



OPEN MINDS

North Carolina Health & Human Services System Market Profile: 2025



North Carolina Health & Human Services Market Profile Overview

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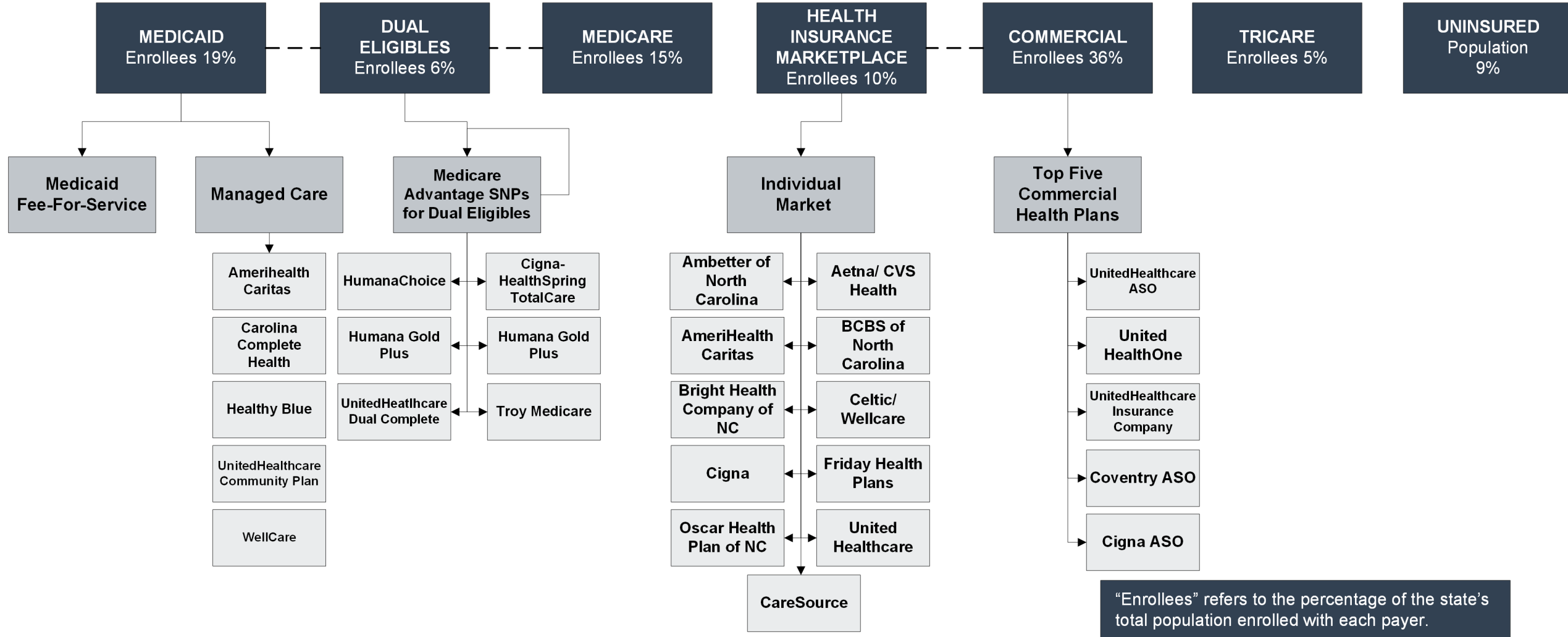
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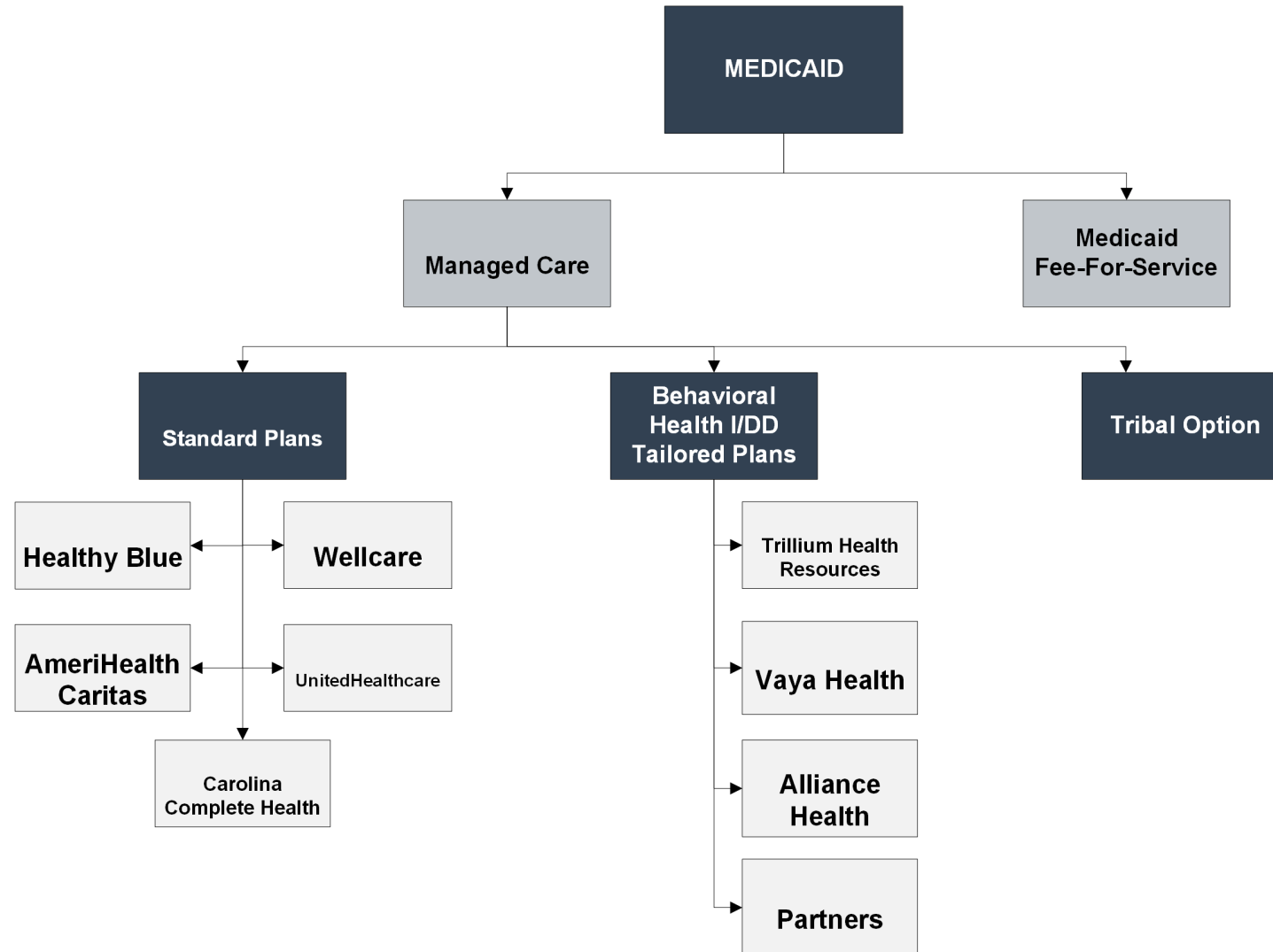
A. Executive Summary

A.1. North Carolina Physical Health Care Coverage by Payer

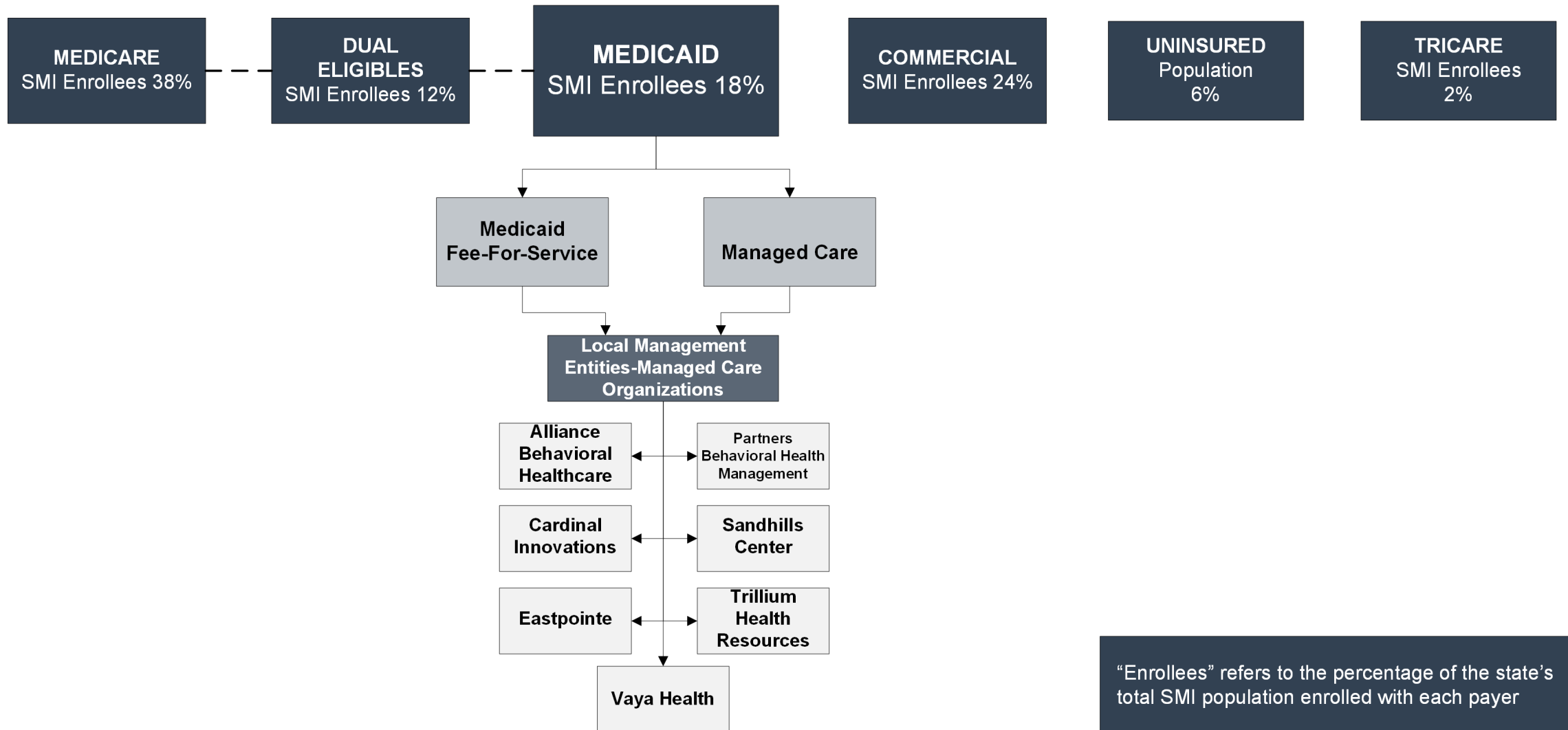
Total North Carolina Population: 10,835,491
 Estimated SMI Population: 866,839



A.1. North Carolina Physical Health Care Coverage by Payer: Medicaid



A.1. North Carolina Behavioral Health Care Coverage by Payer



“Enrollees” refers to the percentage of the state’s total SMI population enrolled with each payer

Totals may not equal 100% due to rounding.

A.2. Health & Human Services System Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan	✓	Most Medicaid beneficiaries receive services through NC Medicaid Managed care.
PCCM	✓	North Carolina operates the Community Care of North Carolina PCCM program, which covers the majority of beneficiaries in NC Medicaid Direct.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home	✓	The state has a health home program that provides administrative functions and does not affect enrollees. The state is exploring implementation of a new health home program.
Patient-Centered Medical Home (PCMH)	✓	The state's PCCM program operates under a medical home model.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	NC Innovations 1915 (c) waiver services for the I/DD population are provided by the LME/MCOs.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	North Carolina currently operates three CCBHCs under federal grants.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

The North Carolina Department of Health and Human Services (DHHS) Office of Rural Health and Community Care operates the NC HealthNet program. The program grants funds to Community Care of North Carolina—a public-private partnership organization operating throughout the state on a regional basis—to provide medical homes and health care services to the uninsured population.

Mental Health Services

The DHHS Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the DHHS Division of Medical Assistance contract with Local Management Entities/Managed Care Organizations (LME/MCOs) to provide mental health services to the safety-net population.

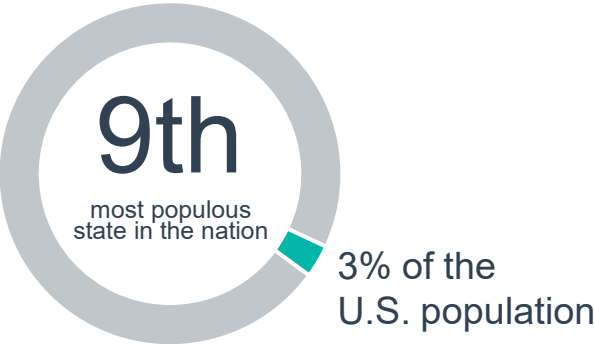
Addiction Treatment Services

The DHHS Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the DHHS Division of Medical Assistance contract with LME/MCOs to provide addiction disorder treatment services to the safety-net population.

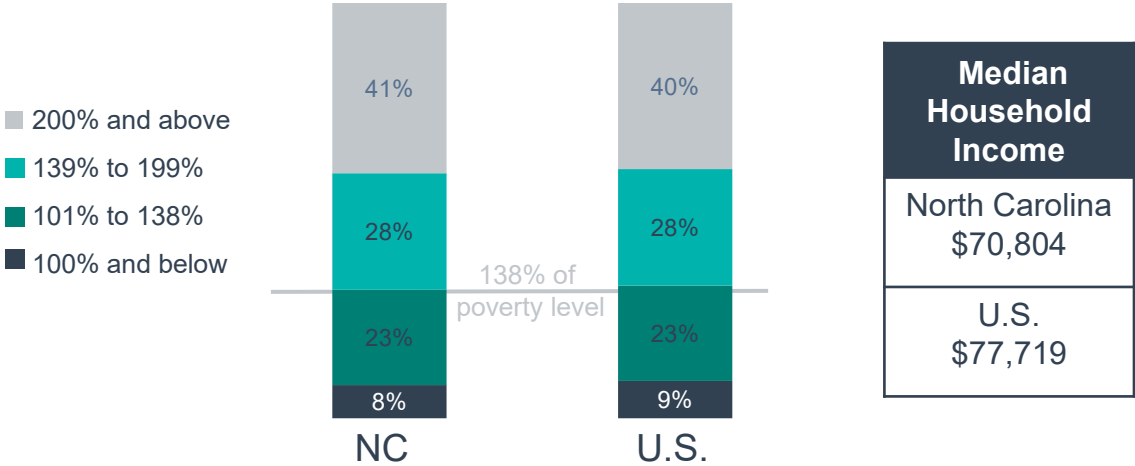
B. Health Financing System Overview

B.1. Population Demographics

Total North Carolina Population- 10,835,491
 Estimated SMI Population- 866,839



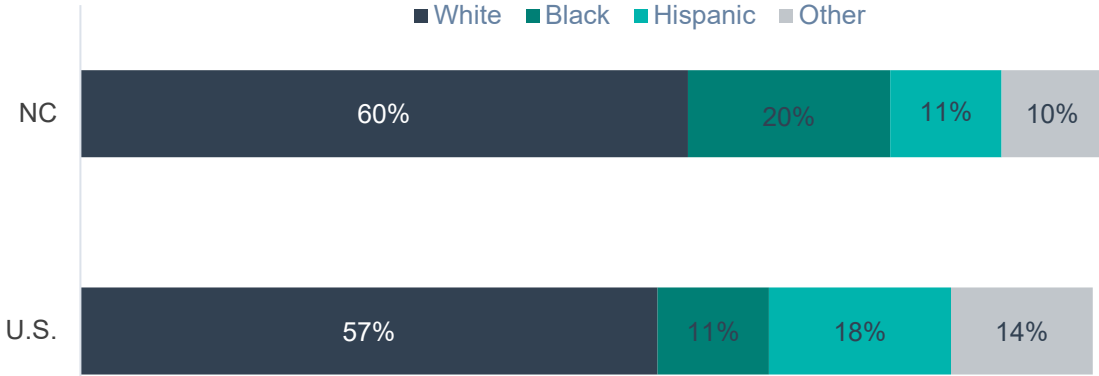
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

