**FUTURE INVESTMENT PROPOSAL 5/12/2022**

**Care Extender White Paper**

**$30,000 Proposed Investment**

**The Opportunity**



Financial Asset Development Committee

On April 19, 2022, The North Carolina Department of Health and Human Services’ (DHHS) published a document outlining a new service definition: Care Extenders. DHHS’ vision is that extenders will help Advanced Medical Home Plus (AMH+) practices, Care Management Agencies (CMAs), and Tailored Plans best meet the needs of members, build efficient care teams by creating additional workforce capacity, and allow care managers and supervisors to focus on key tasks for assigned members as well as permit them additional time for members with intensive or complex needs. Extender qualifications included:

* Being a person with lived experience with an I/DD or a TBI with demonstrated knowledge of and direct personal experience navigating the North Carolina Medicaid delivery system or
* A parent or guardian of an individual with an I/DD or a TBI or a behavioral health condition and has at least two years of direct experience providing care for and navigating the Medicaid delivery system on behalf of that individual (parent/guardian cannot serve as an extender for their family member).

This new service definition, and the formal incorporation of people with lived experience and their family members into a paid service, present a unique opportunity to advance the idea of Family Navigation and Peer Support Services for people with I/DD in North Carolina.

**The Challenge**

**System Gap Addressed**

While the proposal of a service definition for Care Extenders creates a pivotal opportunity to advance the idea of paid, professional family and peer support in the I/DD service system, it has come at a precarious time. DHHS and the I/DD service delivery system are undergoing a seismic shift, with plans to transition from the current LME-MCO model to the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan on Dec. 1, 2022. Providers and other stakeholders are currently under a lot of stress as they work to prepare for the transition.

***To help ensure the successful deployment of the Care Extender role, it is necessary to determine what challenges and obstacles providers, policymakers, families and individuals may face so an array of solutions can be proposed that build on our state’s assets and meet statewide needs.***

To support the use of Care Extenders for the I/DD population in NC, Community Bridges Consulting Group proposes the following project to identify the challenges of adopting the Care Extender service definitions. After identifying the challenges, organizations and stakeholders can work collectively to address them to ensure that Care Extenders are used adequately for the I/DD population.

To enable this, the following is proposed:

1. Developing a methodology for and performing an environmental scan; and,
2. Develop a White Paper summarizing findings and providing **strategic recommendations to bolster the usage of Care Extenders for the I/DD population.**

To successfully implement this, the following tasks will take place:

* Hire a family member and a self-advocate to serve on the core project team.
* Identify key sectors and stakeholdersimpacted by care management and integrated care.
* Develop an interview guide.
* Conduct interviews.
* Review information with the project Advisory Committee.
* Analyze themes within sectors and across groups.
* Identify current use of family navigation and support and peer support within NC.
* Identify potential needs for training for Care Extenders.
* Compile best practice information from other states.
* Identify potential sources of recruitment for family navigation and peer support.
* Identify how care management extenders align with NCCDD projects and NCDHHS initiatives, including the focus on health equity.

**Background**

This new service definition, and the formal incorporation of people with lived experience and family members into a paid service, present a unique opportunity to advance the idea of Family Navigation and Peer Support Services for people with I/DD in North Carolina. **Care Extenders utilizing individuals with I/DD or family members are both examples of peer support.**

*What is Peer and Family Support?*

* Peer and family support is a range of activities and interactions between people who share similar experiences.
* Peer and family support offers a level of acceptance, understanding, and validation not found in many other professional relationships.
* By sharing their own lived experience and practical guidance, family and peer support workers help people develop their own goals, create strategies for self‐empowerment, and take concrete steps towards building fulfilling, self‐determined lives.
* The use of family members and people with I/DD to provide care extender services is a type of peer support.

This is a critical time to ensure these services for the I/DD community are part of Medicaid Transformation, the 1915(i) state plan amendment, and the implementation of the Olmstead Plan. Family Navigation and Peer Support services can help reduce barriers to care, connect people to appropriate resources and supports in a timely manner, and empower people to make informed decisions. Families and peers are an untapped resource that can address growing workforce shortages.

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**Achievements and Outcomes Expected**

Following the interviews and research, CBCG staff will compile the information and data collected into a comprehensive report of findings. The report will include key takeaways from participant communication, notable areas of concern or focus, and opportunities for collaboration. The report will include:

* Strategic recommendations for short term, midterm and long-term implementation of family navigation and peer support in the proposed Care Extender definition with a focus on scalability and sustainability.
* Identification of policies that support and limit family navigation and peer support in the Care Extender definition.
* Identification of changes in practices that promote statewide adoption of family and peers as care extenders.
* Real-life vignettes that illustrate the role of family navigation and peer support can have in achieving valued outcomes and how they align with valued-based care and reimbursement.

**Funding Request**

Community Bridges Consulting Group is seeking funding for the *Care Extender White Paper* projectin an amount up to $30,000, with a required minimum of 25% non-federal matching funds.

**Consultant Overview**

**Cost and Time: Recommendation and Justification**

**Kelly Friedlander, MSW, MPA**

Kelly Friedlander is the Principal Consultant at Community Bridges Consulting Group. Kelly consults primarily on stakeholder engagement, advocacy, and developing innovative solutions to meet systems changes. A results-oriented, creative, and dedicated intellectual and developmental disability professional, Kelly has 15+ years of progressive responsibility in advocacy, policy analysis, and program development/ administration. She excels at facilitating outreach and cross-agency collaboration that empowers people with developmental disabilities and family members to be advocates and leaders. Kelly has a proven track record of supporting people with intellectual and developmental disabilities to live valued lives of their own design.

Kelly has served as a consultant for a variety of non-profit, for-profit, and governmental organizations, including:

* UnitedHealthCare NC
* National Association of State Directors of Developmental Disabilities Services
* The National Leadership Consortium on Developmental Disabilities
* RHA Health Services
* First in Families NC
* National Association of Councils on Developmental Disabilities
* Anthem Healthcare
* Cardinal Innovations Healthcare
* Vaya Healthcare
* Bethesda Lutheran Communities
* i2i Center for Integrative Health

**Karen Luken, MSRA**

Karen Luken is a disability and health consultant with more than 40 years of experience in disability and health, recreational therapy, and grants management. From 2013 through 2020 she was the project director for the “Medical Health Homes for People with Intellectual and Developmental Disabilities” initiative that promotes integrated, person-centered care for people with I/DD and continues to serve as a member of the core planning team. Her interest in evidence-based practice, health care reform, and systems change was shaped by her work at the North Carolina Office on Disability and Health, Center for Recreation and Disability Studies at UNC-CH, NC Memorial Hospital, and Orange-Person-Chatham Area Program. Karen’s academic background is therapeutic recreation and public health.

Karen has served as a consultant to a variety of organizations, including:

* The Arc of NC
* Autism Society of NC
* Duke Health
* Vaya Health
* NC Division of Public Health, Oral Health Section
* NC AHEC
* NC Oral Health Collaborative
* National Center on Health, Physical Activity and Disability
* Lurie Institute on Disability, Brandeis University