

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

# Side by Side with DMH/DD/SUS

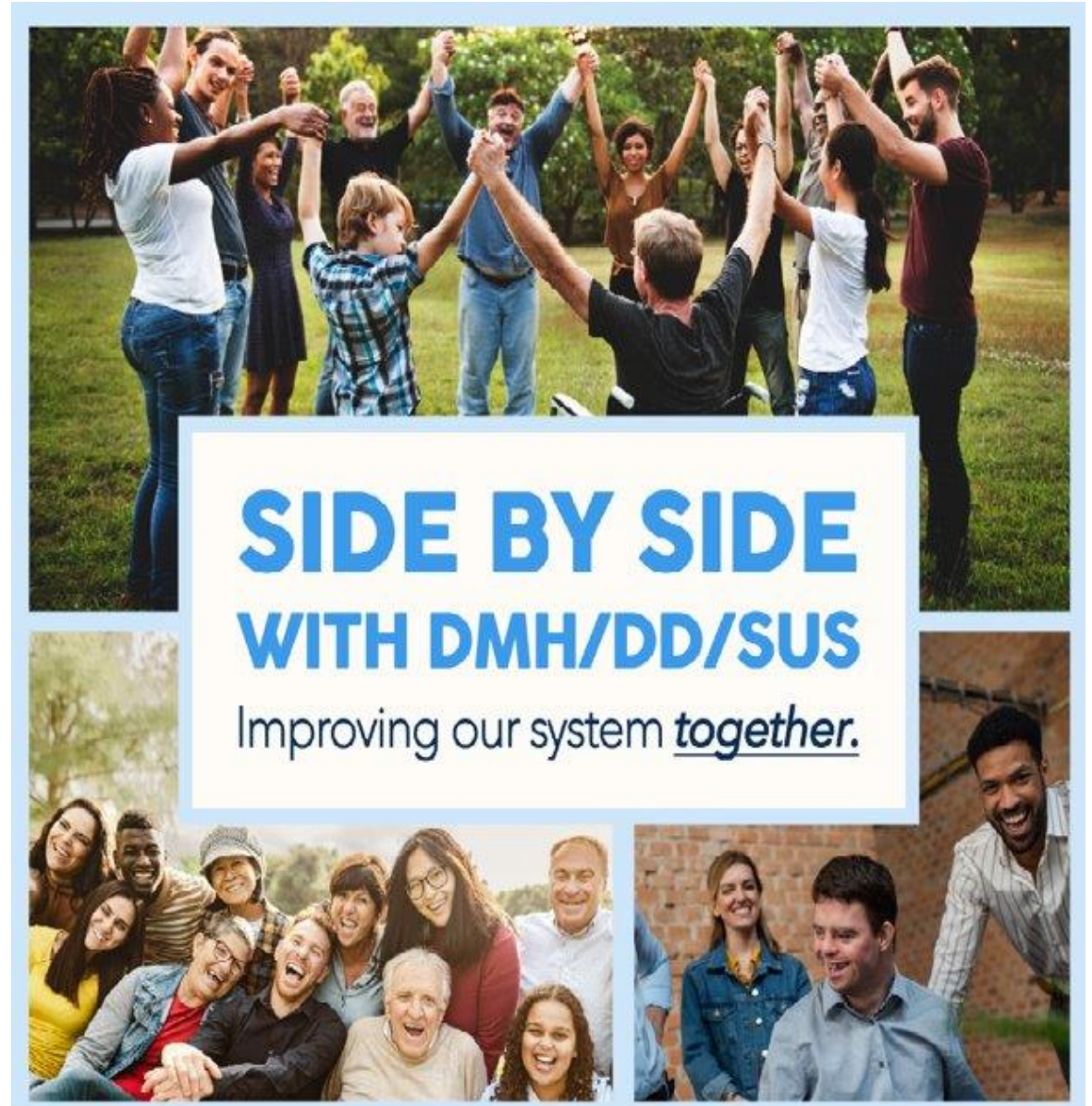
*Improving our system together.*

Renee Rader, MA

Deputy Director

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

**May 6, 2024**



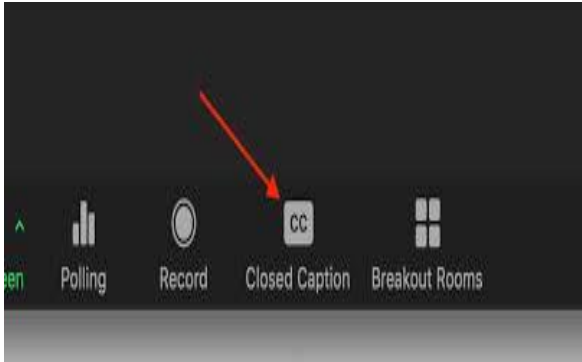
# Housekeeping

- 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.

