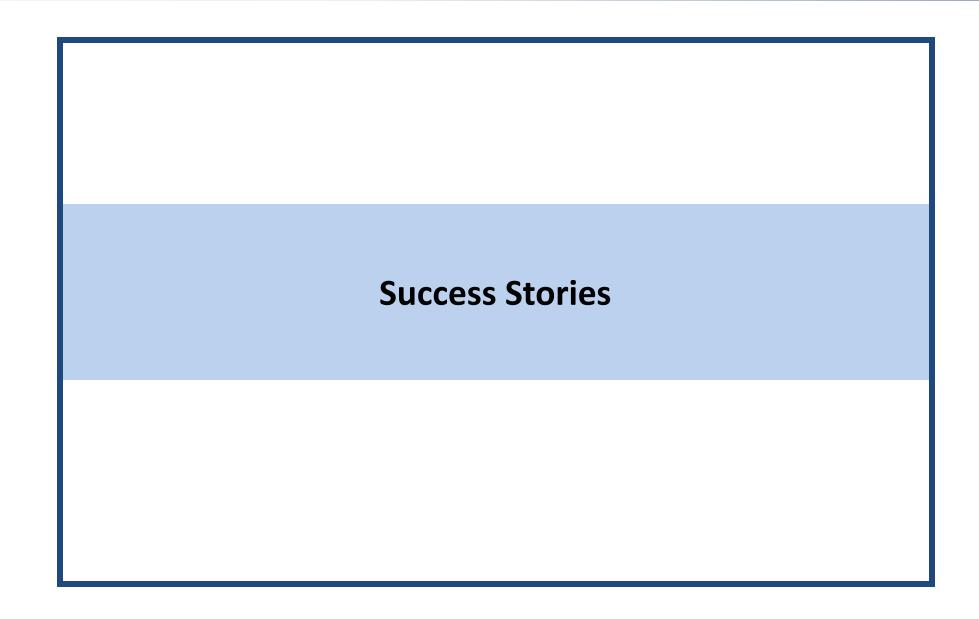
# Tailored Care Management Updates

**New Forum for Provider Feedback**

○ To continue to learn about providers' experience in deploying the model, the Department is exploring standing up a new forum to collect provider feedback in partnership with AHEC. Additional details are forthcoming.

**Additional Capacity Building Funding**

○ The Department is working diligently to identify additional capacity building funds to support provider sustainability and the AMH+/CMA workforce.

- Funds will be limited, and The Department is assessing how the funds can have the greatest impact on Tailored Care Management sustainability. Additional details are forthcoming.

# Success Stories

The Department would like to thank and acknowledge the following TCM providers for their contributions and their outreach to members:

- Monarch

- The Arc of NC

- Dixon Social Interactive Services

These enriching stories will provide the opportunity for others to see how instrumental Tailored Care Management has been in the lives of the members that we uplift, advocate for, and support daily. Please feel free to forward additional success stories from your agency to medicaid.tailoredcaremgmt@dhhs.nc.gov .

# Success Stories:

Care Manager (CM) working with mom of 2 children. Mom has IDD and depression and is very involved with her children.  Although her main issue was to find a bigger home so her children could have separate bedrooms, they also needed bedroom furniture.  CM linked her to an agency called "Sleep in Heavenly Peace" and they were able to provide beds for her children.  Mom contacted CM to let her know she had received not only the beds but all bedding needed as well.  She stated that her children were so happy with their new beds, and she wanted to thank her CM for assisting and helping to make her children happy.

Care Manager (CM) and Care Manager Extender (CME) have been working with a woman who has not had stable housing in 15 years. CME assisted with application for supervised apartment, transferring her Medicaid/Food & Nutrition  benefits, and establishing a pharmacy that was within walking distance of her new home.  CME was also able to connect the woman to a Primary Care Provider closer to her apartment and worked with the PCP to refer her for Personal Care Services.  CME was also able to connect with additional support services within the community, NA meetings locally, and helped her to volunteer at a food bank.

## Monarch

# Tailored Care Management Success Stories

 "Taylor" age 26, severe IDD, and is currently residing in a group home.

- Taylor's mom is very involved, and she was not happy with the previous group home where Taylor was living. She learned of The Arc and came to us asking about Tailored Care Management and wanted her daughter in a different group home.

- Care Managers were able to get Taylor placed in another group home quickly – the Care Manager went on a tour with Taylor's mom to see the new group home. is doing very well in the new group home and with the care she is receiving. Mom says Taylor is much happier.

