9:00-9:05 a.m.	**Welcome, Roll Call, Approval of Agenda and Minutes** **Brandon Wilson** **Bob Crayton**
9:05 - 9:10 a.m.	Approval of Agenda and Minutes Brandon Wilson Bob Crayton
9:15-10:00 a.m.	Medicaid Updates Jay Ludlam Deputy Secretary, NC Medicaid Division of Health Benefits NC Department of Health and Human Services
10:00 – 11:00 a.m.	Division Update Kelly Crosbie Director of DMH/DD/SUS
	Break
11:10-11:40 p.m.	Public Comment Public Comment Link: https://forms.office.com/g/NLzm1gckte
12:00– 1:00 p.m.	Lunch
1:00 – 2:00 p.m.	Strategic Plan update Charles Rousseau Acting Director of Strategy and Planning DMH/DD/SUS
2:00-2:45 p.m.	Sub Committee report outs and discussion Brandon Wilson Bob Crayton
2:45-3:00 p.m.	Debrief from the meeting. Brandon Wilson
3:00 p.m.	Adjournment

Jay Ludlam

Deputy Secretary, NC Medicaid

Division of Health Benefits

I. Comprehensive update on the 1915(i) option Services (TP 1915(i))

As part of NC Medicaid's commitment to a smooth transition from 1915(b)(3) services to 1915(i) services, NC Medicaid is continuing to work with plans, providers and the broader community to expand access to these services to members in a responsible way that ensures the best outcomes for our members and our providers.

NC Medicaid is aware that the expansion of the availability of Home and Community Based Services (HCBS) through the 1915(i) has been long awaited.

- As NC Medicaid focuses on the smooth transition of current members receiving 1915(b)(3) services, it's important to understand that it will take time for providers in the community to build capacity to provide these much-needed services.

NC Medicaid is incredibly excited about the approval of the 1915(i) services and is looking forward to supporting the LME/MCOs, providers and members in working to make to make these services more available to all members who could benefit from them.

- In this transition the first priority remains a smooth transition to these services currently receiving services to avoid disruption in care.

II.

- Appendix K flexibilities were implemented during the Public Health Emergency and were scheduled to end effective Nov. 11, 2023. The Centers for Medicare and Medicaid Services (CMS) is allowing states to continue Appendix K flexibilities beyond Nov. 11, 2023, if the state submits a 1915(c) waiver amendment making some or all the Appendix K flexibilities permanent.

- To that end, NC Medicaid submitted an amended 1915(c) Innovations Waiver to CMS and is awaiting a response; thus, if approved by CMS, Innovations Waiver Appendix K flexibilities will continue beyond Nov. 11, 2023, until the amended waiver is approved and becomes effective.

- Once the amended 1915(c) Innovations Waiver becomes effective, only the flexibilities that are permanently added to the 1915(c) Innovations Waiver will continue. NC Medicaid recognizes the need for time to transition from the various flexibilities ending and is requesting CMS to make North Carolina's 1915(c) Innovations Waiver amendment effective March 31, 2024. NC Medicaid will communicate formal approval of this extension request as soon as it is available from CMS.

- NC Medicaid submitted a 1915(c) Innovations Waiver amendment to (CMS) to make the following Appendix K flexibilities permanent:
  - Allow home-delivered meals (up to seven meals per week/one per day).
  - Allow real-time, two-way interactive audio and video telehealth for Community Living Support; Day Support, Supported Employment; Supported Living and Community Networking to be delivered via telehealth.
  - Allow waiver individuals to receive services in alternative locations: hotels, shelters, churches or alternative facility-based settings.
  - Remove the requirement for the beneficiary to attend the day support provider once per week.
  - Allow the Community Navigator to note individuals may not receive this support unless they are self-directing one or more of their services through the agency with choice or employer of record model.
  - Increase the Innovations waiver cap from $135,000 to $157,000 per waiver year.
  - Allow parents of minor children receiving Community Living and Support to provide this service to their child who has been indicated as having extraordinary support needs up to 40 hours/week.
  - Allow Supported Living to be provided by relatives.
  - Allow relatives as providers for adult waiver individuals to provide above 56 hours/week, not exceeding 84 hours/week of Community Living and Support.

III. Update on the TBI Waiver and Appendix K Flexibilities

- Appendix K flexibilities were implemented during the Public Health Emergency and were scheduled to end effective Nov. 11, 2023. The Centers for Medicare and Medicaid Services (CMS) is allowing states to continue Appendix K flexibilities beyond Nov. 11, 2023, if the state submits a 1915(c) waiver amendment making some or all of the Appendix K flexibilities permanent.

- To that end, the NC Medicaid has submitted an amended 1915(c) TBI Waiver to CMS and is awaiting a response; thus, if approved by CMS, TBI Waiver Appendix K flexibilities will continue beyond Nov. 11, 2023, until the amended waiver is approved and becomes effective.

- After the amended 1915(c) TBI Waiver becomes effective, only the flexibilities that are permanently added to the 1915(c) TBI Waiver will continue. NC Medicaid recognizes the need for time to transition from the various flexibilities ending and is requesting CMS to make North Carolina's 1915(c) TBI Waiver amendment effective March 1, 2024. NC Medicaid will communicate formal approval of this extension request as soon it is available from CMS.

- NC Medicaid has submitted a 1915(c) TBI Waiver amendment to (CMS) to make the following Appendix K flexibilities permanent:

- Allow home-delivered meals (up to seven meals per week/one per day)
- Allow real-time two-way interactive audio and video telehealth for Life Skills Training, Cognitive Rehabilitation, Day Support, Supported Employment; Supported Living, and Community Networking to be delivered via telehealth.
- Allow waiver individuals to receive services in alternative locations: hotel, shelter, church, or alternative facility-based settings.
- Remove the requirement for the beneficiary to attend the day support provider once per week.
- Allow relatives as providers for TBI waiver individuals to provide Personal Care and/or Life Skills Training (or a combination of those two services) up to 40 hours/week total.
- Resource Facilitation will no longer be a separate TBI Waiver service; however, the activities that were included in this service are available through Tailored Care Management

- **LME/MCO Performance measures**
  -
- LME-MCO Dashboard*:* https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/reports
    -
- **Dashboard report on PDN**
  -
- *See attached*
    -
- **LME/MCO Consolidation**

- The Secretaries priorities for guiding this decision –

- **What is best for the people we serve and for the providers who deliver services?** This takes into consideration health regions, where people live, and where people go to seek care. It also includes reviewing LME/MCO performance metrics and existing capacities of their provider networks, their systems, and their staff.

- **What will promote the value of whole-person care and move us to tailored plans faster?** This considers reviewing Tailored Plan readiness, the capacities of each LME/MCO, and how their strengths complement one another as part of a larger public system of care. It also includes the federal expectations of a managed care system, which is centered on the need for comprehensive access to care and choice, wherever possible.

- **What will reduce complexity, create less disruption, and make things easier for everyone involved?** This will include how any change will be adopted by those we serve and other partners – to find balance at a time when the system has been under immense change. It will also consider how we streamline efforts for providers and counties that need stability and consistency.