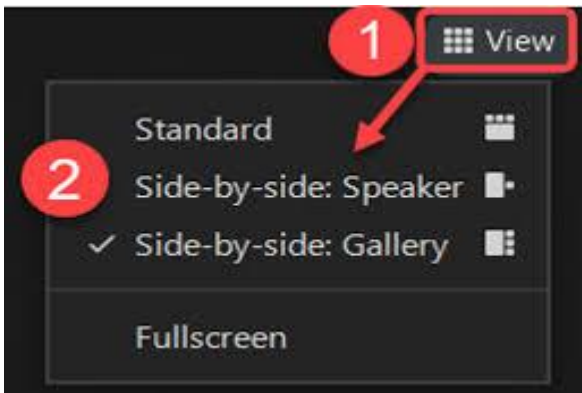


# Housekeeping



- 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: Supporting Choice & Inclusion
  - Inclusion Connects
  - Individual Placement & Support (IPS) Supported Employment Program
4. Q&A

## Renee Rader, MA, DMHDDSUS Deputy Director & Chief Operating Officer



- 30+ years in Behavioral Health System
- 13 years at NCDHHS
- DMHDDSUS since 2019
- Oversees business strategy and operations
- Provides strategic leadership on Department and Division priority initiatives

# Guest Speakers

**Ginger Yarbrough, MPA, CPHQ, NADD-DDS**

Director, IDD, TBI & Olmstead, DMHDDSUS



- 24 years in IDD/TBI & dual diagnosis (DD & MH) field
- Experience as a Direct Support Professional, Care Manager, and Quality Management
- DMHDDSUS since March 2023

**Tina Barrett, MA, LPA, HSP-PA**

Intellectual and Developmental Disability Team Lead,  
IDD, TBI & Olmstead Section, DMHDDSUS



- MA in Psychology
- Licensed Psychological Associate
- More than 30 years of experience providing clinical & administrative services to people with IDD
- DMHDDSUS since 2023

# Guest Speakers: Kenneth Bausell & Nicole Ness

## **Kenneth Bausell, BSN, RN**

Senior Director of Employment and Inclusion,  
NC Department of Health and Human Services



- 15 years of experience supporting people with IDD in community-based settings
- Supports EIPD, the Division of Services for the Blind, DSDHH, and Employment First
- DHHS for 10+ years

## **Nicole Ness, MSW, LCSW**

Human Services Program Consultant, IDD, TBI  
& Olmstead, DMHDDSUS



- BA in Psychology and MA in Social Work
- Licensed Clinical Social Worker
- 18 years of experience in adult mental health care
- DMHDDSUS since 2017 with focus on SE

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

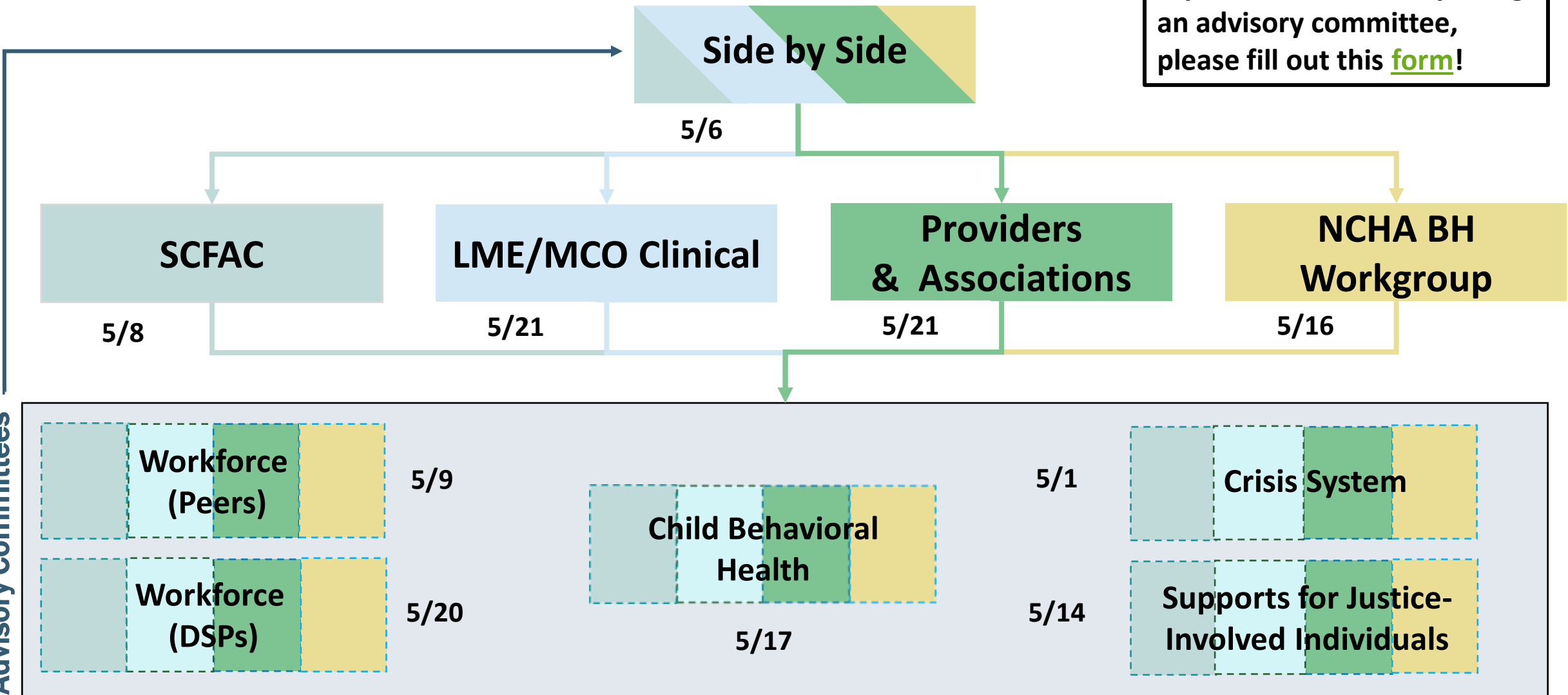




# May Community Collaboration

## Topic: Supporting Choice & Inclusion

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



Advisory Committees

# Samantha R. et al. vs. NCDHHS and the State of North Carolina

On April 10th, NCDHHS & Disability Rights North Carolina (DRNC) announced an agreement in the litigation. Click [here](#) to read the press release.