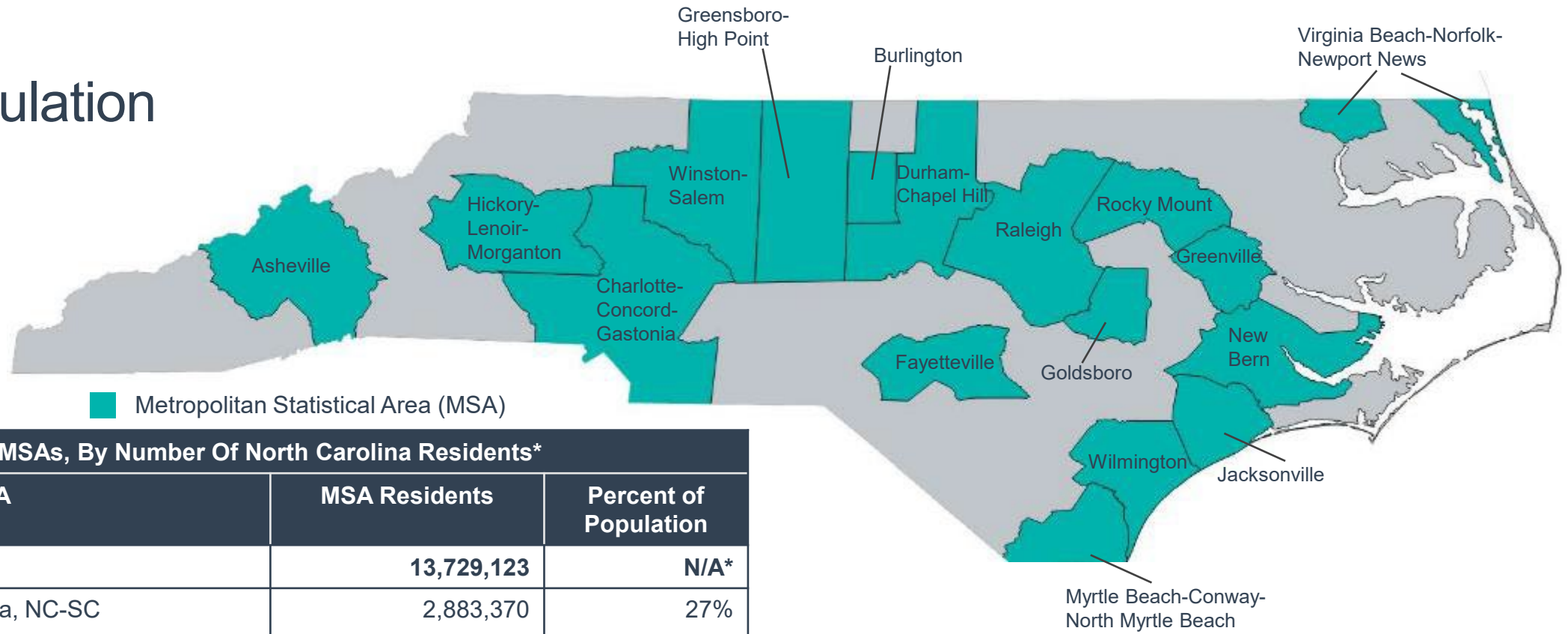


North Carolina & U.S. Racial Composition



Totals may not equal 100% due to rounding.

B.2. Population Centers

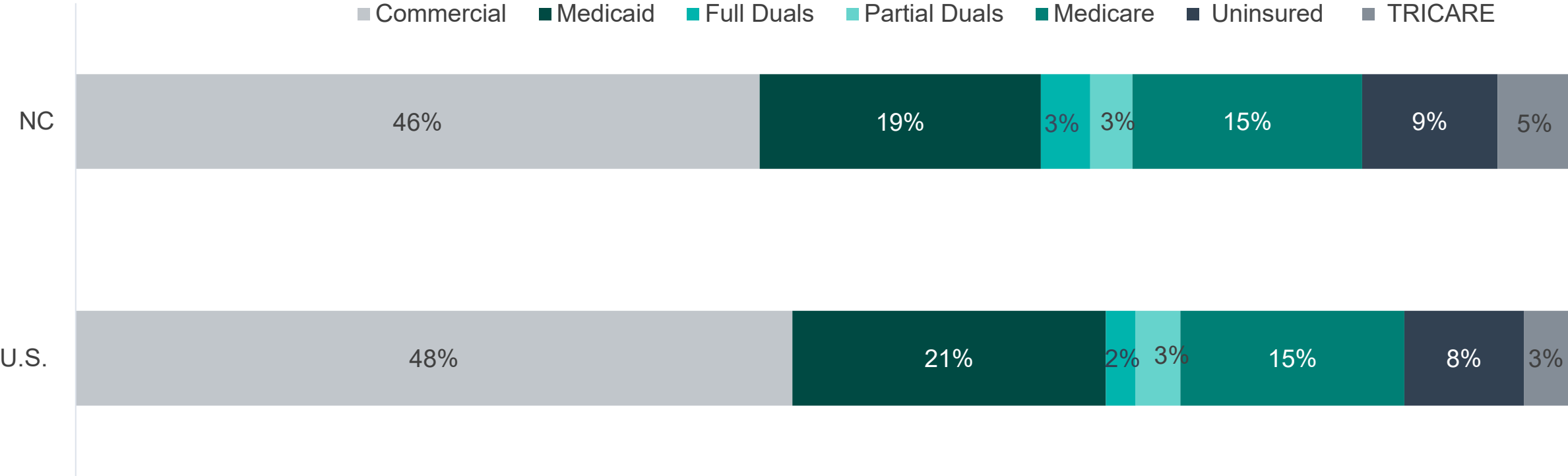


Largest MSAs, By Number Of North Carolina Residents*

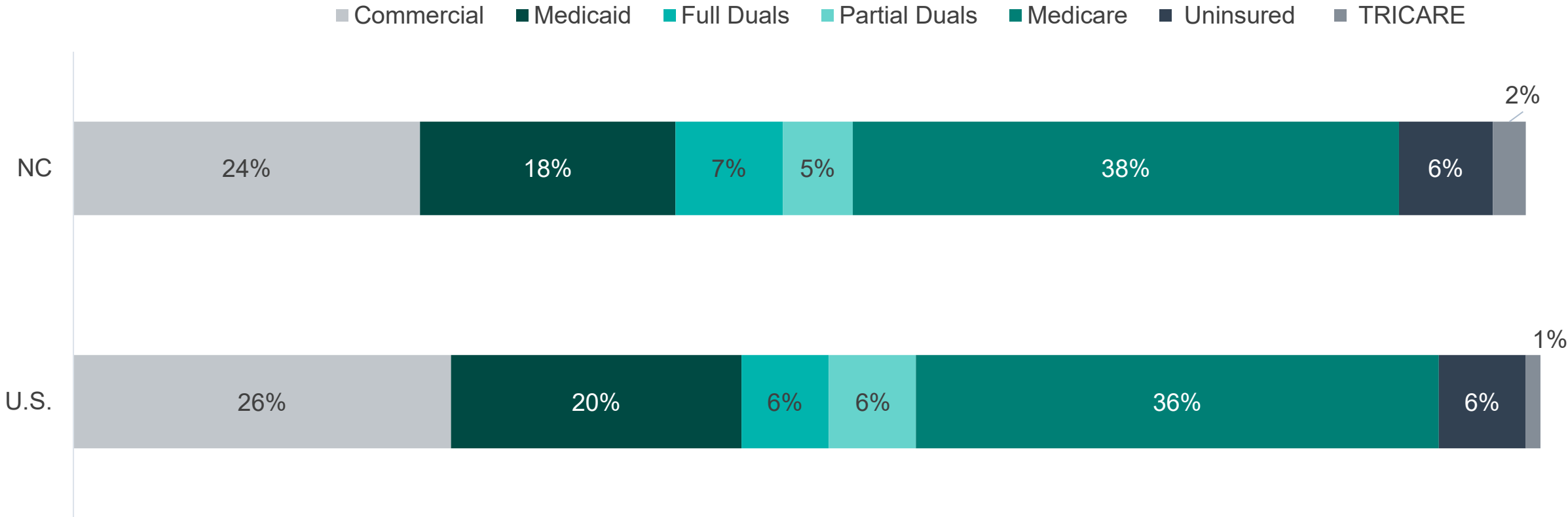
MSA	MSA Residents	Percent of Population
Total MSA population	13,729,123	N/A*
Charlotte-Concord-Gastonia, NC-SC	2,883,370	27%
Virginia Beach-Norfolk-Newport News, VA-NC	1,806,840	17%
Raleigh, NC	1,562,009	14%
Greensboro-High Point, NC	822,722	8%
Winston-Salem, NC	705,187	7%
Durham-Chapel Hill, NC	620,522	6%
Myrtle Beach-Conway-North Myrtle Beach, SC-NC	536,165	5%
Wilmington, NC	480,522	4%
Other MSAs	2,155,893	20%

MSA total may exceed state population due to crossing of state lines.

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest North Carolina Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross and Blue Shield of North Carolina	Commercial Administrative Services Organization (ASO)	2,510,127
Medicare Fee-For-Service (FFS)	Medicare	995,516
Healthy Blue	Medicaid managed care	615,315
Medicaid FFS	Medicaid	577,818
Cigna ASO	Commercial ASO	529,203
TRICARE	Other public	517,630
Wellcare	Medicaid managed care	496,313
UnitedHealthcare Community Plan	Medicaid managed care	484,007
AmeriHealth Caritas	Medicaid managed care	392,426
Carolina Complete Health	Medicaid managed care	279,105

*Medicare enrollment as of September 2024; Medicaid as of March 2025; TRICARE as of December 2023; Commercial as of January 2024

B.4. Largest North Carolina Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	993,516	225,528
Community Care of North Carolina	Medicaid managed care	1,748,875	153,901
Blue Cross Blue Shield of North Carolina	Commercial ASO	2,510,127	122,996
AARP MedicareComplete	Medicare Advantage	246,345	55,918
Healthy Blue	Medicaid managed care	615,315	54,148
Medicaid FFS	Medicaid	577,818	50,848
HumanaChoice	Medicare Advantage	196,768	44,666
Wellcare	Medicaid managed care	496,313	43,676
UnitedHealthcare Community Plan	Medicaid managed care	484,007	42,593
AmeriHealth Caritas	Medicaid managed care	392,426	34,533

*Medicare enrollment as of September 2024; Medicaid as of March 2025; TRICARE as of December 2023; Commercial as of January 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace	10%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2025 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Aetna /CVS Health 2. Ambetter Of North Carolina Inc. 3. AmeriHealth Caritas 4. Blue Cross and Blue Shield of NC 5. CareSource 6. Celtic/ WellCare 7. Cigna HealthCare of North Carolina, Inc. 8. Oscar Health Plan of North Carolina 9. UnitedHealthcare

2025 Small Group Market Plans
None.

B.6. Accountable Care Organizations

Commercial ACOs	
ACO	Commercial Insurer
Cape Fear Valley Accountable Care Organization	Blue Cross Blue Shield of North Carolina, UnitedHealthcare
CaroMont ACO	Cigna
Duke Connected Care	Blue Cross Blue Shield of North Carolina, Cigna
Key Physicians	Blue Cross Blue Shield of North Carolina
Mission Health Partners	UnitedHealthcare
Novant Health Accountable Care Organization	Cigna
WakeMed Key Community Care	Aetna, Blue Cross Blue Shield of North Carolina, Cigna
Wilmington Health	Blue Cross Blue Shield of North Carolina

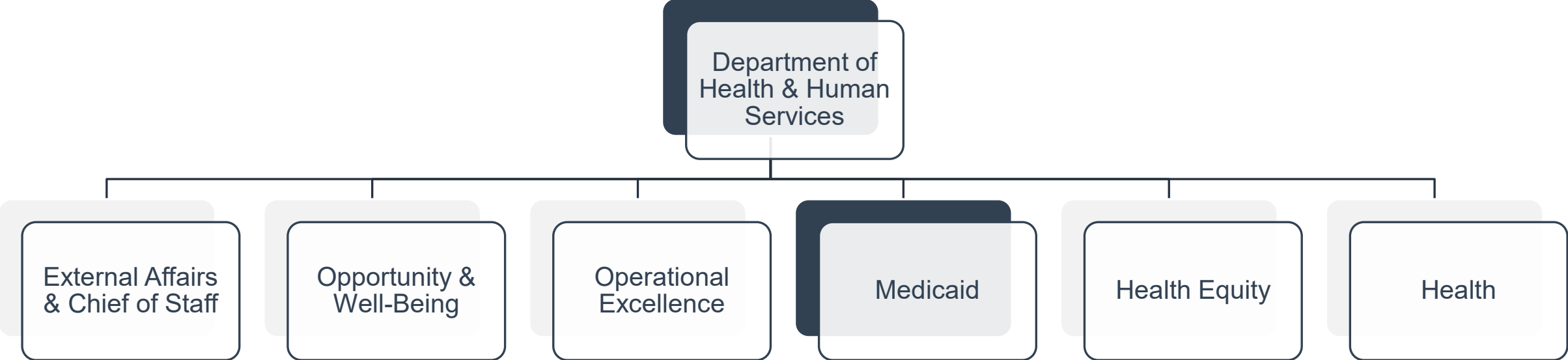
B.6. Accountable Care Organizations (cont.)