DIVISION UPDATE
KELLY CROSBIE
DIRECTOR OF DMH/DD/SUS

State Consumer and Family Advisory Committee (SCFAC)

11/8/2023

Kelly Crosbie, Director
Division of Mental Health, Developmental Disabilities, and Substance Use Services

Agenda

- Appendix K Flexibilities
- Current state of our crisis system
- Crisis funding in the SFY24-25 Budget
- Areas of focus for investments
- LME/MCO Consolidation

Appendix K Flexibilities

Appendix K allows for flexibilities that support people with SMI, IDD, and/or TBI. For example, Relative as Provider (RAP) for children up to 40 hours/week and RAP for adults up to 84 hours/week of Community Living Supports (CLS).

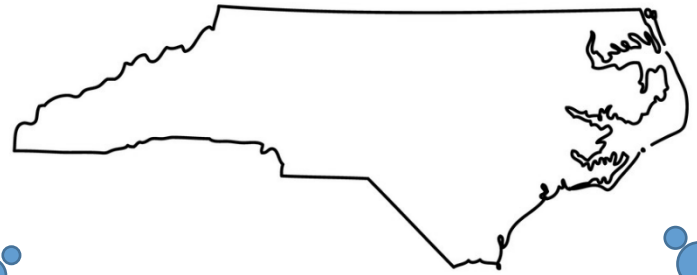
Update	What does this mean?
NC Medicaid has requested that Appendix K be extended to February 29th, 2024 for the Innovations and TBI Waivers.	If approved, all flexibilities allowed under Appendix K during the COVID-19 emergency will continue until February 29th, 2024.
NC Medicaid has requested that amendments to the Innovations and TBI Waivers start March 1st, 2024.	If approved, certain Appendix K flexibilities will end and certain flexibilities will be made permanent to both the Innovations Waiver and the TBI Waiver effective March 1, 2024.
We will share updates as we learn more.	

TBI: https://medicaid.ncdhhs.gov/blog/2023/11/03/update-tbi-waiver-1915-c-and-appendix-k-flexibilities
Innovations: https://medicaid.ncdhhs.gov/blog/2023/11/03/update-innovations-1915c-and-appendix-k-flexibilities

What is North Carolina's crisis system?

What should I do if I need help?

Where can I go in a crisis?



How fast can I get help?

Will my unique needs be met?

What we hear about NC's Crisis System

- Wait times are too long for mobile crisis
- Too many people are waiting in Emergency Departments
- Emergency responses are not tailored to my needs
- Services are not available where I live
- My provider doesn't understand what I am going through

Making the Crisis System work for All of NC

North Carolina envisions a cohesive crisis system that works for all people of all ages.

1. Someone to Talk To

- Individuals can reach someone 24/7/365 and get the support they need

988

2. Someone to Respond

- Individuals can be reached wherever they are and receive services that allow them to remain in the community

3. Somewhere to Go

- Individuals have a place to go where they can heal and return to the community

Crisis Investments in the SFY 23-25 Budget

$131M is going towards crisis across SFY23-25

FY 23-25 Budget Items	FY23-24	FY24-25
Crisis System Improvements (e.g. mobile crisis, respite)	$30M	$50M
Non-Law Enforcement Transportation Pilot Program	$10M	$10M
Crisis Stabilization Facility Capacity	$3.2M	$7.8M
Crisis System Technology (e.g., 988, bed registry)	$10M	$10M
Totals	**$53.2M**	**$77.8M**

Guiding Principles for Identifying Investments

Year 1

- Fund infrastructure to allow current DMH/DD/SUS programs to expand their reach
- Use data and community input to prioritize projects based on need

Year 2

- Fund innovative programs that require research and design
- Change existing programs to improve service quality and/or build path for long-term sustainability

Mobile Crisis Teams

Someone to Respond

- **What is it?**
  - Mobile Crisis teams provide an immediate response to a mental health crisis by traveling to where the person is in the community

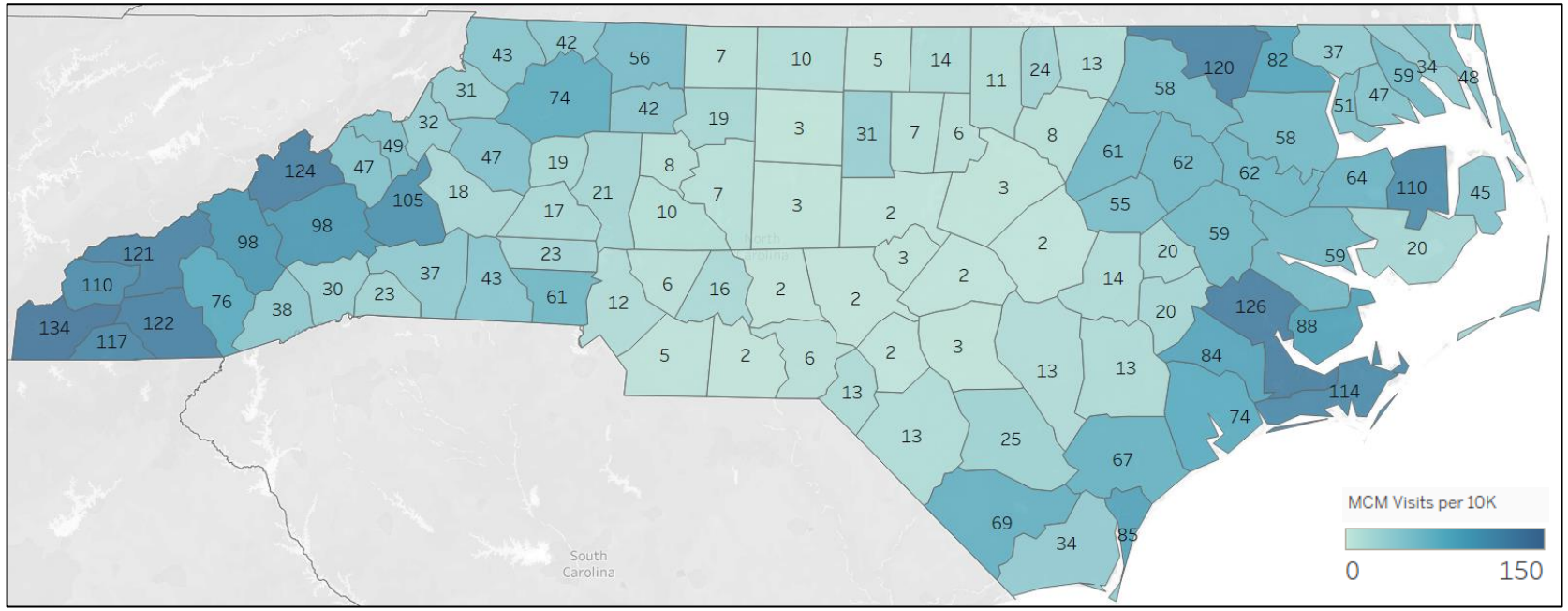
- **Challenges**
  - Mobile Crisis team responses can exceed 2 hours
  - The level of services a Mobile Crisis team may be inconsistent and do not always allow the person to be stabilized in the community

- **Goals**
  - Mobile Crisis response times are shorter than 2 hours
  - 80% of individuals can be receive the supports they need to remain in the community

Mobile Crisis Visits per 10,000

8/22-7/23; State Funded Services & Medicaid Funded; Uses NC population as denominator

- Utilization of mobile crisis teams is inconsistent across NC
- Additional research needed to understand causes of higher/lower utilization



Facility Based Crisis Centers (FBCs)

