

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

Side by Side with DMH/DD/SUS

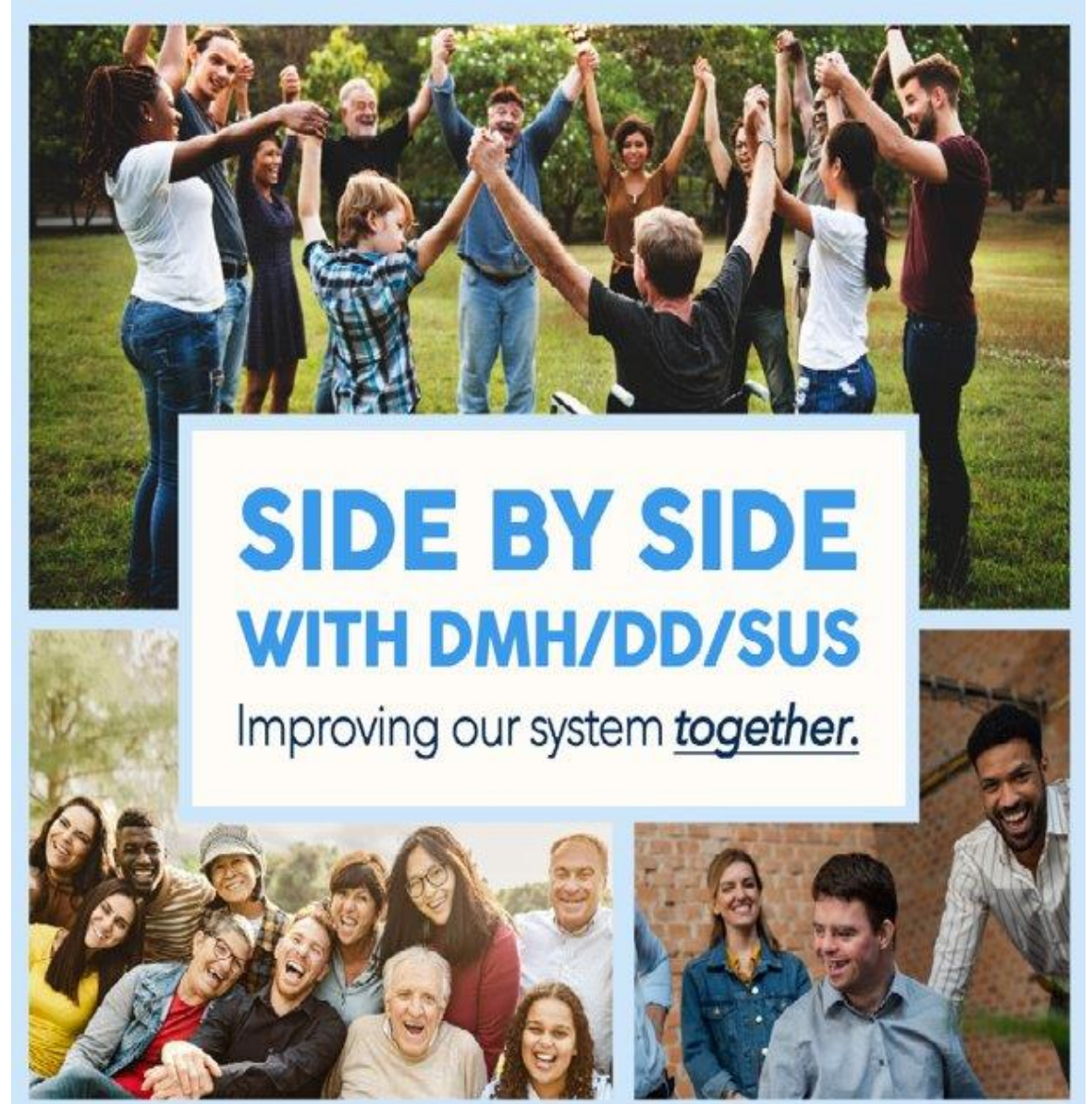
Improving our system together.

Kelly Crosbie, MSW, LCSW

Director

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

April 1, 2024



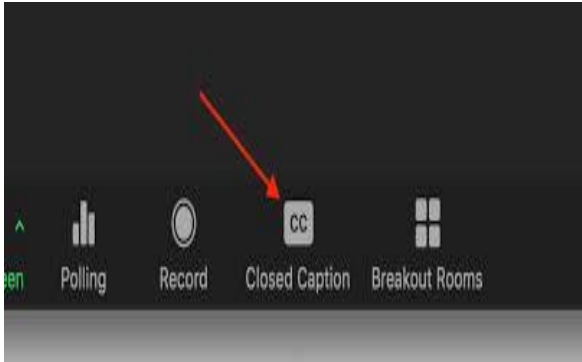
Housekeeping

- Reminders about the webinar technology:

- Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
- Please make sure your microphones are muted for the duration of the call unless you are speaking or asking questions.
- Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel, and we will answer as many questions as time allows towards the end of the presentation.

