CARE For NC Toolkit
# CareForNC

**TALKING POINTS**

- North Carolina pioneered a successful, community-based approach to public behavioral health care that puts people first, delivering the right services, in the right amount, at the right time.

- People’s well-being — including physical and behavioral health — can be greatly impacted by social challenges beyond health care. The current community-based LME/MCO system focuses on meeting people’s unique needs — body, mind, housing and employment — through a coordination of care across multiple systems to achieve improved health outcomes and build stronger communities.

- From the foster child who is now a successful school teacher, to the first responder who recognized someone in mental health crisis thanks to Mental Health First Aid and Crisis Intervention Trainings. From the parent or guardian who needs a break from the demands of caring for a child with a developmental disability, to the person struggling with homelessness and opioid addiction on a path to independence.

  [INSERT YOUR OWN STORY/EXPERIENCES HERE]

- The statewide and collective impact of this person-centered approach is far-reaching. Just ask the hundreds of thousands of North Carolinians receiving the critical care they need through the public behavioral health system each year, and the community leaders who see firsthand the positive impact of the system in their own backyard.

- You won’t find a one-size-fits-all theme or plot in any of these stories. Rather, each one demonstrates how well North Carolina’s high-quality behavioral and I/DD whole-person care system really works to create strong, united communities.

- It’s the empowerment, independence, determination, inspiration and hope of those served that strengthens communities across the state.

**Building a foundation of well-being.**

- North Carolina’s existing public behavioral health system is doing exactly what it was created to do. It’s building a foundation of collective well-being throughout North Carolina’s communities and creating additional financial resources to enhance the community system.

- The current system is well-positioned to grow and adapt to ensure that people across our state continue to benefit from the innovative programs they need to live their best, most independent lives in a community they call home.
Well-being depends on stable, personalized, community-based care, with dedicated local providers who are deeply rooted in the communities they serve. First established at the community level, this is exactly the kind of care the current system delivers.

This community-based approach helps ensure North Carolinians receive the high quality, behavioral and I/DD health care they deserve and require to live life to the fullest.

Caring for our future.

North Carolina is only as strong as its citizens and its communities.

Community well-being requires many people working together toward a collective mission. Through partnership and putting people first, we will continue to improve health outcomes and strengthen our communities.

Together, we’re advocating to provide people, families and critical care providers the chance to accomplish their dreams and goals, creating strong and vibrant communities.

I HOPE YOU WILL JOIN ME AND THE MILLIONS OF OTHER ADVOCATES ACROSS NORTH CAROLINA AS WE #CAREFORNC. SHARE YOUR STORY TODAY!
Q: What are LME/MCOs?

Local Management Entities/Managed Care Organizations (LME/MCOs) are community-based organizations that provide access to critical, community-based services to North Carolinians with complex health needs. These organizations are experts in coordinating care across multiple systems for people with mental health, intellectual/developmental disabilities and substance use disorders who are on Medicaid, are underinsured, uninsured or indigent. Importantly, they treat the whole person — focusing on providing them with housing, transportation, social education, recreation programs, occupational training, and employment opportunities.

LME/MCOs support people of all ages and backgrounds — from children in foster care who have endured trauma, to people struggling with opioid addiction, to aging adults with dementia. These organizations also serve people and families in crisis, including people experiencing mental health emergencies or those suffering from PTSD or natural disasters.

There are seven LME/MCOs across that state that make up the public behavioral health system, that together, cover all of the state’s 100 counties.

Q: How many people do LME/MCOs serve in North Carolina?

Each month, LME/MCOs serve approximately 132,400 of the state’s Medicaid recipients and 36,000 underinsured or uninsured North Carolinians.

Q: How are LME/MCOs funded?

Each LME/MCO receives a “capitated rate” or set amount of Medicaid funding to meet the behavioral health needs of the Medicaid beneficiaries in each of the respective multicounty regions, also known as “catchments.”
For residents who are not on Medicaid but are underinsured, uninsured or indigent, LME/MCOs use state, local and federal funds, primarily in the form of single-stream funding, to coordinate MH, IDD and SUD services.

**Q: What are single-stream funds?**

Single-stream funds are state appropriations that allow LME/MCOs to provide access to behavioral health services for North Carolinians who don’t qualify for Medicaid. Most non-Medicaid funding comes in the form of single-stream funds from the state. These dollars allow LME/MCOs to cover things that Medicaid does not, such as housing, vocational programs, jail diversion activities, transportation, or supporting the cost of building a new mental health facility. The NC General Assembly decides how much single-stream funding to provide LME/MCOs each year.

