

Shared Vision Statement

- The overarching goal is to achieve a *Good Life* as defined by the individual.
- Identify, research and recommend innovative, stable and sustainable solutions to address increasing community inclusion for individuals with I/DD as it relates to independent community living, employment, self-advocacy, relationships and beyond.
- Recommend workforce development & reimbursement strategies to support and strengthen our Direct Support Professionals.



NC Department of Health and Human Services

DHHS I/DD Stakeholder Workgroup Meeting

Michelle Merritt, I/DD Consultant, NC
Medicaid

Kenneth Bausell, I/DD Manager, NC Medicaid

September 22, 2022

Membership Roll Call
Gathered through
Attendee List in
WebEx

Agenda

- Online Meeting Reminders
- Public Feedback & Engagement
- Special Conversation: Employer of Record and Self Direction
- Last Meeting Follow Up
- Medicaid Corner-Clinical Coverage Policy for RB-BHT, Additional Innovations Slots
- Special Conversation: 1915(i)
- Next Meeting Planning
- Questions & Feedback

Online Meeting Reminders

- Please Mute Yourself When Not Speaking
- Raise Hand Feature
- Chat Host for Technical Support
- Solution Focused Objective
- *For meetings in excess of an hour, we will provide a planned 5-minute break at or near the beginning of each hour.*

Review & Approval of Meeting Minutes (Electronic)

Public Feedback & Engagement

- We Encourage the Use of the Chat/Question Feature for Members of the Public
 - Feedback will be synthesized, and an overview will be provided to workgroup members.
- We will attempt to answer as many questions as possible during the meeting.
- Link Provided via Chat to Sign-up to Speak During Public Comment Period of Meeting

Public Feedback Received

- No Public Comment Received Before Meeting

Special Conversation: Employer of Record and Self Directions

Last Meeting Check-In

Follow Up from Previous Meeting

- EORs and Aging Family and Learning about EOR
- Housing
- Medicaid and Medicare Duals
- Tailored Plan Care Management
- EVV Update and Shifts
- Waitlist

Medicaid Corner



Medicaid Corner

- RB-BHT and Clinical Coverage Policy
- Medicaid and Medicare Duals
- Tailored Plan Care Management

NC Medicaid Populations

Standard Plan

- Most families and children
- Children who receive NC Health Choice
- Pregnant women
- People who are blind or disabled and not receiving Medicare

Tailored Plan

- People who may have a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)
- Innovations Waiver participants
- TBI Waiver participants

NC Medicaid Direct with LME/MCO and CCNC

- People who receive Medicaid and Medicare (duals)
- People who are medically needy
- People in the HIPP program
- Children who receive CAP/C services
- People who receive CAP/DA services
- Children and youth in foster care

NC Innovations and NC TBI Waiver Participants who are Medicare and Medicaid duals are in the Tailored Plan.

NC Innovations and NC TBI Waiver Participants who are in the HIPP Program are in the Tailored Plan.

EBCI Tribal Option with LME/MCO

- Federally recognized tribal members
- Individuals who qualify for services through Indian Health Service (IHS)

Only available in these counties: Buncombe, Clay, Cherokee, Graham, Haywood, Henderson, Jackson, Macon, Madison, Swain, Transylvania

NC Medicaid Direct

- NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in Standard Plans, EBCI Tribal Option or Tailored Plans.
- On **December 1, 2022**, NC Medicaid will transition beneficiaries who need certain services for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) to Tailored Plans.
- Some beneficiaries will remain in NC Medicaid Direct or can choose NC Medicaid Direct instead of a health plan.

NC Medicaid Direct w/ LME/MCO

Beneficiaries not enrolled in the Tailored Plan will receive services for a mental health disorder, substance use disorder, intellectual/developmental disabilities (I/DD) or traumatic brain injury (TBI) from an LME/MCO.

[Tailored Plan] will serve as the LME/MCO for beneficiaries enrolled in NC Medicaid Direct.

Medicaid and Medicare Duals - NC Innovation and NC TBI Wavier



- Beneficiaries on the Innovations waiver or TBI waiver (including dual eligibles) were enrolled in the Tailored Plan. Exception: Tribal/IHS beneficiaries who are on the Innovations waiver or TBI waiver are not required to enroll in the Tailored Plan to receive those services.
- Individuals who are on the Innovations Waiver or TBI Waiver and have both Medicare and Medicaid will in in the Tailored Plan.