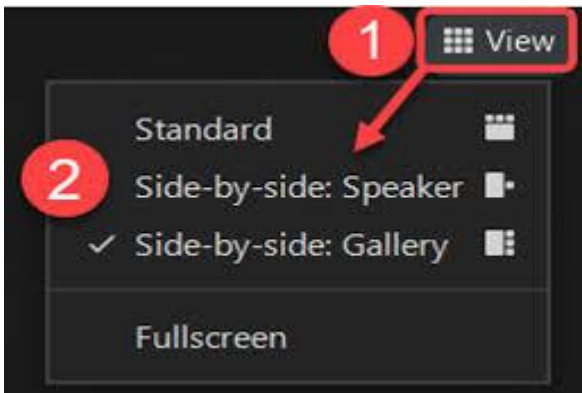


Housekeeping



- American Sign Language (ASL) Interpreters and Closed-Captioning
 - ASL Interpreters and Closed-Captioning options will be available for today's event.
 - For closed-captioning options select the "Closed Caption" feature located on your control panel.

Intérpretes y subtítulos en lengua de signos americana (ASL). Habrá intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.



- Adjusting Video Layout and Screen View
 - Select the "View" feature located in the top-right hand corner of your screen

Agenda

1. Introductions
2. MH/SU/IDD/TBI System Announcements & Updates
3. Focus: Tailored Plans
 1. Tailored Plans & Accessible Communications
 2. Tailored Plans Overview
 3. Samples of Accessible Communications Materials in Development
4. Q&A

Kelly Crosbie, MSW, LCSW, DMHDDSUS Director



- 30 years in MH/SU/IDD Field
- 13 years in DHHS
- DMHDDSUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience

Guest Speaker: Kelsi A. Knick, Deputy Director Behavioral Health I/DD Tailored Plans

- 25 years in MH/SU/IDD field
- 11 years with NC Medicaid
- Licensed Clinical Social Worker (LCSW)

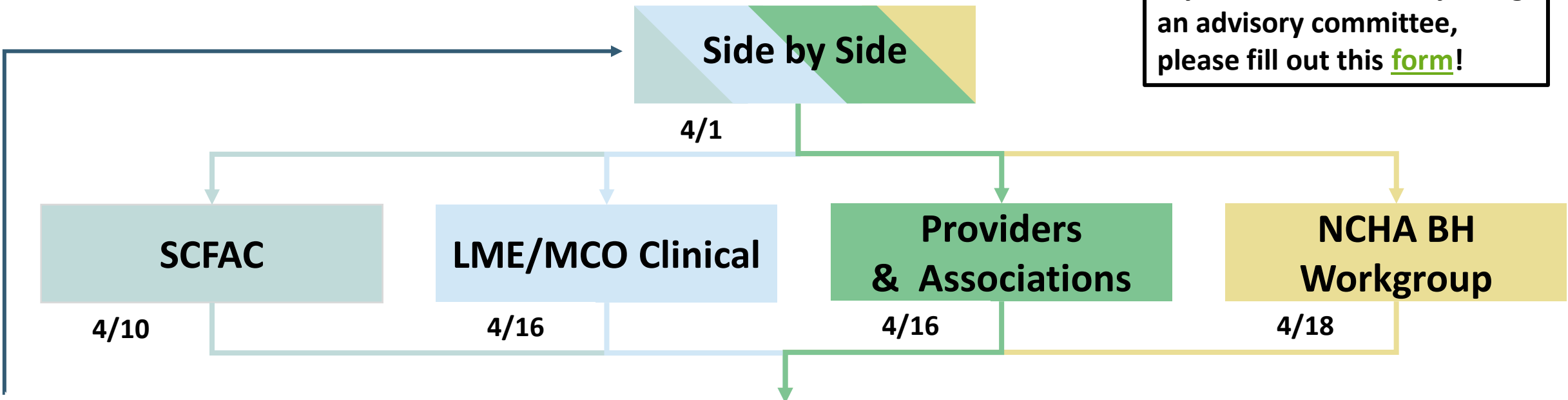
MH/SU/IDD/TBI System Announcements & Updates



