North Carolina Olmstead Plan 2024 – 2025 (DRAFT)

**April 1, 2024**

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# Abbreviations Used in this Document

**ACH** – Adult Care Home

**ADA** – Americans with Disabilities Act

**ADVP** – Adult Developmental Vocational Program

**CAP** – Coordinated Action Plan

**CAP/C** – Community Alternatives Program for Children

**CAP/DA** – Community Alternatives Program for Disabled Adults

**CIE** – Competitive Integrated Employment

**CMS** – Centers for Medicare & Medicaid Services

**CY** – Calendar Year

**DAAS** – Division of Aging and Adult Services

**DCFW** – Division of Child and Family Wellbeing

**DHB** – Division of Health Benefits

**DMH/DD/SUS** – Division of Mental Health, Developmental Disabilities and Substance Use Services

**DOJ – United States Department of Justice**

**DPI** – Department of Public Instruction

**DSB** – Division of Services for the Blind

**DSOHF** – Division of State Operated Healthcare Facilities

**DSP** – Direct Support Professional

**DSS** – Division of Social Services or local Department of Social Services

**DVRS** – Division of Vocational Rehabilitation Services[[1]](#footnote-2)

**EMS** – Emergency Medical Services

**FMAP** – Federal Medical Assistance Percentage(s)

**FFY** – Federal Fiscal Year

**HCBS** – Home and Community-Based Services

**HUD** – U.S. Department of Housing and Urban Development

**ICFs/IID** – Intermediate Care Facilities for Individuals with Intellectual Disabilities

**I/DD** – Intellectual and other Developmental Disabilities

**IDM** – Informed Decision Making

**IPS/SE** – Individual Placement Support - Supported Employment

**LME/MCO** – Local Management Entity/Managed Care Organization

**LTSS** – Long-Term Services and Supports

**MFP** – Money Follows the Person

**MORES** – Mobile Outreach Response Engagement Stabilization

**NCCDD** – North Carolina Council on Developmental Disabilities

**NC CORE** – North Carolina Collaborative for Ongoing Recovery through Employment

**NCDHHS** – North Carolina Department of Health and Human Services

**NC FIT** – North Carolina Formerly Incarcerated Transitions Program

**NCI** – National Core Indicators®

**NC-PAL** – North Carolina Psychiatry Access Line

**NC START** – North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment

**OPSA** – Olmstead Plan Stakeholder Advisory

**ORH** – Office of Rural Health

**Pre-ETS** – Pre-Employment Transition Services

**PRTF** – Psychiatric Residential Treatment Facility

**RSVP** – Referral, Screening, and Verification Process

**RUN** – Registry of Unmet Need

**SAMHSA** – U.S. Substance Abuse and Mental Health Services Administration

**SED** – Serious Emotional Disturbance

**SFY** – State Fiscal Year

**SMI** – Serious Mental Illness

**SPMI** – Severe and Persistent Mental Illness

**START** – Sobriety Treatment and Recovery Teams

**SUD** – Substance Use Disorder

**TAC** – Technical Assistance Collaborative

**TBI** – Traumatic Brain Injury

**TCL** – Transitions to Community Living

**WIOA** – Workforce Investment Opportunity Act



# Introduction

The Olmstead Plan is a roadmap addressing the health and wellbeing of children and families, youth, adults, and elders with disabilities. This plan, focused on enabling and supporting choice, reflects the contributions of many and incorporates much of the work we have already done as a state to advance independence, integration, inclusion, and self-determination for those with disabilities. Going forward, this strategic plan, the outcomes that drive it, the data that informs it, and the work plans that flow from it will shape policy, practices, and funding decisions.

The Department of Health and Human Services has established investing in behavioral health and resilience as a key priority for the Department. The cross-Departmental initiatives that make up the core of this work are aligned and intertwined with the Olmstead Plan. Supporting individuals in their community; ensuring people have the services and supports to thrive; and providing the right services at the right time in the right setting are consistent themes guiding both areas of work. Improvements to North Carolina’s behavioral health system will directly and indirectly strengthen the well-being of all individuals with disabilities and families who are served by the public system. The Department has already achieved success by securing a historic $835 million investment in behavioral health in the 2023 state budget. This includes increases in behavioral health Medicaid rates for the first time in a decade; additional slots to the Innovations waiver for people with intellectual and other developmental disabilities; and additional investments in the direct service workforce. Continuing to align all of these efforts with the Olmstead Plan will yield benefits for many North Carolinians across the state.

The Olmstead Plan is a living, breathing document. This update to the 2022 – 2023 Plan, covering Calendar Years 2024 to 2025, guides a changing system of services and supports. We continue our journey towards inclusive communities welcoming of all and advised each step of the way by those with lived experience, their families, and diverse stakeholders. We reaffirm the vision adopted by the Olmstead Plan Stakeholder Advisory in 2022: North Carolina champions the right of all people with disabilities to choose to live life fully included in our communities. We trust that this Plan will continue to be a shared lens that sharpens the focus of our work together. Please join us in the work that lies ahead.

**Kody H. Kinsley**

*Secretary of the North Carolina Department of Health and Human Services*

## Acknowledgments

The next iteration of North Carolina’s Olmstead Plan – a plan that applies across the lifespan to all people living with a disability who are in or at risk of entering publicly-funded, congregate settings – would not have been possible without the ongoing contributions of the following: members of the Olmstead Plan Stakeholder Advisory (OPSA) and its Community Co-Chairs; the staff of the Office of the Senior Advisor for Olmstead and Transitions to Community Living, Office of the Secretary, North Carolina Department of Health and Human Services (NCDHHS); the leadership and staff of many other NCDHHS divisions and offices, including the OPSA Departmental Co-Chair; representatives of the North Carolina General Assembly; stakeholders from across North Carolina, among them Local Management Entities/Managed Care Organizations (LME/MCOs); Area Agencies on Aging; legal professionals; Area Health Education Centers; provider agencies; professional associations; advocacy groups; family members of individuals with lived experience; and, most importantly, the people whose lives are at the center of this Plan.

We will continue to rely on the active participation and steadfast commitment of these individuals, and those who will follow, to assist North Carolina in realizing the United States Supreme Court’s decision in *Olmstead v. L.C.* It is our steadfast belief that the ongoing implementation of the decision in North Carolina will strengthen the vibrancy, health, and well-being of the State's communities and its people.

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# North Carolina’s Olmstead Plan

## Background on North Carolina’s Original Olmstead Plan

In December of 2021, the North Carolina Department of Health and Human Services (NCDHHS) reinvigorated its commitment to building community capacity to serve people with disabilities by issuing an Olmstead Plan for the State of North Carolina. The NCDHHS engaged the Technical Assistance Collaborative (TAC), in partnership with the Human Services Research Institute, and later, Mathematica, to assist in the development and implementation of a comprehensive, effective Olmstead Plan. The State’s Olmstead Plan is a blueprint to provide people with disabilities[[2]](#footnote-3) with appropriate, community-based services when they desire or would not oppose these, as required by the United States Supreme Court in *Olmstead v. L.C*.[[3]](#footnote-4) In April of 2021, the TAC issued a report that both assessed and analyzed how the systems, funding, services, and housing options offered by the NCDHHS and other agencies and organizations within the State functioned to serve people with disabilities in integrated settings.[[4]](#footnote-5) The findings of this report were among many sources of information used in the development of the state’s initial Olmstead Plan, covering Calendar Years (CY) 2022 - 2023.

The NCDHHS recognized that the focused work of Plan development and implementation would require diverse staff and other stakeholders involved in carrying out the day-to-day work associated with this Plan. The NCDHHS subsequently established a team of subject matter and data experts from across the Department, along with representation from the Local Management Entities/ Managed Care Organizations (LME/MCOs). This Olmstead Plan Stakeholder Advisory (OPSA) Staff Work Group was led in 2022 and 2023 by the Office of the Senior Advisor on the Americans with Disabilities Act (ADA)[[5]](#footnote-6) and the NCDHHS Office of the General Counsel. The former office, newly named the Office on Olmstead and Transitions to Community Living, continues to lead the Department’s work in the Olmstead arena.

The TAC held numerous meetings with the Staff Work Group to identify initiatives underway in the State that would facilitate *Olmstead* compliance, as well as to identify additional efforts closely related to *Olmstead’s* goals. Ultimately, leadership determined the initial, 2022 – 2023, Plan would focus on strengthening the capacity of the community-based system to serve and support people with disabilities. Ten Priority Areas were identified as essential for supporting people in the community, along with an eleventh Priority Area to assure quality within the services and system, including the use of data to evaluate the impact of Plan implementation.[[6]](#footnote-7)

## Role of the Olmstead Plan Stakeholder Advisory (OPSA)

In the early summer of 2020, the NCDHHS Secretary announced appointments to the Olmstead Plan Stakeholder Advisory (OPSA), a group of diverse stakeholders from the disability community, including individuals with lived experience and their families; service providers; managers of provider networks (e.g., the Local Management Entities/Managed Care Organizations or LME/MCOs); professional associations; policymaking leaders within the NCDHHS; and state legislators from both sides of the aisle. Since its inception, the NCDHHS has succeeded in insuring that people with lived experience and family members comprised 50 percent of the OPSA’s stakeholder membership. The NCDHHS has also appointed community leaders as co-chairs for the OPSA.

The OPSA first met on July 8, 2020. Shortly after that meeting, the NCDHHS adopted the OPSA’s vision statement for the State’s *Olmstead* initiative:

*North Carolina champions the right of all people with disabilities to live life fully included in the community.*

The OPSA continued its quarterly meetings in 2022 and 2023, responding to updates on the State’s progress with Plan implementation, asking questions about challenges and barriers to progress, and identifying tasks and areas of interest for further development. The OPSA made the clear recommendation that the next iteration of the Olmstead Plan should focus not only on the strategies and activities planned to continue complying with Olmstead, but also on the outcomes of those strategies and activities. As the State moves forward with the 2024 - 2025 Olmstead Plan, it is appreciative of its partnership with the OPSA and the broader community it represents.