Somewhere to Go

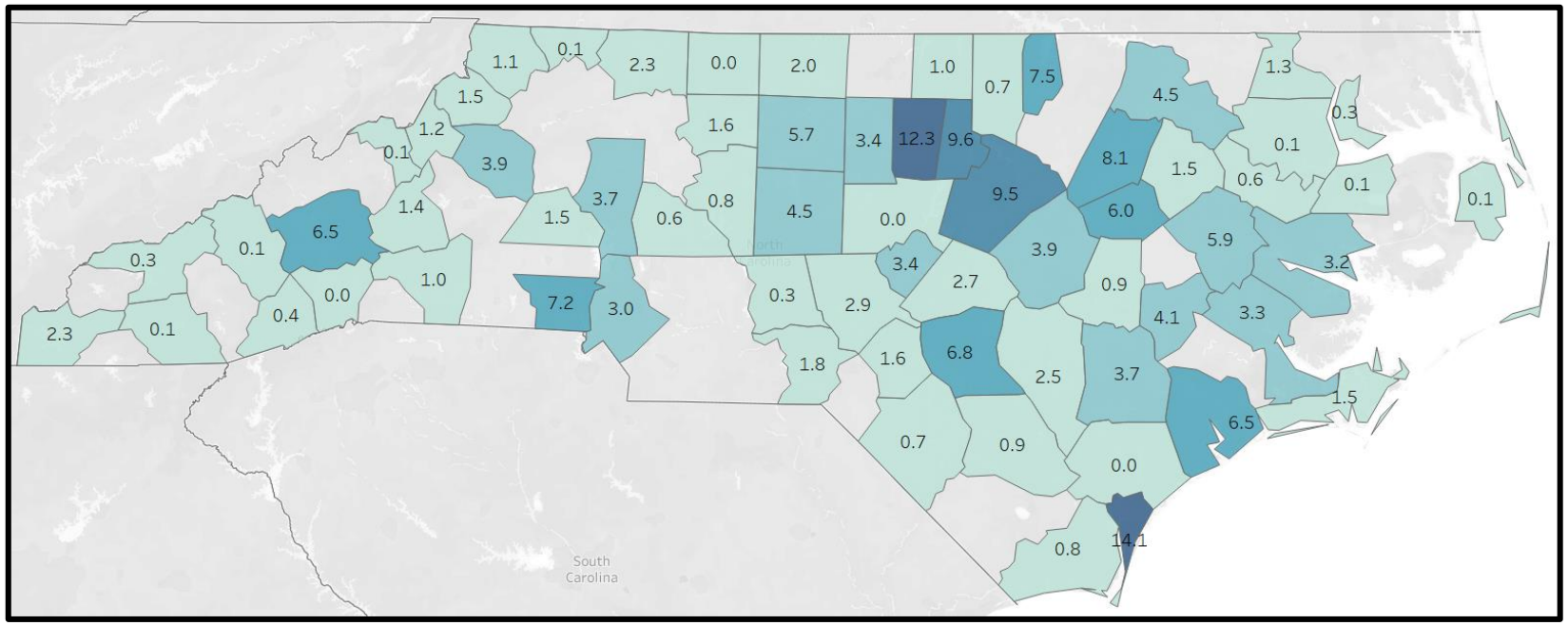
- **What is it?**
  - FBCs provide crisis stabilization in a short-term stay setting and are an alternative to hospitalization for adults, children, and youth experiencing a crisis

- **Challenge**
  - On average between 250 to 350 individuals are waiting in an Emergency Department (ED) on any given day across NC

- **Goal**
  - Provide more community-based settings for individuals in EDs to be discharged to

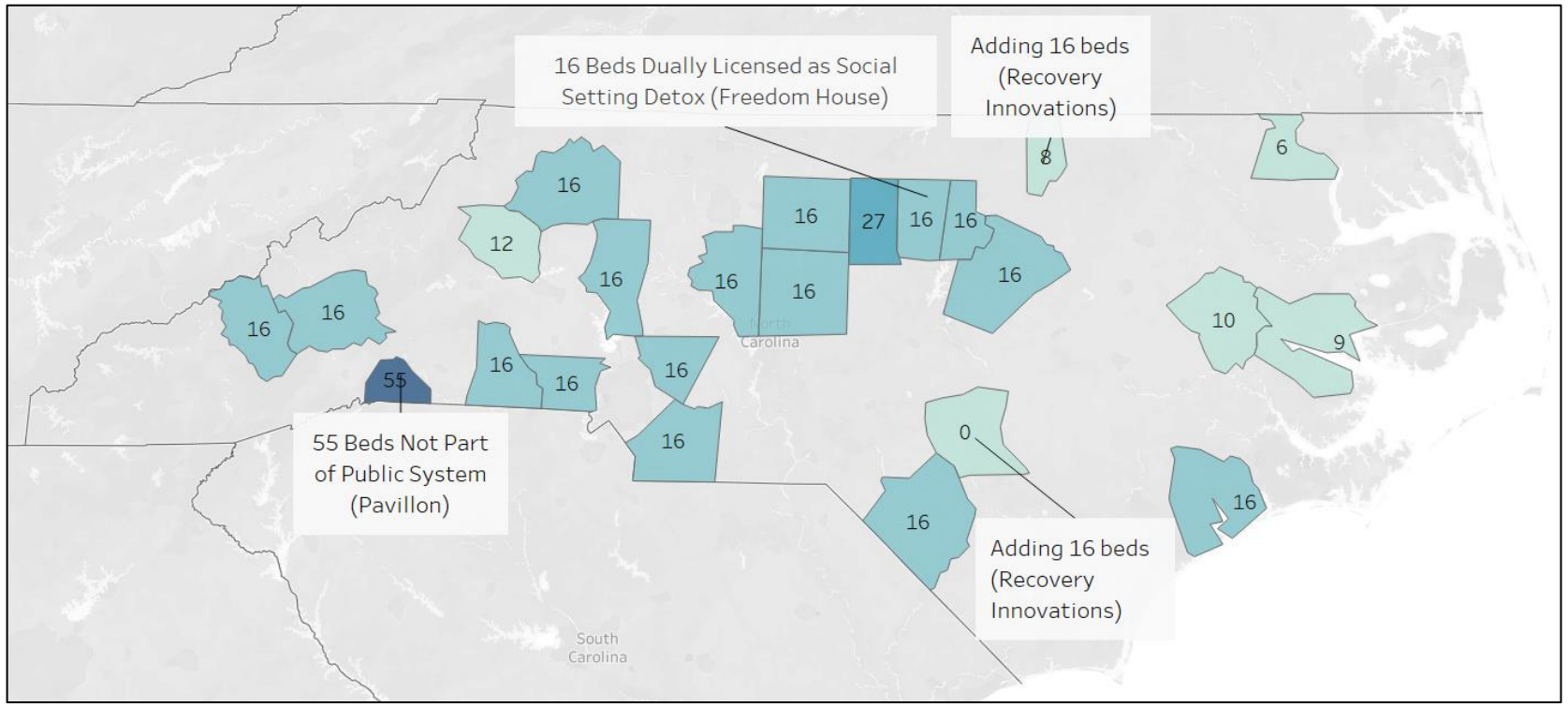
Individuals Waiting in an ED Each Day

- Counties with high # of individuals waiting in an ED may reflect insufficient FBC capacity