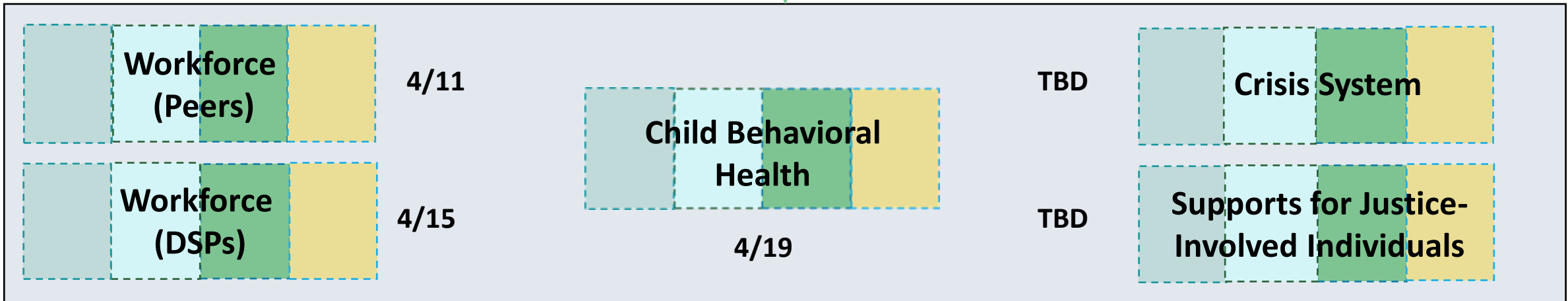
April Community Collaboration

Topic: Tailored Plans

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



Advisory Committees



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

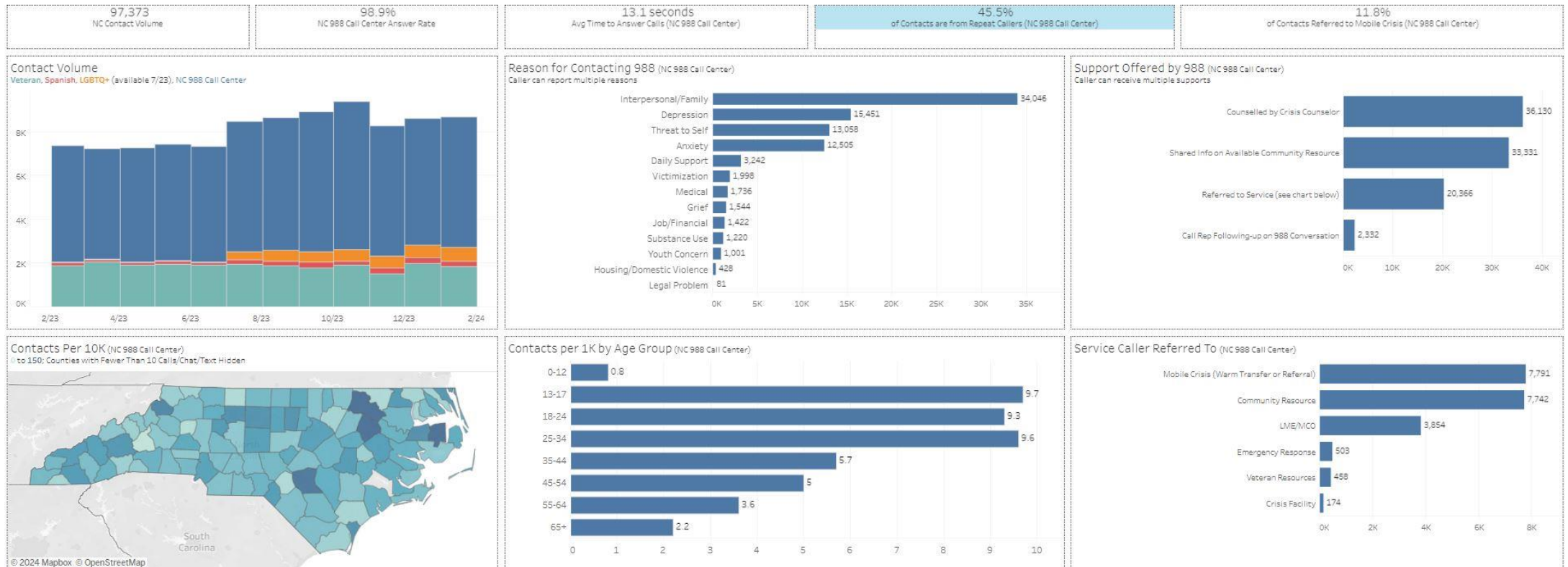
You can access the [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website