- If the **Samantha R. et al. vs. NCDHHS and the State of North Carolina litigation is approved by the Court**, NCDHHS and DRNC will jointly discuss the consent order during **two webinars in May**
- The webinars will present the same information so if you're interested in joining, you only need to attend one of the webinars (\*but you are welcome to attend both if that is your preference)

## Samantha R. Webinar May 9, 2024

Date/time: May 9, 2024, 6:00-7:00pm  
Join Link: [Register for the webinar](#)

## Samantha R. Webinar May 10, 2024

Date/time: May 10, 2024, 2:00-3:00pm  
Join Link: [Register for the webinar](#)



On 4/8, NCDHHS Announced a \$15M Investment in 9 Behavioral Health Urgent Care Centers (BHUCs) throughout the state

\*To read the press release, click [here](#)

# NCDHHS Invests \$22 Million in Community Crisis Centers and Peer Respite in North Carolina

\*Click [here](#) to read the press release!

## Community Crisis Centers



- Provide short-term inpatient mental health stabilization and substance use detox for people in the community
- Adding 5 centers for adults in Alamance, Forsyth, New Hanover, Pitt and Vance Counties
- Adding 3 centers for children in Gaston, Pitt, and Vance counties

## Peer Respite in Wake County



- Voluntary resource for people seeking mental health, substance use or behavioral health crisis support
- Offers 24/7 access to Peer Support Specialists who provide support from the perspective of lived experience



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# Tailored Plans & The Accessible Communications Campaign

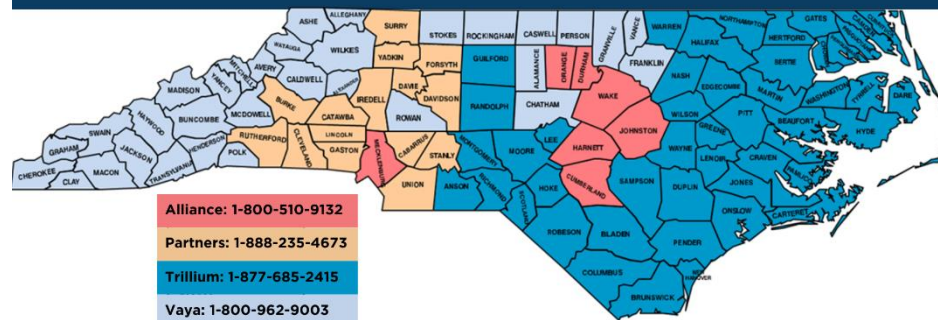


# Accessible Communications Campaign

## Materials for the July 1 Launch of Tailored Plans

- Essentials deck in [English](#) and [Spanish](#)
- One-page bilingual [flyer](#)
- Social media posts in [English](#) and [Spanish](#)
- Tailored Plan [landing page](#)
- Tailored Plans [communications toolkit](#)

## Who runs your Tailored Plan?



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



**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. The 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://RelayNC.com))

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

Stock photo. Posed by model. For illustrative purposes only.  
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NCDHHS is an equal opportunity employer and provider.  
04/2024



# 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 →



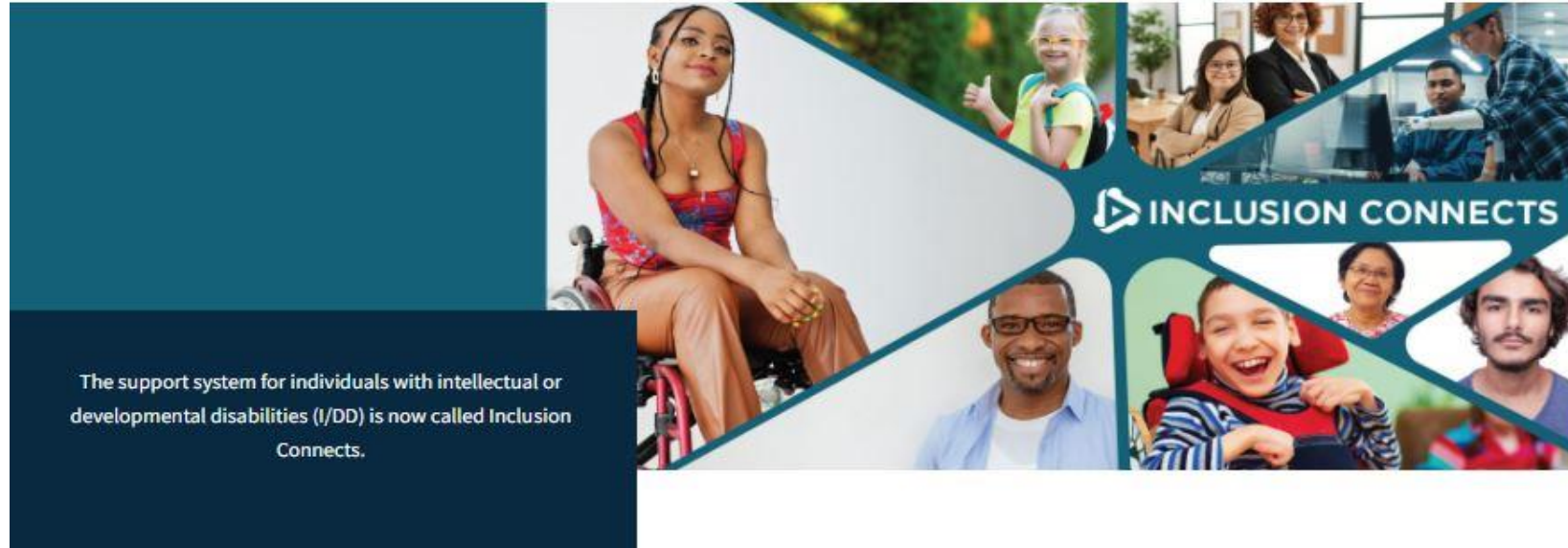
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# Inclusion Connects