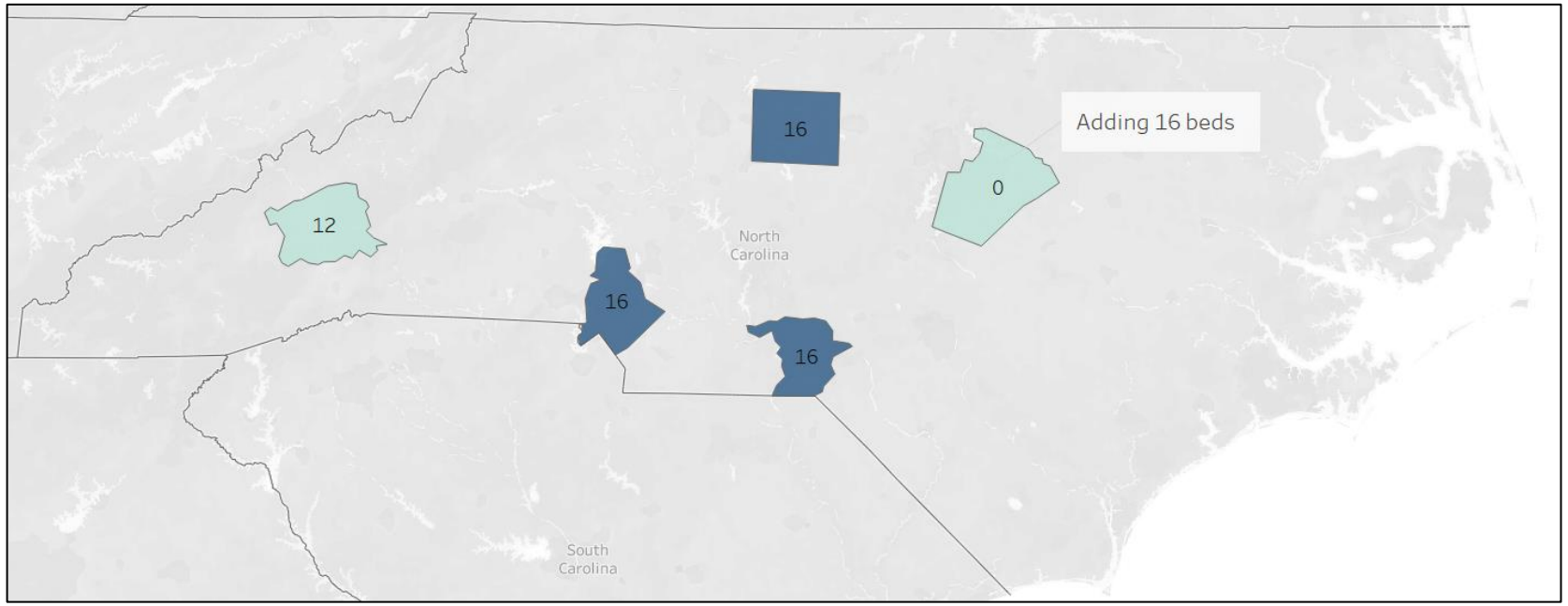
Licensed Beds at Adult FBCs

- Shows distribution of licensed beds across the state
- Shows what areas of the state may not have enough capacity



Licensed Beds at Youth FBCs

- Shows distribution of licensed beds across the state
- Shows what areas of the state may not have enough capacity



Behavioral Health Urgent Care (BHUC)

Somewhere to Go

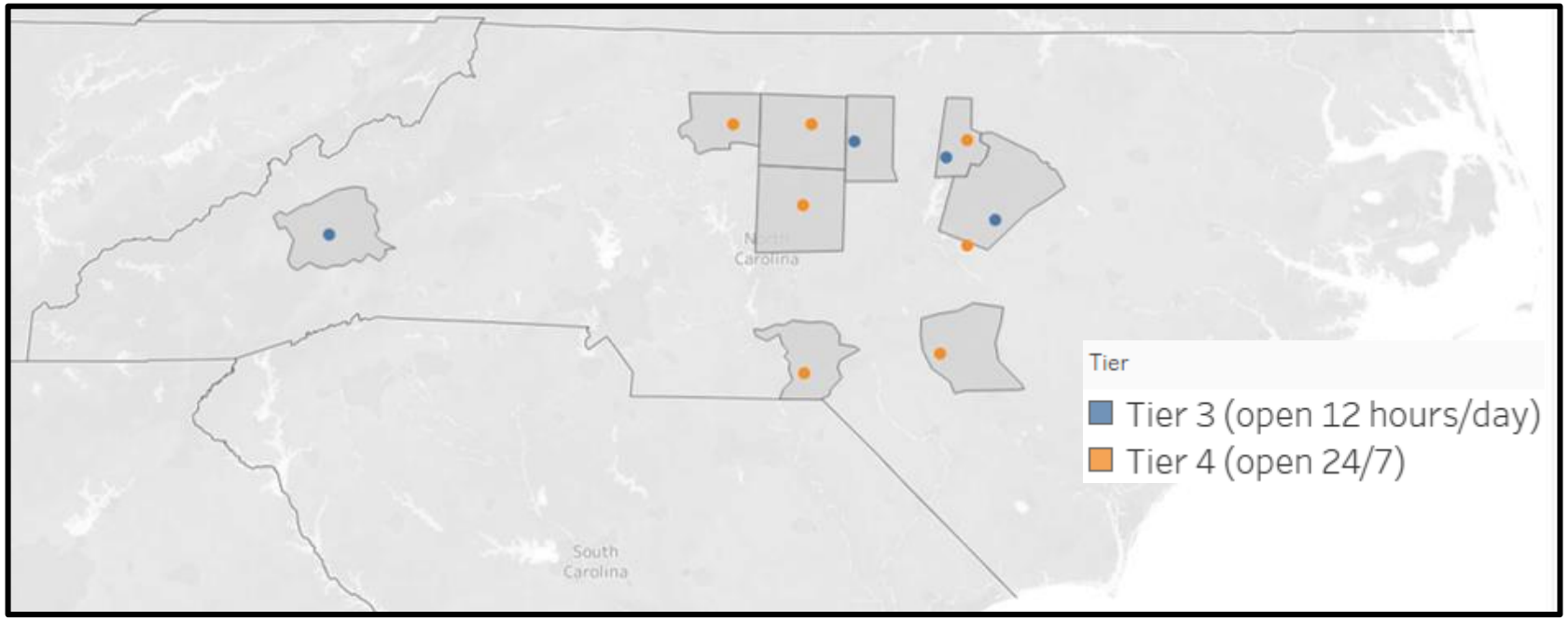
- **What is it?**
  - BHUCs are an alternative to the emergency room for people experiencing a crisis

- **Challenge**
  - On average between 250 to 350 individuals are waiting in an ED on any given day across NC

- **Goal**
  - Provide a level-of-care appropriate for individuals experiencing a lower acuity crisis so they don’t need to go to an ED

Map of BHUC Facilities in NC

- BHUCs operate in 9 counties
- Counties without BHUC may not have an alternative to the ED for people experiencing crisis



Mobile Outreach, Response, Engagement, & Stabilization (MORES)