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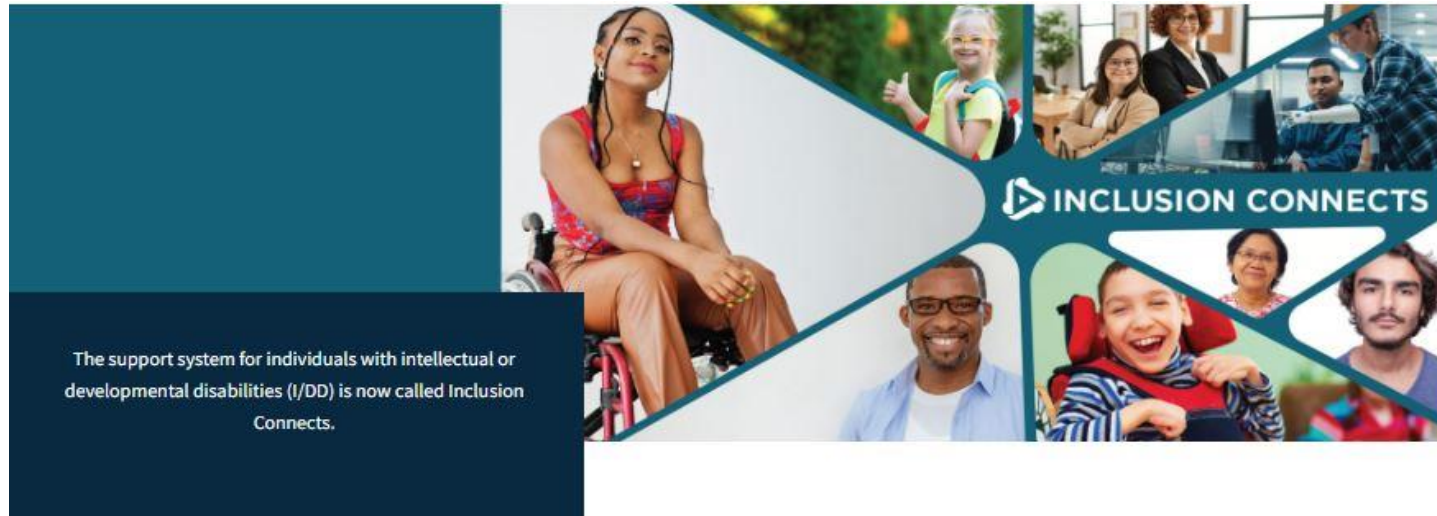
North Carolina 988 Performance Dashboard Past 12 Months (2/23-1/24)

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.



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Tailored Plans & The Accessible Communications Campaign



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)
- Substance Use issues (SUD)

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.

Accessible Communications Campaign: 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.



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ailored Plans: n Overview



Medicaid Enrollment Options

Phase 1 (July 2021)			Phase 2 (Starts July 2024)	Phase 3 (Dec 2024)
Standard Plan	EBCI Tribal Option	Medicaid Direct	Behavioral Health I/DD Tailored Plan	Foster Care Plan
<p>Standard Plans provide integrated physical health, behavioral health, pharmacy, and long-term services and support to most Medicaid beneficiaries, as well as programs and services that address other unmet health related resource needs.</p>	<p>The Eastern Band of Cherokee Indians (EBCI) Tribal Option is available to federally recognized tribal members and their families IHS eligible beneficiaries for primary care case management and will be managed by the Cherokee Indian Hospital Authority (CIHA).</p>	<p>Medicaid Direct provides Medicaid and NCHC benefits through fee-for-service (NCTracks), the LME/MCOs (behavioral health/SUD/I/DD and TBI services) and CCNC (primary care case management services for the Delayed, Excluded, and Exempt Populations).</p>	<p>Behavioral Health I/DD Tailored Plans will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant mental health and substance use disorders, I/DDs and traumatic brain injury (TBI Waiver), on the Innovations Waiver, as well as people using state-funded services.</p>	<p>Foster Care Plan will provide the same services as Standard Plans, as well as specialized care management services that aim to address many of the challenges children/youth in the child welfare system face today in receiving seamless, integrated and coordinated health care.</p>