# 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.



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

**Inclusion Connects** focuses on:

- 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.
- Improving access and enhancing the **housing** array for individuals with I/DD.

# What is *Inclusion Connects*?

The I/DD support system in North Carolina is evolving into ‘Inclusion Connects’, a name that reflects the Department’s deepened commitment to fostering community connections through inclusivity.

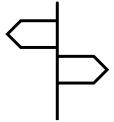
The goals of Inclusion Connects are focused on five key points:



Building a system for everyone, together.



Making sure everyone has what they need to live, work, and play where they want.



Helping people live the lives they want.



Improving career opportunities and benefits for DSPs.



Helping everyone in North Carolina thrive.

# NC DHHS: Inclusion Connects

The NC DHHS Inclusion Connects initiative is working to build a more robust community-based service system that supports the ability of individuals with I/DD to live in an integrated setting of their choice.

Inclusion Connects focused on promoting access to available services for individuals on the Innovations Waiver waitlist, supporting people with I/DD to live in the community they choose, and building a robust high-quality DSP workforce.



## Access to Services

As of November 2023, 17,500+ individuals are on the NC Innovations Waiver Waitlist. NC DHHS is committed to improving access to services and supports to all people with I/DD, including those on the Innovations Waitlist.



## Transition / Housing

DHHS is committed to expanding and enhancing innovative supports and services that support individuals with I/DD to live and thrive in the community they choose.



## DSP Workforce

A crucial key to access of services includes building a robust workforce of well-trained, high-quality Direct Support Professionals (DSP). NC DHHS is committed to supporting these critical members of the support team.

**Cross-Divisional Engagement:** The Inclusion Connects DHHS Team consists of a diverse group of subject-matter experts from across the Department to support detailed planning efforts, including representatives from DSOHF, DMHDDSUS, DHB / Medicaid, Office of the Secretary, Legal, Communications, Budget & Finance, and Data & Reporting.

**Community and Stakeholder Engagement:** Inclusion Connects includes a stakeholder advisory group called the Inclusion Connects Advisory Committee (ICAC) which will launch May 2024. ICAC will consist of people with lived experience, caregivers, advocates, MCO reps, providers, and DSPs. This committee will guide our initiatives to support inclusive policy-making.

# Direct Support Professionals (DSPs): Why Do We Need a Strategy?

- To serve everyone on the waitlist (~17,500) we need about 20,000 more DSPs.
- In 2021, the average turnover rate among DSPs was **43%**
- People on the Innovations waiver are not getting all of their authorized services.
- **We have the iOption and new waiver slots**
- **Of I/DD providers surveyed:**
  - **66%** turned away new referrals
  - **34%** discontinued services



# DSP Workforce

The DSP Workforce Framework is structured around a common goal intended to improve key outcomes that are tied to getting services to individuals with I/DD.

**Objective:** Mitigate the shortage of the DSP Workforce through strategic recruitment, enhanced training, and improved worker retention.

## Year 1 Initiatives:

### Awareness & Recruitment Campaign

- Targeted efforts to raise awareness and attract new candidates to the DSP field.

### Core Competency Curriculum

- Development of essential skills and knowledge for DSP professionals.

### DSP Certificate Program with Practicum

- Credentialing process inclusive of hands-on experience.

## Year 2 and Beyond Initiatives:

### Supplemental Benefits

- Additional perks and benefits to support DSP staff.

### Workforce Enhancement through Technology

- Leveraging tech solutions to improve DSP work processes.

### DSP Directory Program

- A listing or network to connect DSPs with service opportunities.

## Key Outcomes Expected:

- Increased Community Living Support (CLS) utilization rate.
- Decreased wait time for services due to DSP availability.

# DSP Workforce Advisory Committee Overview

The DSP Workforce Advisory Committee will advise and inform DMH/DD/SUS on key aspects of the evolution of North Carolina's DSP workforce.

- The DSP Advisory Committee is chaired by DMH/DD/SUS and consists of a group of representatives from consumer and family advisory committees, provider groups, the North Carolina Healthcare Association, and LME-MCOs.
- The Advisory Committee meets monthly to advise DMH/DD/SUS on FY23 – FY25 budget investments under development and to inform the longer-term strategy for building up and supporting the DSP workforce.
- Meeting topics may include:
  - Engagement with DSPs
  - DSP Recruitment and Training
  - Supplemental Benefits and Incentives for DSPs
  - Technology Utilization
  - Establishing a DSP Directory

# Individual Placement & Support (IPS) Supported Employment Program





# The Value of Work



## Why do we work?

- Money - helps us obtain the things we need and want
- Provides sense of meaning and purpose
- Social network (make friends, around others)



## What happens when we don't work?

- Feelings of worthlessness
- Isolation/alienation
- Lower self-esteem
- Increased psychiatric problems
- Increased physical problems
- Increased substance use . .