Medicare Shared Savings ACOs

- | | |
|--|--|
| 1. AdvantagePoint Health Alliance – Blue Ridge | 20. Responsive Care Solutions, LLC |
| 2. Caravan Health ACO 43, LLC | 21. CHSPSC ACO 14, LLC |
| 3. C3 MSSP LLC | 22. AdvantagePoint Health Alliance – Western North Carolina, LLC |
| 4. Caravan Health Aco 50 LLC | 23. CHESS Innovation, LLC |
| 5. Caravan Collaborative Pathways | 24. Coastal Carolina Quality Care, Inc |
| 6. Elite Patient Care, LLC | 25. Coastal Plains Network, LLC |
| 7. Car Partners ACO, LLC | 26. Duke Connected Care, LLC |
| 8. Bayview Physicians Group | 27. Mission Health Partners, LLC |
| 9. CHESS Value, LLC | 28. Physician Quality Partners, LLC |
| 10. Privia Quality Network Colorado, LLC | 29. UNC Senior Alliance, LLC |
| 11. Health choice Care, LLC | 30. Carolinas HealthCare System ACO, LLC |
| 12. Physicians Partners ACO 2, LLC | 31. McLeod Healthcare Network, LLC |
| 13. Collaborative ACO 30, LLC | 32. Novant Health Accountable Care Organization I, LLC |
| 14. Emergent ACO, LLC | 33. Aledade 153 SC MSSP Enhanced |
| 15. Southeastern Health Partners | 34. Aledade 102 NC TN CHC MSSP Enhanced |
| 16. Tryon ACO, LLC | 35. Emergent ACO 23.1, LLC |
| 17. TEAM ACO | 36. Aledade 93 National MSSP Enhanced |
| 18. The Accountable Care Organization, Ltd | 37. TP-ACO LLC |
| 19. Sentara Accountable Care Organization, LLC | |

C. Medicaid Administration, Governance & Operations

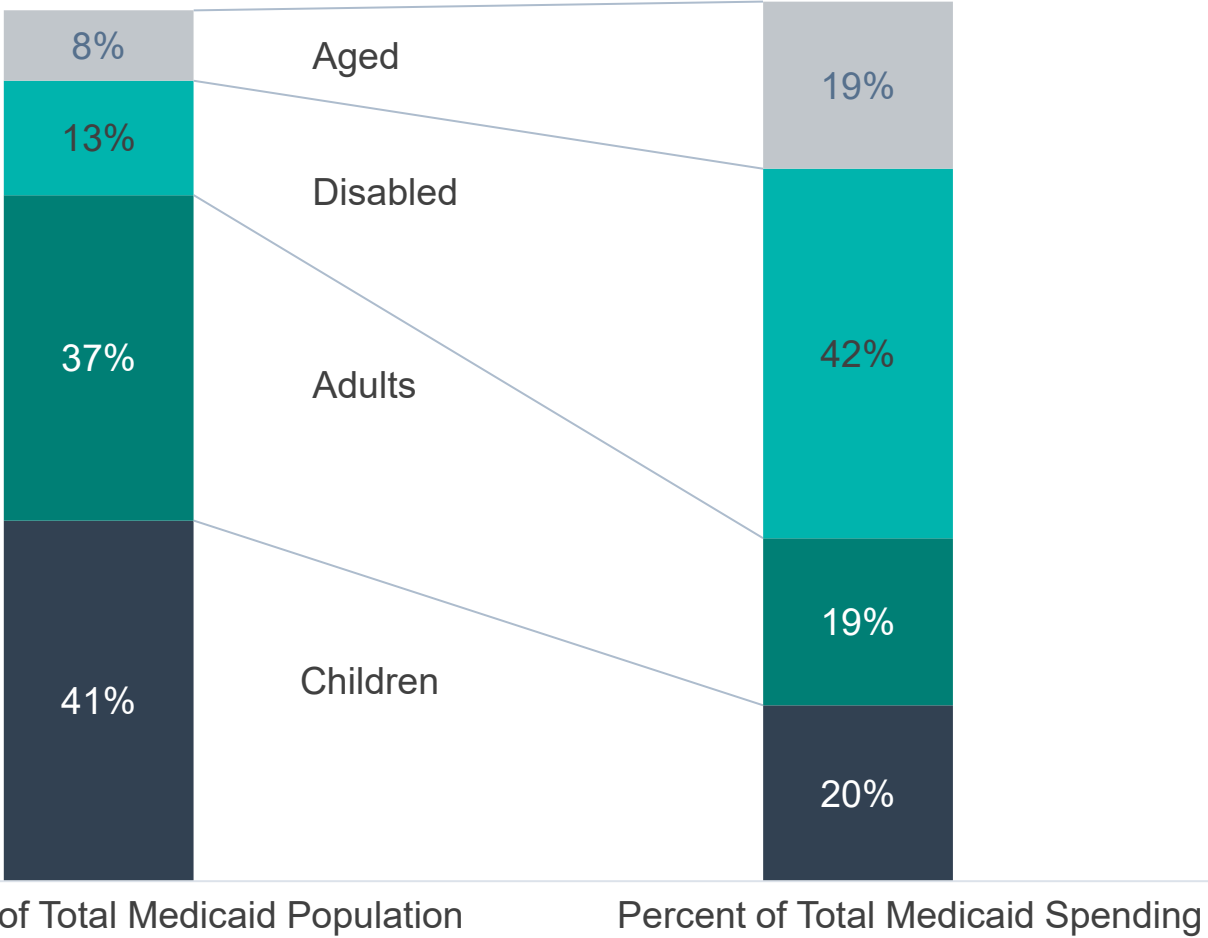
C.1. Medicaid Governance: Division Of Health Benefits Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Dvdutta Sanvai	Secretary	Department of Health and Human Services (DHHS)	Not available
Kelly Kimple	Interim State Health Director, CMO	DHHS	kelly.kimple@dhhs.nc.gov
Jay Ludlam	Deputy Secretary for Medicaid	DHHS	jay.ludlam@dhhs.nc.gov
Janelle White	Deputy CMO for Health Access	DHHS, NC Medicaid	nanelle.white@dhhs.nc.gov
Carrie Brown	Deputy CMO and Chief Psychiatrist	DHHS	carrie.brown@dhhs.nc.gov
Melanie Bush	Deputy Director	DHHS, NC Medicaid	melanie.bush@dhhs.nc.gov
Ericka Johnson	Chief of Staff	DHHS, NC Medicaid	ericka.johnson@dhhs.nc.gov

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2022 data

Totals may not equal 100% due to rounding.

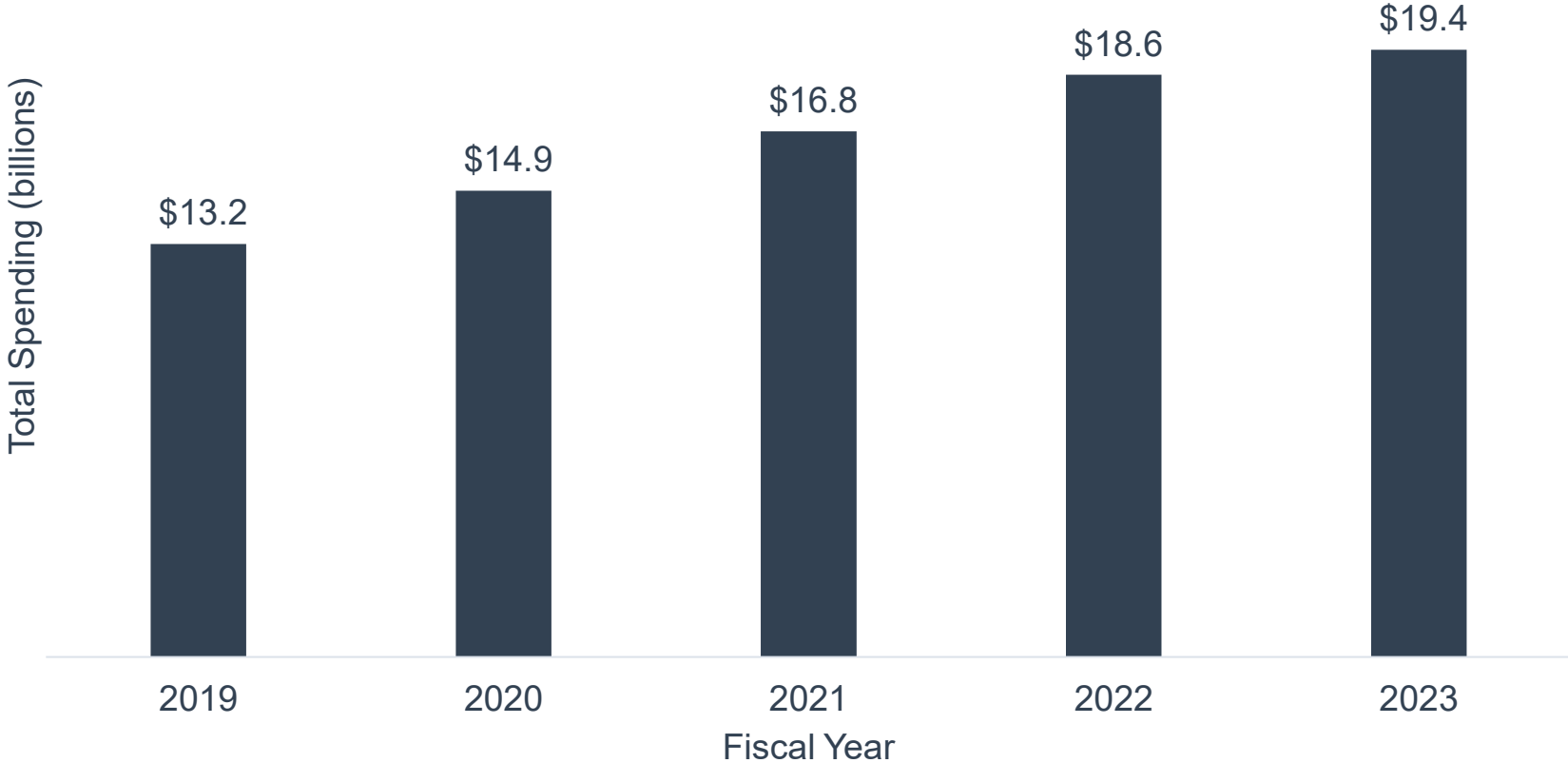
Medicaid Spending Per Enrollee, FY 2022		
	U.S.	NC
All populations	\$8,813	\$7,286
Children	\$3,786	\$3,603
Adults	\$5,443	\$3,766
Expansion adults	\$7,569	N/A
Blind and disabled	\$25,483	\$22,100
Aged	\$19,191	\$16,068

C.2. Medicaid Program Spending

Budget Item	SFY 2023 Spending	Percent Of Budget
Managed care and premium assistance	\$10,945,000,000	56%
Institutional LTSS	\$2,553,000,000	13%
Hospital	\$1,934,000,000	10%
Home-and community-based LTSS	\$1,151,000,000	6%
Other acute services	\$1,041,000,000	5%
Medicare premiums and coinsurance	\$694,000,000	4%
Dental	\$356,000,000	2%
Drugs	\$284,000,000	1%
Physician	\$269,000,000	1%
Clinic and health center	\$166,000,000	1%
Other practitioner	\$49,000,000	<1%
Budget Total: \$19,442,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	65.1%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating in expansion	Governor Roy Cooper signed a Medicaid Expansion Law in March 2023, expansion will take effect upon signing into law of the FY 2023-2025 appropriations act.
Date of expansion	December 1, 2023
Medicaid eligibility income limit for able-bodied adults	<ul style="list-style-type: none"> • 44% of Federal Poverty Level (FPL) for parents and caretaker relatives • 44% of FPL for childless adults ages 19 and 20 • No coverage for able-bodied, childless adults
Legislation used to expand Medicaid	House Bill 76
Number of individuals enrolled in the expansion group (June 2024)	480,836
Number of enrollees newly eligible due to expansion	480,836
Benefits plan for expansion population	The alternative benefit plan is identical to the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care
18. COVID-19 related treatments
19. Care management for at-risk children ages 0-5

North Carolina's Optional Benefits

1. Podiatry
2. Optometry up to age 21 and eyeglasses
3. Chiropractic
4. Services of other practitioners
5. Private duty nursing
6. Clinic services
7. Dental services
8. Prescribed drugs
9. Dentures
10. Orthotic and prosthetic devices
11. Eyeglasses
12. Diagnostic, screening, and preventive services
13. Rehabilitative services
14. Inpatient services for individuals ages 65 and over in IMDs
15. Intermediate care facility services for individuals with I/DD
16. Inpatient psychiatric services for individuals under age 22
17. Hospice care
18. Case management
19. Nursing facility services for individuals under age 21
20. Personal care services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	NC Medicaid Direct (FFS)	Medicaid Managed Care
Enrollment (March 2025)	577,818	2,515,648
SMI Enrollment	<ul style="list-style-type: none"> North Carolina does not specifically preclude individuals with SMI from enrolling in managed care, therefore, the majority of the SMI population is enrolled in managed care Estimated 19% of the SMI population in FFS, 81% in managed care 	
Management	<ul style="list-style-type: none"> Physical Health: Department of Health and Human Services Behavioral Health: At-risk Local Management Entities – Managed Care Organizations (LME/MCOs) 	<ul style="list-style-type: none"> Physical Health: Department of Health and Human Services Behavioral Health: LME/MCOs
Payment Model	<ul style="list-style-type: none"> Physical Health: FFS Behavioral Health: Capitated rate 	<ul style="list-style-type: none"> Physical Health: Capitated rate Behavioral Health: Capitated rate
Geographic Service Area	<ul style="list-style-type: none"> Physical Health: Statewide Behavioral Health: Statewide, LME/MCOs are available regionally 	<ul style="list-style-type: none"> Physical Health: Statewide with some plans operating in specific regions Behavioral Health: Statewide, LME/MCOs are available regionally

Total Medicaid: 3,093,466 | Estimated Medicaid With SMI: 272,225

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	<ul style="list-style-type: none"> As of March 2025, 81% in managed care, and 19% in NC Medicaid Direct.
SMI population inclusion in managed care	<ul style="list-style-type: none"> Estimated 81% is enrolled in managed care, and 19% in NC Medicaid Direct.
Dual Eligible population inclusion in managed care	<ul style="list-style-type: none"> Dual eligibles have the option of enrolling in NC Medicaid Direct or managed care. Estimated 100% in managed care
Long-term services and supports population inclusion in managed care	<ul style="list-style-type: none"> Health Plans cover expanded and specific care management responsibilities. NC Innovations 1915 (c) waiver services for the I/DD population are provided through the LME/MCOs.

Medicaid Financing & Risk Arrangements: Behavioral Health	
Service Type	Managed Care Population (PCCM)
Traditional Behavioral Health	Provided through at-risk managed behavioral health organizations, called LME/MCOs
Specialty Behavioral Health	Provided through the LME/MCOs
Pharmaceuticals	Provided through health plans.
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> Health Plans cover expanded and specific care management responsibilities. NC Innovations 1915 (c) waiver services for the I/DD population are provided through the LME/MCOs.

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan	✓	Most Medicaid beneficiaries receive services through NC Medicaid Managed care.
PCCM	✓	North Carolina operates the Community Care of North Carolina PCCM program, which covers the majority of beneficiaries in NC Medicaid Direct.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home	✓	The state has a health home program that provides administrative functions and does not affect enrollees. The state is exploring implementation of a new health home program.
Patient-Centered Medical Home (PCMH)	✓	The state's PCCM program operates under a medical home model.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	NC Innovations 1915 (c) waiver services for the I/DD population are provided by the LME/MCOs.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	North Carolina currently operates three CCBHCs for the delivery of behavioral health services.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care* Enrollment
Parents and caretakers	-		✓
Children	-		✓
Blind and disabled individuals	-		✓
Aged individuals	-		✓
Dual eligibles	-	✓	
Medicaid expansion	-		✓
Individuals residing in nursing homes	-		✓
Individuals residing in ICF/IDD	-		✓
Individuals in foster care	-	✓	
Other populations	-	Children with special health care needs Indigenous members of Federally recognized tribes	<ul style="list-style-type: none"> • Residents of adult care homes • Children in CHIP • Qualified aliens • Special assistance in-home

D.2. Medicaid FFS Program: Overview

- North Carolina is in the process of phasing out its FFS program.
- In 2021, most beneficiaries began moving to managed care, however some beneficiaries will stay in fee-for-service, now known as NC Medicaid Direct. As of March 2025, 577,818 are enrolled in NC Medicaid Direct.
- In 2015, the NC General Assembly enacted legislation directing DHHS to transition Medicaid and NC Health Choice from fee-for-service to managed care. Under managed care, the state contracts with insurance companies, which are paid a predetermined set rate per enrolled person to provide all services.
- Tailored Plans came into effect in July 2024.
 - Tailored Plans are an integrated health plan for individuals with behavioral health needs and intellectual/developmental disabilities (I/DD).
 - Tailored Plans will also serve other special populations including Innovations and Traumatic Brain Injury (TBI) waiver enrollees (and waitlist members) and will be responsible for managing the state's non-Medicaid behavioral health, developmental disabilities and TBI services for uninsured and underinsured North Carolinians.

D.2. Medicaid FFS Program: Behavioral Health Overview

- The state is moving most NC Medicaid Direct enrollees to NC Medicaid Managed Care Tailored Plans.
- These tailored plans will be administered by a network of four state-funded behavioral health organizations, known as Local Management Entities / Managed Care Organizations (LME/MCOs).
 - LME/MCOs are public managed care organizations that provide a comprehensive behavioral health services plan under the NC 1915(b)(c) Waiver for people in need of mental health, developmental disability or substance use services. LME/MCOs are regionally based.
- Tailored Plans are required to offer a member's out-of-network PCP a contract or single case agreement to allow the member to continue seeing the PCP.
 - NC Medicaid strongly encourages providers, especially PCPs and Advanced Medical Homes (AMHs), to work with Tailored Plans to meet contracting deadlines to support service continuity for members.