Phase 1 – Medicaid Managed Care

- Approximately 2.1 million of 2.9 million Medicaid beneficiaries transitioned to NC Medicaid Managed Care
- Beneficiaries were able to choose from 5 Health Plans
 - AmeriHealth Caritas
 - Healthy Blue
 - United HealthCare Community Plan
 - WellCare
 - Carolina Complete Health
 - Serves regions 3, 4, and 5
- Eastern Band of Cherokee Indians (EBCI) Tribal Option
 - Manages the health care for North Carolina’s approximate 4,700 Tribal Medicaid beneficiaries primarily in Cherokee, Graham, Haywood, Jackson and Swain counties
 - EBCI Tribal Option is NOT a PHP. It is a Primary Care Case Management (PCCM) Entity responsible for providing care management.
- All health care options, all regions went live on July 1, 2021

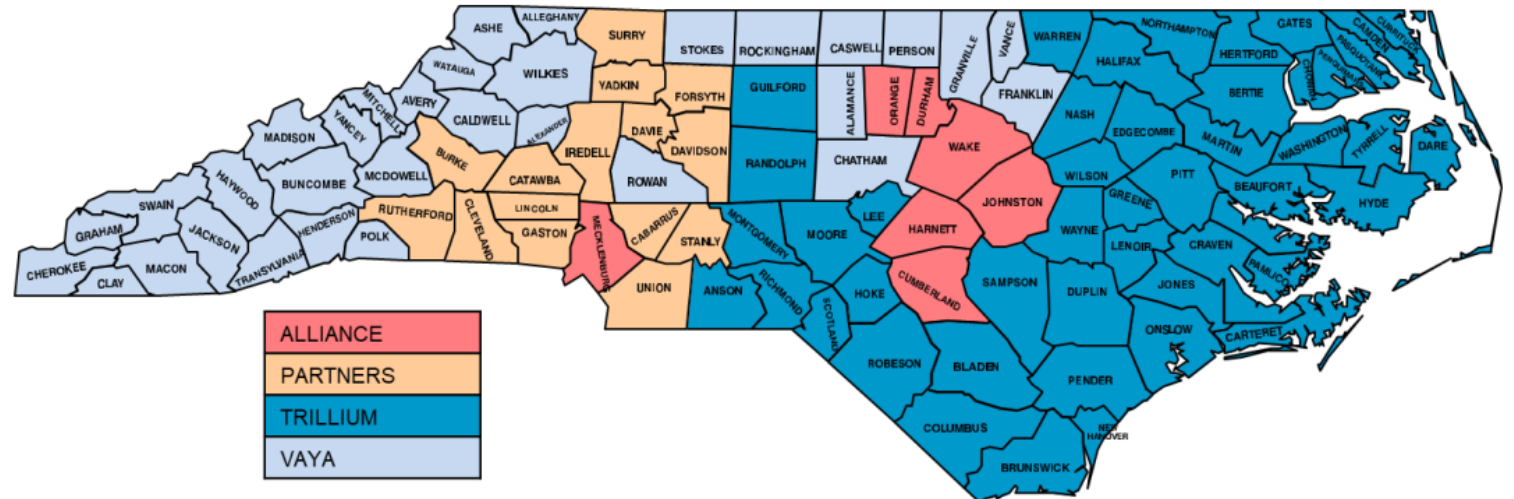


Phase 2 – Medicaid Managed Care

- Approximately 180,000 of 2.9 million Medicaid beneficiaries will transition to NC Medicaid Managed Care with the launch of Tailored Plans on July 1, 2024
- Beneficiaries will be auto-assigned to 4 Tailored Plans based on the beneficiary's administrative county

LME/MCO COVERAGE MAP (AS OF FEB.1, 2024)

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



- Plans will provide the same services as NC Medicaid Standard Plans with additional specialized services to for individuals with significant mental health needs, SUDs, I/DDs and traumatic brain injury (TBI Waiver), on the Innovations Waiver, as well as people using state-funded services.

Tailored Plan Criteria Review

PROGRAMS

- Innovations Waiver (or waiting list)
- TBI Waiver (or waiting list)
- Transition to Community Living (TCL)

DIAGNOSES

- Children with complex needs
- Qualifying I/DD diagnosis code
- Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period*
- Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or received ECT during the lookback period*

TAILORED PLAN-ONLY SERVICES

- Used a Medicaid service that will be available only through the Tailored Plan
- Used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds

ADMISSIONS/VISITS

- Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility
- Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*

* Beneficiaries will be assessed based on a 24-month lookback period

Auto-enrollment Algorithm

Auto-enrollment for Tailored Plan members is based on the following:

1

Beneficiary meets Tailored Plan enrollment criteria

Determines if the beneficiary needs certain services only offered by Tailored Plans (e.g., TBI/Innovations Waiver services).