Between 2016 and 2019 the General Assembly has cut single-stream funding by more than $458 million while requiring that LME/MCOs continue to maintain the same level of state-funded services as before the funding reductions.

Through effective care coordination and active consumer education and outreach, LME/MCOs have achieved savings in Medicaid budgets. These Medicaid savings to date have been used to make up the shortfall in single-stream funding in order to provide the same level of service offered in 2015. The continued cuts are not sustainable for the LME/MCO system.

Reversing the annual shortfall in single stream funding will allow the well-positioned LME/MCO system to build new facilities, develop innovative services, and better aid hospitals in treatment of seriously ill individuals.

**Q: There is an effort in the NC General Assembly to add 1,000 slots to North Carolina’s Innovations Waiver, a Medicaid program that serves people with intellectual disabilities. Will this help restore funding for LME/MCOs?**

While this funding is important for serving more Medicaid patients, this investment will not benefit people with other complex mental health needs, substance use disorders, or people who are uninsured and
underinsured. The funding cuts in recent years have resulted in a significant shortfall in single-stream funding, or funding to support unmet community needs and behavioral health services for those who don’t qualify for Medicaid. This investment will not rectify these funding cuts.

**Q: What is Medicaid transformation?**

In September 2015, the General Assembly directed the transition of all Medicaid benefits, physical and behavioral, from its classic fee-for-service structure to a managed care model in North Carolina, with the goals of increasing efficiency of service and cutting Medicaid costs. Behavioral health benefits have been operating under a managed care model in North Carolina’s Medicaid program since 2011, managed by the LME/MCOs. With Medicaid transformation, physical health benefits will be similarly managed starting in November 2019.

NC DHHS is overseeing the complex process of implementing Medicaid reform at the direction of legislation passed by the NC General Assembly. NC DHHS will implement managed care for all Medicaid beneficiaries over a phased, multi-year period, creating two sets of health plans: Standard Plans and Tailored Plans. Standard Plans will cover all benefits for non-specialty, healthy Medicaid eligible individuals and members of the Eastern Band of Cherokee Indians. These will begin rolling out in November 2019. Tailored Plans will cover all Medicaid benefits for high-need individuals requiring specialty care for intellectual and developmental disabilities, mental health conditions, and substance use disorders, most of whom are already covered by LME/MCOs today. LME/MCOs will begin operating as Tailored Plans starting in July 2021.

Through Medicaid transformation, the state is working to improve the health and well-being of North Carolinians through whole-person centered and well-coordinated care that addresses both medical and non-medical drivers of health.

**Q: How is Medicaid transformation different from Medicaid Expansion?**

Medicaid transformation represents a shift from fee-to-service to a managed care structure for all Medicaid benefits, with the goals of increasing efficiency of service and controlling costs.
On the other hand, Medicaid Expansion refers to a provision in the federal Affordable Care Act (ACA) that allows states to expand Medicaid eligibility requirements to cover more adults and children whose incomes are at or below 138% of the federal poverty level. North Carolina is one of 14 states that has not elected to expand Medicaid under the ACA.

Q: What will Medicaid transformation change for LME/MCO Plans?

In an effort to provide whole-person care, NCDHHS has cited goals to integrate behavioral health services, physical health services, and pharmacy benefits so that all managed care beneficiaries have easy access to these benefits through one insurance plan.

Under Medicaid transformation, services will be offered through two distinct plans: Standard Plans and Tailored Plans. Both plans will integrate physical health, behavioral health, and pharmacy services to best serve individual needs.

- Standard Plans will serve most Medicaid and NC Health Choice enrollees, including adults and children. Standard Plans will launch in two phases, with the first phase slated to launch in November 2019.
- BH/IDD Tailored Plans will be specifically designed to serve the complex needs of individuals with serious mental illness, serious emotional disturbance, severe substance use disorder, intellectual/developmental disability or a traumatic brain injury, most of whom are served by LME/MCOs today. LME/MCOs are set to begin operating as Tailored Plans starting in July 2021.

Q: What does Medicaid transformation mean for the BH/IDD population?