## Monitoring the Plan Implementation

To support Plan implementation, the TAC collaborated with the OPSA Staff Work Group to develop a basic work plan, including the action steps and timeline necessary to implement actions and to assess progress towards achieving each proposed strategy. The Office of the Senior Advisor for Olmstead and Transitions to Community Living (TCL) will continue to use TAC’s quarterly reports on the work plans to monitor completion of, or to identify barriers that inhibit progress with, tasks. The TAC presents progress summaries at the quarterly OPSA meetings and provides quarterly summary reports to the NCDHHS leadership. These reports are posted on the NCDHHS website at <https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead>.

North Carolina has made considerable progress towards implementation of its CY 2022 - 2023 Olmstead Plan. The table below summarizes the status of 137 total strategies and action steps since Plan inception through December 2023. Many of these strategies are described in the following sections, addressing ongoing Priority Areas and efforts to support the 2024 - 2025 Plan.

1. Table 1. Plan Strategies/Action Steps Summary through December 2023

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total | Complete | In Process | Not Started | Needs Revision/ Clarification | No Longer Under Consideration | New |
| **137** | **51 (37%)** | **64 (47%)** | **5 (4%)** | **4 (3%)** | **12 (9%)** | **0** |

Complete: The strategy/all identified action steps were accomplished.

In Process: Staff were actively engaged in the strategy/at least one action step had been taken.

Not Started: Work related to the strategy/action step(s) was not underway as of the end of the reporting period.

Needs Revision/Clarification: The strategy *may* move forward with modification.

No Longer Under Consideration: The strategy is no longer active for Plan implementation.

New: The strategy has been added since the Plan was released in January 2022, but is not yet in process.

## Challenges that have Impacted Plan Implementation

Implementation of a state’s Olmstead Plan does not occur in a vacuum, but often in the context of a system or systems already faced with a myriad of challenges and difficult circumstances. North Carolina is no exception. The State has encountered and continues to experience increased demands and complexities within its system but has not diminished its commitment to the implementation of the Olmstead Plan. It has built “lessons learned” from these challenges into ongoing Plan development.

### Workforce Shortages

Expanding community-based services capacity requires an appropriately trained direct services staff sufficient to meet the need. Staffing shortages, low wages, the lack of benefits available to direct service workers, and the lack of opportunities for advancement all existed in the direct service workforce but were significantly amplified during and after the pandemic. The NCDHHS has prioritized workforce development and engaged partners at all levels in creating solutions. These partners include the North Carolina General Assembly, the University of North Carolina, LME/MCOs, Area Health Education Centers, providers, families, and people with lived experience. The Caregiving Workforce Strategic Leadership Council, formed in 2022 and including representation from government agencies, educational institutions and other stakeholder organizations committed to health care issues in North Carolina, created a 2024 report on the caregiving workforce.[[7]](#footnote-8) This report includes insights and recommendations on overcoming the caregiving workforce challenges faced by North Carolina. Recommendations include initiatives to improve recruitment, training, and quality of professionals within behavioral health and developmental disabilities caregiving. The report further outlines efforts aimed at retention of the workforce and innovations in how caregiving is supported to include licensed, unlicensed, and peer professionals. Progress in this area and work still to be done are described further in the CY 2024 – 2025 Plan.

### Settlement Agreement with the U.S. Department of Justice

In 2012, the NCDHHS settled an *Olmstead*-based lawsuit with the U.S. Department of Justice (DOJ). The resulting work within Transitions to Community Living (TCL), assists individuals with serious mental illness (SMI) or severe and persistent mental illness (SPMI) to transition from state psychiatric hospitals and adult care homes (ACH) to their own homes in the community. TCL also implements strategies to divert individuals who are at risk of placement in an ACH. The NCDHHS has made significant progress towards meeting the targets for compliance, many of which are referenced further below in this report.

### *Samantha R.* Decision

On November 2, 2022, Superior Court Judge Allen Baddour entered an injunctive relief order in another *Olmstead* case, *Samantha R., et al. v. State of North Carolina, et al*. The case, filed by Disability Rights NC in May 2017, challenged the lack of adequate home and community-based services for people with intellectual and other developmental disabilities (I/DD).[[8]](#footnote-9) The order establishes measurable outcomes however, the order does not dictate how the state must achieve these. To meet these outcomes, the State will require significant and sustained resources to:

* Eliminate the Innovations waiver waitlist.
* **Address the Direct Support Professionals (DSP) shortage.**
* **Divert or transition people who want to leave or avoid institutional settings**[[9]](#footnote-10) **except for respite or short-term stabilization.**
* **Provide reports regarding each measure ordered by the Court.**

The progress to date related to the *Samantha R.* case is noted below:

* **Launch of the 1915(i) Medicaid services have provided unprecedented access to services for people with I/DD and severe and persistent mental illness (SPMI) – including Community Living and Supports, Respite, and Supported Employment. These services do not require an Innovations “slot” allowing people to obtain critical services while remaining on the Innovations waitlist.**
* **The NCDHHS convened a Direct Service Professional (DSP) Advisory Committee to determine use of behavioral health funds to address the DSP workforce crisis. The Area Health Education Center (AHEC) released a report to the NCDHHS on the topic, and recommendations are under consideration.**
* **Budget investments for increased Provider Reimbursement Rates.**
* **350 additional Innovations Slots were approved by the General Assembly.**

As this case has system wide impact these areas of progress are also noted throughout this document.

### Building Support for Systems Transformation

While many stakeholders support the NCDHHS in its efforts to increase opportunities for individuals with disabilities to live in the community, others have voiced their opposition to certain aspects of this plan. Some family members of individuals with I/DD and individuals with serious mental illness have cited distrust of the community-based system, concerned that the system will not provide the necessary services and supports to keep their loved ones safe and healthy. Some providers of congregate residential settings and sheltered employment have expressed reluctance regarding the implementation of different approaches to services absent a viable business model, inclusive of adequate funding, for transition. The General Assembly has questioned the allocation of additional resources absent data on the outcomes achieved from current investments in the community-based system.

The NCDHHS will continue to engage the community and address these concerns. Progress is being made in several areas such as employers moving toward providing more competitive integrated employment opportunities through the Inclusion Works program. Other successful efforts to allay community concerns are described further in the document.

### Lack of Access to Data to Support Evaluation and Quality Improvement

The Calendar Year (CY) 2022 - 2023 Olmstead Plan was intended to be outcome-focused, with baseline data and measurable targets for achievement. For some Priority Areas, data was identified to measure the number of people served or the number of new programs and initiatives. However, few outcome measures were initially identified, mainly due to challenges accessing existing data sources or a lack of standardized, reliable data needed to assess the impact of services and programs. The result was an initial Olmstead Plan that assessed progress towards implementation efforts through strategy completion but lacked analysis of the impact of that progress on peoples’ lives.

To facilitate movement to a data-driven Plan, the NCDHHS is working with Mathematica. Since February 2021, Mathematica has been engaged in the evaluation and quality improvement efforts related to the Transition to Community Living settlement agreement. In early 2022, Mathematica and the NCDHHS began identifying measures and data sources to enhance existing Olmstead Plan monitoring and develop systems and tools to support ongoing quality assurance and performance improvement.



# North Carolina’s 2024 - 2025 Olmstead Plan Priorities

North Carolina’s system has evolved considerably over the initial two years of the Olmstead Plan. The 2022 - 2023 Plan served as a *strategic plan*; it provided a framework for the system and identified actions necessary to help achieve its vision. The Plan set forth priorities and strategies intended to continue strengthening the community-based system, affording more individuals the opportunity to live as inclusive members of their communities. Completion of those strategies signified progress with Plan implementation. With this new iteration of the Plan, the NCDHHS determined that measures would be revised and refined, and new measures would be developed as the Department enhanced its ability to identify, access, and use data needed to establish baseline performance and monitor progress. In sum, the NCDHHS has shifted its focus from measuring progress *with* actions to measuring progress *as a result of* actions.

The State also gained valuable insights because of the pandemic, for example, the need to increase its commitment to addressing shortfalls within the community-based system and to employ greater flexibilities in service delivery. The Department has determined that sustainable systems transformation will take time and focus*.* It cannot overextend human and financial resources so much that it is able to effectuate only minimal impact, and still expect optimal change. Considering these insights, the NCDHHS has refined the Priority Areas on which it will focus in Plan Years 2024 and 2025. The State is not dismissing the Priority Areas identified in the original Plan; it will address further in this document the ongoing importance of these issues for successful implementation of the new priorities.

The 2024 - 2025 plan rests on the foundation laid by the 2022 – 2023 Olmstead Plan. It is intended to deepen North Carolina’s work to realize the vision that all people with disabilities can exercise their right to choose to live life fully included in the community.

Priority Area 1:
Increase Opportunities for Individuals and Families to Choose Community Inclusion through Access to Medicaid Waiver Home and Community Based Services and Supports

### What Priority Area 1 Means

Home and Community-Based Services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their homes or in a community-integrated setting rather than in institutions or other congregate settings.

North Carolina has four Medicaid waivers that provide federal matching funds for Home and Community-Based Services (HCBS): the Innovations waiver for individuals with intellectual and other developmental disabilities (I/DD); the Traumatic Brain Injury (TBI) waiver; and, for children and adults who are medically fragile or medically complex, respectively, the Community Alternatives Program for Children (CAP/C) waiver and the Community Alternatives Program for Disabled Adults (CAP/DA) waiver.