2

The county that manages the beneficiary's Medicaid case

Determines which Tailored Plan the beneficiary will be auto-enrolled in. There is only one Tailored Plan per county. Beneficiaries cannot choose a different Tailored Plan.

3

Special population considerations

Determines if the beneficiary is part of a special population and should not be auto-enrolled in the Tailored Plan (e.g., duals, federally recognized tribal members, children in foster care).

Tailored Plan Choice Period

April 15, 2024

May 15, 2024

During this time, beneficiaries may choose a primary care provider (PCP) or different health care option (if applicable).

Choice Period

- Beneficiaries should contact their Tailored Plan to choose a PCP.
- Tailored Plan beneficiaries receiving Tailored Care Management (TCM) from their LME/MCO will continue to receive this service from their Tailored Plan.
- Beneficiaries may contact the NC Medicaid Enrollment Broker to choose a different health care option (if applicable).
 - Some Tailored Plan members will have the option to enroll in a Standard Plan. They cannot enroll in a Standard Plan via the website or mobile app – they must enroll by phone or enrollment form.

Tailored Plan PCP Auto-assignment

May 16, 2024

Tailored Plan beneficiaries will be auto-assigned an PCP if they did not select one during the choice period.

PCP Auto-assignment

- Members who did **not** choose a PCP with their Tailored Plan will be auto-assigned to one.
- On May 16, 2024, Tailored Plans will conduct PCP auto-assignment.
 - After auto-assignment, Tailored Plans will mail Welcome Packets (Welcome Letter, Medicaid ID Cards, Member Handbook) to their beneficiaries.
 - Welcome Packets will be mailed May 23 – June 7, 2024
 - Tailored Plan beneficiaries **will** use the NC Medicaid ID card from their Tailored Plan to receive services.

Tailored Plan Launch

July 1, 2024

Tailored Plans begin providing services to beneficiaries.

Tailored Plan Launch

- Tailored Plan beneficiaries begin receiving health care services from their Tailored Plan.
 - Beneficiaries **will** use their NC Medicaid ID card sent to them by their Tailored Plan to receive services.
- Tailored Plan beneficiaries must have a PCP and TCM provider in the Tailored Plan's network.
- Tailored Plan beneficiaries will continue to receive the same health care services NC Medicaid covers today. Medicaid eligibility rules and processes will not change with the Tailored Plan launch.



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Accessible Communications Materials in Development



What is a Tailored Plan?

Tailored Plans are a new kind of NC Medicaid health plan. They cover your mental health, substance use, I/DD, TBI and prescriptions in one plan.

If you get NC Medicaid Direct services for these needs, your NC Medicaid plan may be moved to a Tailored Plan. The name is changing, but the services are not.

Tailored Plans include services for people with more intense needs, including people with:



Serious
Mental health issues
(SMI)



Substance Use
issues (SUD)



Intellectual/
Developmental
Disabilities (I/DD)



Traumatic Brain
Injuries (TBI)

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.

