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NC Collaborative for Children, Youth and Families

DATE: October 12, 2022

BH/IDD Tailored Care Management and Transition to 1915i Services 12/1/22 Implementation—The Rest of BH/IDD Tailored Plan Implementation Delayed to 4/1/23

There is a new timeline for the implementation of the Behavioral Health/Intellectual-Developmental Disability Tailored Plan (BH/IDD Tailored Plan) of Medicaid Managed Care. It is a staggered start now because the BH/IDD Tailored Care Management and the transition to 1915i services will move forward on December 1, 2022. The BH/IDD Tailored Plan will be fully implemented on April 1, 2023. This delay will provide additional time for the NC Department of Health and Human Services (NC DHHS), LME/MCOs and physical healthcare providers to build the medical network available to BH/IDD Tailored Plan members. In addition, NC DHHS announced on a recent webinar that the 1915(b)(3) (also known as “(b)(3)”) services) will remain available during the transition to 1915i services to ensure that individuals eligible for (b)(3) and 1915i services do not have any gaps in their services. 1915(b)(3) services will then end on March 31, 2023.

Date	Implementation Action
10/14/22	CHOICE of BH/IDD Tailored Care Management ends
10/15/22	Auto-Assignment of BH/IDD Tailored Care Management begins
12/1/22	BH/IDD Tailored Care Management Begins
	1915i Services Transition Begins
12/1/22 – 3/31/23	1915(b)(3) services continue while Medicaid members of LME/MCOS (BH/IDD Tailored Plans) shift to 1915i services
January 2023 (Tentative)	BH/IDD Tailored Plan Members CHOICE of Primary Care Physician begins
4/1/23	BH/IDD Tailored Plans begin

NC Suicide Action Plan 2021-2025 Identifies Strategies:

The NC Division of Public Health has developed the [NC Suicide Action Plan for 2021-2025](#).

The strategies identified are:

1. Create a coordinated infrastructure—this strategy includes hiring a Comprehensive Suicide Prevention Team within state government and a Comprehensive Suicide Prevention Advisory Council (CSPAC).

2. Reduce access to lethal means focusing on firearms and medical disposal of drugs.
3. Increase community awareness and prevention by providing youth primary suicide prevention education and training
4. Identify populations at risk
5. Provide crisis intervention with a specific focus on people with increased risk
6. Provide access to and delivery of suicide care to include strengthening telemental health access.
7. Measure our impact and revise strategies based on results

White House Publishes [National Strategy on Hunger, Nutrition and Health](#):

President Biden wrote in his introduction, “This national strategy will serve as the playbook to meet this vital goal. It calls for a whole-of-government and whole-of-America approach to addressing the challenges we face. When families can’t afford healthy food options, it’s harder for children to succeed in school, and it can lead to mental and physical health challenges for the whole family.” The strategy includes five pillars and there are recommendations attached to each of the pillars in the report. The five pillars are:

1. **Improving food access and affordability**, including by advancing economic security; increasing access to free and nourishing school meals; providing Summer Electronic Benefits Transfer (EBT) benefits to more children; and expanding Supplemental Nutrition Assistance Program (SNAP) eligibility to more underserved populations;
2. **Integrating nutrition and health**, including by working with Congress to pilot coverage of medically tailored meals in Medicare; testing Medicaid coverage of nutrition education and other nutrition supports using Medicaid section 1115 demonstration projects; and expanding Medicaid and Medicare beneficiaries’ access to nutrition and obesity counseling;
3. **Empowering all consumers to make and have access to healthy choices**, including by proposing to develop a front-of-package labeling scheme for food packages; proposing to update the nutrition criteria for the “healthy” claim on food packages; expanding incentives for fruits and vegetables in SNAP; facilitating sodium reduction in the food supply by issuing longer-term, voluntary sodium targets for industry; and assessing additional steps to reduce added sugar consumption, including potential voluntary targets;
4. **Supporting physical activity for all**, including by expanding the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention’s (CDC) State Physical Activity and Nutrition Program to all states and territories; investing in efforts to connect people to parks and other outdoor spaces; and funding regular updates to and promotion of the Physical Activity Guidelines for Americans; and
5. **Enhancing nutrition and food security research**, including by bolstering funding to improve metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity and access; and implementing a vision for advancing nutrition science.

Resources:

- The Joint Legislative Oversight Committee on Health and Human Services met on October 11, 2022 and all presentations can be accessed using [this link](#). Two presentations to look at:
NC DHHS Secretary Kinsley presentation, [“Financial Update”](#)

NC DHHS Assistant Secretary for Children and Families Charlene Wong presentation, [“Division of Child and Family Well-Being Establishment”](#)

- A Child Trend’s blog was published, [“Children’s Transitions to Kindergarten May Benefit from Effective Coordination Across Early Childhood and K-12 Systems”](#) on 8/18/22

Bills Signed into Law during 2021 Long Session and 2022 Short Session:

[SL 2021-1](#): COVID Relief Bill Modifications

[SL 2021-3](#): 2021 COVID-19 Response and Relief

[SL 2021-4](#): The Reopen the Schools Act of 2021

[SL 2021-7](#), Summer Learning Choice for NC Families

[SL 2021-8](#): Excellent Public Schools Act of 2021

[SL 2021-18](#): Modify Termination of Parental Rights Appeals

[SL 2021-22](#): Reduce Regulation to Help Children with Autism

[SL 2021-25](#): Additional COVID-19 Response and Relief

[SL 2021-61](#): Medicaid Modernized Hospital Assessments

[SL 2021-62](#): Medicaid Administrative Changes and Technical Corrections

[SL 2021-77](#): DHHS Revisions

[SL 2021-88](#): GSC Technical Corrections 2021

[SL 2021-100](#): Juvenile Code Rev’s/CIP Recommendations—AB (Agency Bill)

[SL 2021-118](#): Expand Expunction Eligibility

[SL 2021-123](#): Various Raise the Age Changes/JJAC Recs.

[SL 2021-132](#): Expedite Child Safety and Permanency

[SL 2021-144](#): Foster Parents’ Bill of Rights

[SL 2021-190](#): Landlord Submission of HOPE Application

[SL 2022-71](#): Education Law Changes