### North Carolina’s Priority Area 1 Efforts to Date

#### Expanded Opportunities for Community Inclusion and Home and Community-Based Services (HCBS)

* In December 2022, the Division of Health Benefits (DHB) received approval from the Centers for Medicare & Medicaid Services (CMS) for 114 additional Community Alternatives Program for Disabled Adults (CAP/DA) waiver slots. In March 2023, CMS approved the Community Alternatives Program for Children (CAP/C) waiver application, increasing the capacity to serve 6,000 medically fragile children by 2028. Beginning after the year 2024, 500 additional slots will be added to the unduplicated participant count.
* The NCDHHS expanded eligibility for the TBI waiver to residents of Orange and Mecklenburg counties.[[10]](#footnote-11)
* NC Medicaid submitted a 1915(c) Innovations waiver amendment to the Centers for Medicare & Medicaid Services (CMS) to make certain flexibilities[[11]](#footnote-12) allowed by CMS during the pandemic to become permanent revisions,[[12]](#footnote-13) including:
	+ Allowing home delivered meals (up to seven meals per week/one per day).
	+ Allowing real time, two-way interactive audio/video telehealth for Community Living Support, including Day Support, Supported Employment, Supported Living, and Community Networking to be delivered via telehealth.
	+ Allowing waiver individuals to receive services in alternative locations, such as a hotel, shelter, church, or alternative facility-based setting under specific circumstances.
	+ Removing the requirement for the beneficiary to attend a day supports provider setting once per week.
	+ Allowing Community Navigator services to be available only to members who self-direct one or more of their services through the agency with choice or employer of record model.
	+ Increasing the Innovations waiver cap from $135,000 to $184,000 per waiver year.[[13]](#footnote-14)
	+ Allowing parents of minor children receiving Community Living and Support to provide this service to a child with extraordinary support needs for up to 40 hours/week.
	+ Allowing Supported Living to be provided by relatives.
	+ Allowing relatives as providers for adult waiver participants to provide above 56 hours/week, but not to exceed 84 hours/week, of Community Living and Supports.
	+ Adding 350 legislated Innovations waiver slots.**[[14]](#footnote-15)**

TBI waiver members have use of the pandemic flexibilities until February 29, 2024. Beginning on March 1, 2024, TBI waiver members have access to the following approved flexibilities, which will be considered ongoing and included in the approved amendment.[[15]](#footnote-16)

* Home Delivered Meals (up to one meal per day) .
* Removal of the requirement for beneficiary to attend a Day Supports provider setting once per week.
* Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker under specific circumstances.
* Real-time, two-way interactive audio and video telehealth may be provided for the following services:
	+ Life Skills Training
	+ Cognitive Rehabilitation
	+ Day Supports
	+ Supported Employment
	+ Supported Living
	+ Community Networking
* Relatives of TBI waiver members will be allowed to provide up to 40 hours total of:
	+ Life Skills Training and/or
	+ Personal Care

In 2023, NCDHHS began tracking each Local Management Entity/Managed Care Organization (LME/MCO) via an LME/MCO dashboard. The dashboard illustrates each plan’s utilization of Psychiatric Residential Treatment Facilities (PRTFs) for children. Also in 2023, NCDHHS began publishing updates to the public on the [Innovations Waitlist dashboard.](https://medicaid.ncdhhs.gov/reports/dashboards/innovations-waitlist-dashboard)

### Why Priority Area 1 Remains a Focus

* Waiting lists continue for two of North Carolina’s four HCBS waivers. As of December 2023, approximately 17,530 people are on the Innovations waiver waiting list**[[16]](#footnote-17)** (the Registry of Unmet Need; RUN). The TBI waiver does not have a waiting list. While eligibility for this waiver expanded to residents of Orange and Mecklenburg counties, access remains limited to these counties, along with Wake, Durham, Johnston, and Cumberland counties. Although the CAP/C waiver does not have a waiting list, the number of participants is approaching the maximum of 4,000. Approximately 2,100 people are on the CAP/DA waiver waiting list. Through CAP/DA, a variety of home and community-based services (HCBS) are provided to prevent or delay the need for nursing home placement. The demand for CAP/DA waiver services will likely increase; over the last ten years, while the North Carolina population saw a ten (10) percent increase, there was a 41.9 percent increase in the population over 65 years old.[[17]](#footnote-18)

### Proposed Strategies for Priority Area 1

1. The Division of Health Benefits (DHB) will fully implement 1915(i) services, reducing the need for a waiver slot for some individuals to receive the service(s) they need.
2. The DHB will award 500 additional CAP/C waiver slots beginning in 2025.
3. DHB received approval for an additional 350 Innovation Waiver Slots.
4. The DHB will accept and process referrals, received from the LME/MCOs and other behavioral health organizations, for children on the Registry of Unmet Need or with behavioral health/cognitive limitation as the primary condition who meet inpatient or skilled nursing facility level of care criteria, to determine eligibility for enrollment in the CAP/C waiver.

### Baseline Data and Targeted Measures for Priority Area 1

We will know we are successful when more people choose and are supported to live inclusive lives in integrated settings in the community.

#### Baseline Data for Priority Area 1

1. As of December 2023, the number of people on the Innovations Waitlist is 17,530. There are 14,736 available waiver slots.

#### Targeted Measures for Priority Area 1

The Olmstead Plan team will track the following selected measures to monitor progress in Priority Area 1. These measures are also used to track progress in other priority areas as they represent progress for the overall Olmstead effort. The team will use other metrics to support monitoring of progress and quality improvement efforts in Priority Area 1. Number of people on the Innovations Waitlist by LME/MCO, demographic characteristics, and use of HCBS through other programs/authorities such as 1915(i).

* Number of people removed from the Innovations Waitlist by status.
* Number and demographic characteristics of people enrolled in and/or using HCBS through various programs including but not limited to 1915 waivers, Health Home programs, Money Follows the Person demonstrations, and other programs.
* Number and demographic characteristics of people receiving long-term services and supports (LTSS) in institutional settings.
* Percentage of HCBS users among all LTSS users, by LTSS target group.

Priority Area 2:
Strengthen Opportunities to Divert and Transition Individuals from Unnecessary Institutionalization and Settings that Separate Them from the Community

### What Priority Area 2 Means

Diversion services provide individuals with disabilities the supports they need to remain at home, alleviating reliance on institutional or congregate living. Many individuals with disabilities want to remain in their homes, but they or their families lack the resources or assistance necessary to do so safely.

Transition services and supports assist people to integrate into the community after leaving institutions or other congregate settings that have hindered community inclusion. Individuals with disabilities can languish in such settings if they and any legally responsible person do not have information about and access to the resources to cover transition costs, such as first-month’s rent or move-in expenses, and the ongoing tenancy supports to successfully maintain their housing.

North Carolina’s Priority Area 2 Efforts to Date

#### Diversion

* In late 2021, the NCDHHS established the Child Welfare Family Wellbeing Transformation team. The team developed and released a Coordinated Action Plan (CAP) to expand access to needed community-based services, enhancing prevention and treatment solutions for children in Department of Social Services (DSS) custody. As a result of the plan:
	+ One time funding was approved, through June 2023, for professional parenting (Therapeutic Foster Care program) development; [North Carolina Psychiatric Access Line](https://ncpal.org/about) expansion; Rapid [Response Team](https://www.ncdhhs.gov/divisions/child-and-family-well-being/whole-child-health-section/child-behavioral-health/rapid-response-team) data system development and implementation; and Systemic, Therapeutic, Assessment, Resources and Treatment ([START](https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/nc-start#:~:text=North%20Carolina%20Systemic%2C%20Therapeutic%2C%20Assessment%2C%20Resources%20and%20Treatment,and%20co-occurring%20complex%20behavioral%20and%2For%20mental%20health%20needs.)) substance use services.
	+ High Fidelity Wraparound services[[18]](#footnote-19) are available from at least one team in 73 counties.
	+ Mobile Outreach Response Engagement Stabilization (MORES) crisis teams for children and youth have been expanded to seven counties. The teams serve as a tool for diverting emergency department and inpatient admissions and out-of-home placements for treatment.
* The Division of Child and Family Wellbeing (DCFW) is tracking each Local Management Entity/Managed Care Organization’s (LME/MCO) utilization of Psychiatric Residential Treatment Facilities (PRTFs) via the LME/MCO Dashboard.
* DMH/DD/SUS is also tracking each LME/MCO’s utilization data via the dashboard.

The Division of Social Services (DSS) developed a new Diligent Recruitment and Retention Plan[[19]](#footnote-20) for children in foster care to target children who historically have been more likely to live in congregate care, including children with behavioral health needs and disabilities. The Division of Social Services (DSS) also developed a media campaign to attract resource families with an emphasis on Kinship Care.

* In November 2023, the DSS issued policy, per Senate Bill 20,[[20]](#footnote-21) that allows unlicensed kinship providers[[21]](#footnote-22) meeting kinship requirements to be reimbursed at half the standard board rate for current foster care services.
* [Transitions to Community Living](https://www.ncdhhs.gov/about/department-initiatives/transitions-community-living) (TCL) has transitioned more than 3,500 individuals to supported housing since 2013 and has diverted over 5,370 people from institutional care since 2018.
* The Promise Resource Network, a nationally recognized peer-run organization in Charlotte, and the Sunrise Community for Recovery and Wellness in Asheville operate peer-run respite centers that offer an alternative to emergency department visits, inpatient mental health services, and involuntary commitments through a non-forced, voluntary, and unlocked healing alternative.
* Since February 1, 2023, the State Developmental Centers have conducted pre-admission counseling to ensure that legally responsible persons are making informed decisions prior to a possible admission to a State Developmental Center and partnering with the LME/MCOs for implementation.