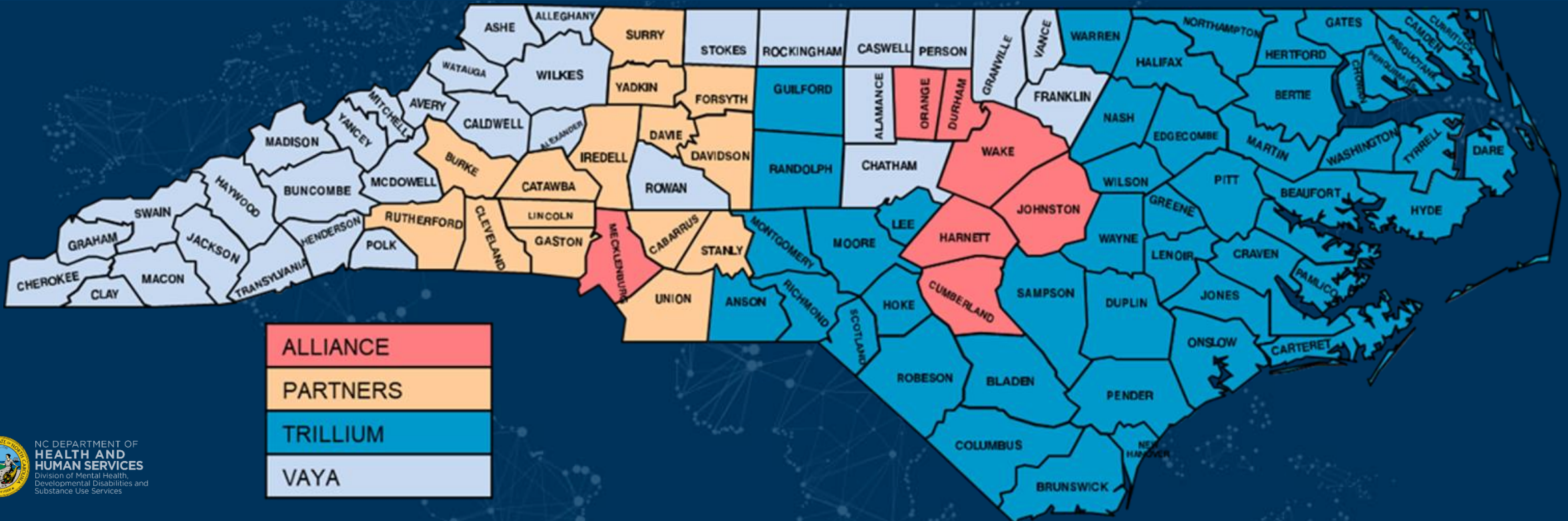


How will I know which Tailored Plan I am in?

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.](#)

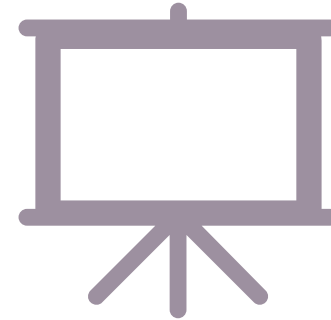


Or scan to answer →

Q&A



Questions and feedback are welcome at
BHIDD.HelpCenter@dhhs.nc.gov.



The recording and presentation slides for this webinar
will be posted to the [Community Engagement & Training](#) webpage.

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



Paper application
ncgov.servicenowservices.com



In person at your
local DSS office
ncdhhs.gov/localDSS



Call DSS office
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

NC Department of Health and Human Services
NCDHHS.gov • NCDHHS is an equal
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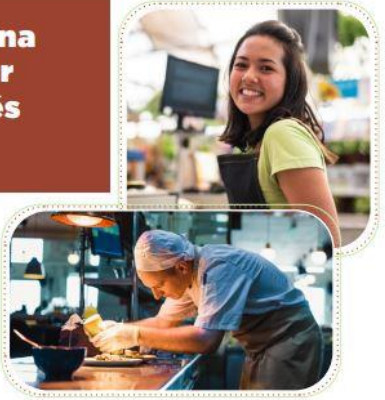
Learn How to Apply With ePASS

(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



Solicitud impresa (en papel)
nc.gov.servicenow/services.com



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



Llamando a tu oficina local de DSS
ncdhhs.gov/localDSS

Obtén más información:
Medicaid.ncdhhs.gov/InfoDeExpansion

Departamento de Salud y Servicios Humanos de Carolina del Norte • [NCDHHS.gov](https://ncdhhs.gov)
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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>

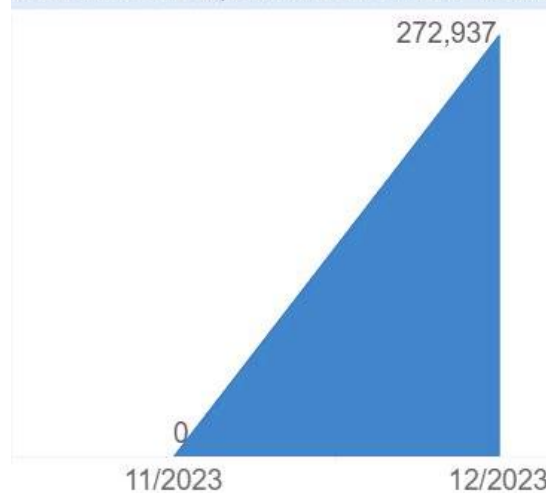
Medicaid Expansion Dashboard

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](#).