# What do you think?

What is the percentage of people who have a diagnosis of a serious mental illness who want to work?

a

5 – 10%

b

20 – 25%

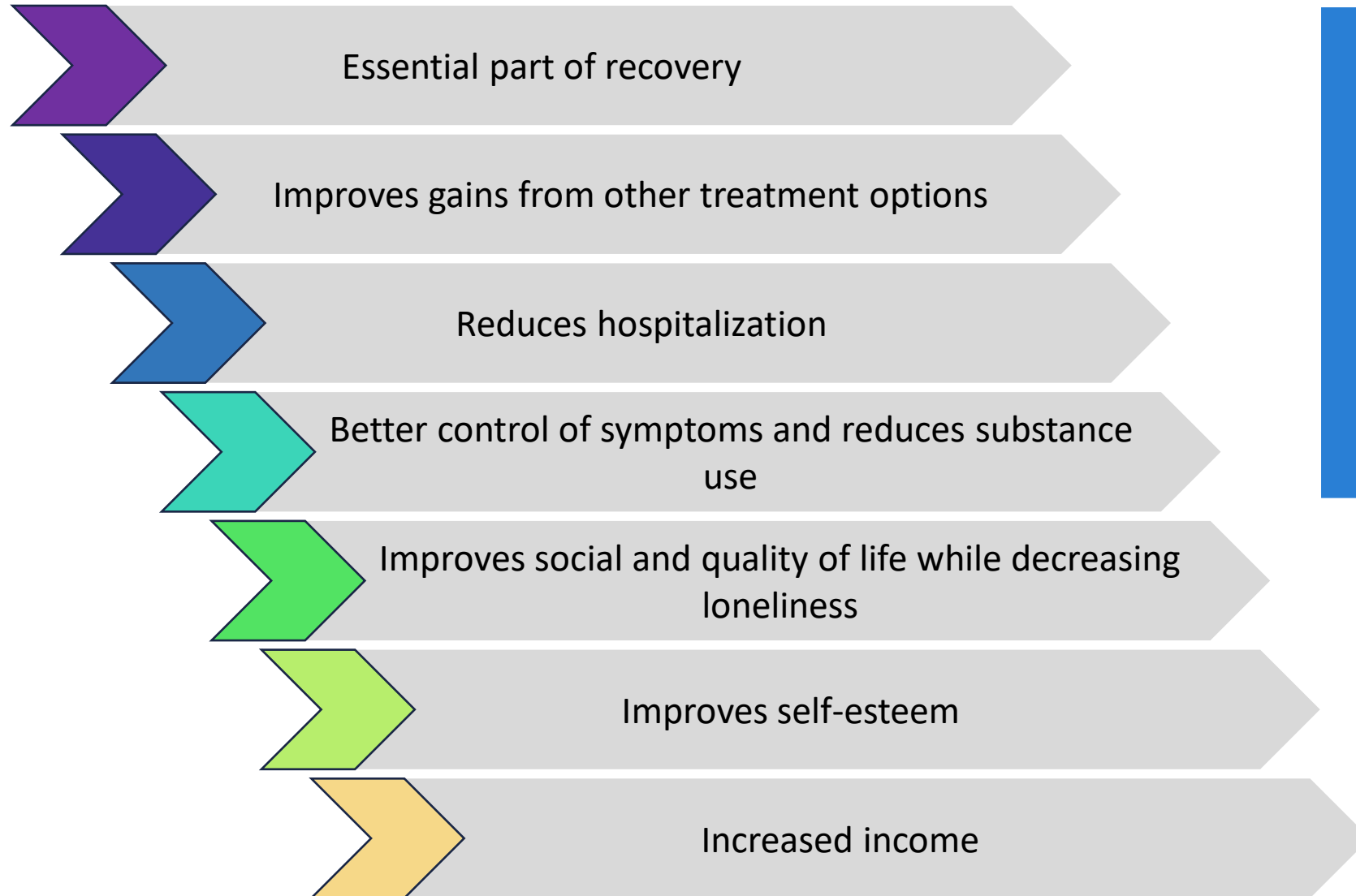
c

35 – 40%

d

65 – 70%

# Why Focus on Working?



## What research shows about competitive employment:


- 60-70% - want to work
- <15% - are currently working
- <2% - are receiving supported employment

# What is IPS?

Individual Placement and Support (IPS) Supported Employment is an Evidence – Based practice.



IPS helps people who are working age (16+) with severe mental illness find competitive, employment in the jobs of their choosing. It provides ongoing, individualized support with a focus on employment and education.