#### Transitions

* Beginning in 2009, North Carolina used the Money Follows the Person (MFP) program to transition 1794 individuals from institutional settings to community-based living. The program has transitioned 462 older adults; 519 people with physical disabilities (under the age of 65); and 813 individuals with I/DD from nursing facilities, hospitals, ICFs/IID, and Psychiatric Residential Treatment Facilities (PRTFs).
* The LME/MCOs are currently conducting in-reach with 1056 adults with serious mental illness (SMI) and severe and persistent mental illness (SPMI) in state psychiatric hospitals, and with 2980 individuals residing in Adult Care Homes (ACHs), to engage and inform them about community mental health services and supportive housing options.
* The NCDHHS took significant steps, aimed at individuals residing in ACHs and State Psychiatric Hospitals, families, and community providers, to provide frequent education efforts and information about the benefits of supported housing; to offer visits to such settings; and to arrange visits to meet other individuals with disabilities who were living, working, and receiving services in integrated settings. The NCDHHS released Joint Communications Bulletin #J415[[22]](#footnote-23) on May 13, 2022, to clarify the TCL in-reach function and provided ongoing technical assistance to reinforce best practice.
* Since 2013 and as of November 30, 2023, the TCL effort has housed more than 6,000 individuals with serious and persistent mental illness, transitioned from state psychiatric hospitals and diverted from ACHs, with more than 3,500 to date occupying their own permanent supported housing.
* The Division of State Operated Healthcare Facilities (DSOHF) has made substantial progress in reducing the standard length of stay, along with extension requests, for all adult admissions to the State Developmental Centers. The Memorandum of Agreement (MOA) is a contractual agreement outlining the length of stay between the legally responsible person, the Local Management Entity/Managed Care Organization (LME/MCO), and the State Developmental Center. The period of time that the initial MOA covers was reduced to up to a six-month length of stay. Additionally, the MOA extension request, completed and requested by the LME/MCO to extend the length of stay, was reduced to one to three months, up until six months total length of stay. Any additional extension requests beyond nine months total length of stay are made on a monthly basis until discharge. For all residents admitted prior to 2012, who do not have an MOA, the State Developmental Centers are providing education on what the *Olmstead* decision means and its importance. The DSOHF is also offering educational and informational opportunities to Center residents and family members and/or legally responsible persons with a focus on community supports and services.
* All State Developmental Centers hired Olmstead Specialists to implement enhanced transition planning meetings. These meetings ensure that individuals with Memorandums of Agreements (MOAs) are aware of the time-limited nature of the admission; aware of transition expectations; and begin transition planning, led by and in conjunction with the LME/MCO, as soon as a date of admission is offered. The DSOHF trained all key staff members involved in the transition to community process on consistent transition expectations and internal processes for those who were expected to transition to the community by the end of a MOA’s timeframe. This training is offered for all new employees and on an annual basis for staff members to ensure consistency in implementing transitions to community.

### Why Priority Area 2 Remains a Focus

Children and youth are negatively impacted by out-of-home placements through reduced contact with their families, homes, communities, pets, friends, possessions, routines, and school settings. These changes can be traumatic, and potentially have a detrimental impact on children’s brain development and neurological function. Adults also experience negative impacts when removed from their homes, resulting in loss of independent living skills and social supports. The longer an individual with a disability is in a more restrictive setting, the more challenging it is for them to return to independent living.

In addition to the individual benefits of diversion and transition services, there are cost savings that can be invested into serving more people in the community. For example, Money Follows the Person (MFP) offers individuals the opportunity to transition to the community where they can receive home and community-based services; on average, North Carolina saves $2,600 per person per month in its MFP program compared to the cost of institutional care.

Finally, diverting and transitioning individuals with mental health disorders from state psychiatric hospitals, adult care homes (ACHs), and homelessness are requirements of the Transitions to Community Living (TCL) settlement agreement with the U.S. Department of Justice.[[23]](#footnote-24)

Proposed Strategies for Priority Area 2

#### Diversion

* The Division of Child and Family Welfare (DCFW) will continue to use the Child Behavioral Health Dashboard that provides data on Psychiatric Residential Treatment Facility (PRTF) utilization by each LME/MCO. The data assists in identifying the need for targeted interventions to reduce admissions.
* North Carolina will utilize the recently awarded System of Care expansion grant to implement High Fidelity Wraparound in an additional five counties (Hertford, Northampton, Halifax, Bladen and Columbus) in 2024. The Department will continue working diligently with stakeholders to expand the service into all 100 counties.[[24]](#footnote-25)
* The state Division of Social Services (DSS) will continue promoting Kinship Care and efforts to attract additional resource families, thereby preventing more children with disabilities from unnecessary placement in congregate care settings.
* The State Developmental Centers will continue conducting pre-admission counseling to ensure that legally responsible persons are able to make an informed decision prior to admission to a State Developmental Center.
* The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) will continue to evaluate proposals to expand peer-operated respite.

#### Transitions

* Money Follows the Person (MFP) will continue supporting the transition of individuals with disabilities from nursing facilities, hospitals, ICFs/IID, and Psychiatric Residential Treatment Facilities to meet its annual targets.[[25]](#footnote-26)
* The DMH/DD/SUS will continue supporting LME/MCOs in conducting in-reach with individuals in Adult Care Homes and State Psychiatric Hospitals to meet the TCL settlement agreement target of transitioning members of target populations one through three to the community .[[26]](#footnote-27)
* The Division of State Operated Healthcare Facilities (DSOHF) continues to progress with a series of initiatives that promote transitions to the community for State Developmental Center residents, including:
* Training all staff members who are involved in transitions to community in the process, guidance, and goals for those people with a Memorandum of Agreement (MOA) who are expected to transition within the timeframe indicated in the MOA.
* Facilitating meetings between leadership from State Developmental Centers and LME/MCOs to develop action steps for people with an MOA who are experiencing significant barriers to transition.
* Contracting with a vendor to develop accessible surveys for people with disabilities admitted prior to 2012 who do not have a MOA and their legally responsible persons. The aim of this work is to gather information regarding perceptions and level of interest in learning more about community-based services.

Baseline Data/Targeted Measures for Priority Area 2

We will know we are successful when more children grow up with families and fewer adults live in congregate settings that separate them from living as active members of their communities.

#### Baseline Data for Priority Area 2

Since the program was launched in 2009, NC Medicaid’s Money Follows the Person (MFP) program has transitioned 462 older adults, 519 people with physical disabilities (under the age of 65) and 813 individuals with I/DD from nursing facilities, hospitals, ICFs/IID, and Psychiatric Residential Treatment Facilities (PRTFs).

In State Fiscal Year 2020, the number of individuals discharged from state psychiatric hospitals to TCL and supported housing increased by 28 percent from fiscal year 2019, and the number of individuals with serious mental illness (SMI) referred to Adult Care Homes (ACHs) decreased by 33 percent.[[27]](#footnote-28)

Peer-run crisis centers have diverted 380 individuals (24 percent) from inpatient admissions and transitioned 159 individuals (10 percent) from emergency department stays.

In Calendar Year 2023, Transition to Community Living’s (TCL) Referral, Screening, and Verification Process (RSVP) received 872 valid referrals for TCL’s population 5 category[[28]](#footnote-29); 512 individuals within population 5 were screened as TCL-eligible and did not go to an Adult Care Home (ACH).[[29]](#footnote-30)

#### Targeted Measures for Priority Area 2

The Olmstead Team will track the following selected measures to monitor progress in Priority Area 2. The team will also use other metrics to support monitoring of progress and quality improvement efforts in this priority area.

1. Proportion of people residing in long-term care in institutional settings for either short (90 days or less) or long (more than 90 days) stays who are discharged/transitioned to the community, overall and for each institution type.
2. Number of people needing long-term services and supports (LTSS) who use home and community-based services to divert admission to institutional long-term care, overall and for each LTSS target group or by program use.
3. Number of people transitioned from an Adult Care Home (ACH) through Transitions to Community Living (TCL) and number of individuals not diverted from ACH.
4. Number of individuals with I/DD released from prison and referred for support or completed Individual Re-entry Plans (IRPs).
5. Number of individuals with an MOA who transition from the State Development Centers to the community.
6. Number of adults at the State Developmental Centers without an MOA who elect to be added to the Community Transition List.
7. Total census for all State Developmental Centers.
8. Length of time between agreement to be discharged/transitioned to the community and actual date of discharge/transition, by LTSS target population or program type.

Priority Area 3: Address Gaps in Community-Based Services

### What Priority Area 3 Means

Gaps in services occur when a service doesn’t exist in the array, or when there is insufficient service capacity to meet the needs of individuals assessed as needing the service.

### North Carolina’s Priority Area 3 Efforts to Date

#### Medicaid Beneficiaries

* The NC General Assembly approved expansion of the Medicaid program,[[30]](#footnote-31) effective December 1, 2023, providing an estimated 600,000 North Carolinians with health care coverage for chronic conditions, while reducing opioid-related complications and improving mental health. In November, the NCDHHS began contacting up to 300,000 people enrolled in Medicaid’s limited Family Planning program. These individuals were eligible for full NC Medicaid benefits starting December 1, 2023. Outreach included text messages, phone calls and emails sent by the Department to ensure those eligible were aware of the change. As of January 12, 2024, 314,101 people had been enrolled in NC Medicaid Expansion.[[31]](#footnote-32)
* NC Medicaid received approval from the Centers for Medicare & Medicaid Services (CMS) to begin a new way of providing home and community-based services that expands the populations eligible for services vital to community living. The Medicaid 1915(i) State Plan services are available to people with Medicaid who have an intellectual or other developmental disability, as well as those with mental health and substance use disorders. Unlike the Medicaid waivers, there is no participant cap if an individual is eligible. Starting on July 1, 2023, an array of home and community-based services have been made available to Medicaid enrollees, allowing them to receive services in their own home or community rather than institutions. The approval of services under a 1915(i) State Plan Amendment[[32]](#footnote-33) permits NC Medicaid to continue to offer Medicaid beneficiaries this comprehensive array of behavioral health, intellectual and other developmental disability (I/DD), and traumatic brain injury (TBI) services when NC Medicaid Direct and the Behavioral Health I/DD Tailored Plan launch. The 1915(b)(3) services are transitioning to the 1915(i) which will allow the new type of home and community services to operate under the Medicaid 1115 authority that the state is moving towards. Additionally, this approval allows NC Medicaid to extend coverage of services previously covered by section 1915(b)(3) to additional populations. The 1915(i) services include **Community Living and Support, Community Transition, Individual and Transitional Support**, Respite, and Supported Employment.[[33]](#footnote-34)
* In November 2023, the NCDHHS announced an increase in Medicaid reimbursement rates for most mental health, substance use, intellectual and other developmental disabilities (I/DD) and traumatic brain injury (TBI) services in North Carolina. This is the first increase to the state minimum reimbursement rates for behavioral health and I/DD services in more than a decade. Increasing Medicaid rates is intended to increase access to care.