D.2. Medicaid FFS Program: Behavioral Health Benefits

The LME/MCOs are responsible for all state plan and Cardinal Innovations waiver behavioral health benefits. Psychotropic medications are provided FFS by the state. The FFS program began phasing out in 2021 and continues with the launch of the Tailored plans in 2024.

State Plan Mental Health Benefits

1. Inpatient treatment
2. Emergency room services
3. Diagnostic assessment and testing
4. Assertive community treatment
5. Community support team
6. Mobile crisis management
7. Partial hospitalization
8. Facility-based crisis treatment
9. Psychosocial rehabilitation
10. Targeted case management
11. Outpatient treatment services
12. Residential services for individuals under age 21
13. Research based treatment for Autism Spectrum Disorder
14. Peer Support Services

State Plan Addiction Treatment Benefits

1. Medically-managed intensive inpatient services
2. Emergency room services
3. Comprehensive outpatient treatment program
4. Intensive outpatient service
5. Medically monitored community residential treatment
6. Mobile crisis management
7. Non-medical community residential treatment
8. Ambulatory detoxification
9. Non-hospital medical detoxification
10. Detoxification crisis stabilization
11. Outpatient opioid treatment
12. Targeted case management

1915(b)(3) Cardinal Innovations Waiver Benefits

1. Psychosocial rehabilitation/peer support
2. Physician consultation
3. Community guide
4. Intensive recovery support for women with children returning from an addiction treatment program

SMI Population Only:

1. Supported employment/employment specialist
2. Personal care/individual support
3. One-time transitional costs

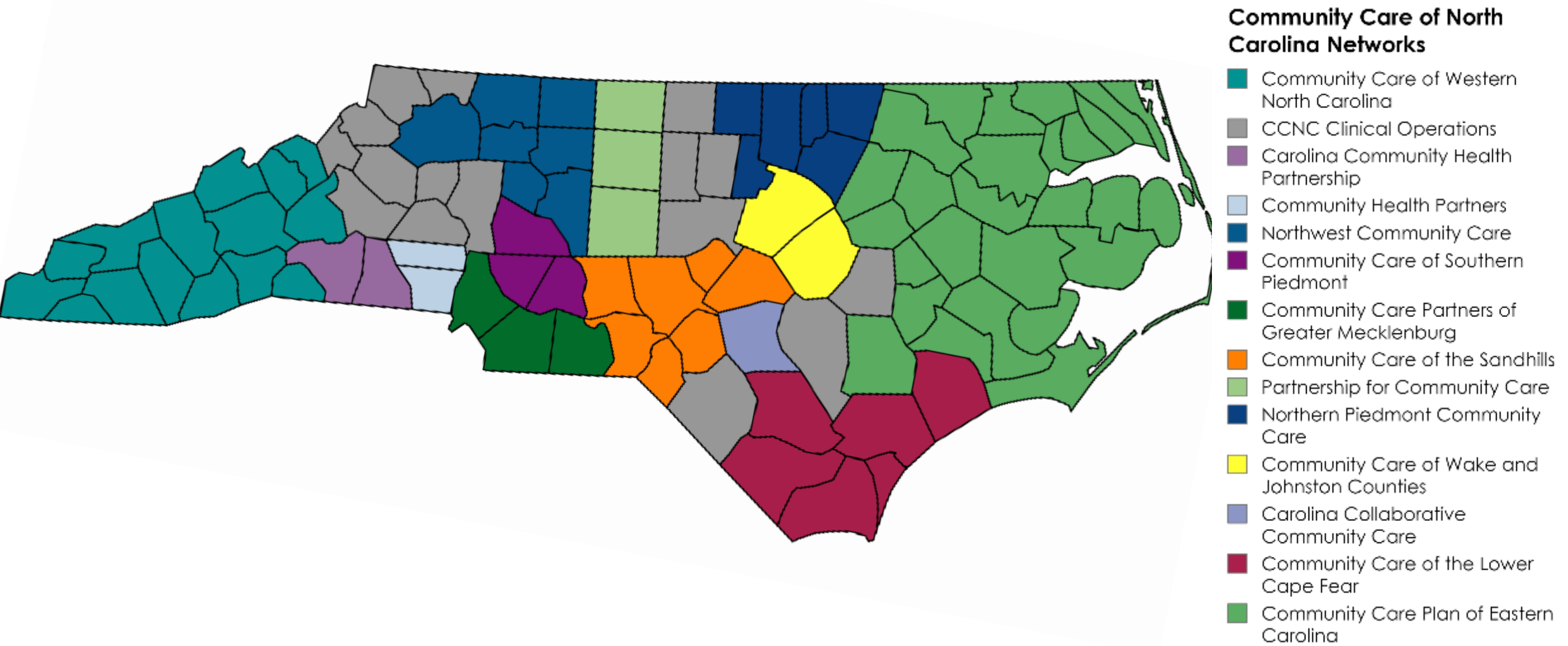
D.2. Medicaid FFS Program: SMI Population

- North Carolina does not specifically preclude individuals with SMI from enrolling in managed care, therefore, the majority of the SMI population is enrolled in managed care.
- As of March 2025, an estimated 19% of the SMI population were enrolled in NC Medicaid Direct.
- Individuals with SMI receive behavioral health benefits through the LME/MCOs and are eligible to receive the following Cardinal Innovations section 1915 (b) waiver services that are not available to others:
 - Supported employment
 - Employment specialist services
 - Personal care
 - Individual support

D.2. Medicaid FFS Program: Community Care of North Carolina (CCNC)

- Community Care of North Carolina (CCNC) is a primary care case management entity (PCCMe) for the majority of Medicaid beneficiaries who are enrolled in NC Medicaid Direct.
- The Medicaid program aid category determines if a beneficiary is mandatory, exempt (voluntary/optional), or excluded (ineligible) for CCNC enrollment.
- The statewide system comprises a nonprofit central CCNC office that oversees and supports 14 independent, regional Community Care networks, together serving all 100 counties in North Carolina.
- This state/local partnership is designed to leverage local resources and relationships to meet the need of higher-risk, higher-cost Medicaid enrollees through patient-centered medical homes.
- The CCNC networks enroll local primary care providers (PCPs) to serve as medical homes, and beneficiaries are assigned or select a primary care physician.
 - In order to contract with a local CCNC network, a PCP must first be enrolled as a NC Medicaid Carolina Access provider through the Division of Medical Assistance (DMA).
- To be a Carolina Access PCP, a provider must:
 - Provide primary care services, including certain preventive and ancillary services
 - Cultivate and maintain a relationship with each patient
 - Provide a minimum of 30 office hours per week of direct patient care
 - Provide 24/7 access to medical services and advice
 - Refer patients to specialists or other providers when the service cannot be performed by the PCP
 - Provide oral interpretation for all non-English speaker at no cost to the beneficiaries.

D.2. Medicaid FFS Program: CCNC Networks



D.2. Medicaid FFS Program: CCNC Networks By County

Community Care Of North Carolina Network	Counties Served
CCNC	Alamance, Alexander, Alleghany, Ashe, Avery, Burke, Caldwell, Caswell, Catawba, Chatham, Iredell, Orange, Robeson, Sampson, Watauga, Wayne
Carolina Collaborative Community Care	Cumberland
Carolina Community Health Partnership	Cleveland, Rutherford
Community Care of Southern Piedmont	Cabarrus, Rowan, Stanly
Community Care of the Lower Cape Fear	Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
Community Care of the Sandhills	Harnett, Hoke, Lee, Montgomery, Moore, Richmond, Scotland
Community Care of Wake and Johnston Counties	Johnston, Wake
Community Care of Western North Carolina	Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Yancey
Community Care Partners of Greater Mecklenburg	Anson, Mecklenburg, Union
Community Care Plan of Eastern Carolina	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wilson
Community Health Partners	Gaston, Lincoln
Northern Piedmont Community Care	Durham, Franklin, Granville, Person, Vance, Warren
Northwest Community Care	Davidson, Davie, Forsyth, Stokes, Surry, Wilkes, Yadkin
Partnership for Community Care	Guilford, Randolph, Rockingham

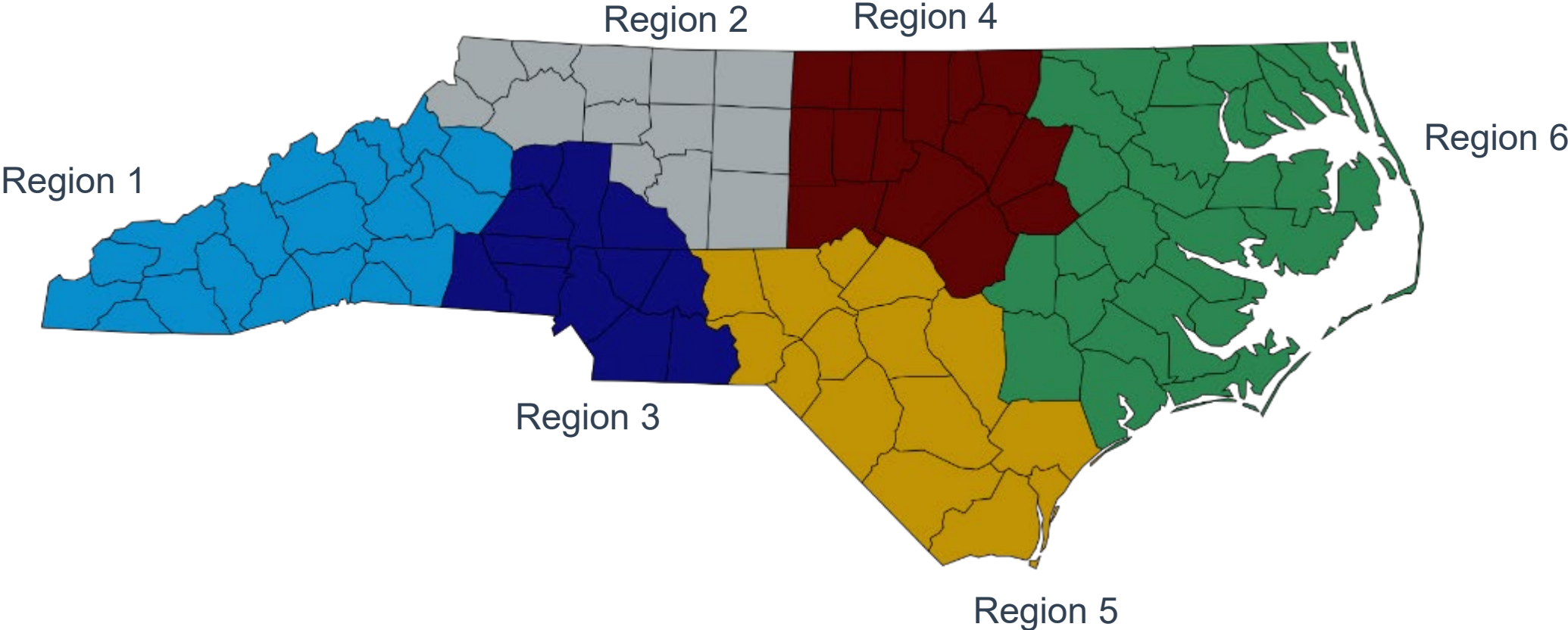
D.2. Medicaid FFS Program: Pharmacy Benefit

North Carolina FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and atypical antipsychotics are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid agonist and opioid dependence therapy agents are included in the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Covered as a medical benefit through the Physician Administered Drug program.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Antipsychotics require the failure of one preferred drug before a non-preferred drug will be approved (for most classes failure of two preferred drugs is required) • Trial and failure of Suboxone SL film is required before a non-preferred opioid dependence drug will be approved • Antipsychotics for children and off-label use of antipsychotics for adults require prior authorization • Additional clinical and safety edits may apply to specific drugs
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Under the Recipient Management Lock-In Program, individuals exceeding standards regarding numbers of claims or prescribers for benzodiazepines, opiates, and certain anxiolytics are locked into a single prescriber and a single pharmacy for those classes of drugs. The initial lock-in period is for two years and may be extended for an additional two years.

D.3. Medicaid Managed Care Program: Overview

- Medicaid managed care program enrollment was 2,515,648 as of March 2025.
- In 2015, the NC General Assembly enacted legislation directing DHHS to transition Medicaid and NC Health Choice from fee-for-service to managed care. Under managed care, the state contracts with insurance companies, which are paid a predetermined set rate per enrolled person to provide all services.
 - Starting July 2021 most beneficiaries began moving to managed care, however some beneficiaries will stay in fee-for-service, now known as NC Medicaid Direct.
- The state is moving some FFS Medicaid enrollees to new Behavioral Health Tailored Plans, which began in July 2024.
 - Tailored Plans are an integrated health plan for individuals with behavioral health needs and intellectual/developmental disabilities (I/DD). For more information see [slide 41](#).
 - Tailored Plans will also serve other special populations including Innovations and Traumatic Brain Injury (TBI) waiver enrollees (and waitlist members) and will be responsible for managing the state's non-Medicaid behavioral health, developmental disabilities and TBI services for uninsured and underinsured North Carolinians.

D.3. Medicaid Managed Care Program: Standard Plans

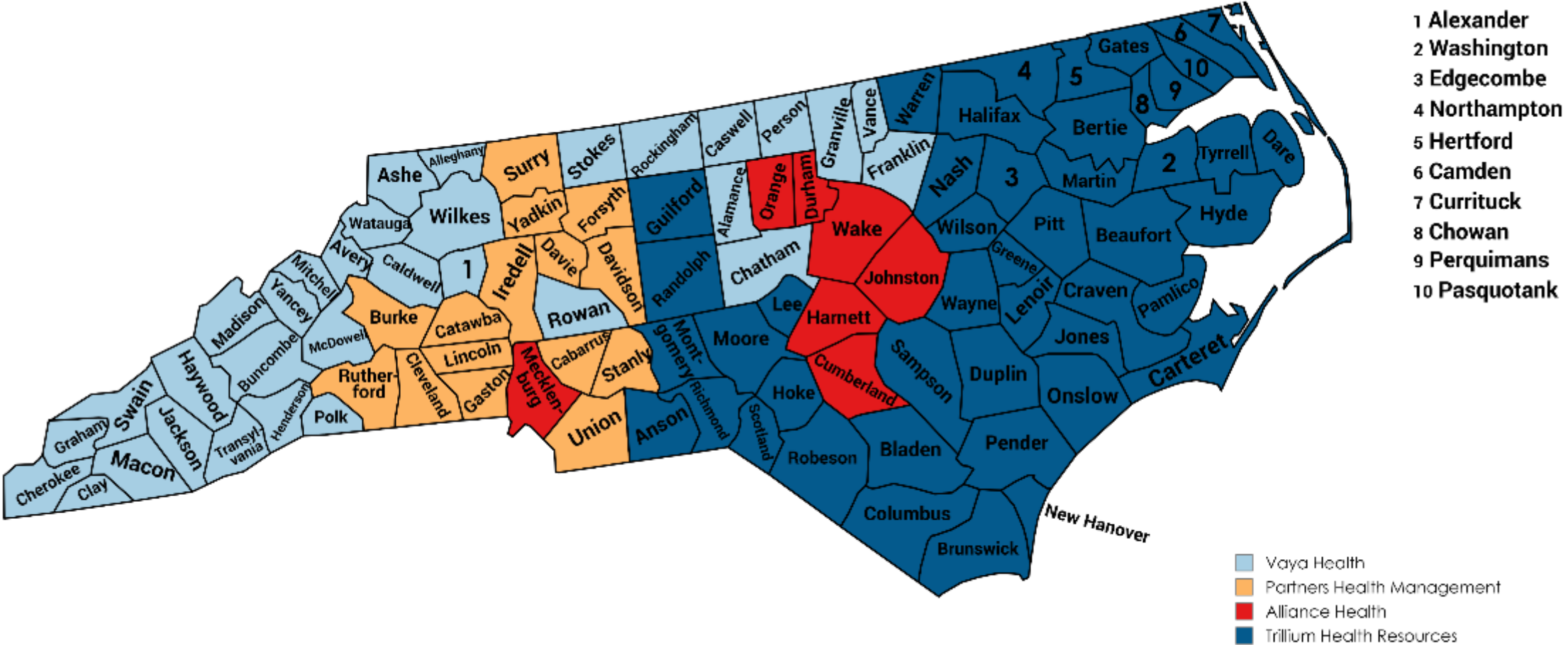


D.3. Medicaid Managed Care Program: Standard Plans (cont.)