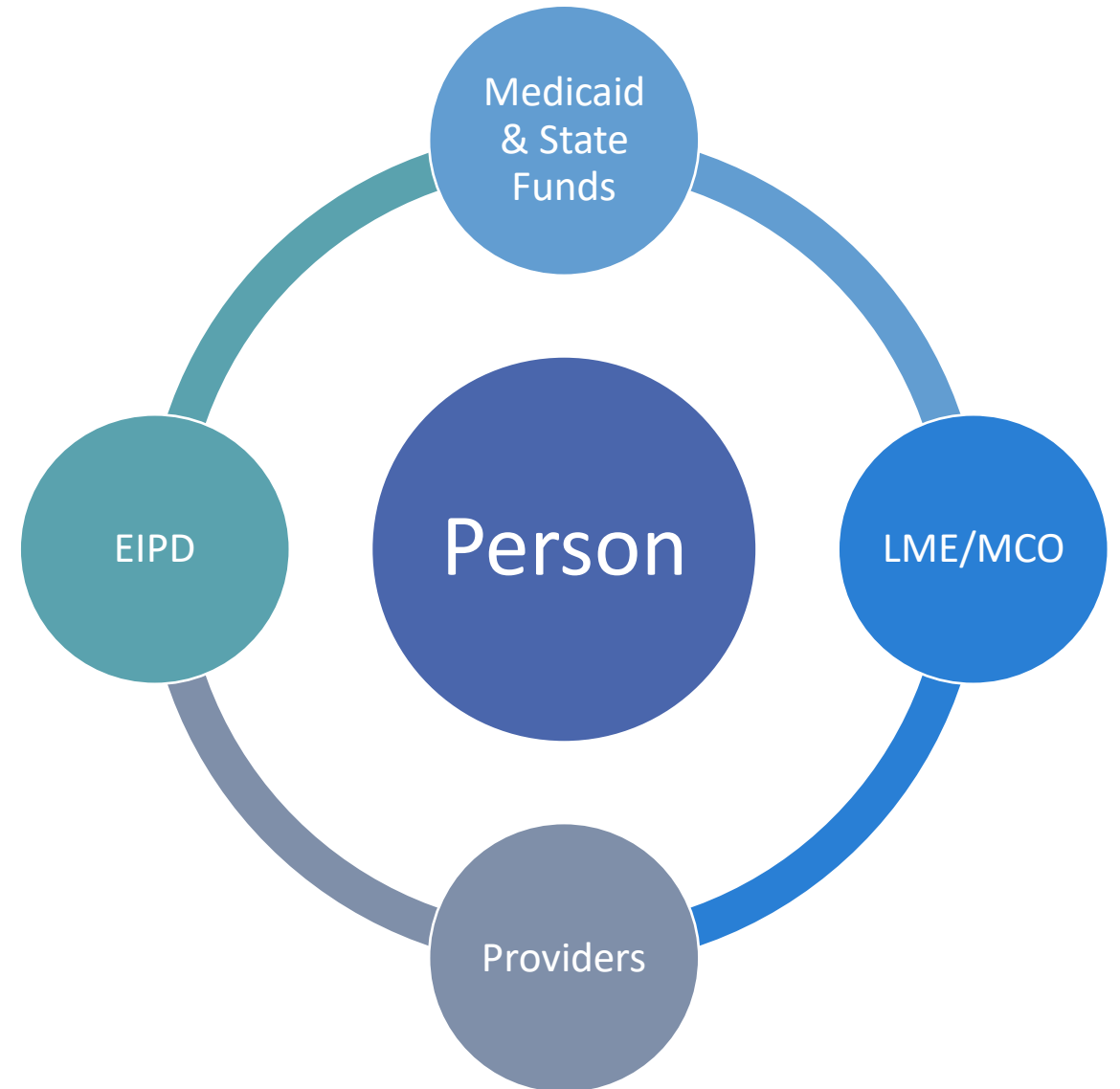
What makes IPS stand out compared to other Supported Employment services: Behavioral Health treatment, Benefit Counseling and connection to Employment and Independence for People with Disabilities.

# 8 Practice Principles of IPS



# Support for the Person

- The person drives their recovery goals.
- All of these supports work hand in hand with the person to meet their needs:
  - Medicaid & State Funds
  - LME/MCO (Health benefits provider)
  - Treatment/Service Providers
  - Division of Employment and Independence for People with Disabilities
    - Formerly Division of Vocational Rehabilitation



# Thoughtful Questions for Building Interest and Motivation

Tell me what a typical day looks like for you.

What are some of your fears about working and or/school?

If you were to find a job now, what type of job would you like? What appeals to you about that job?

On a scale of 1 to 10, how satisfied are you with your typical day?

How would you spend your time?

Where would you be living?

When you get bored, what are things that you like to do?

What relationships would you have?

What would you like your life to look like in the next years?