#### Children

* As described earlier in this Plan update, the Division of Child and Family Wellbeing (DCFW) received one-time funding from the NCDHHS to implement and expand several community-based initiatives identified in the Coordinated Action Plan, supporting families in meeting their children’s needs while keeping them at home.
* In September 2023, North Carolina received a Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Grant. The grant will provide additional funding for more High-Fidelity Wraparound teams, resulting in statewide coverage. Funding was awarded to providers and partners in January 2024.

#### Adults with Severe Mental Illness

* Progress under the Transition to Community Living (TCL) settlement agreement includes implementation of a standardized, state-funded Assertive Engagement service to enable better monitoring and engagement with individuals; implementation of a statewide person-centered planning training with accompanying guidance document; and increased engagement with Community Support Teams, Assertive Community Treatment (ACT), and Transition Management Service teams to increase technical assistance and training around tenancy supports and services. Under the settlement agreement, Assertive Community Treatment and Community Support Teams have been expanded to cover 23 rural counties.

#### Older Adults

* The Division of Aging and Adult Services (DAAS) continues efforts to address social isolation by supporting digital equity among older adults. The DAAS allocated a portion of its federal revenue to renew its contract with Trualta. Trualta provides an online learning/resource program for seniors, caregivers, and those with disabilities.

### Why Priority Area 3 Remains a Focus

The lack of adequate community-based services and insufficient access to existing services are primary factors contributing to the admission to, and extended stay in, institutional and non-inclusive settings for individuals with disabilities. North Carolina continues to make progress in this area; however, further development is needed to support the state’s Olmstead compliance. Robust, quality mental health services for Transition to Community Living (TCL) members are a priority for the Department and U.S. Department of Justice (DOJ).

#### Children

Please see Priority Area 2, above, for a description of the NCDHHS’ investments for developing services and increasing community-based capacity to support children and their families.

#### Adults

The NCDHHS has made progress in reaching milestones established for the TCL settlement agreement with the Department of Justice but faces the challenge of fully supporting other individuals, who are also part of the Olmstead population, outside of congregate settings.

The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) identified the following priorities in the Division’s 2024 - 2029 Strategic Plan:

* Increase timely access to services for evidence-based treatment for children, adolescents, and adults.
* Make it easier for children, adolescents, and adults to access services.
* Increase the number of people with intellectual and other developmental disabilities (I/DD) and with traumatic brain injury (TBI) receiving services.

#### Older Adults

One in three North Carolina residents (34 percent) who is age 65 or older has at least one disability.[[34]](#footnote-35) The presence of a disability often contributes to social isolation and increases the likelihood of depression, substance use disorders, and poor health care outcomes.

The Division of Aging and Adult Services (DAAS) identified the following priorities in the State Aging Plan:

* Develop virtual social engagement resources.
* Develop resources to address digital equity among older adults.
* Convene cross-Departmental leadership for the SILES taskforce (Shift in focus to address digital equity among older adults through a collaborative effort; extend the Trualta learning platform contract for one year to include unlimited slots statewide, and broaden its emphasis to providing social support for new users, including people with disabilities served through Medicaid).

### Proposed Strategies for Priority Area 3

North Carolina will fill gaps in services by identifying and applying population-specific, evidence-based, best, and promising practices to support individuals with disabilities.

#### Strategies for Children

* The NCDHHS will expedite efforts to enhance the array of high-quality, community-based services and supports to address the needs of children and families, thereby reducing the number of children and youth admitted to in-state and out-of-state Psychiatric Residential Treatment Facilities (PRTFs).
* Expand the availability of mobile crisis services to children using the MORES model. Include training of staff in the provision of crisis services to children, along with a family peer support component, to divert inpatient admissions and out-of-home placements for treatment.
* Implement Sobriety Treatment and Recovery Teams (START)**[[35]](#footnote-36)**, a specialized child welfare service delivery model that has been shown, when implemented with fidelity, to improve outcomes for children and families affected by parental substance use and child maltreatment.
* Promote use of the North Carolina Psychiatry Access Line (NC-PAL)**[[36]](#footnote-37)**, telephone consultation to connect pediatricians and primary care physicians with child psychiatrists to improve diagnoses and to reduce polypharmacy for children. The NCDHHS has expanded funding for NC Psychiatric Access Line services to increase access to psychiatric support for community providers and will continue implementation efforts.
* Scale the reach of high-fidelity wraparound services from 73 counties to availability statewide.
* Implement facility-based and home-based respite service pilots for foster parents, birth parents, and adoptive families caring for children with behavioral health needs.

#### Strategies for Adults

* The DMH/DD/SUS will strengthen the crisis system with the goals to:
	+ Streamline 988[[37]](#footnote-38) suicide and crisis lifeline operations to better triage, dispatch services, and track results.
	+ Reduce wait times for mobile crisis services.
	+ Increase the use of behavioral health crisis facilities, such as Behavioral Health Urgent Care centers. Encouraging use of Behavioral Health Urgent Care Centers should be partnered with increasing quality, triage/screening standards for appropriate levels of care, identifying expectations, reducing door to doctor time, and community-based stabilization outcomes tracking.
* Reduce the number of crises contacts that involve law enforcement.

In the next two years, Transition to Community Living (TCL) will continue to provide tenancy support; improved community inclusion and recovery-oriented services; increased intensity and frequency of community-based mental health services; and improved person-centered plans.

#### Strategies for Older Adults

* The DAAS will continue efforts to promote digital equity to counter social isolation among older adults, including those with disabilities.
* The DAAS will continue to develop virtual social engagement resources.

Baseline Data/Targeted Measures for Priority Area 3

#### Baseline Data for Priority Area 3

In State Fiscal Year (SFY) 2021, the Division of Health Benefits (DHB) funded 786 children/youth in in-state Psychiatric Residential Treatment Facilities (PRTF). In SFY 2021, DHB funded 448 children in out-of-state PRTFs.

#### Targeted Measures for Priority Area 3

The Olmstead Team will track the following selected measures to monitor progress in Priority Area 3. The team will also use other metrics to support monitoring of progress and quality improvement efforts in this priority area.

1. Number and demographic characteristics of people enrolled in and/or using HCBS through various programs including but not limited to 1915(c) waivers, Health Home programs, Money Follows the Person demonstrations, and other programs. Specifically, under Priority Area 3:
	1. Number of children who receive the evidence-based practice of high-fidelity wraparound services when appropriate who have been diverted from PRTF placements.
	2. Number of people receiving 1915(i) state plan services.
	3. Number of people receiving 1915(b)(3) or 1915(i).
2. Number and demographic characteristics of people receiving long-term care in institutional settings.
3. Percentage of HCBS users among all LTSS users, by LTSS target group.
4. Percentage of people enrolled in and/or receive services in each section 1915(c) waiver versus the number of available waiver slots.

Priority Area 4:
Increase Opportunities for Pre-Employment Transition Services for Youth with Disabilities, and Competitive Integrated Employment for Adults with Disabilities

### What Priority Area 4 Means

Pre-employment transition services (Pre-ETS) are required under the Workforce Investment Opportunity Act (WIOA) for all eligible students with disabilities, 14 to 21 years of age, and are provided in collaboration with Local Education Agencies under the Department of Public Instruction. The NCDHHS’ Division of Vocational Rehabilitation Services (DVRS) also provides vocational rehabilitation services to youth and adults with disabilities, 14 years of age and older, to assist them in reaching their goal of competitive integrated employment (CIE).[[38]](#footnote-39)

**North Carolina’s Priority Area 4 Efforts to Date**

#### Pre-Employment Transition Services for Youth

* The NC Division of Vocational Rehabilitation Services (DVRS) has 84 third-party cooperative agreements with school systems across the state in which the school systems contribute to the cost of vocational rehabilitation staff serving students with disabilities who have expressed interest in competitive integrated employment (CIE).
* As of June 30, 2023, 4,967 students with disabilities received Pre-ETS, substantially exceeding DVRS’ goal to increase the number of students served by five (5) percent, to 3,822.
* The NC Division of Vocational Rehabilitation Services received a $13.8 million federal grant to increase opportunities for people with intellectual and other developmental disabilities (I/DD) to achieve success in competitive integrated employment. Deployment of funding began in federal fiscal year (FFY) 2022 and will continue through 2027, with service delivery expected to begin in 2024. The primary goal of the state’s Subminimum Wage to Competitive Integrated Employment (SWTCIE) grant award is to support 300 individuals currently engaged in or contemplating subminimum wage employment as they prepare for, engage in, and sustain competitive integrated employment as part of a meaningful week.[[39]](#footnote-40)
* Activities accomplished in Year 1 of the SWTCIE grant include:
	+ Identification of pilot sites: Tri-County Industries, Chatham Trades, and Wake Enterprises.
	+ Selection by the Stakeholder Engagement Advisory Group of a project name and branding: Project SPARK. This public-facing name change for the SWTCIE grant took place to increase recognition and understanding.
	+ Execution, on June 1, 2023, of an evaluation contract with the Center for Urban Affairs and Community Services through North Carolina State University. The contractor will serve as the evaluation and assessment team for data collected from the SPARK project programs.
	+ Establishment of competitive employment incentive milestones and rates. Project SPARK participants have been engaged in Customized Employment,[[40]](#footnote-41) as defined by a Request for Applications (RFA), since October 2023.
	+ The DMH/DD/SUS was awarded a U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Healthy Transitions grant through September 30, 2023, targeted for transition-age youth and young adults;[[41]](#footnote-42) the grant focused on screening, assessment, referral, and coordination of services, including access to employment and education services and supports.