- The Standard plans are designed to serve the general Medicaid population without behavioral health needs, an I/DD, or traumatic brain injury.
- There are two types of plans:
 - Statewide contracts – Established, commercial health plans that operate statewide
 - Regional PHPs – Provider-led entities that operate in limited regions of the state
- The Standard plans will provide physical health, behavioral health, and pharmacy services.
 - Dental services, eyeglasses, and school-based services are not included in the plan’s capitation rate.
 - The Standard plans will be required to follow the North Carolina FFS clinical coverage guidelines for certain services, including behavioral health services.
- The Standard plans are required to stratify members by risk, provide care coordination, and identify unmet social determinants of health.
 - Additionally, plans must contract with advanced medical homes (AMH). See [Advanced Medical Home](#) for more information.
- By the second year of operations, the Standard plans must increase the percentage of medical expenditures in value-based arrangements by 20% or have 50% of expenditures in value-based arrangements.
- Medicaid Standard Plans provide integrated physical health, behavioral health, pharmacy, and long-term services and support to most Medicaid beneficiaries
- As of March 2025, 2,267,166 Medicaid beneficiaries are enrolled in Standard Plans.

Statewide Health Plans	
1.	AmeriHealth Caritas North Carolina
2.	Carolina Blue
3.	Healthy Blue
4.	UnitedHealthcare of North Carolina
5.	WellCare of North Carolina
Regional Health Plan	
1.	Carolina Complete Care (regions 3, 4, and 5)

D.3. Medicaid Managed Care Program: Behavioral Health I/DD Tailored Plans



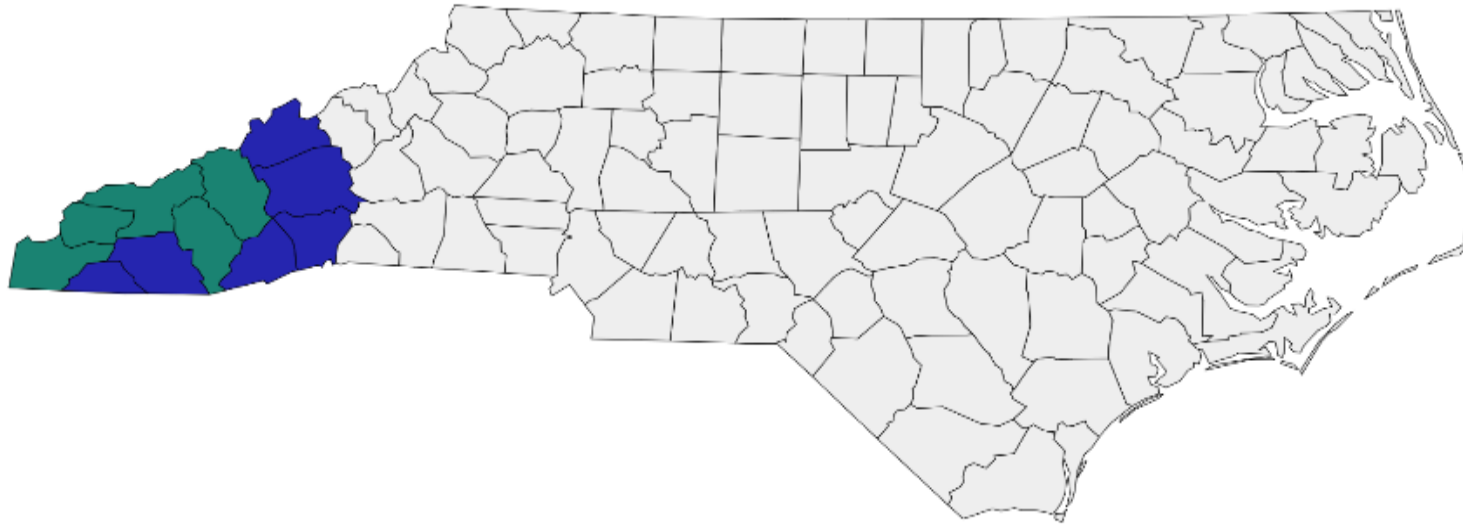
D.3. Medicaid Managed Care Program: Behavioral Health I/DD Tailored Plans (cont.)

- North Carolina launched the Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan in July 2024. Tailored Plans are an integrated health plan for individuals with behavioral health needs and intellectual/developmental disabilities (I/DD).
- As of March 2025, 243,280 Medicaid beneficiaries are enrolled in a Tailored Plan.
- Tailored Plans will also serve other special populations including Innovations and Traumatic Brain Injury (TBI) waiver and will be responsible for managing the state's non-Medicaid behavioral health, developmental disabilities and TBI services for uninsured and underinsured North Carolinians.
- The Tailored plan population will not be enrolled in the Standard plans and will remain in their current delivery system until the launch of the Tailored plans.
 - Individuals may opt-in to the Standard plans, but they will lose the services offered by the LME/MCOs.
- The Tailored plans will offer physical health and pharmacy benefits and an enhanced set of behavioral health and I/DD services.
- NCDHHS consolidated the state's Local Management Entity/Managed Care Organizations to improve access to health care services in preparation for the launch of Tailored Plans in July 2024. [For more information see slide 50.](#)

Specific Eligibility Criteria For Tailored Plans

- Enrolled in or on the wait list for Innovations and TBI waiver services
- Enrolled in the Transition to Community Living Initiative
- Used a Medicaid service that will only be available through a Tailored Plan
- Used a behavioral health, I/DD, or TBI service funded with non-Medicaid funds
- Children with complex needs
- Qualifying I/DD diagnosis code; SUD, SMI, or SED diagnosis code who used a Medicaid-covered enhanced behavioral health service during the lookback period
- Two or more psychiatric hospitalizations or readmissions within 18 months
- Had an admission to a State psychiatric hospital or alcohol and drug abuse treatment center
- Two or more visits to the emergency department for a psychiatric problem within 18 months
- Two or more episodes using behavioral health crisis services within 18 months.

D.3. Medicaid Managed Care Program: ECBI Tribal Option



- 6 County Border Area
- 5 County Area

D.3. Medicaid Managed Care Program: ECBI Tribal Option

- The Eastern Band of Cherokee Indians (EBCI) Tribal Option is a Primary Care Case Management (PCCM) Entity managed by the Cherokee Indian Hospital Authority (CIHA) to meet the primary care coordination needs of federally recognized tribal members and others eligible for services through Indian Health Service (IHS)
 - Only IHS-eligible beneficiaries associated with the EBCI can participate in this health care option
- The EBCI Tribal Option is primarily offered in five counties: Cherokee, Graham, Haywood, Jackson, and Swain
 - Eligible beneficiaries in the following counties may opt in: Buncombe, Clay, Henderson, Macon, Madison, and Transylvania
- As of March 2025, 5,202 individuals are enrolled in the EBCI Tribal Option.

D.3. Medicaid Managed Care Program: Advanced Medical Home

- The purpose of the Advanced Medical Home (AMH) program is to build upon the CCNC program and allow primary care practices to take on direct responsibility for care management for Medicaid beneficiaries.
 - The AMH program helps the state reach its goal of providing local care management. Participation in the AMH program is voluntary, PCP may choose not to take responsibility for AMH requirements and can simply join health plan networks as PCPs.
- All practices must be enrolled in Medicaid and Carolina ACCESS before they can be certified to participate in the AMH program. Practices that were already participating in Carolina ACCESS in 2018 were grandfathered into the AMH program in 2018. Carolina Access I (CAI) and Carolina Access II (CAII) providers were grandfathered into AMH Tiers 1 and 2, respectively.
- Since that time, practices approved for participation in Carolina ACCESS are automatically enrolled as an AMH Tier 2 provider.
 - There is no longer a path for providers to enroll as AMH Tier 1. Newly enrolling providers may apply for Carolina ACCESS as part of their initial Medicaid/NCHC provider enrollment application. Existing Medicaid providers may apply for Carolina ACCESS participation through the Manage Change Request process. Primary care practices will be required to contract directly with the PHPs. Additional information on rates is available on the next slide.
 - Once approved and designated as an AMH Tier 2, the provider may use the AMH Tier Attestation Tool available on the NCTracks Secure Provider Portal Status and Management page to attest to a higher tier.
- The state will offer time-limited payments to practices that have attained Tier 3 as part of the transition to Managed Care. These payments have been labeled as glidepath payments.
- Primary care practices can provide services directly, contract with a partner, or a clinically integrated network (CIN) to provide some or all the care management functions.
 - A CIN is an organization—such as a health system or a newly formed entity—that assists the primary care practices with care management functions. CINs may partner with a group of primary care practices.

D.3. Medicaid Managed Care Program: Advanced Medical Home Payment & Tier Requirements

General Tier 1 & 2 Requirements		General Tier 3 Requirements	
<ol style="list-style-type: none"> 1. Perform primary care services that include certain preventive and ancillary services 2. Create and maintain a patient-clinical professional relationship 3. Provide direct patient care a minimum of 30 office hours per week 4. Provide access to medical advice and services 24/7 5. Refer to other providers when service cannot be provided by primary care provider (PCP) 6. Provide oral interpretation for all non-English proficient beneficiaries and sign language at no cost 		<p>All Tier 1 and 2 requirements plus:</p> <ol style="list-style-type: none"> 1. Risk stratify all empaneled members 2. Provide care management to high-need patients 3. Develop a care plan for members receiving care management 4. Provide short-term, transitional care management—along with medication management—to all empaneled members with an emergency department visit or hospital admission who are also high-risk of readmissions and other poor outcomes 5. Receive claims data feeds (directly or via a CIN/other partner) and meet state-designated security standards for their storage and use 	
Tier	Medical Home Payment	Care Management Payment	Performance Incentives
Tier 1	<ul style="list-style-type: none"> • \$2.50 non-ABD • \$5.00 ABD 	None	None, but PHPs are encouraged to develop performance payments with AMHs
Tier 2	<ul style="list-style-type: none"> • \$2.50 non-ABD • \$5.00 ABD 	None	
Tier 3	<ul style="list-style-type: none"> • \$2.50 non-ABD • \$5.00 ABD 	Negotiated with PHPs	PHPs must establish performance payments with practices based on AMH quality measures (to be determined)

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

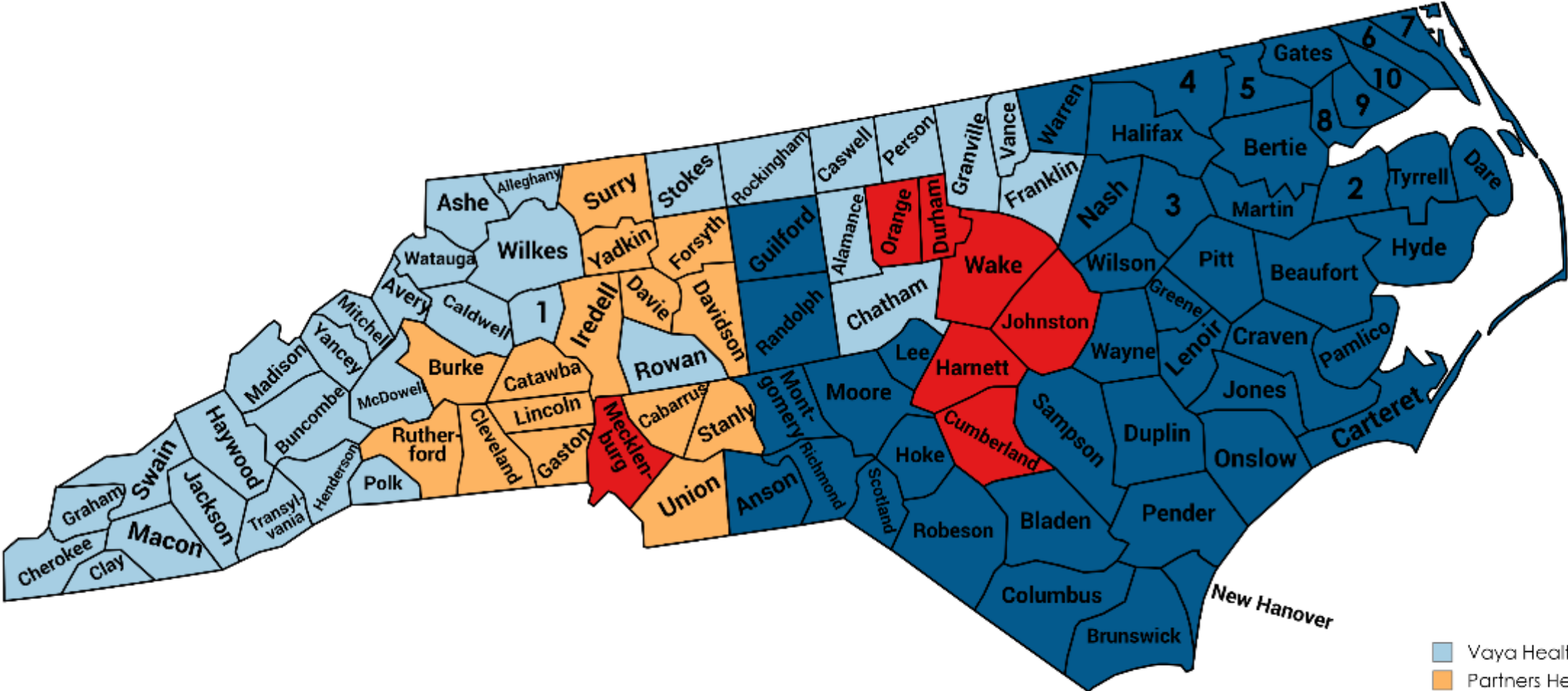
The LME/MCOs are responsible for all state plan and Cardinal Innovations waiver behavioral health benefits. Psychotropic medications are provided FFS by the state. The FFS program began phasing out in 2021 and continues with the launch of the Tailored plans in 2024.