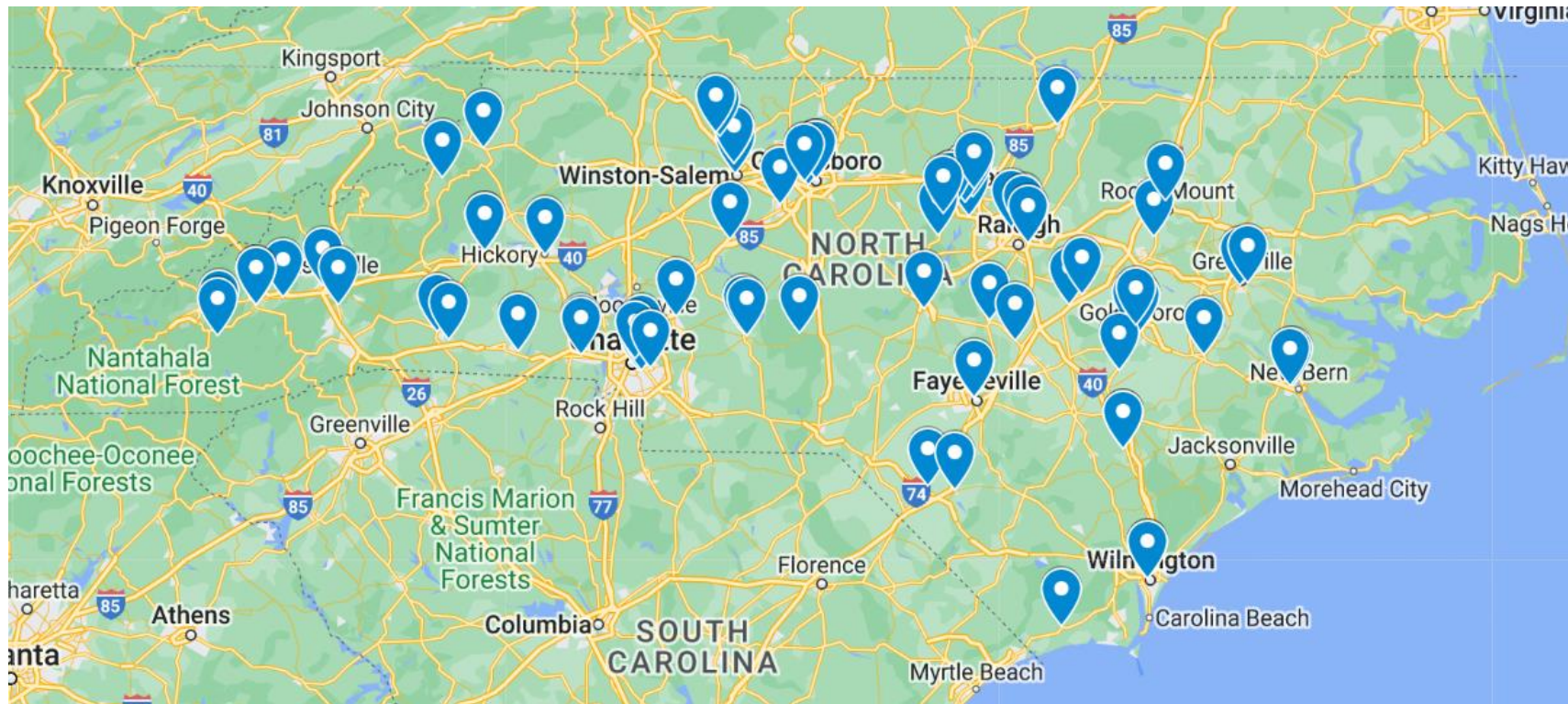
If you had more money, what would you do with it?

What might be some of the benefits of working and/or school?

When you were 5 years old, what type of job did you want to have when you became an adult? Why?

# Today in North Carolina

- There are 30 IPS teams in the state spanning from the mountains to the beaches.
- As of December 2023, there is an average number of 1,145 people receiving IPS services
- As of December 2023, the average % of people receiving IPS who were working was 40%





# Contact Information



**Alliance**  
800-510-9132  
or Relay: 711



**Partners**  
888-235-4673  
or Relay NC 711



**Trillium**  
877-685-2415



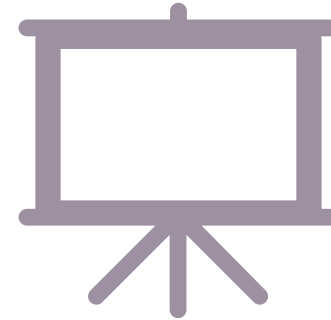
**Vaya**  
1-866-990-9712



# Q&A



Questions and feedback are welcome at  
[BHIDD.HelpCenter@dhhs.nc.gov](mailto: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](https://epass.nc.gov)



Paper application  
[ncgov.servicenow.com](https://ncgov.servicenow.com/services)



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



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

Learn more at:

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

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

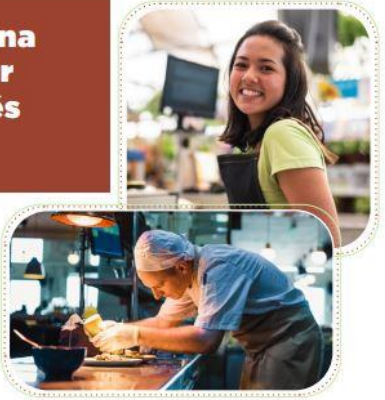
# Learn How to Apply With ePASS

(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

Elizabeth O'Dell  
Wes Woodstunhime  
Melanie Bush  
ASL Interpreter: Monica

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

Navigating ePASS: Guide to Providing Application Assistance

Unlisted

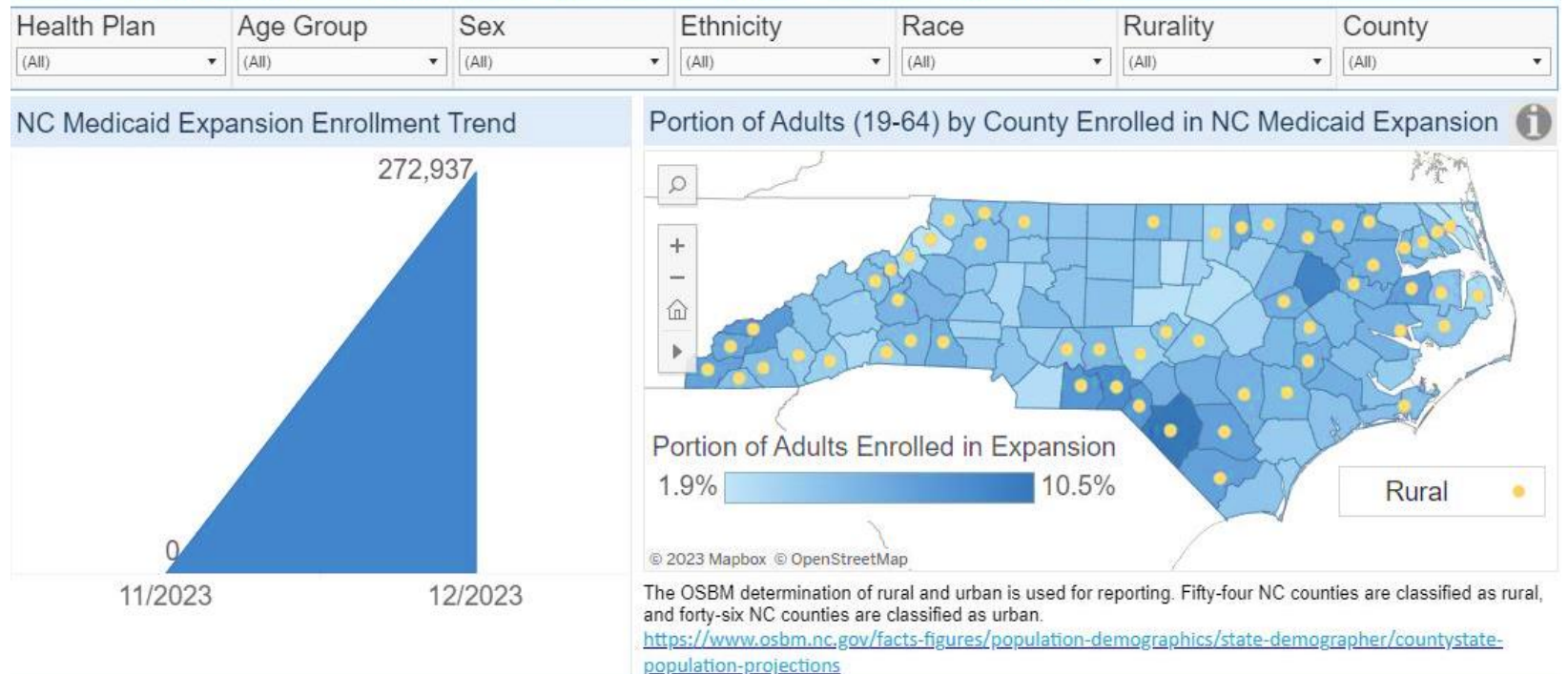
English-Language video: <https://www.youtube.com/watch?v=204bNI5pGkI>

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.*



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](#).

# 988 Performance Dashboard

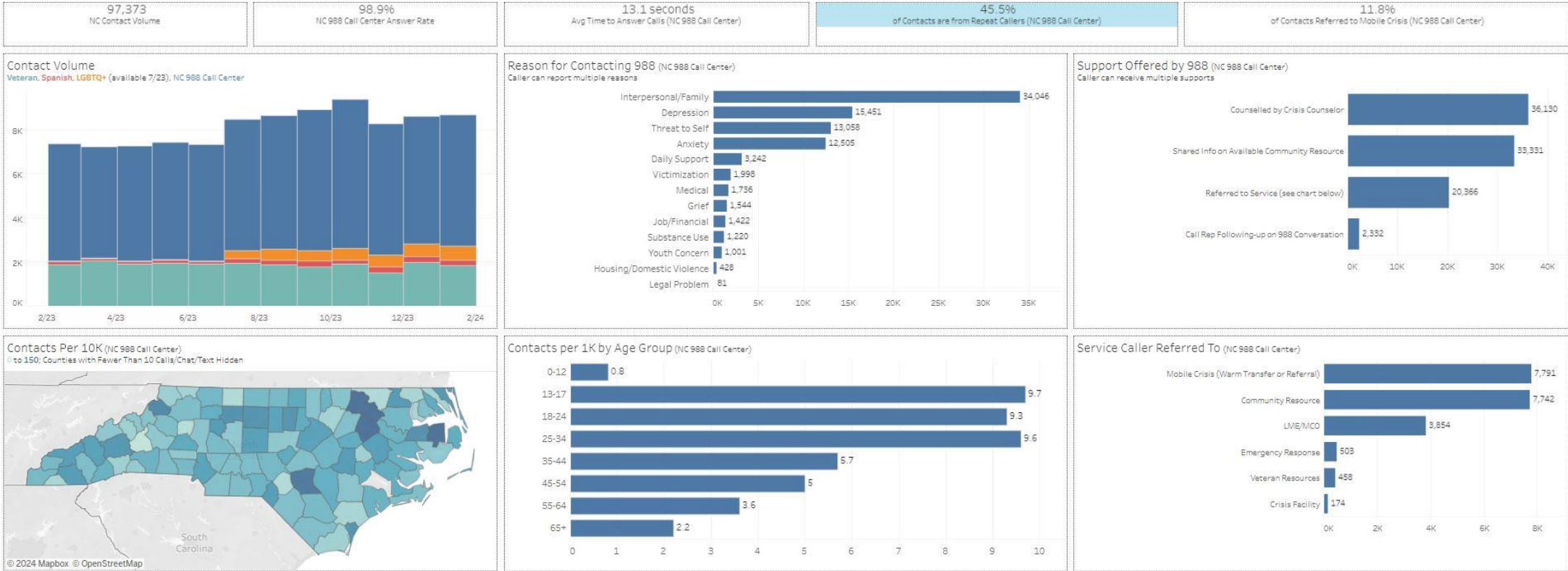
You can access the [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website



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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.





# 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!](#)





# 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