- Taylor is now more involved in the community and able to get out and enjoy her life. She's participating in a day program during week and doing community networking on the weekends – shopping, going to the park, community activities.

- Mom believes in TCM and cannot thank The Arc of NC staff enough!

# Tailored Care Management Success Stories

**Stories from our Care Management team**

**A person served by The Arc of North Carolina contacted one of our Care Manager and expressed concern regarding discomfort in her breast. Mandy spent time educating them and assisted with scheduling a mammogram.**

**A member of our Care Management team was able to assist with obtain a home modification to ensure a person served by The Arc was able to access their bathroom due to deteriorating health.**

**Our staff attended an emergency IEP meeting for one of our members to advocate for additional supports and services. After the determination was made that the school was not following protocol, the school administrators removed a suspension.**

Success Story #1

Member was legally terminated from his apartment and given 30 days to vacate the premises. The member was very emotional when brought the certified letter to CM to confirm and review with him. CM settled the member, then scheduled a meeting with the Property Manager to see what alternatives could be worked out for the member using a "Plan of ACTION (POA)" tool. The property manager agreed to the terms in the POA and reinstated the member. CM met with the member, explained the process and reinstatement terms. The outcome was that the member was able to retain housing.

Success Story #2

A member requested resources for learning how to obtain a driver's license and how to get a job. She was provided with a Drivers handbook and had a commitment that her sister would help her study. CM assisted further by called Vocational Rehabilitation and made referral for her to receive assistance. The member had her first in-person meeting with Vocational Rehabilitation. She also was assigned a job coach. Currently, the member updates the CM weekly on her progress with Vocational Rehab and her progress with her job coach on her steps towards finding employment.

# Questions and Answers

**Comments, questions and feedback are welcome at:**

- BHIDD.HelpCenter@dhhs.nc.gov
- Medicaid.NCEngagement@dhhs.nc.gov

**Previous recordings and presentation slides for this webinar series can be found on the Community Engagement and Training webpage:** https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-committees/community-engagement-and-training

# Provider Resources

- **NC Medicaid Enrollment Broker**
  - Website [ncmedicaidplans.gov](ncmedicaidplans.gov)
  - Call Center 833–870–5500

- **NC Medicaid Ombudsman**
  - Website [ncmedicaidombudsman.org](ncmedicaidombudsman.org)
  - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

- **NC Medicaid Behavioral Health I/DD Tailored Plan**
  - Webpage [medicaid.ncdhhs.gov/BehavioralHealth_IDD_TailoredPlan](medicaid.ncdhhs.gov/BehavioralHealth_IDD_TailoredPlan)

- **NC Medicaid Transformation**
  - [medicaid.ncdhhs.gov/transformation](medicaid.ncdhhs.gov/transformation)

- **NC Medicaid Help Center**
  - [medicaid.ncdhhs.gov/helpcenter](medicaid.ncdhhs.gov/helpcenter)

- **Regular Medicaid Bulletins**
  - [medicaid.ncdhhs.gov/providers/medicaid-bulletin](medicaid.ncdhhs.gov/providers/medicaid-bulletin)
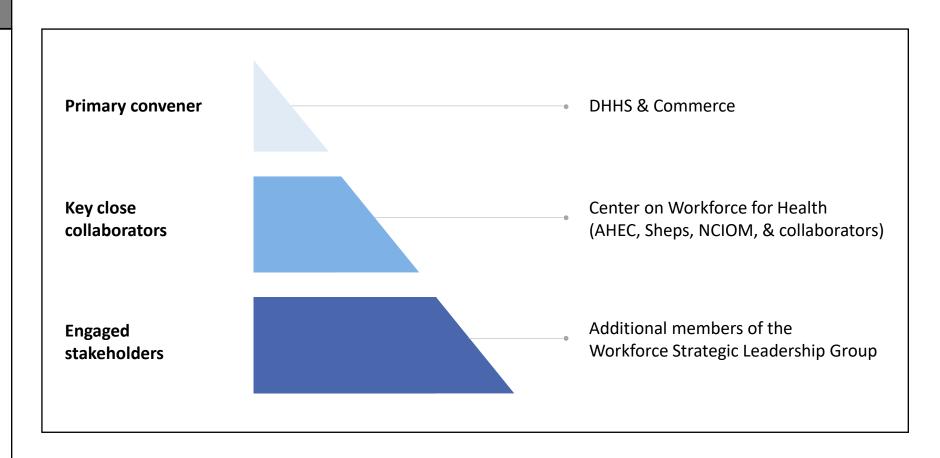
## APPENDIX