Medicaid transformation focuses on whole person care, integrating both physical and behavioral health care. The plan also seeks to address social determinants of health to further Whole Person Care, recognizing that an individual’s physical and behavioral health can be greatly impacted by social challenges beyond healthcare. Whole Person Care focuses on meeting an individual’s unique needs — body, mind, housing and employment — through coordination of care across multiple systems.
LME/MCOs have a proven track record of providing person-centered care by coordinating primary care, behavioral healthcare services and social services to achieve improved health outcomes, quality of care, and efficient use of resources.

Q: Why is the current public behavioral health system best suited to continue to serve this population?

The current public behavioral health system is well-positioned to grow and adapt to ensure that people across our state continue to benefit from the innovative programs they need to live their best, most independent lives in a community they call home.

In other states and prior to the establishment of the LME/MCO system in North Carolina, it was difficult for Medicaid-eligible and uninsured North Carolinians with intellectual/developmental disabilities, mental health, and substance use issues to obtain the care they needed.

LME/MCOs are experts in providing whole-person care for individuals in need, providing them ready access to high quality care. They continue to invest in innovation to meet the unique needs of the individuals and communities served, and remain focused on delivering the right services, in the right amount, at the right time. In the face of steep funding cuts, LME/MCOs adapted and found innovative solutions to ensure individuals felt little to no impact in services.

LME/MCOs and providers are deeply rooted in the communities they serve, and members trust their providers. This is especially important as the population served has a stronger tendency to struggle with change. This community-based approach helps ensure North Carolinians receive the high quality, behavioral and I/DD health care they deserve and require to live life to the fullest.
Campaign Overview

Campaign name: Partnership for Community Well-Being
Campaign hashtag: #CareForNC
Website: www.carefornc.org
Twitter: @CareforNC
Facebook: Care for NC

Campaign Overview:
#CareforNC is a joint effort of the Partnership for Community Well-Being, a new partnership of the state's seven LME/MCOs and two large provider groups that work tirelessly to provide high-quality behavioral and I/DD care to North Carolinians in all 100 counties. We are experts at coordinating whole-person care across multiple systems. But most importantly, we are advocates for the families and communities we serve. Regardless of the future of the public behavioral health system, we are here to raise awareness for the countless people whose lives have been changed and communities that have been strengthened by the services provided by the system. Together, we can help ensure continued stability and continuity of care for North Carolinians and the well-being of our communities.

The Partnership includes:
Alliance Health - Benchmarks NC - Cardinal Innovations Healthcare - Eastpointe - NC Providers Council - Partners Behavioral Health Management - Sandhills Center - Trillium Health Resources - Vaya Health
Primary Logo

#CareForNC

Logo color variation

#CareForNC
CAMPAIGN STYLE GUIDE

Logo Variations

#Care For NC

CARE For NC

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CARE For NC
CAMPAIGN STYLE GUIDE

Primary Color Palette

RGB: 242/214/174  #f2d6ae
RGB: 219/128/73  #db8049
RGB: 64/127/116  #407f74
RGB: 147/209/175  #93d1af

Secondary Color Palette

RGB: 0/0/0  #000000
RGB: 48/97/90  #30615a
RGB: 238/230/218  #eee6da
RGB: 69/115/147  #457393
Brand Typography

**H1 HEADLINES**
Rockwell Bold

**Strengthen communities.**
AaBbCcDdEeFfGgHhIiJjKkLlMmNnOo
PpQqRrSsTtUuVvWwXxYyZz
0123456789 (&?!$%/,.:;-_*""

**H2 HEADLINES**
Oswald Bold

**SMALL REMINDERS**
AaBbCcDdEeFfGgHhIiJjKkLlMmNnOo
PpQqRrSsTtUuVvWwXxYyZz
0123456789 (&?!$%/,.:;-_*"

**H3 HEADLINES**
Rockwell Regular

**We can help.**
AaBbCcDdEeFfGgHhIiJjKkLlMmNnOo
PpQqRrSsTtUuVvWwXxYyZz
0123456789 (&?!$%/,.:;-_*""
Brand Typography

You won’t find a “one-size fits all” theme or plot in any of these stories. Rather, each one exemplifies how well North Carolina’s high-quality behavioral and I/DD whole-person care system really works to create strong, united communities. Allowing people, families and providers the chance to accomplish their dreams and goals, creating strong and vibrant communities.

Oswald Regular

AaBbCcDdEeFfGgHhiJJkLmNNo
PpQqRrStTuVvWwXyZz
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