State Plan Mental Health Benefits	
1.	Inpatient treatment
2.	Emergency room services
3.	Diagnostic assessment and testing
4.	Assertive community treatment
5.	Community support team
6.	Mobile crisis management
7.	Partial hospitalization
8.	Facility-based crisis treatment
9.	Psychosocial rehabilitation
10.	Psychotherapy for crisis
11.	Targeted case management
12.	Outpatient treatment services
13.	Residential services
14.	Peer Support Services

State Plan Addiction Treatment Benefits	
1.	Medically-managed intensive inpatient services
2.	Emergency room services
3.	Comprehensive outpatient treatment program
4.	Intensive outpatient service
5.	Medically monitored community residential treatment
6.	Mobile crisis management
7.	Non-medical community residential treatment
8.	Ambulatory detoxification
9.	Non-hospital medical detoxification
10.	Detoxification crisis stabilization
11.	Outpatient opioid treatment
12.	Targeted case management

1915(b)(3) Cardinal Innovations Waiver Benefits	
1.	One-time transitional costs
2.	Psychosocial rehabilitation/peer support
3.	Physician consultation
4.	Community guide
5.	Intensive recovery support- for women with children returning from an addiction treatment program
SMI Population Only:	
1.	Supported employment
2.	Employment specialist
3.	Personal care
4.	Individual support

D.3. Medicaid Managed Care Program: LME/MCO Regions



- 1 Alexander
- 2 Washington
- 3 Edgecombe
- 4 Northampton
- 5 Hertford
- 6 Camden
- 7 Currituck
- 8 Chowan
- 9 Perquimans
- 10 Pasquotank

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

D.3. Medicaid Managed Care Program: LME/MCO Regions

LME/MCO	Counties Served
Alliance Behavioral Healthcare	Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, Wake
Partners Behavioral Health Management	Burke, Cabarrus, Catawba, Cleveland, Davie, Davidson, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
Trillium Health Resources	Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craver, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Guilford, Halifax, Hertford, Hoke, Hyde, Jones, Lee, Lenoir, Martin, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Randolph, Richmond, Robeson, Sampson, Scotland, Tyrrell, Warren, Washington, Wayne, Wilson
Vaya Health	Alexander, Alamance, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Person, Rockingham, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey

D.3. Medicaid Managed Care Program: SMI Population

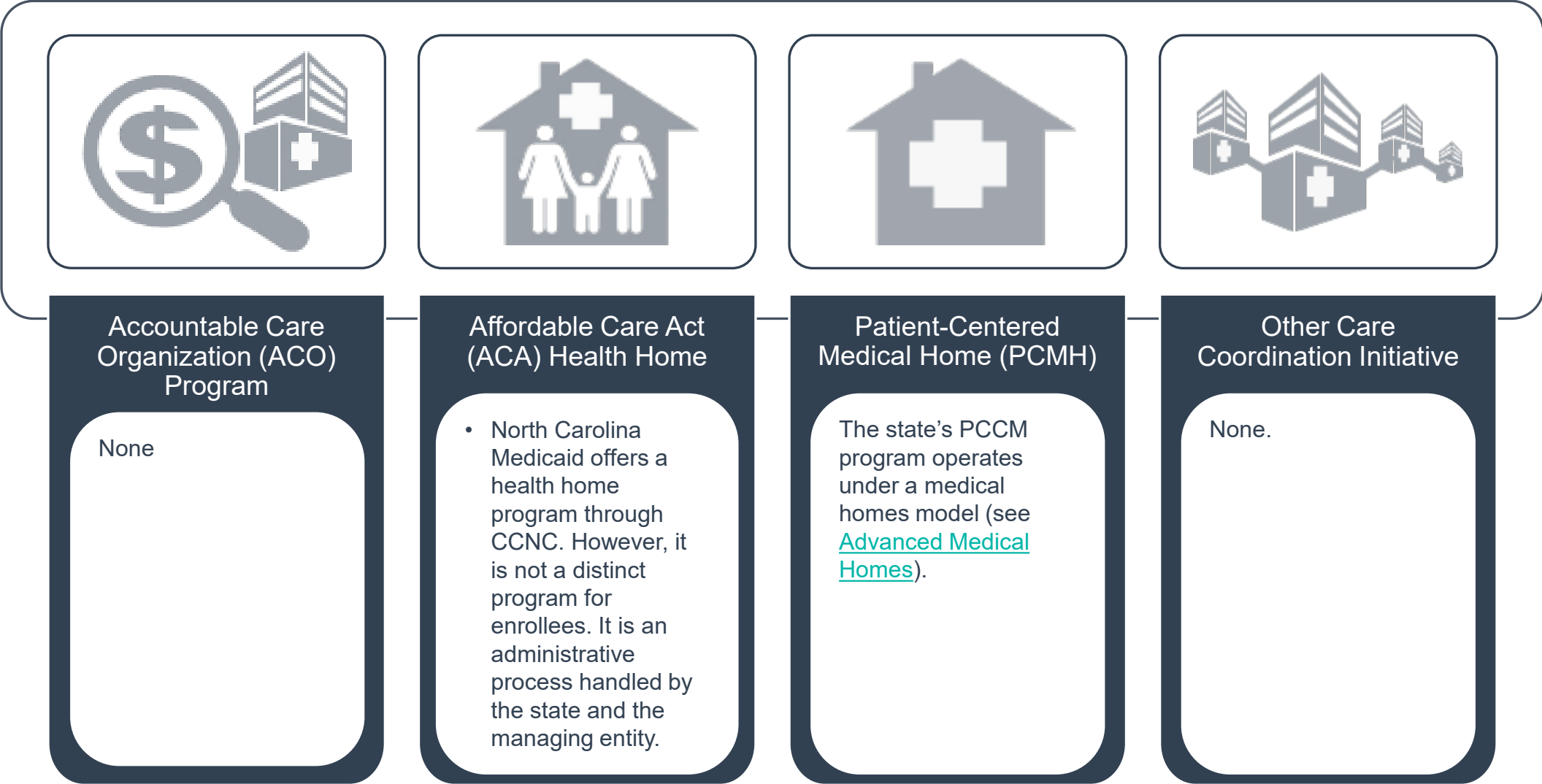
- North Carolina does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, most of the SMI population is enrolled in managed care.
- As of March 2025, *OPEN MINDS* estimates around 81% of the SMI population is enrolled in managed care.
- Individuals with SMI receive behavioral health benefits through the LME/MCOs, and are eligible to receive the following Cardinal Innovations section 1915 (b) waiver services not available to others:
 - Supported employment
 - Employment specialist services
 - Personal care
 - Individual support

D.3. Medicaid Managed Care Program: Pharmacy Benefit

North Carolina Managed Care Program Pharmacy Benefit & Utilization Restrictions

State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	NC Medicaid
Responsible For Financing Mental Health Pharmacy Benefit	NC Medicaid
State Uses A PDL For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and atypical antipsychotics are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid agonist and opioid dependence therapy agents are included in the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Covered as a medical benefit through the Physician Administered Drug program.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Antipsychotics require the failure of one preferred drug before a non-preferred drug will be approved (for most classes, failure of two preferred drugs is required) • Trial and failure of Suboxone SL film is required before a non-preferred opioid dependence drug will be approved • Antipsychotics for children and off-label use of antipsychotics for adults require prior authorization • Additional clinical and safety edits may apply to specific drugs
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Under the Recipient Management Lock-In Program, individuals exceeding standards regarding numbers of claims or prescribers for benzodiazepines, opiates, and certain anxiolytics are locked into a single prescriber and a single pharmacy for those classes of drugs. The initial lock-in period is for two years and may be extended for an additional two years.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. Medicaid Program: Demonstration & Managed Care Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
North Carolina's Medicaid Reform Demonstration	<ul style="list-style-type: none">• Authorizes the use of statewide managed care plans that integrate physical and behavioral health services and deliver LTSS. For more information, see section D.6.• The waiver also allows for addiction treatment services to be provided in institutions of mental disease. As of July 2019, the state has received approval for these benefits. These benefits are in addition to the services offered by FFS and PCCM.	1115	None; however, the ability to receive HCBS will be capped	01/01/2019	12/09/2029

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority?
NC 2008 CAP/DA (0132.R08.00)	Individuals ages 65 and above and individuals ages 18 to 64 with physical disabilities	14,078	Division of Medical Assistance	None
NC Innovations (0423.R04.00)	Individuals of all ages with intellectual and developmental disabilities	14,736	Division of Medical Assistance	Yes; 1915 (b) waiver
NC TBI Waiver (1326.R01.00)	Individuals with traumatic brain injuries who are currently in nursing facilities or specialty rehabilitation hospitals or who are in the community and at risk for placement in nursing facilities or specialized rehabilitation hospitals.	107	Division of Health Benefits, DHHS	Yes; 1915 (b) waiver
NC Community Alternatives Program for Children Waiver (4141.R07.00)	Individuals who are medically fragile ages 0-20 years who meet a hospital or nursing facility level of care.	5,000	Division of Medical Assistance	None

D.6. Medicaid Program: New Initiatives- Children and Families Specialty Plan

- The new Children and Families Specialty Plan (CFSP) will go live on December 1, 2025. Blue Cross NC was awarded the contract for the Children and Families Specialty Plan in August 2024.
- The Children and Families Specialty Plan is a single, statewide NC Medicaid Managed Care health plan designed to support Medicaid-enrolled children, youth and families served by the child welfare system in receiving seamless, integrated and coordinated health care.
- As a statewide entity, the Children and Families Specialty Plan, regardless of a member's geographic location or situation, will provide members with the same basic benefits and services and the following services:
 - Physical Health
 - Behavioral Health, such as outpatient therapy, inpatient treatment and crisis and therapeutic residential options for children
 - 1915 (i) Home and Community-Based services
 - Intellectual/ Developmental Disabilities (I/DD) Services
 - Long-term services and supports
 - Pharmacy services
 - Unmet health-related resource needs

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (September 2024)	993,516	1,425,751
SMI Enrollment	<ul style="list-style-type: none"> • OPEN MINDS estimates 59% of the population in Medicare Advantage, 41% in Traditional Medicare. 	
Management	<ul style="list-style-type: none"> • Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	<ul style="list-style-type: none"> • Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	<ul style="list-style-type: none"> • Part A & B cover up to 80%, remaining costs can be paid out of pocket 	<ul style="list-style-type: none"> • Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 2,419,267 | Total Medicare With SMI: 547,850

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of September 2024: 59% Medicare Advantage, 41% in traditional Medicare.
SMI population inclusion in managed care	Estimated 59% of population in Medicare Advantage, 41% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of the population in enrolled in a C-SNP plan.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 2,419,267.
- Currently 19% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population enrolled in Medicare.
- *OPEN MINDS* estimates approximately 38% of the state's SMI population is enrolled in Medicare.
- There are Medicare Advantage plans in all counties in North Carolina for 2025, but plan availability ranges from 8 plans in Carteret County, to 60 plans in Forsyth County.
 - In total, there are 163 Medicare Advantage plans available in North Carolina for 2025.
- There were 48 insurers offering Medigap plans in North Carolina as of late 2024.
- There were 642,395 North Carolina beneficiaries enrolled in stand-alone Medicare Part D prescription drug plans as of September 2024. Another 1,163,101 beneficiaries had Medicare Advantage plans that included integrated Medicare Part D coverage.
 - There are 16 stand-alone Medicare Part D plans in North Carolina for 2025, with monthly premiums starting as \$0 per month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs

- | | |
|--|--|
| 1. AdvantagePoint Health Alliance – Blue Ridge | 20. Responsive Care Solutions, LLC |
| 2. Caravan Health ACO 43, LLC | 21. CHSPSC ACO 14, LLC |
| 3. C3 MSSP LLC | 22. AdvantagePoint Health Alliance – Western North Carolina, LLC |
| 4. Caravan Health Aco 50 LLC | 23. CHESS Innovation, LLC |
| 5. Caravan Collaborative Pathways | 24. Coastal Carolina Quality Care, Inc |
| 6. Elite Patient Care, LLC | 25. Coastal Plains Network, LLC |
| 7. Car Partners ACO, LLC | 26. Duke Connected Care, LLC |
| 8. Bayview Physicians Group | 27. Mission Health Partners, LLC |
| 9. CHESS Value, LLC | 28. Physician Quality Partners, LLC |
| 10. Privia Quality Network Colorado, LLC | 29. UNC Senior Alliance, LLC |
| 11. Health choice Care, LLC | 30. Carolinas HealthCare System ACO, LLC |
| 12. Physicians Partners ACO 2, LLC | 31. McLeod Healthcare Network, LLC |
| 13. Collaborative ACO 30, LLC | 32. Novant Health Accountable Care Organization I, LLC |
| 14. Emergent ACO, LLC | 33. Aledade 153 SC MSSP Enhanced |
| 15. Southeastern Health Partners | 34. Aledade 102 NC TN CHC MSSP Enhanced |
| 16. Tryon ACO, LLC | 35. Emergent ACO 23.1, LLC |
| 17. TEAM ACO | 36. Aledade 93 National MSSP Enhanced |
| 18. The Accountable Care Organization, Ltd | 37. TP-ACO LLC |
| 19. Sentara Accountable Care Organization, LLC | |

E.4. Medicare System: New Initiatives

- There are no new Medicare initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid FFS	PACE
Enrollment (March 2025)	280,714	4,013
SMI Enrollment	58,949	842
Management	<ul style="list-style-type: none"> Physical Health: Department of Health and Human Services Behavioral Health: At-risk Local Management Entities – Managed Care Organizations (LME/MCOs) 	18 non-profit organizations
Payment Model	<ul style="list-style-type: none"> Physical Health: FFS Behavioral Health: Capitated rate 	Blended capitated rate
Geographic Service Area	<ul style="list-style-type: none"> Physical Health: Statewide with regional networks Behavioral Health: Statewide, LME/MCOs are available regionally 	Select counties and ZIP codes

Total Dual Eligibles: 284,727 | Total Dual Eligibles With SMI: 59,792

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Plan Type	March 2024 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	Medicare Advantage D-SNP	45,977	9,655
Humana Gold Plus	Medicare Advantage D-SNP	14,424	3,029
HumanaChoice	Medicare Advantage D-SNP	11,531	2,422
Humana Gold Plus	Medicare Advantage D-SNP	3,175	667
Cigna-HealthSpring TotalCare	Medicare Advantage D-SNP	1,598	336
Troy Medicare	Medicare Advantage D-SNP	1,161	244
Piedmont Health SeniorCare PACE	PACE	412	87
PACE of the Triad	PACE	378	79
Senior Total Life Care PACE	PACE	374	72
PACE of the Southern Piedmont	PACE	310	65

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Full-benefit dual eligible enrollment as of March 2025 was 284,727.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Currently, most dual eligibles receive services through Medicaid Direct (FFS), or PACE.
- Behavioral Health services administration is dependent upon the individual's type of plan.
 - Persons enrolled in the NC Medicaid Direct receive behavioral health services through LME/MCOs.
 - PACE plans include Medicaid covered mental health services in their capitated rate.
- D-SNP enrollment as of March 2024 was 77,866, SMI enrollment for D-SNP was estimated at 16,352.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new dual eligible initiatives currently.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (March 2025)	253,677
Estimated SMI Enrollment,	53,272
Management	LME/MCO's
Payment Model	Monthly capitated payment
Geographic Service Area	Statewide

Total LTSS Eligibles: 253,677 | Total LTSS With SMI: 53,272

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment*
Disabled adults			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles		✓	
Individuals with I/DD			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD			✓
Other HCBS Recipients			✓
Other populations		Indigenous members of Federally recognized tribes	<ul style="list-style-type: none"> • Residents of adult care homes • Qualified aliens • Special assistance in-home

* North Carolina operates a PCCM program that it considers managed care. The state planned to begin enrolling most Medicaid populations in capitated managed care plans, but this is currently suspended. See [section D.6.](#) for details on managed care plan implementation.

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Medicaid Long-Term Services and Supports (LTSS) serve individuals who are among North Carolina's most vulnerable citizens.
- The NC Medicaid LTSS Care Management Program is intended to guide PHP development of care management practices for members with LTSS needs to foster high-quality, accessible services that enhance well-being and facilitate engagement in community life.
 - Care management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs for North Carolinians.
- North Carolina implemented a new managed care program, which will have two sets of health plans – Standard and Tailored plans. The Tailored plans will only provide behavioral health and I/DD services, while all other benefits will be provided through the FFS system.
- NC Medicaid Managed Care began in July 2021 for Standard Plans, and Behavioral Health I/DD Tailored Plans began July 2024.
 - Populations eligible for enrollment in the Tailored plans include individuals with a behavioral health diagnosis or I/DD.
- Individuals may opt-in to the Standard plans, but they will lose the services offered by the LME/MCOs.
- The Tailored plans will offer physical health and pharmacy benefits and an enhanced set of behavioral health and I/DD services.