#### Competitive, Integrated Employment

* Supported employment is a covered service for participants in the Innovations waiver for people with intellectual and other developmental disabilities (I/DD), the Traumatic Brain Injury (TBI) waiver, and the newly approved 1915(i) State Plan amendment, as well as in state-funded services.
* The NCDHHS has worked toward standardizing the North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE)[[42]](#footnote-43) to reduce provider administrative burden and to mitigate potential revenue losses. Workgroups met in July 2023, hosted by the DVRS and the DMH/DD/SUS, with representatives from what were then six LME/MCOs, six providers, a University of North Carolina Institute trainer, and the DMH/DD/SUS, the Division of Health Benefits (DHB), and DVRS program and policy staff. The revised model launched in all LME/MCOs on February 19, 2024.
* As of October of 2023, over 2,500 individuals with serious mental illness (SMI) who are in or at risk of entry to adult care homes received supported employment.
* The Division of State Operated Healthcare Facilities (DSOHF) eliminated all State Developmental Center use of subminimum wage and added programmatic offerings to allow for experiential, informed decision-making to better prepare individuals with skills to pursue CIE once they transition to a community setting.
* In October 2023, NCDHHS launched the Inclusion Works[[43]](#footnote-44) initiative to promote competitive integrated employment for people with intellectual and other developmental disabilities (I/DD). Inclusion Works offers resources for people with disabilities seeking employment, those who are currently employed, and employers who hire and retain staff with an I/DD.

### Why Priority Area 4 Remains a Focus

Pre-Employment Transition Services (Pre-ETS) provides students with job exploration counseling, workplace readiness training, work-based learning experience, counseling on post-secondary training options, and instruction in self-advocacy. Pre-ETS services promote high expectations for post-secondary outcomes for students with disabilities, disrupting the pipeline from the classroom to sheltered workshops. Competitive integrated employment (CIE) assists individuals with disabilities to increase their dignity, self-sufficiency, and quality of life, resulting in more positive outcomes than sheltered employment.

Participation in supported employment[[44]](#footnote-45) is a requirement in the U.S. Department of Justice Transitions to Community Living (TCL) settlement agreement. In October of 2023, North Carolina provided supported employment to more than 2,500 individuals in the target population, thereby meeting the agreement’s requirement of “substantial compliance” with respect to employment.

The DMH/DD/SUS identified increasing the number of people who are employed and maintaining supported employment as a goal related to priorities in the Division’s 2024 - 2029 Strategic Plan.

### Proposed Strategies for Priority Area 4

* The NCDHHS will continue working with the Department of Public Instruction to promote the inclusion of employment in every Individualized Education Plan (IEP).[[45]](#footnote-46)
* The DVRS will continue to explore ways to increase the number of Pre-ETS vendors.
* The DVRS will continue participation with Work Together NC[[46]](#footnote-47) and the Post-Secondary Education Alliance.[[47]](#footnote-48)
* The DVRS will continue implementation of the SWTCIE/SPARK grant.

Year 2 of the grant focuses on initiation of program services:

* Begin recruitment of participants with I/DD currently in or contemplating non-CIE work settings.
* Begin delivery of CIE services and supports for participants.
* Begin data collection and analysis to refine the program model.

Years 3 – 5 of the SWTCIE/SPARK grant will focus on **ongoing service provision and evaluation:**

* Ongoing recruitment of participants.
* Ongoing delivery of CIE services and supports.
* Ongoing data collection and analysis.
* Ongoing evaluation to identify and disseminate best practices and successful approaches for increasing access to CIE.

The NCDHHS awarded $4 million over a three-year period to [Work Together NC](https://worktogethernc.com/) to support choice and inclusion for people with intellectual and other developmental disabilities (I/DD) in the workforce. This award will help expand and enhance services that support individuals to work in their communities. It also advances a top priority of the Department: to build a strong and inclusive workforce.

Work Together NC will:

* Conduct a thorough assessment of the current availability of competitive integrated employment opportunities in North Carolina.
* Update career planning and assessment tools used by providers.
* Implement a communication plan to help individuals and families learn about supported employment opportunities.
* Support service providers who may want to transform their current models of employment supports.
* The Department is working with all LME/MCOs to roll out an Individual Placement and Support Supported Employment[[48]](#footnote-49) (IPS/SE) Incentive Plan and will continue monitoring quarterly the number of TCL individuals in IPS/SE and in competitive employment. The NCDHHS is moving towards a standardized NC CORE model that includes a reexamination of the rate model and associated rate floor. These are examples of sustainable changes to increase access and incentivize providers for improved individual choice. Alongside model changes, the Department is focusing on dispelling myths regarding the negative impact of work on benefits. Replacing this myth with the facts will drive more supported employment engagement and usage.
* The LME/MCO Tailored Plan staff will enhance assertive engagement in employment and education, along with strategies, to address common barriers and obstacles for members during in-reach, transition planning, and after transitioning to supportive housing.

### Baseline Data/Targeted Measures for Priority Area 4

We will know we are successful when more individuals with disabilities are competitively employed in integrated workplaces.

#### Baseline Data for Priority Area 4

From October 1, 2022 through August 30, 2023, the DVRS provided employment services to over 25,000 North Carolinians with disabilities. The Division provided pre-employment transition services to over 5,800 students with disabilities in all 100 counties at a cost of almost $16 million.

As of October of 2023, North Carolina had provided supported employment to at least 2,500 members of the TCL target population. individuals with SMI who are in or at risk of entry to adult care homes.

#### Targeted Measures for Priority Area 4

The Olmstead Team will track the following selected measures to monitor progress in Priority Area 4. The team will also use other metrics to support monitoring of progress and quality improvement efforts in this priority area.

1. Number of people receiving supported employment, overall and for each long-term services and supports (LTSS) target group or by program use.
	1. Number of Senior Community Service Employment Program (SCSEP) participants with and without disabilities
	2. Number of Vocational Rehabilitation (VR) participants
	3. Number of students with disabilities who are provided pre-ETS
2. Percent of people in supported employment programs by different outcomes, such as skill gain, achieving Competitive Integrated Employment (CIE), pay rates and benefits, length of time in job, job satisfaction indicators.

Priority Area 5:
Strengthen Opportunities to Divert and Transition Individuals from the Criminal Justice System that Promote Tenure in and Successful Reentry to Inclusive Communities

### What Priority Area 5 Means

This is a newly established Priority Area for the 2024 - 2025 Olmstead Plan update. The priority involves two objectives: to divert individuals with disabilities from incarceration when appropriate; and, to enable individuals with disabilities to access programs and services while incarcerated to facilitate successful reentry.

North Carolina’s Priority Area 5 Efforts to Date

* In April 2022, the NC Council on Developmental Disabilities (NCCDD) in partnership with the Alliance of Disability Advocates of North Carolina (ADA/NC) and the NC Department of Public Safety implemented an initiative to reduce recidivism among individuals with intellectual and other developmental disabilities (I/DD) transitioning from correctional settings to the community. The initiative focuses on the development of Individualized Reentry Plans; increasing the employment rate of those re-entering the community; and increasing practical knowledge of local transportation options for participants. As of September 6, 2023, the ADA/NC justice initiative had received 194 total referrals and completed 185 Individual Reentry Plans with an 85.5 percent success rate.[[49]](#footnote-50)
* The DMH/DD/SUD/TBI received $99 million targeted for deflection/diversion, capacity restoration and reentry, including reentry for special populations such as individuals with I/DD or serious mental illness (SMI).

### Why Priority Area 5 is a Focus

Services to help people with behavioral health conditions and other disabilities avoid incarceration were included as a priority for the $835 million investment in behavioral health within the state budget.[[50]](#footnote-51) This will make it possible for more North Carolinians to receive services and supports when and where they need these.Proposed Strategies for Priority Area 5

* The Division of Vocational Rehabilitation Services (DVRS) will continue efforts to increase delivery of Pre-Employment Transition Services (Pre-ETS)[[51]](#footnote-52) to adjudicated youth in the Youth Detention Centers.
* Expanding services for individuals in the justice system is a priority in the Division of Mental Health, Developmental Disabilities, and Substance Use Services’ (DMH/DD/SUS) 2024 - 2029 strategic plan. Efforts will focus on both diversion and successful reentry.
* The DMH/DD/SUS has awarded a two-year contract to ADA/NC to continue successfully transitioning individuals with I/DD from incarceration while also expanding the initiative to include people with Traumatic Brain Injury (TBI).

### Baseline Data/Targeted Measures for Priority Area 5

#### Baseline Data for Priority Area 5

Approximately 6,000 people, or about 20 percent of all offenders, currently receive psychiatric services from the state prison system.[[52]](#footnote-53)

Per the SFY 2021 - 2022 prison admission Substance Abuse Subtle Screening Inventory testing results, of the 11,986 offenders screened, 78 percent or 9,315 indicated a need for intermediate or long-term substance use disorder treatment.[[53]](#footnote-54)

As of September 6, 2023, and since inception of the project, the North Carolina Council on Developmental Disabilities (NCCDD) Justice initiative had received 194 total referrals and completed 185 Individual Reentry Plans with an 85.5 percent success rate, meaning that individuals did not re-offend nor return to prison.