Someone to Respond

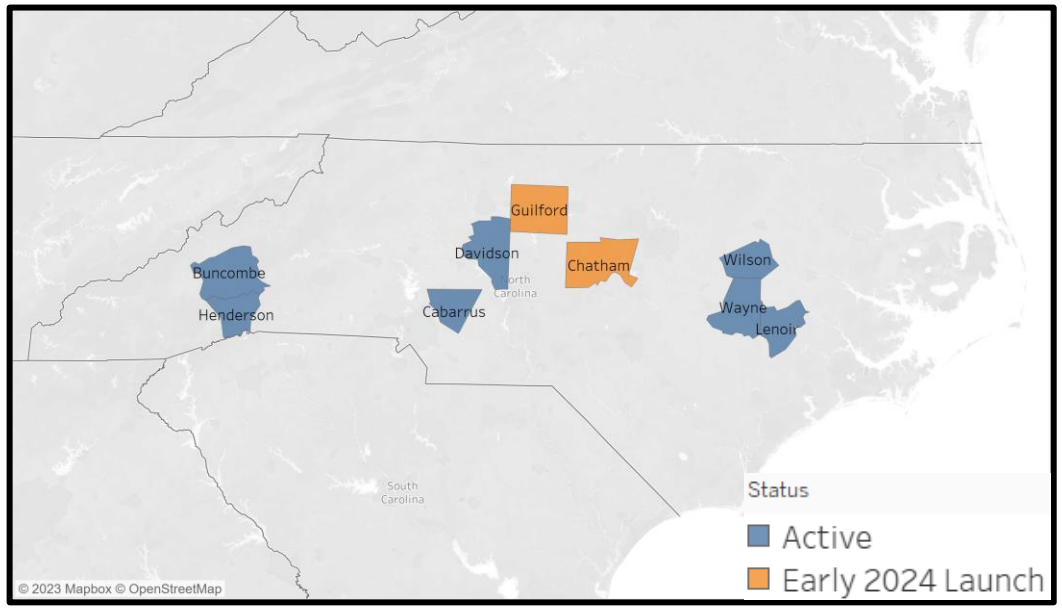
- **What is it?**
  - MORES Crisis Intervention Teams help stabilize children and adolescents in community settings by providing follow-up care for 2-4 weeks

- **Challenge**
  - Evidence shows that EDs are not the place to treat the BH needs of youth and adolescents

- **Goal**
  - Allow children and adolescents to remain at home / in the community with their support system

Map of Counties with a DMHDDSUS-funded MORES Program

- DMHDDSUS-funded MORES programs operate in 7 counties and will expand to 2 more in early 2024. Alliance funds a comparable program in Wake county.



NC START

Someone to Respond / Somewhere to Go

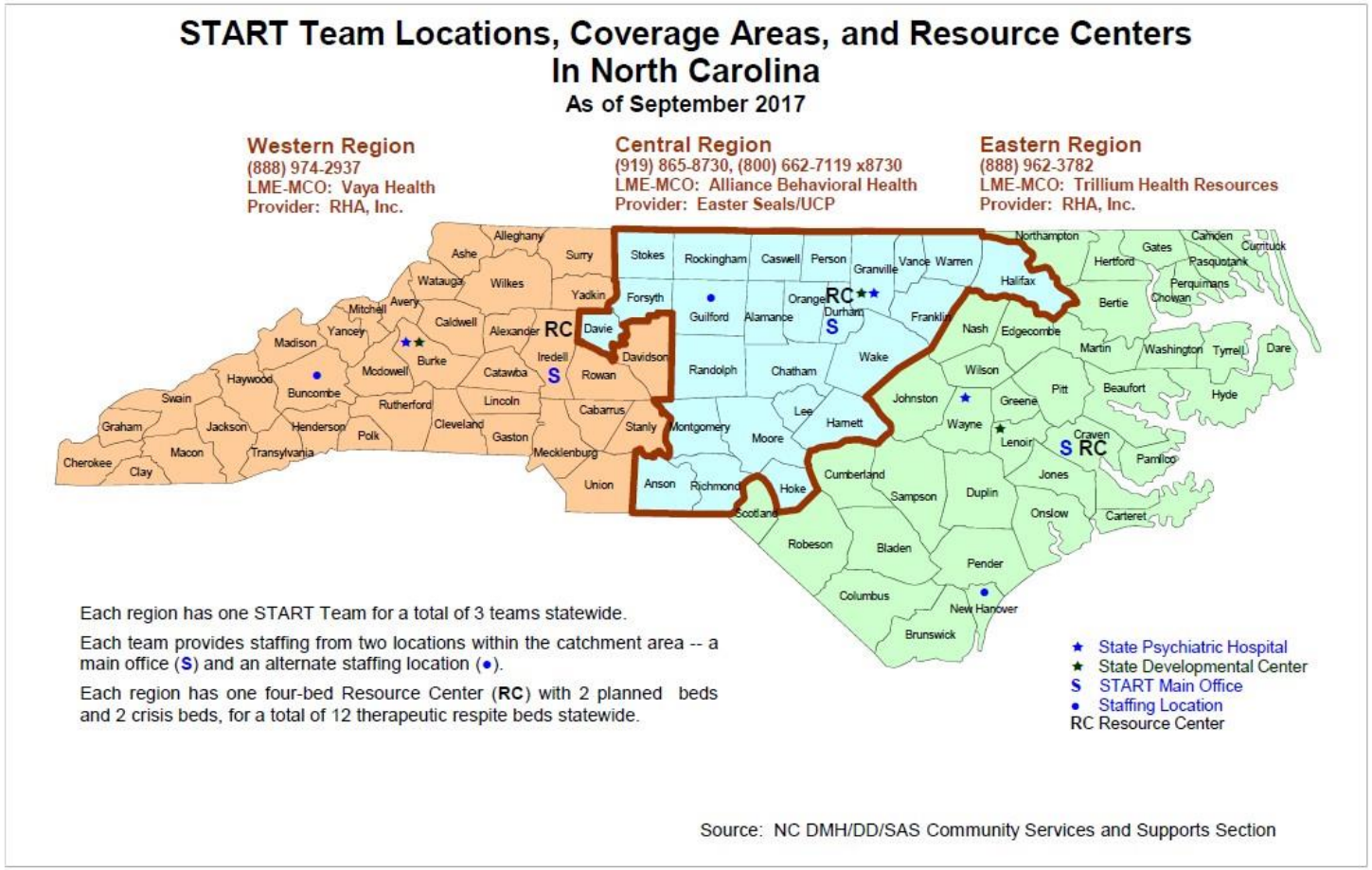
- **What is it?**
  - NC START provides crisis prevention and consultation for people aged 6 and above who have I/DD and co-occurring complex mental health needs/ behavioral challenges and their support networks

- **Challenges**
  - Waitlists for some regions can be long
  - Requires support network to provide full service array

- **Goals**
  - Decrease use of emergency services
  - Maintain community-based residences

Map of NC START Regions

- 3 teams statewide (1 for each region)
- 12 respite beds statewide (4/region)



LME/MCO Consolidation

Guiding Principles

1. What is best for the people we serve and for the providers who deliver services?
2. What will promote the value of whole-person care and move us to tailored plans faster?
3. What will reduce complexity, create less disruption, and make things easier for everyone involved?