G.3. Medicaid LTSS Program: Health Plan Characteristics

- North Carolina's LTSS services are administered by the LME/MCO program in the state.
- LME/MCOs are sole-source, prepaid inpatient health plans that operate in specific regions throughout the state. Individuals do not have a choice of plan but are able to choose their clinical professionals within the LME/MCO's network.
- The LME/MCO has eight primary functions:
 - 24/7 access to care
 - Provider development, endorsement, and support
 - Utilization review and management
 - Management of state facility services and CAP waivers
 - Care coordination and quality management
 - Community collaboration and consumer services
 - Financial management and accountability
 - Information management and analysis
- The LME/MCO's are subject to a yearly external review that quantifies and compares performance measures.
- For more information in LME/MCOs [see slide 49.](#)

G.4. Medicaid LTSS Program: Health Benefits

- The LME/MCOs are responsible for all state plan behavioral health benefits. However, psychotropic medications are provided FFS by the state.

State Plan Mental Health Benefits	
1.	Inpatient treatment
2.	Emergency room services
3.	Diagnostic assessment and testing
4.	Assertive community treatment
5.	Community support team
6.	Mobile crisis management
7.	Partial hospitalization
8.	Facility-based crisis treatment
9.	Psychosocial rehabilitation
10.	Targeted case management
11.	Outpatient treatment services
12.	Residential services for individuals under age 21
13.	Research based treatment for Autism Spectrum Disorder
14.	Peer Support Services

State Plan Addiction Treatment Benefits	
1.	Medically-managed intensive inpatient services
2.	Emergency room services
3.	Comprehensive outpatient treatment program
4.	Intensive outpatient service
5.	Medically monitored community residential treatment
6.	Mobile crisis management
7.	Non-medical community residential treatment
8.	Ambulatory detoxification
9.	Non-hospital medical detoxification
10.	Detoxification crisis stabilization
11.	Outpatient opioid treatment
12.	Targeted case management

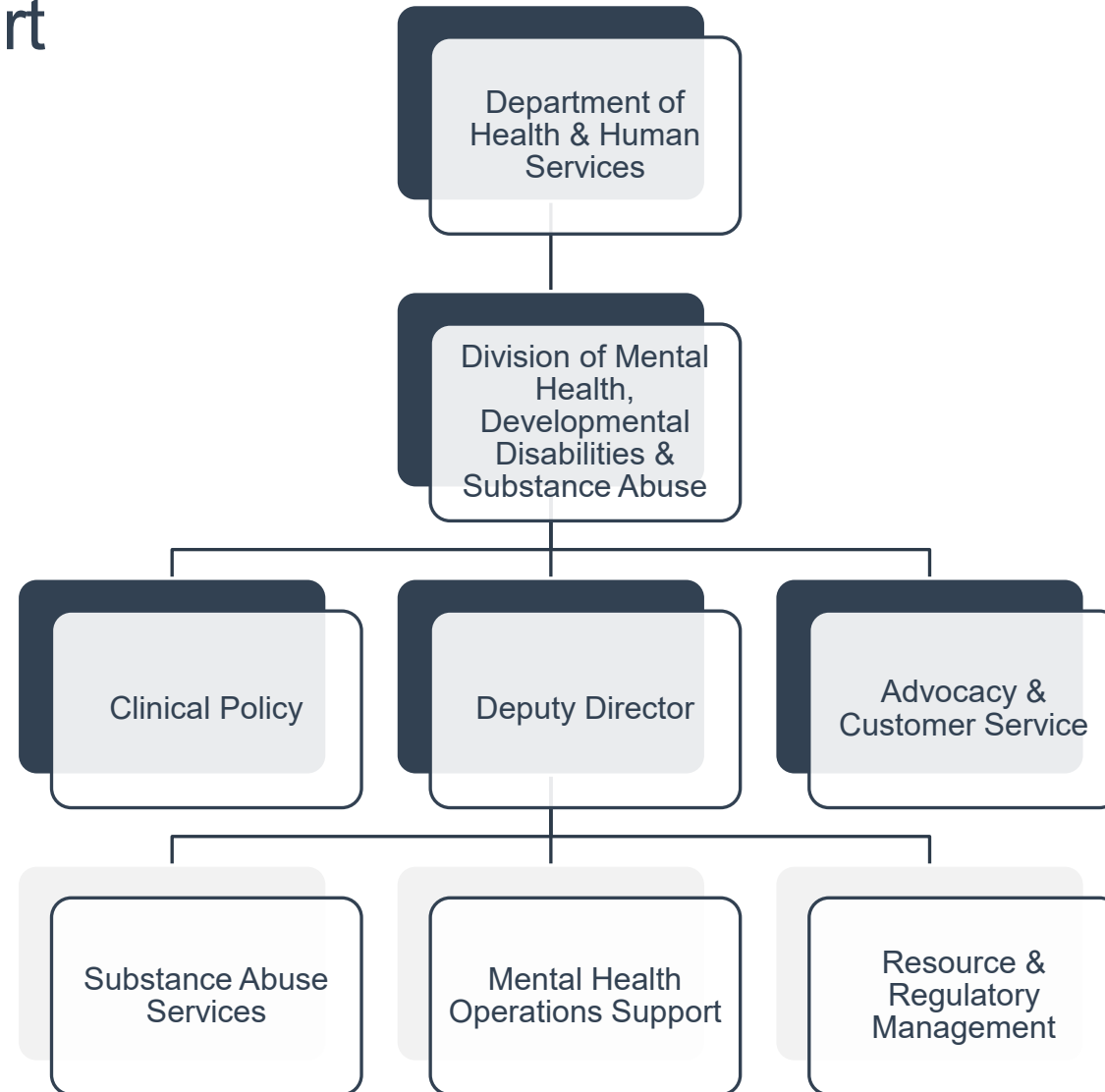
1915(b)(3) Cardinal Innovations Waiver Benefits	
1.	Psychosocial rehabilitation/peer support
2.	Physician consultation
3.	Community guide
4.	Intensive recovery support for women with children returning from an addiction treatment program
SMI Population Only:	
1.	Supported employment/employment specialist
2.	Personal care/individual support
3.	One-time transitional costs

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- There are now new LTSS initiatives in the state currently.

H. State Behavioral Health Administration & Finance System

H.1. Department Of Health & Human Services Governance: Organization Chart



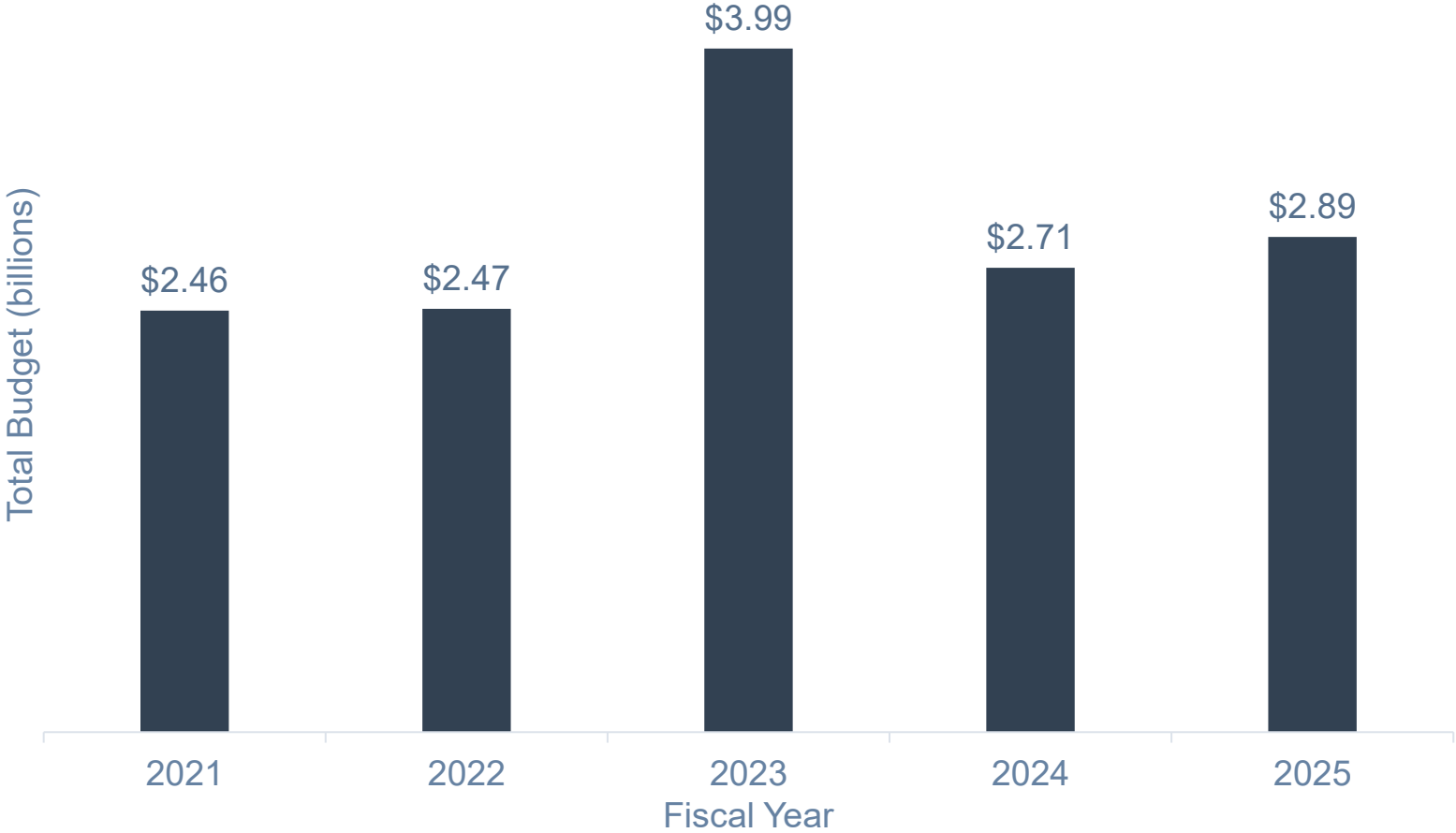
H.1. Department Of Health & Human Services Governance: Key Leadership

Name	Position	Department	Email
Devdutta Sangvai	Secretary	Department of Health and Human Services (DHHS)	Not available
Karen Burkes	Acting Deputy Secretary for Health	DHHS	karen.burkes@dhhs.nc.gov
Kelly Crosbie	Director	Mental Health, Developmental Disabilities, and Substance Abuse Services	kelly.crosbie@dhhs.nc.gov
Carrie Brown	Deputy Chief Medical Officer & Chief Psychiatrist	DHHS, Mental Health, Developmental Disabilities, and Substance Abuse Services	carrie.brown@dhhs.nc.gov
Niki Ashmont	Acting Director, State Operated Healthcare Facilities	DHHS, Mental Health, Developmental Disabilities, and Substance Abuse Services	niki.ashmont@dhhs.nc.gov

H.2. Department Of Health & Human Services: Budget

Budget Item	SFY 2025-26 Budget Requested	Percent Of Budget
Division of Mental Health, Developmental Disabilities, & Substance Abuse	\$2,713,659,992	100%
Total Budget: \$2,713,659,992		

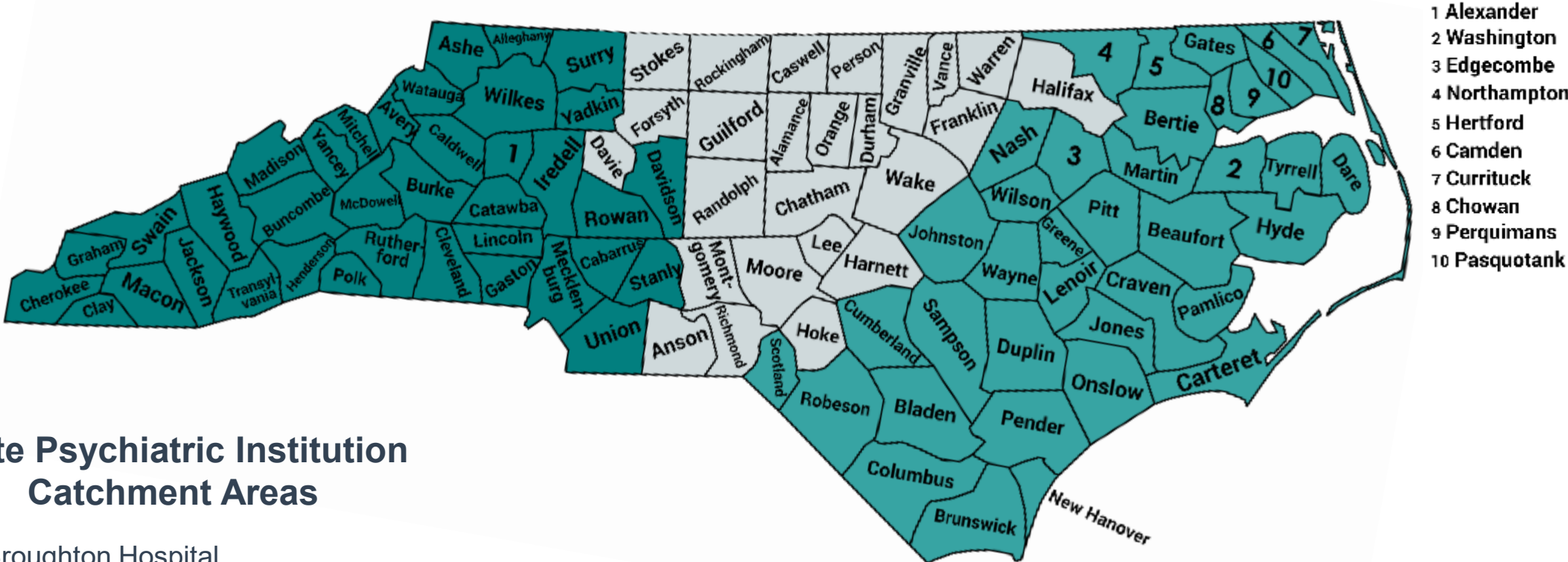
H.2. Department Of Health & Human Services: Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Broughton Hospital	Morganton	382
Central Regional Hospital	Butner	338
Cherry Hospital	Goldsboro	314
Total		1,034

H.3. State Psychiatric Institution Catchment Areas



State Psychiatric Institution Catchment Areas

- Broughton Hospital
- Central Regional Hospital
- Cherry Hospital

H.4. Behavioral Health Safety-Net Delivery System

- The DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the DHHS Division of Medical Assistance contract with Local Management Entities-Managed Care Organizations (LME/MCOs) to provide mental health and addiction disorder treatment services to the safety-net population. (See [section D.2.](#) for more information on the LME/MCOs.)
- The core services provided by the LME/MCOs include screening, assessment, and referral; emergency services; service coordination; and consultation, prevention, and education.
- The LME/MCOs receive revenue from federal, state, and local sources, with Medicaid representing the largest percentage of cash flows at 84%.
- The LME/MCOs are also the sole organizations that may bid to operate as the Tailored plans for the first four years of the new managed care program.

H.5. Behavioral Health System: New Initiatives

- There are no new initiatives currently.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. (2023). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved March 2025 from <https://data.census.gov/cedsci/table?q=S0101>
2. United States Census Bureau. (2023). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved March 2025 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. (2023). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved March 2025 from <https://data.census.gov/cedsci/table?q=S1901>
4. United States Census Bureau. (2023). 2023 Population Distribution by Race/Ethnicity. Retrieved March 2025 from <https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05>

B.2. Population Centers

1. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved March 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas>
2. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved March 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29>
3. Federal Reserve Bank of St Louis. (2024, March) US Regional Data, MSAs. Retrieved January 2025 from <https://fred.stlouisfed.org>
4. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved March 2025 from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html>

B.3. Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.

B.3. SMI Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.