#### Targeted Measures for Priority Area 5

The Olmstead Team will track the following selected measures to monitor progress in Priority Area 5. The team will also use other metrics to support monitoring of progress and quality improvement efforts in this priority area.

1. Number of individuals with I/DD released from prison and referred for support.
2. Number of individuals with I/DD released from prison who completed Individual Re-entry Plans.
3. Number of participants receiving travel training.

The goal for the NC Council on Developmental Disabilities (NCCDD) Justice Initiative is to reduce recidivism such that at least 80 percent of participants live in the community successfully for seven years following release.

Areas of Focus Needed for North Carolina to Continue Progress Towards Olmstead Compliance

Though not identified as “priority areas” in this Plan, this section focuses on several key initiatives that require the State’s ongoing attention. Examples of the progress made to date by the North Carolina Department of Health and Human Services (NCDHHS) and its partners are highlighted below. For the 2024 – 2025 Olmstead Plan priority area efforts to be most effective, North Carolina must continue to seek improvement in the focal areas discussed below.

Engaging People with Disabilities and their Families as Partners

Organizations that incorporate individuals with firsthand experience in developing, designing, and delivering services are better able to deliver services that are appropriately targeted, efficient, fully integrated into the community, person- and family-centered, culturally appropriate, and sustainable. Individuals are less likely to participate in services that do not reflect their needs and interests.

The NCDHHS has maintained active participation in the Olmstead Plan Stakeholder Advisory (OPSA) by individuals with lived experience and family members. While this is a positive accomplishment, the Department has not established a mechanism to reimburse these individuals directly for their time and contributions to the OPSA.[[54]](#footnote-55)

The NCDHHS holds monthly meetings of the Statewide Consumer and Family Advisory Committee, as well as monthly State to Local Collaboration virtual meetings to gain input for the Department and General Assembly on the planning and management of the State’s public mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury service system.

In October of 2023, the Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS) instituted monthly Side-by-Side virtual meetings hosted by the Division director. The goal of these Side-by-Side meetings is to bring everyone together in one space, working together to better understand and improve the services system for all. These meetings include individuals with lived experience, families, advisory groups, LME/MCOs, community members, and partner organizations.

The DMH/DD/SUS also hosts various advisory committees which provide community forums to inform particular work that builds community policy and programs. Below are a few of such committees:

* Crisis Advisory Committee
* Workforce Advisory Committee (Direct Support Professionals)
* Workforce Advisory Committee (Peer Supports)
* Supports for Justice-Involved Individuals

The Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS) continues its support for Temple University’s work in the state. During FY 2023 - 2024, Temple is providing: 1) consultation to the community inclusion projects run by ADA/NC and Solutions for Independence; 2) collaboration with the National Alliance on Mental Illness of North Carolina (NAMI NC) in trainings related to their community inclusion activities,[[55]](#footnote-56) 3) a series of trainings on building natural supports and other topics for Transition to Community Living (TCL) members/recipients and for TCL providers; 4) training for the Area Health Education Center (AHEC), including a possible onsite, multi-day set of trainings for their providers related to promoting community inclusion; and 5) other ad hoc training and technical assistance on community inclusion and related topics, as requested and/or approved by the NCDHHS. Temple’s work may include regional trainings in partnership with Local Management Entities/Managed Care Organizations (LME/MCOs) and Tailored Plans and their provider networks on topics related to community inclusion, social isolation and loneliness, and addressing the social drivers of health.

The NCDHHS has made progress in identifying additional resources to fund initiatives that give voice to and empower advocacy efforts of individuals with lived experience of behavioral health disorders, I/DD, TBI, and other disabilities. The NCDHHS continues to conduct *My Individual Experience* surveys[[56]](#footnote-57) of Home and Community-Based Services (HCBS) waiver recipients. The NCDHHS is also an active participant in the National Core Indicators® (NCI), a collaboration among state human services systems to measure and track their performance, primarily by obtaining feedback from service users. The NCI® encompasses two distinct surveys[[57]](#footnote-58):

* NCI®-IDD is a national initiative aimed at assessing and enhancing the performance of state developmental disabilities service systems. Led in North Carolina by the DMH/DD/SUS and the Division of Health Benefits (DHB), the State has been participating in that survey since 2014.
* NCI-AD™ is focused on measuring and improving the performance of state aging and physical disabilities service systems. In November 2023, the Division of Aging and Adult Services (DAAS) was approved to co-lead with DHB the State’s participation in the NCI-AD™ survey, effective January 10, 2024. North Carolina’s focus includes services to older adults funded by both Medicaid and non-Medicaid sources.

The primary objective of the National Core Indicators effort is to maintain valid and reliable data. Such data offers the NCDHHS a broad view of how publicly funded services impact quality of life and other outcomes and assists in assessing and improving the performance of service delivery systems for individuals with I/DD, older adults, and individuals with physical disabilities.

Engaging Partners at the Regional and Local Levels

The NCDHHS realized from initial planning efforts that compliance with the *Olmstead* decision would require collaboration with multiple partners at the state, regional, and local levels. The Plan set forth the expectation that, for implementation to be successful, *Olmstead* would need to be everyone’s responsibility. The NCDHHS describes this as “doing your work through an *Olmstead* lens.”

#### Multi-Level Engagement

The DMH/DD/SUS is building a structure for collaboration across three levels of engagement, allowing the Division to present ideas, receive feedback, and collaborate on policy priorities.

* Level 1: Large scale public engagement. The Division uses its Side-by-Side with DMH/DD/SUS webinars to provide important updates to the public, proactively communicate key policy priorities, and answer questions from participants.
* Level 2: Focused engagement across a range of topics with key community partners. The Statewide Consumer and Family Advisory Committee (SCFAC) meeting is an example.
* Level 3: Collaboration with advisory committees, made up of representatives from key community partners, that are dedicated to a single topic. Advisory committees are being developed to discuss four key priority areas: the crisis system, supports for justice-involved individuals, the peer workforce, and the direct support professional workforce to inform DMH/DD/SUS’ policy development and future conversations.

#### Local Management Entities/Managed Care Organizations

Since July 1, 2013, the Local Management Entities/Managed Care Organizations (LME/MCOs)[[58]](#footnote-59) have been responsible for statewide management and oversight of the public system (including mental health, intellectual and other developmental disabilities, and substance use disorder services) at the community level. The LME/MCOs have also provided coordination of services and payments for those services through a network of local community service providers. Per the initial Olmstead Plan, “…the Local Management Entities/Managed Care Organizations (LME/MCOs), Tailored Plans and Standard Plans play a key role in Plan implementation and must embrace implementation of the Olmstead Plan as a shared responsibility.”

The Department appointed an LME/MCO representative to the Olmstead Plan Staff Workgroup and to the Olmstead Plan Stakeholder Advisory (OPSA). Several of the initial plan’s strategies and achievements reflected LME/MCO initiatives undertaken in response to the Transitions to Community Living (TCL) settlement agreement with the U.S. Department of Justice. These included the implementation of community inclusion pilots and performance targets relative to housing stability for TCL members. The Department, however, has not yet attained the necessary level of engagement from the LME/MCOs to transform the broader community-based system to better support all eligible individuals with disabilities.

The Department has established processes to further engage and collaborate with the LME/MCOs. The Senior Advisor for the Office on Olmstead and Transitions to Community Living meets regularly with the LME/MCO Chief Executive Officers. The Department is requiring each LME/MCO to designate a lead staff person for *Olmstead* planning and implementation. The NCDHHS has also developed a dashboard to showcase the LME/MCOs’ progress towards key metrics, for example, the provision of services to individuals on the Registry of Unmet Need. The NCDHHS is exploring additional opportunities to engage the LME/MCOs and the future Tailored and Standard Plans, both to elevate awareness of their critical role and to recognize their contributions toward *Olmstead* compliance.

In October 2023, the General Assembly directed the Secretary for the NCDHHS to reduce the number of LME/MCOs. the Department is in the process of consolidating the six LME/MCOs into four, with an emphasis on minimizing disruptions in care, and maintaining continuity of service provider for members and providers. The consolidation transition was effective on February 1, 2024.

#### Community-based Providers

The NCDHHS recognizes that the ability to further transform the community-based system is dependent on a robust, accessible network of providers that deliver high quality services and supports.

* The NCDHHS has invested in strengthening community-based staff. An example is the long-standing relationship with the UNC Center of Excellence to train providers in evidence-based best practices such as Assertive Community Treatment (ACT) and Psychosocial Rehabilitation.
* The NCDHHS engaged the Technical Assistance Collaborative (TAC) trainers to provide a curriculum and series of training sessions on Permanent Supportive Housing (PSH)[[59]](#footnote-60) best practices to strengthen providers’ abilities to support TCL members in independent living.
* The NCDHHS staff provided numerous in-person and virtual sessions to train provider staff on Informed Decision Making.[[60]](#footnote-61)
* In 2023, the Division of State Operated Health Facilities (DSOHF) developed and distributed a survey to I/DD residential providers to learn about their perceptions and needs, with the goal of improving the support the DSOHF provides within the I/DD system of care. The results of the survey were provided to NC START, to be used to develop a training series to increase the clinical capacity of I/DD residential providers. NC START and the DSOHF worked together to establish tentative training dates and training topics. NC START will continue to work to develop the curriculum and training material.

In November 2023, the NCDHHS announced increases in Medicaid rates for most behavioral health, intellectual and other developmental disabilities (I/DD), and traumatic brain injury (TBI) services. These increases are intended to strengthen providers’ abilities and capacities in serving individuals, many with complex needs, in the community. As described earlier in this Plan, the NCDHHS has also standardized the payment methodology for IPS/SE to strengthen provider participation and to minimize provider burden.