Secretary's Directive (11/1)

- Sandhills Center will be dissolved and Eastpointe will be the surviving entity with all counties in the Sandhills Center catchment area aligned to Eastpointe except as follows: Davidson counties will align with Partners Health Management; Harnett County will align with Alliance Health; and Rockingham County will align with Vaya Health.
- Eastpointe shall consolidate with Trillium Health Resources. A consolidation agreement should be crafted by the parties and presented to the Department for consultation and approval no later than 30 days from the date of this Directive.

What do you need to know about consolidation?

- Questions?
- Key considerations?
- Pain points?
- Lessons learned from Cardinal → Vaya?

Public Comment

Patricia Dunn

Corintha Harper

Mary Ann Campana

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

SCFAC Discussion

Charles Rousseau
Acting Director of Strategy and Planning, DMHDDSUS

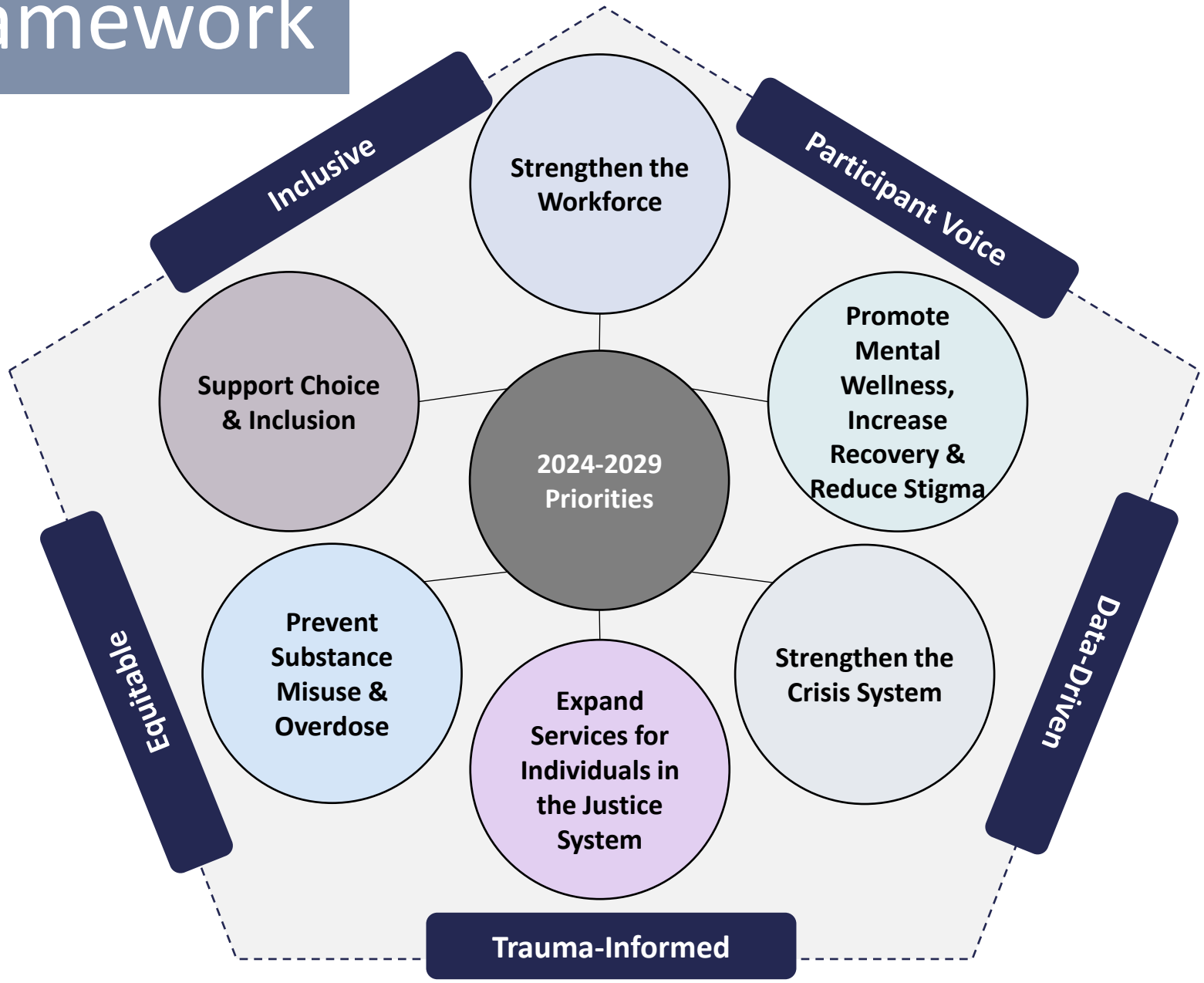
October/November 2023

NC State Plan for MH/SU/IDD/TBI

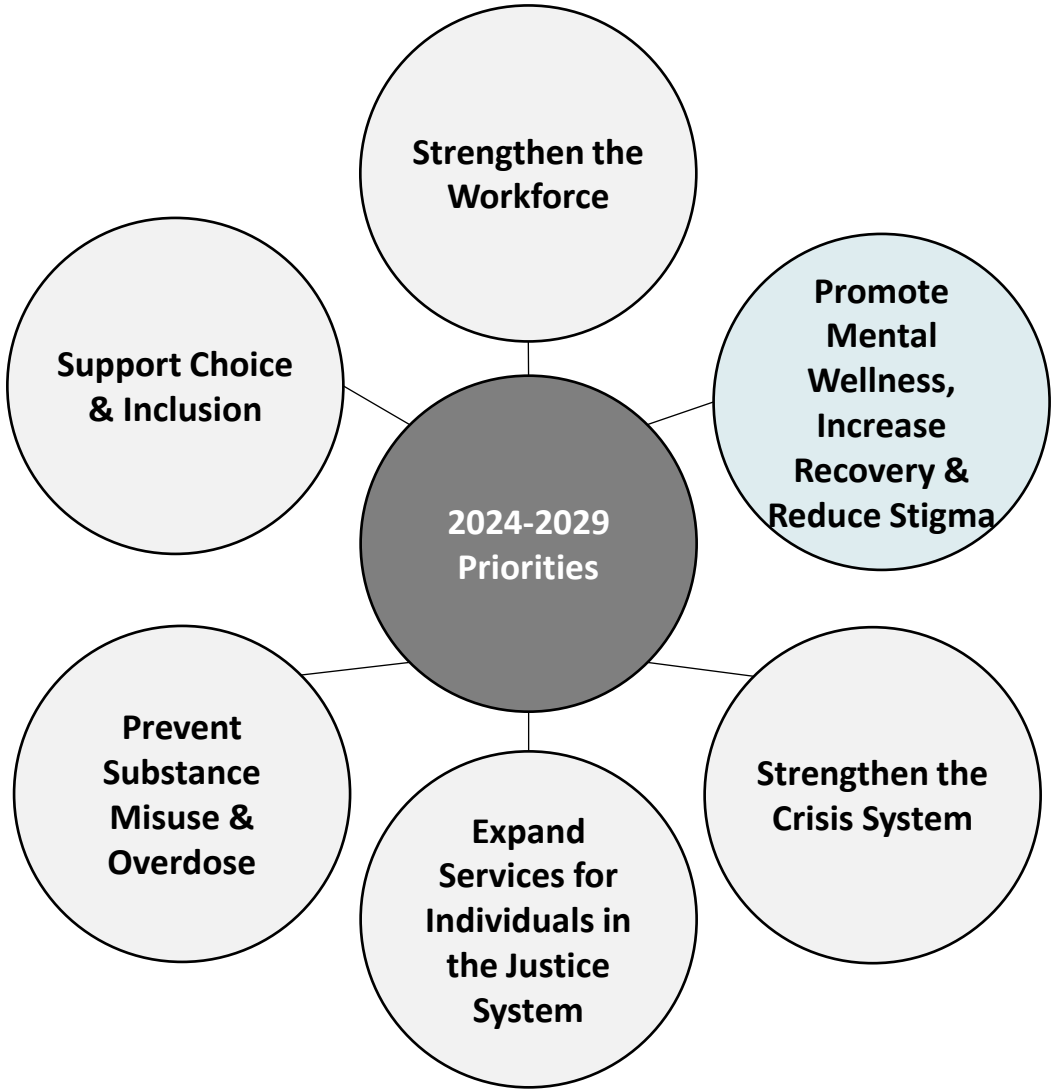
Draft Strategic Framework

Populations of Focus

- Intellectual and Developmental Disabilities
- Mental Health
- Substance Use Disorder
- Traumatic Brain Injury