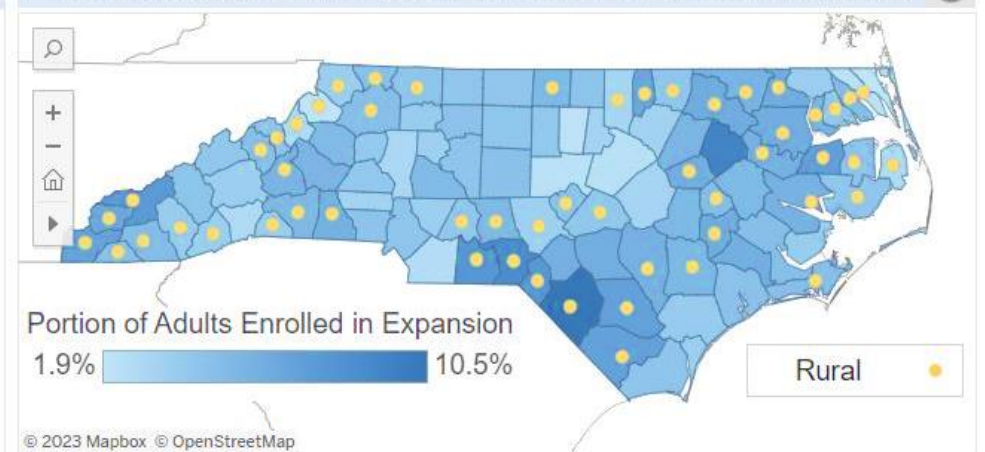
This dashboard shows the number of people eligible for NC Medicaid only through expansion coverage. The charts can be viewed by health plan, demographics, and/or county by using the filters below. *Note: For privacy reasons, categories and/or charts with counts less than 11 will not display.*

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.

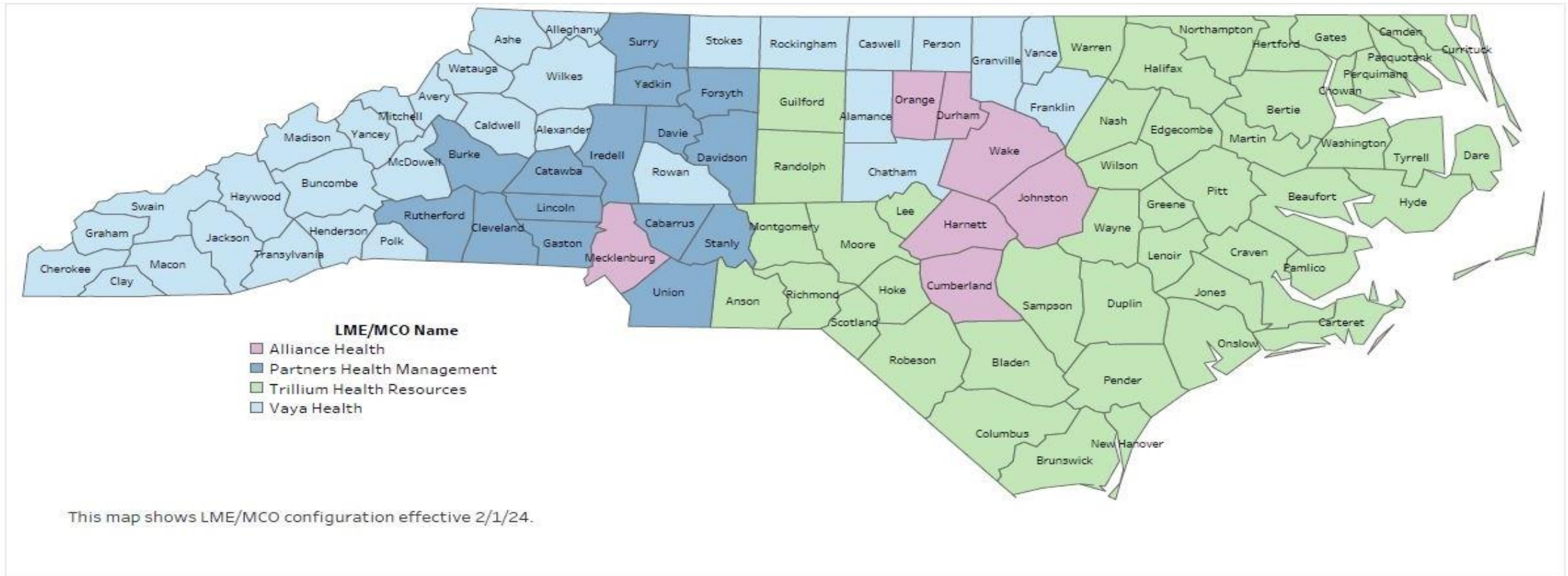
LME/MCO Dashboard

- 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"> Community-based pre-arrest diversion and reentry programs; fund partnerships between law enforcement, counties, and BH providers Community-based and detention center-based restoration programs 	\$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