I.3. Sources

B.4. Largest State Health Plans By Enrollment

1. OPEN MINDS. (2025, January). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved March 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. www.markfarrah.com

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. OPEN MINDS. (2025, January). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved March 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. www.markfarrah.com

B.5. Health Insurance Marketplace

1. NCIOM. (2021). A Review of 2021 Health Insurance Exchange Plan Availability and Cost in North Carolina. Retrieved March 2025 from <https://nciom.org/a-review-of-2021-health-insurance-exchange-plan-availability-and-cost-in-north-carolina/>
2. Kaiser Family Foundation. (2020, October 19). 2021 Premium Changes on ACA Exchanges and the Impact of COVID-19 on Rates. Retrieved March 2025 from <https://www.kff.org/private-insurance/issue-brief/2021-premium-changes-on-aca-exchanges-and-the-impact-of-covid-19-on-rates/>

B.6. ACOs

1. OPEN MINDS. (2022). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

C.1. Medicaid Governance: Organizational Chart

1. North Carolina General Assembly. (2025). Department of Health & Human Services Organization Chart. Retrieved March 2025 from <https://www.ncdhhs.gov/dhhs-orgchart/download?attachment>

C.1. Medicaid Governance: Key Leadership

1. North Carolina Department of Health and Human Services. (2025). Medicaid and North Carolina Health Choice Contact. Retrieved March 2025 from <https://dma.ncdhhs.gov/contact>
2. North Carolina Department of Health and Human Services. (2025). Executive Leadership. Retrieved March 2025 from <https://www.ncdhhs.gov/leadership>

I.3. Sources

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2025 from <https://www.macpac.gov/macstats/>

C.2. Medicaid Program Spending: Budget

1. United States Government Printing Office. (2024, November 28). Federal Medical Assistance Percentages FY 2025. Retrieved March 2025 from <https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>
2. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved March 2025 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2025 from <https://www.macpac.gov/macstats/>
3. Medicaid and CHIP Payment and Access Commission. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2025 from <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>
4. Medicaid and CHIP Payment and Access Commission. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2025 from <https://www.macpac.gov/publication/macstats-archive/>
5. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2025 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2019, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2025 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2018, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2025 from <https://www.macpac.gov/publication/macstats-archive/>

I.3. Sources

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2025, January). Medicaid Enrollment Data Collected Through MBES. Retrieved March 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
3. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved March 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>
4. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved March 2025 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>

C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved March 2025 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>
2. North Carolina Department of Health and Human Services. Medicaid State Plan. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

D.1. Medicaid Financing & Service Delivery System

1. Information derived from throughout Section D.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. North Carolina Department of Health and Human Services. Medicaid State Plan. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>
2. North Carolina Department of Health and Human Services. (2015, March). NCMMS Provider Claims and Billing Assistance Guide. Retrieved March 2025 from <https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

D.2. Medicaid FFS Program: Overview

1. North Carolina Medicaid and NC Health Choice. (2022, December). Annual Report for State Fiscal Year 2022. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/ncmedicaid-annual-report-sfy2022/download?attachment>
2. North Carolina General Assembly. Joint Legislative Oversight Committee on Health and Human Services. Retrieved March 2025 from <https://www.ncleg.gov/Committees/CommitteeInfo/NonStanding/6507#Reports%20to%20JLOC-HHS\Reports%20Received%20FY%202020-21>
3. North Carolina Medicaid Division of Health Benefits. (2041, March). Enrollment Dashboard. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/reports/dashboards#enroll>

I.3. Sources

D.2. Medicaid FFS Program: Behavioral Health Overview

1. North Carolina Department of Health and Human Services. (2018). LME/MCO Contracts with NC Medicaid. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/LME/MCO-contracts-nc-medicaid>

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. North Carolina Department of Health and Human Services. (2018). LME/MCO Contracts with NC Medicaid. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/LME/MCO-contracts-nc-medicaid>
2. North Carolina Department of Health and Human Services. (2019, March 15). 8A. Enhanced Mental Health and Substance Abuse Services. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/8a-enhanced-mental-health-and-substance-abuse-services/download?attachment>

D.2. Medicaid FFS Program: SMI Population

1. North Carolina Department of Health and Human Services. (2020, February). Cardinal Innovations (NC-02). Retrieved March 2025 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82761>
2. OPEN MINDS. (2023). Serious Mental Illness Prevalence Estimates.

D.2. Medicaid FFS Program: CCNC Network Map

1. Community Care of Network. (2018, July). Community Care of North Carolina. Retrieved March 2025 from <https://www.communitycarenc.org/sites/default/files/2018-07/ccnc-network-county-map.pdf>

D.2. Medicaid FFS Program: CCNC Regions

1. Community Care of Network. (2018, July). Community Care of North Carolina. Retrieved March 2025 from <https://www.communitycarenc.org/sites/default/files/2018-07/ccnc-network-county-map.pdf>

I.3. Sources

D.3. Medicaid Managed Care Program: Overview

1. North Carolina Department of Health and Human Services. Medicaid State Plan. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>
2. North Carolina Department of Health and Human Services. Community Care of North Carolina/Carolina ACCESS (CCNC/CA). Retrieved March 2025 from <https://medicaid.ncdhhs.gov/programs-and-services/community-care-north-carolinacarolina-access-ccncca>
3. North Carolina Department of Health and Human Services. (2018, August 27). Advanced Medical Home Policy Manual. Retrieved March 2025 from <https://files.nc.gov/ncdma/documents/Medicaid/Provider/AMH%20Provider%20Manual%208-27-18.pdf>
4. North Carolina Department of Health and Human Services. (2023, March). Overview: Nc Managed Care Capitation Rates- Care Management Assumptions. Retrieved March 2025 <https://medicaid.ncdhhs.gov/blog/2023/03/15/nc-medicare-managed-care-capitation-rates-care-management-assumptions>
5. North Carolina Medicaid Division of Health Benefits. (2024, March). Enrollment Dashboard. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/reports/dashboards#enroll>

D.3. Medicaid Managed Care Program: Standard Plans

1. NCDHHS (2023, February 28) NC Medicaid Transformation Update. Retrieved March 2025 from <https://webservices.ncleg.gov/ViewDocSiteFile/75699>

D.3. Medicaid Managed Care Program: Behavioral Health I/DD Tailored Plans

1. NCDHHS (2024, February) Behavioral Health I/DD Tailored Plan. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/Behavioral-Health-IDD%20Tailored-Plans>

I.3. Sources

D.3. Medicaid Managed Care Program: EBCI Tribal Option

1. NCDHHS (2023, February 28) NC Medicaid Transformation Update. Retrieved March 2025 from <https://webservices.ncleg.gov/ViewDocSiteFile/75699>

D.3. Medicaid Managed Care Program: Community Care of North Carolina

1. North Carolina Institute of Medicine. (2018, April) Understanding Community Care of North Carolina. Retrieved March 2025 from <https://nciom.org/wp-content/uploads/2018/04/CCNC-Primer-FINAL-4-26-18.pdf>

D.3. Medicaid Managed Care Program: Advanced Medical Home

1. North Carolina Department of Health and Human Services. (2019, April 1). Advanced Medical Home Technical Advisory Group Meeting #1: Kick-off. Retrieved March 2025 from <https://files.nc.gov/ncdma/AMH-TAG-Meeting-1-4.1.19-Final.PDF>
2. North Carolina Department of Health and Human Services. (2019, March 25). North Carolina Medicaid Managed Care: Regions, Roll-out Dates, and AMH Tier Statistics. Retrieved March 2025 from <https://files.nc.gov/ncdma/Map-Graphic-3.25.19.pdf>
3. North Carolina Department of Health and Human Services. (2018, August 27). Becoming Certified as an Advanced Medical Home: A Manual for Primary Care Providers. Retrieved March 2025 from https://files.nc.gov/ncdma/documents/Providers/Programs_Services/amh/AMH_Provider-Manual_08272018.pdf
4. North Carolina Department of Health and Human Services. Advanced Medical Home. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/advanced-medical-home>

I.3. Sources

D.3. Medicaid Managed Care Program: Advanced Medical Home Payment & Tier Requirements

1. North Carolina Department of Health and Human Services. (2022, November) Advanced Medical Home Manual 2.4.3. Retrieved April 2025 from <https://medicaid.ncdhhs.gov/advanced-medical-home-provider-manual/download?attachment>
2. North Carolina Medicaid (2021, June 14). Fact Sheet: Advanced Medical Home (AMH) Program. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/media/9557/open>
3. North Carolina Department of Health and Human Services. (2018, August 23). Introduction to the Advanced Medical Home Program. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/advanced-medical-home>
4. North Carolina Department of Health and Human Services. (2019, February 8). North Carolina AMH Program FAQ. Retrieved March 2025 from https://files.nc.gov/ncdma/AMH_FAQs_2.8.2019.pdf

D.3. Medicaid Managed Care Program: LME/MCO Regions

1. North Carolina Department of Health and Human Services. (2019, July). LME/MCO Map. Retrieved March 2025 from <https://www.ncdhhs.gov/providers/LME/MCO-directory>

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. North Carolina Department of Health and Human Services. (2020, February). Cardinal Innovations (NC-02). Retrieved March 2025 from <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82761>
2. North Carolina Department of Health and Human Services. (2018). LME/MCO Contracts with NC Medicaid. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/LME/MCO-contracts-nc-medicare>
3. North Carolina Department of Health and Human Services. Pharmacy Services Clinical Coverage Policies. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>

D.3. Medicaid Managed Care Program: SMI Population

1. North Carolina Department of Health and Human Services. (2020, February). Cardinal Innovations (NC-02). Retrieved March 2025 from <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82761>
2. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.

I.3. Sources

D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. North Carolina Department of Health and Human Services. (2021, March 4). Physician Administered Drug Program Fee Schedule. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/physician-administered-drug-program-fee-schedule>
2. North Carolina Department of Health and Human Services. Prior Approval Drugs and Criteria. Retrieved March 2025 from <https://www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html>
3. North Carolina Department of Health and Human Services. (2021, January 1). North Carolina Medicaid and Health Choice Preferred Drug List. Retrieved March 2025 from https://files.nc.gov/ncdma/documents/files/PDL_January_1_2021.pdf
4. North Carolina Department of Health and Human Services. Pharmacy Services Clinical Coverage Policies. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>
5. North Carolina Department of Health and Human Services. (2019, March 15). Medicaid and Health Choice Clinical Coverage Policy No. 9. Retrieved March 2025 from https://files.nc.gov/ncdma/documents/files/9_3.pdf
6. PubMed. (2014, November). North Carolina Medicaid Recipient Management Lock-in Program: The pharmacist's perspective. Retrieved March 2025 from <https://www.ncbi.nlm.nih.gov/pubmed/25351973>

D.4. Medicaid Program: Care Coordination Initiatives

1. Information derived from sources found throughout the profile.

D.5. Medicaid Program Care Management and Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 2025 from https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 2025 from https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

I.3. Sources

D.6. Medicaid Program: New Initiatives- Children and Families Specialty Plan

1. North Carolina Department of Health and Human Services. (2025). Children and Families Specialty Plan. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/children-and-families-specialty-plan#HowwilltheChildrenandFamiliesSpecialtyPlanhelpchildreyouthandfamiliesinNorthCarolina-4569>

E.1. Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, March). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, August) Medicare Monthly Enrollment. Retrieved March 2025 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicare-reports/medicare-monthly-enrollment>

E.1. Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, March). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, August) Medicare Monthly Enrollment. Retrieved March 2025 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicare-reports/medicare-monthly-enrollment>

E.2. Medicare System: Overview

1. Healthinsurance.org (2024, December) Medicare in North Carolina. Retrieved March 2025 from <https://www.healthinsurance.org/medicare/north-carolina/>

E.3. Medicare ACOs

1. OPEN MINDS. (2022). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

E.4. Medicare System: New Initiatives

1. Derived from information throughout this section.

I.3. Sources

F.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2024, March). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved March 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2024, March). Special Needs Plan (SNP) Data. Retrieved March 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2024, March) Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved March 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2024, March). Special Needs Plan (SNP) Data. Retrieved March 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2024, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved March 2025 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>
2. North Carolina Department of Health and Human Services. (2020, February). Cardinal Innovations (NC-02). Retrieved March 2025 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82761>
3. North Carolina Department of Health and Human Services. Medicaid State Plan. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Derived from information throughout this section.

I.3. Sources

G.1. LTSS Financing & Service Delivery

1. Advancing States. (2019, December 2). North Carolina Managed Long-Term Services and Supports. Retrieved March 2025 from <http://www.advancingstates.org/initiatives/tracking-state-activity/state-medicaid-integration-tracker/north-carolina>
2. North Carolina Department Of Health and Human Services. (2019, November 19). Legislators Adjourn Without Taking Actions Required for Medicaid Managed Care. Retrieved March 2025 from <https://www.ncdhhs.gov/news/press-releases/legislators-adjourn-without-taking-actions-required-medicaid-managed-care-dhhs>

G.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. North Carolina Department of Health and Human Services. Medicaid State Plan. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>
2. North Carolina Department of Health and Human Services. (2015, March). NCMMS Provider Claims and Billing Assistance Guide. Retrieved March 2025 from <https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

G.2. LTSS Financing & Service Delivery System: Overview

1. North Carolina Department of Health and Human Services. Medicaid State Plan. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

G.3. LTSS Health Plan Characteristics

1. North Carolina Department of Health and Human Services. (2018). LME/MCO Contracts with NC Medicaid. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/LME/MCO-contracts-nc-medicaid>

G.4. LTSS Program: Health Benefits

1. North Carolina Department of Health and Human Services. (2018). LME/MCO Contracts with NC Medicaid. Retrieved March 2025 from <https://medicaid.ncdhhs.gov/LME/MCO-contracts-nc-medicaid>

I.3. Sources

G.4. LTSS Program: New Initiatives

1. Derived from information throughout the profile

H.1. Department of Health & Human Services: Organization Chart

1. North Carolina General Assembly. (2025). Department of Health & Human Services Organization Chart. Retrieved March 2025 from <https://www.ncdhhs.gov/dhhs-orgchart/download?attachment>

H.1. Department of Health & Human Services: Key Leadership

1. North Carolina Department of Health & Human Services. (2025, February). North Carolina Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services. Retrieved March 2025 from <https://www.ncdhhs.gov/divisions/mhddsus>

H.2. Public Behavioral Health System Budget

1. Office of State Budget and Management. (2024, January) Certified Budget Biennium 2023-2025. Retrieved March 2025 from <https://www.osbm.nc.gov/media/3773/download?attachment>
2. State of North Carolina. Recommended Base Budget. (2021-2023) Health and Human Services Retrieved March 2025 from <https://www.osbm.nc.gov/media/3221/download?attachment>

H.3. State Psychiatric Institutions

1. American Hospital Directory. Central Regional Hospital. Retrieved March 2025 from https://www.ahd.com/free_profile/344004/Central_Regional_Hospital/Butner/North_Carolina/
2. North Carolina Department of Health and Human Services. (2019, August 21). NCDHHS Dedicates New Broughton Hospital. Retrieved March 2025 from <https://www.ncdhhs.gov/news/press-releases/ncdhhs-dedicates-new-broughton-hospital-building>
3. American Hospital Directory. Cherry Hospital. Retrieved March 2025 from https://www.ahd.com/free_profile/344026/Cherry_Hospital/Goldsboro/North_Carolina

I.3. Sources

H.3 State Psychiatric Institution Catchment Areas

1. North Carolina Department of Health and Human Services. Facilities. Retrieved March 2025 from <https://www.ncdhhs.gov/divisions/dsohf/facilities>

H.4. State Behavioral Health Safety-Net Delivery System

1. North Carolina Department of Health and Human Services. Division of Mental Health, Developmental Disabilities and Substance Abuse Services Administration and Community Services. Retrieved March 2025 from <https://www.ncdhhs.gov/divisions/mhddsus>
2. North Carolina Department of Health and Human Services. Report to The Joint Legislative Oversight Committee on Medicaid and NC Health Choice. Retrieved March 2025 from <https://www.ncleg.gov/Documents/284/>

H.5. Behavioral Health System: New Initiatives

1. Derived from information throughout the profile.