Promote Mental Wellness, Increase Recovery & Reduce Stigma



Goals to Promote Mental Wellness, Increase Recovery & Reduce Stigma

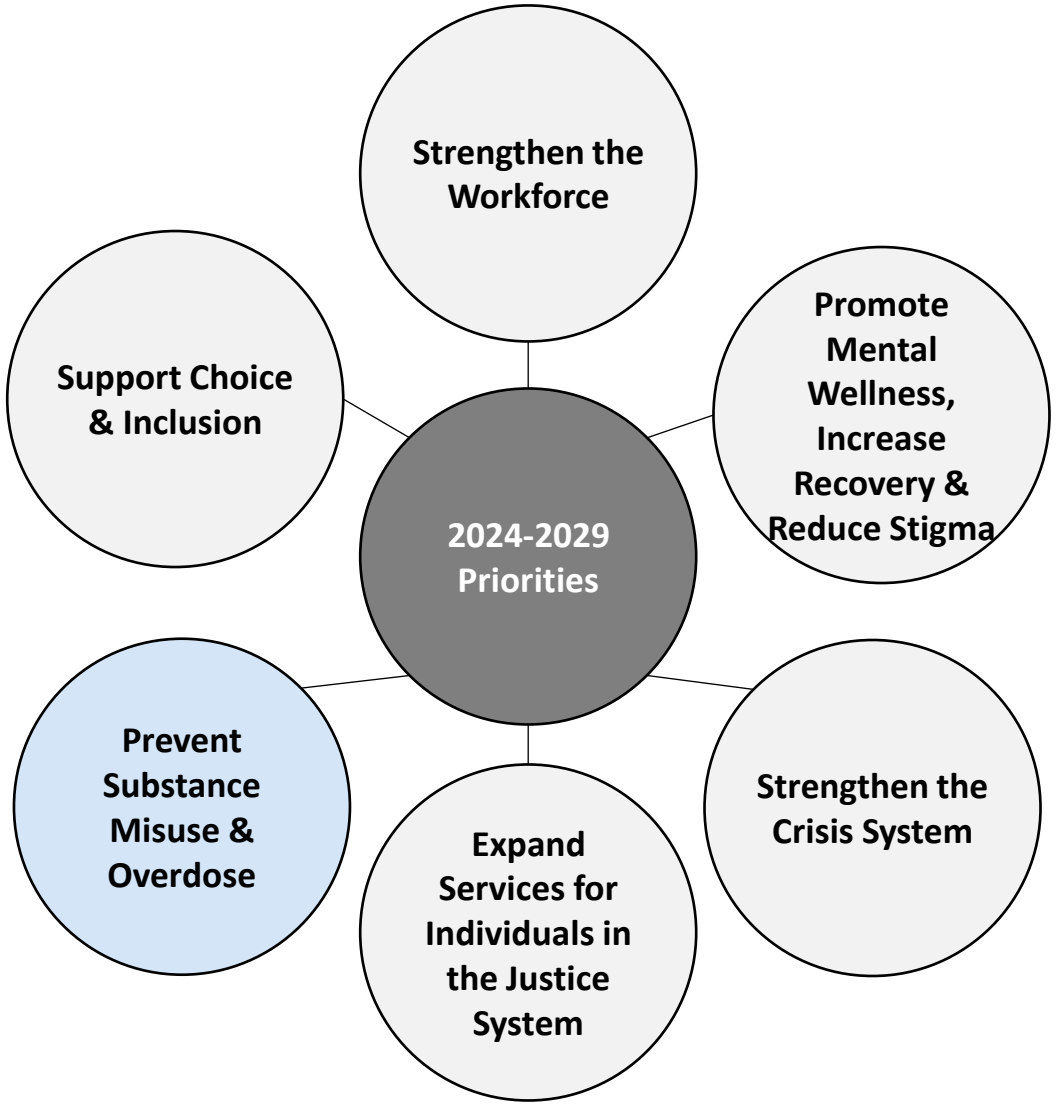
- Increase timely access to services for evidence-based treatment for children, adolescents and adults.
- Make it easier for children, adolescents and adults to access services.
- Prevent suicide at all ages.
- Raise public awareness of mental health and wellness and reduce stigma related to help-seeking.

Support Choice & Inclusion

Goals to Support Choice & Inclusion
• Increase the number of people with intellectual and developmental disabilities receiving services.
• Increase the number of people with traumatic brain injury receiving services.
• Increase the number of people who are in and maintain independent housing.
• Increase the number of people who are employed and maintain supported employment (e.g., Individual Placement and Supported Employment Program, Competitive Integrated Employment).

Prevent Substance Misuse & Overdose

Goals to Prevent Substance Misuse & Overdose
• Promote use of evidence-based primary prevention strategies to prevent initial substance exposure or use in children and adolescents.
• Raise public awareness on substance misuse and accessibility of services and supports.
• Increase the number of individuals in Medicaid receiving evidence-based substance use disorder services.
• Reduce deaths due to overdose.