# NEAR-TERM CONVENING ON OUR ROAD TOWARDS LONGER-TERM PROGRESS

## Health Caregiving Workforce Strategic Leadership Council

- Representatives identified by Secretaries of NC DHHS and NC Commerce, across:
  - Governor's Office
  - Dpt. of Commerce
  - Dpt. of HHS
  - Dpt. of Labor
  - Dpt. of Public Instruction
  - NC AHEC
  - NC Community College System
  - NC Independent Colleges & Universities
  - University of North Carolina
  - Economic Dev. Partnership of NC
- Quarterly meetings
- Structure to evolve as longer-term governance is established

**Primary convener** — DHHS & Commerce

**Key close collaborators** — Center on Workforce for Health (AHEC, Sheps, NCIOM, & collaborators)

**Engaged stakeholders** — Additional members of the Workforce Strategic Leadership Group

# NC CENTER ON THE WORKFORCE FOR HEALTH

**Organization:**

The NC Center on the Workforce for Health (Center) will be led by NC AHEC in the UNC School of Medicine, in partnership with the NC Institute of Medicine and the Cecil G. Sheps Center for Health Services Research and in coordination with the UNC System Office, NC DHHS and NC Department of Commerce. Stakeholders to engage will include:

- North Carolina's post-secondary educational institutions (public and private universities and our community colleges)
- The health-care organizations that employ North Carolinians trained by post-secondary or other institutions.
- The people who work in those organizations
- Relevant state agencies
- Other relevant community-based or trade/professional organizations

**Action:**

The Center will:

- Be persistent, transparent, and accountable to policy makers, educators, and employers for evidence-based recommendations and approaches to address health workforce needs.
- Leverage and expand data sources, including data gathered through local workforce needs assessment processes, and convene and coordinate actions of relevant stakeholders to identify health workforce needs and solutions, and monitor progress toward implementing those solutions.
- Provide no less than annual updates for stakeholders and policy makers on progress toward identifying and implementing solutions to the State's health workforce shortages and  recommended actions to address current and future health workforce shortages and maldistributions.
- Partner with the NC Chamber Foundation and other organizations to develop and deploy strategies to engage local communities to coordinate efforts to define health workforce needs and to partner with workforce development and training institutions to meet those needs.

# OVERVIEW OF HEALTH CAREGIVING WORKFORCES

**Sample Health Caregiving Categories and Professions – *Not exhaustive***

| | |
|---|---|
| **Behavioral Health** (Mental Health and Substance Use Disorder) | Prescribing: Psychiatrist and other MDs, Psychiatric Nurse Practitioner (NP), Licensed Physician Assistant (PA) |
| | Therapy: Licensed Clinical Social Worker (LCSW), Licensed Psychologist (LP), Licensed Professional Counselor (LPC), Licensed Clinical Mental Health Counselor (LCMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Addiction Specialist (LCAS) |
| | Therapy/Testing: Psychologist, Licensed Psychological Associate (LPA) |
| | BH Direct Care Workers: Qualified Professional (QP), Associate Professional (AP), Paraprofessional (PP), Peer Support Specialist, Mental Health/Health Care Technicians (hospital-based) |
| | Care Managers, Care Coordinators |

| | | |
|---|---|---|
| **Primary Care, Specialty Care, & Population Health** | **i. Physician** | Internal Medicine Physician, Family Medicine Physician, Specialists |
| | **ii. Nurse** | Licensed Practice Nurse (LPN), Registered Nurse (RN), Nurse Practitioner (NP) |
| | **iii. Physician Assistant** | Physician Assistant (PA) |
| | **iv. Allied Health Professional** | PT / OT / ST, Respiratory Therapist, Dietician |
| | **v. Other Care and Pop. Health** | Care Manager, Medical Assistant, Community Health Worker (CHW) |

> There are many health caregiving workforces – this list encapsulates core categories to help us structure our synthesis/action but is not exhaustive.

| | | |
|---|---|---|
| **Health support esp. for Older residents & Individuals with Intellectual/Developmental Disabilities** | **i. Direct Care Worker** | Older adults: Certified Nursing Assistant, Home Health Aide, Personal Care Aide |
| | | I/DD: Qualified Professional (QP), Associate Professional (AP), Paraprofessional (PP), Peer Support Specialist, Family Navigators |
| | | Care Managers/Care Coordinators |

| | |
|---|---|
| **Women & Children's Health** | OBGYN, Doula, Pediatrician |
| **Oral Health** | Dentist, Dental Hygienist, Dental Assistant |
| **Pharmacy** | Pharmacist, Pharmacy Tech. |
| **Emergency Medical Services** | EMT, Paramedic |