NC HIPP– NC Innovations and NC TBI Wavier



Individuals who are on the NC Innovations Waiver or NC TBI Waiver and have NC HIPP are in the Tailored Plan.

1915 (i) Check in and Update



Stakeholder Engagement Webinar

Webinar Objectives

- Review of transitioning 1915(b)(3) Home and Community-Based Services to the 1915(i) State Plan Option
- Review of the I/DD 1915(i) Services
 - Community Transition (Deeper Dive)
 - Community Living and Support (Deeper Dive)
 - Respite
 - Supported Employment

Transition to 1915(i) Overview

- DHHS currently uses the 1915(b)(3) authority to cover a set of critical Home and Community-Based Services (HCBS) provided by LME-MCOs to Medicaid beneficiaries with significant BH needs, I/DD, and TBI.**
- 1915(i) benefits will be available through Tailored Plans, NC Medicaid Direct through PIHPs, and the Specialized Foster Care Plan (upon launch to beneficiaries who meet medical necessity criteria).**

Community Transition

- **Community Transition provides one-time funding for initial set up expenses to a beneficiary transitioning from an institutional setting into their own private residence in the community where they are responsible for their own living expenses. An institutional setting can include a state developmental center, community intermediate care facility for beneficiaries with intellectual disabilities (ICF-IID), nursing facility, licensed group home, alternative family living (AFL), foster home, adult care homes (including those determined to be an Institution for Mental Disease), State Psychiatric Institution or a Psychiatric Residential Treatment Facility (PRTF).**

Community Transition Draft

– Covered Community Transition services are:

- 1. Security deposits that are required to obtain a lease on an apartment or a home;**
- 2. Essential furnishings, including furniture, window coverings, food preparation items, bed, bath and linens;**
- 3. Moving expenses required to occupy and use a community domicile;**
- 4. Set-up fees or deposits for utility or service access, including telephone, internet, electricity, heating and water; and**
- 5. Services necessary for the beneficiary's health and safety, such as pest eradication and one-time cleaning prior to occupancy.**

Community Living and Support - Draft

Community Living and Support Draft

Community Living and Support is an individualized service that enables an individual 3 years of age and older to live successfully in his/her own home, the home of his/her family or natural supports and be an active member of his/her community.

A paraprofessional assists the individual to learn new skills and/or supports the individual in activities that are individualized and aligned with their preferences.

Group services may be provided as long as services outlined within the Person Centered Plan (PCP) or Individual Support Plan (ISP) are able to be fully address their preferences.

Community Living and Support Draft

Community Living and Support may include the following services and supports:

- Learn and, practice new, and improve existing skills related to the following: interpersonal, independent living, community living, self-care, and self-determination.**
- Provides supervision and assistance for the individual to complete an activity to his/her level of independence: assistance in monitoring a health condition, nutrition or physical condition, incidental supervision, and daily living skills.**

Respite Draft

Respite Draft

Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for children ages three (3) to twenty (20) with mental health, intellectual/developmental disabilities, or substance use service needs, and for adults 21 and over with intellectual/developmental disabilities.

This service enables the primary caregiver(s) to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. Respite may be utilized during school hours for sickness or injury.

Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (family emergency based, not to include out of home crisis). Respite may be provided in an individual or group setting. The primary caregiver is the person principally responsible for the care and supervision of the beneficiary and must maintain his/her primary residence at the same address as the beneficiary.

Respite Draft

Respite may also be used to provide temporary relief to individuals who reside in Licensed and Unlicensed AFLs, but it may not be billed on the same day as Residential Supports. Persons receiving this service must live in a non-licensed setting, with non-paid caregiver(s).

Respite Draft

Populations Served

1. **Individuals with Intellectual and or Developmental Disabilities – All ages**
2. **Serious Mental Illness (SMI) and SUD – Under 21**

Public Comment Period

DMHIDDContakt@dhhs.nc.gov

Member Questions & Feedback



Next Meeting Planning

- Review of Public Feedback Received
- Workgroup Members-What Would You Like to Suggest for Agenda Items?
From last call – Staff Training Requirements

2022 Meeting Schedule

Date	Time
Thursday, January 27, 2022	3:00-5:00 PM
Thursday, March 24, 2022	3:00-5:00 PM
Thursday, May 19, 2022	3:00-5:00 PM
Thursday, July 28, 2022	3:00-5:00 PM
Thursday, September 22, 2022	3:00-5:00 PM
Thursday, November 17, 2022	3:00-5:00 PM