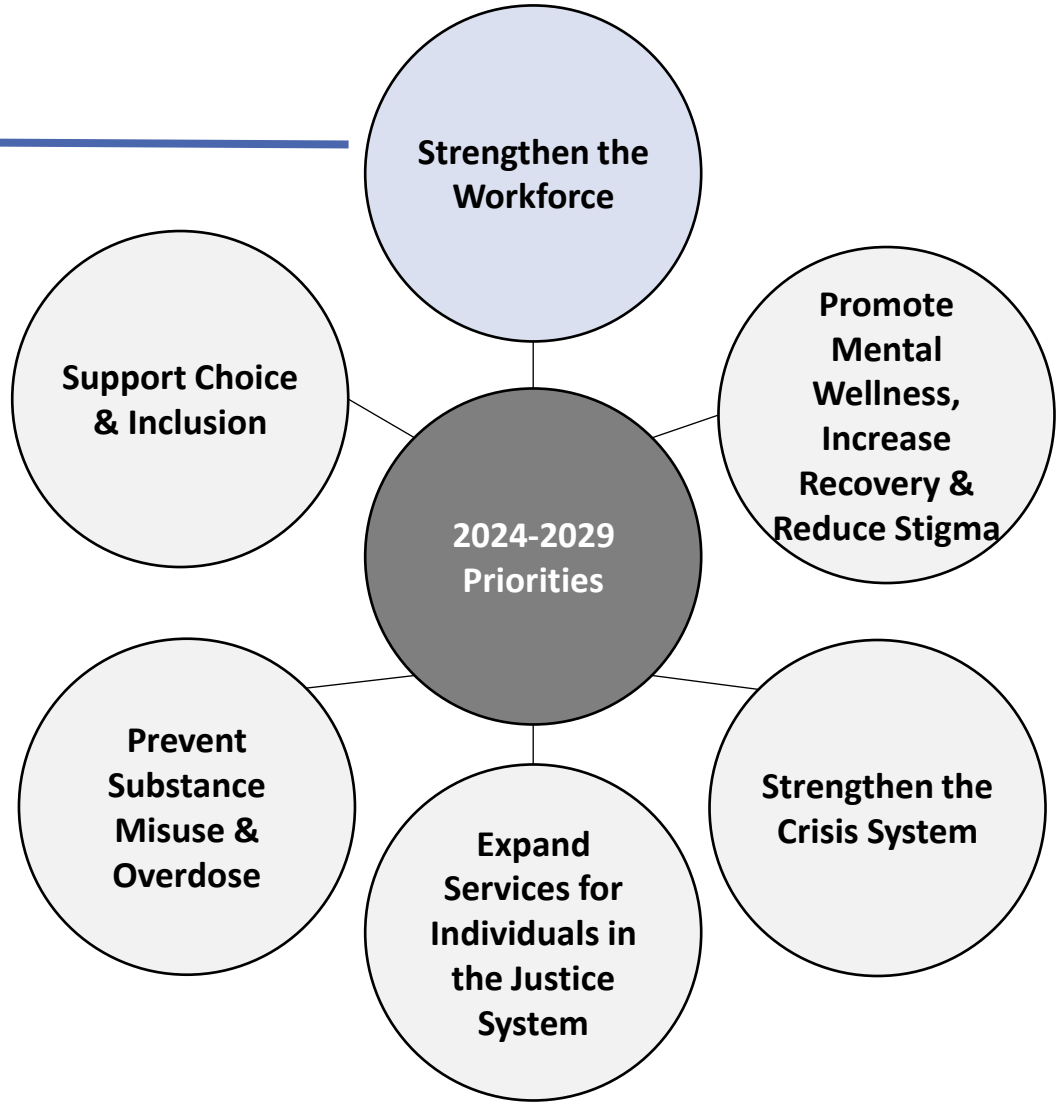
Strengthen the Crisis System

Goals to Strengthen the Crisis System

- Streamline 988 operations to better triage, dispatch services, and track results.
- Reduce wait times for mobile crisis services.
- Increase use of behavioral health crisis facilities (e.g., behavioral health urgent care centers, facility-based crisis centers) for children, adolescents and adults.
- Reduce the number of crises that involve law enforcement contacts.
- Collaborate with providers to decrease length of stay for emergency department boarding for children, adolescents, and adults.

Strengthen the Workforce

Goals to Strengthen the Workforce
• Increase the number of mental health providers trained in evidence-based practices.
• Build a well-trained and well-utilized peer workforce whose work leverages lived experience.
• Expand the number of direct support professionals in the workforce.
• Increase training / support for professionals providing services to individuals with intellectual and developmental disabilities, traumatic brain injury and dual diagnoses.



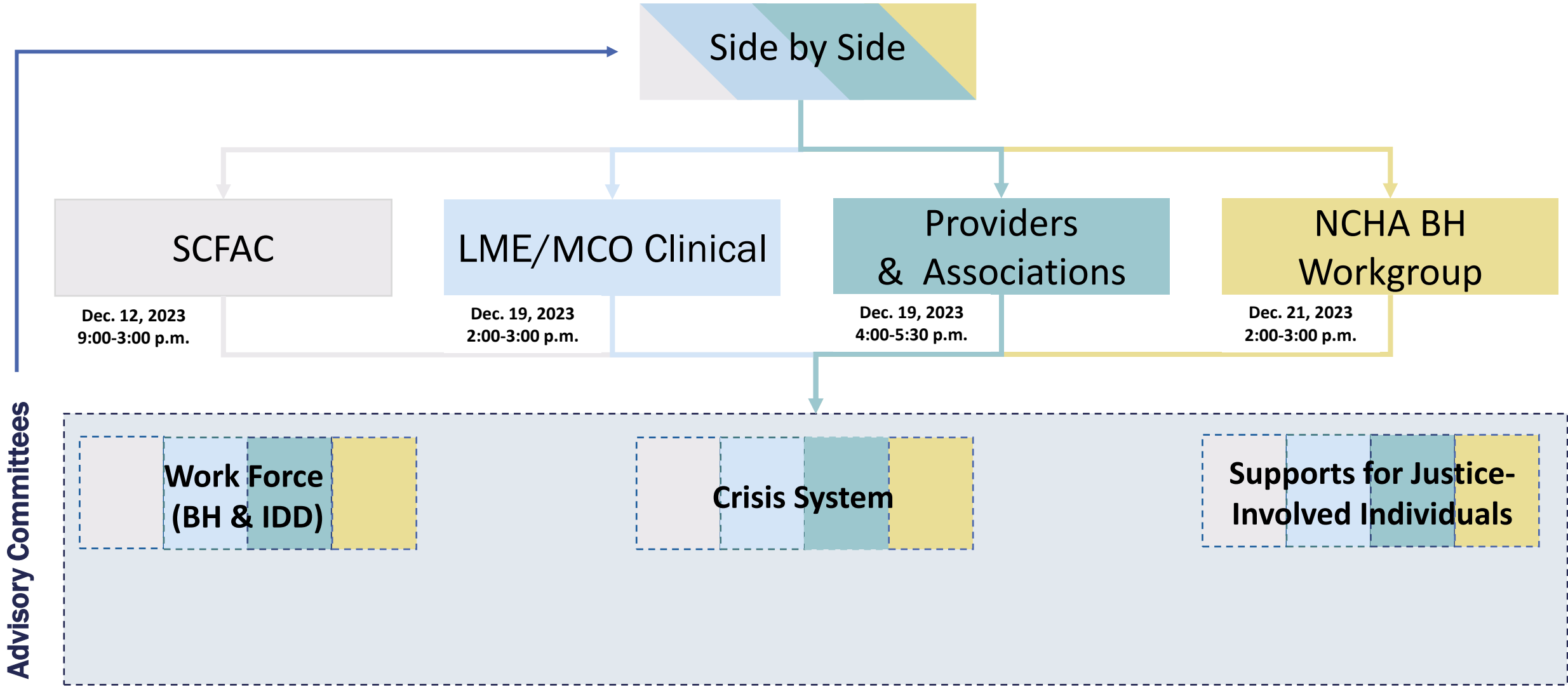
Expand Services for Individuals in the Justice System

Goals to Expand Services for Individuals in the Justice System

- Build community-based pre-arrest diversion programs.
- Build reentry programs.
- Increase evidence-based programs and practices for justice-involved youth.
- Increase the number of justice-involved individuals with substance use and mental health disorders engaged in treatment within 72 hours of release.
- Collaborate with other agencies to increase access to Medications for Opioid Use Disorder in justice-involved settings.

Community Collaboration Model

Community Collaboration Model



SCFAC Sub-Committee Work