#### Stabilizing the Direct Services Workforce

The competence, stability, and satisfaction of direct service workers[[61]](#footnote-62), including Direct Support Professionals (DSPs), can have a significant impact on the quality of life for individuals with disabilities. The direct service workforce in North Carolina continues to exhibit high rates of turnover and low rates of employee retention. As described in the original Olmstead Plan, North Carolina has made efforts to increase rates of pay and to establish competency-based training and credentialing for the workforce.

In November 2021, the General Assembly’s approved budget included a rate increase for direct service workers employed by Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IIDs) and Medicaid waiver Home and Community-Based Services (HCBS) providers. Effective the first quarter of 2022, DSPs were eligible to receive a wage increase of up to $15.00/hour. The approved budget also included a rate increase for private duty nurses.

The NCDHHS has made considerable progress towards implementing strategies identified in the initial Olmstead Plan, investing in potential solutions to help address the shortage of direct service workers.

* The Division of Health Benefits (DHB) Money Follows the Person (MFP) program funded two interconnected efforts to address the DSP workforce. The Workforce Engagement with Care workers to Assist, Recognize and Educate (WECARE) initiative was tasked with determining the competency-based curricula for training frontline workers across sectors. WECARE has proposed that by the second quarter of Calendar Year 2024, WECARE, in collaboration with its partners, will establish a framework for piloting the preliminary curriculum.
* Concurrently, NC Area Health Education Center (AHEC) was tasked with developing recommendations for a certification plan for Home and Community Based Services (HCBS) direct care workers (DCW) in home and community-based settings. The AHEC issued a report[[62]](#footnote-63) offering a comprehensive plan for implementing DCW worker certification across the State, including concrete recommendations for policy and practices.
* Since 2014 North Carolina has participated in the National Core Indicators® (NCI) Survey for I/DD as well as the NCI® Staff Stability Survey. The NCI® Staff Stability Survey collects data on the Direct Support Professional (DSP) workforce. The data is collected from provider agencies who deliver direct services to people with I/DD. The survey includes information about types of services provided by agencies, staff turnover rates, tenure of DSPs, vacancy rates, DSP wages, number of hours worked by DSPs, benefits offered by employers, and recruitment and retention strategies. The NCDHHS missed the most recent opportunity to participate in the Staff Stability Survey as part of the companion survey NCI – Aging and Disabilities (NCI-AD™) Survey described above; however, the state intends to include the Staff Survey in 2025.

The NCDHHS has also highlighted the use of assistive technology as a strategy to relieve the overwhelming demand for direct service workers. For example, the Division of Health Benefits (DHB) Money Follows the Person (MFP) program has promoted the use of “smart home” technology to help support individuals with I/DD, TBI, and physical disabilities to live independently. The LME/MCOs are investing in this technology for their members. In October 2023, the NCDHHS hosted an in-person and virtual Assistive Technology Expo, showcasing technological innovations designed to assist people with disabilities in their daily activities, communication, and recreation. These efforts will require time to take hold. The team will monitor the number of individuals receiving technology training to track progress for this strategy.

In the meantime, building a strong and inclusive workforce continues to be one of three strategic priorities for the NCDHHS in 2024. In this spirit, the DMH/DD/SUS identified a goal to “build a well-trained and well-utilized peer workforce whose work leverages lived experience.” Broadly, workforce strategies must focus on both recruiting individuals for all levels of service delivery and, of equal importance, on retaining them.

Reducing Transportation Burdens

The initial Olmstead Plan outlined the importance of transportation for supporting individuals with disabilities in the community. Individuals with disabilities and older adults often lack the financial resources or physical capabilities to own a vehicle or to afford public transportation when it exists. Many parts of North Carolina do not have public transportation such as buses, cabs, or ride-share drivers. With limited or no transportation options, individuals with disabilities are unable to visit with family and friends and to access food and clothing stores, health care providers, recreation centers, and social activities – in other words, to become integrated members of their communities. A robust service array is of little benefit if individuals are not able to access the opportunities due to the lack of transportation.

The Healthy Opportunities Pilots is a comprehensive program to test and evaluate the impact of providing select, evidence-based, non-medical interventions, including those related to transportation of high-needs Medicaid enrollees. Transportation supports were launched for eligible Standard Plan members in May 2022 and include reimbursement for health-related public transportation; reimbursement for health-related private transportation; and transportation related to the provision of case management services. The NCDHHS is evaluating the impact of these services to determine the feasibility for maintaining ongoing coverage.

The NCDHHS has adopted the expanded telehealth and scope of practice flexibilities permitted during the pandemic to reduce ongoing transportation burdens for individuals who choose to receive services in their homes and/or from the more widely available practitioners.

Enhancing Opportunities for Community Inclusive Living

#### Aligning the Olmstead Plan with the Strategic Housing Plan

Housing is one of the most researched social drivers of health. Research shows that providing safe, decent, and affordable housing with voluntary, individualized services and supports is more cost-effective than institutional or congregate housing options; is better aligned with individual housing preferences; and demonstrates positive outcomes such as reduced hospitalizations and homelessness, increased housing stability, and improved behavioral and physical health.[[63]](#footnote-64) Access to safe, decent, affordable housing is severely limited in many parts of North Carolina, often in areas where the services, supports, and amenities such as stores, jobs, and transportation exist.

Recognizing the growing need for affordable and supportive housing for the populations it serves, in early 2021 the NCDHHS’ leadership convened a diverse, broad-based group of stakeholders from across the state to develop a Strategic Housing Plan. The NCDHHS and other state agencies, in partnership with the NCDHHS’ housing and services stakeholders, have committed to implementing the goals, objectives, and strategies of this Plan. Doing so will help maintain, increase, and better utilize affordable, supportive housing for individuals served by the NCDHHS across the state. The Strategic Housing Plan supports and aligns with the *Olmstead* decision in several ways:

* The plan relates to all people served by the NCDHHS with a focus on people with disabilities, including people with disabilities experiencing homelessness, residing in congregate settings, or at risk of entry into these settings.
* Pursuant to the *Olmstead* Transition to Community Living (TCL) settlement agreement[[64]](#footnote-65) and the recent *Samantha R. et al. v. North Carolina et al*. case,[[65]](#footnote-66) the NCDHHS’ housing priorities over the next several years will continue to support people with disabilities.
* The NCDHHS is committed to ensuring that this Strategic Housing Plan creates community-based housing opportunities necessary for people with disabilities to live as integrated and thriving members of their community.

It is important to recognize that North Carolina has made progress towards meeting the affordable housing needs of the TCL target population, i.e., people with serious mental illness or severe and persistent mental illness. The Olmstead Plan will continue to monitor the number and percentage of housing separations by LTSS target group and program use.

* As of October 2023, over 3,500 TCL participants were living in supportive housing.
* Of the TCL participants who were housed, 68.9 percent were still in housing at 24 months.
* The average length of time in tenancy is 2.1 years.

The Strategic Housing Plan is intended to build on this success to provide housing opportunities for additional TCL members, as well as other priority populations. Strategic Housing Plan goals include creating 3,500 additional housing units; identifying and securing additional funds for rent assistance; leveraging and streamlining existing resources; lowering barriers to housing access; improving the quality of existing housing; providing quality housing support services statewide; and supporting the development of training related to these evidence-based services. Attainment of these goals will afford individuals with disabilities greater opportunity to live as inclusive members in the community. The TAC is working with the Housing Leadership Group to develop a one-year action plan to guide implementation of the Strategic Housing Plan in 2024.

#### Supported Living

1. Stakeholders continue to advocate for community-based living arrangements with supports for individuals with intellectual and other developmental disabilities (I/DD) as an alternative to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IIDs). The NC Council on Developmental Disabilities (NCCDD) worked with key partners to develop a “how-to” guidebook to help individuals with I/DD with the highest level of needs and their families access Supported Living successfully. Liberty Corner Enterprises developed a website to host the [on-line Guidebook](https://slnc4.me/how-to-guide/). Two videos highlighting the support of individuals who receive Supported Living Level 3 have been developed for inclusion on the website.
2. In July and August, 2023, the Division of State Operated Healthcare Facilities (DSOHF) presented two informational sessions to support those interested in learning more about Supported Living. The session in July presented an introduction to Supported Living and the session in August featured a panel discussion with people with lived experiences. With the potential increased interest in Supported Living, the NCDHHS will need to determine how to utilize the Strategic Housing Plan in response.

#### Healthy Opportunities Pilots

In addition to transportation, the Healthy Opportunities Pilot program is testing the impact of providing select, evidence-based, non-medical, housing interventions to high-needs Medicaid enrollees. Housing services were launched for eligible Standard Plan members in May 2022. Services include Housing Navigation, Support and Sustaining Services; Inspection for Housing Safety and Quality; Housing Move-In Support; Essential Utility Set-Up; Home Remediation Services; Home Accessibility and Safety Modifications; Healthy Home Goods; One-Time Payment for Security Deposit and First Month’s Rent; and Short-Term Post Hospitalization Housing. In the Medicaid section 1115 demonstration waiver renewal, the NCDHHS requested the Centers for Medicare & Medicaid’s (CMS) approval to increase rental assistance covered in the pilot program from one month to six months. As with the piloting of transportation services, the NCDHHS is evaluating the impact of these housing services to determine the feasibility for maintaining ongoing coverage.

Promoting Information About the Services and Supports Available

More individuals might opt for community-based settings if they and their families could easily access information about services to support greater independence. It’s also important for families and individuals with disabilities to have access to information about their disability and which services and supports are available to support community living.

The DMH/SDD/SUS has identified “raising public awareness of mental health and wellness and reducing stigma related to help-seeking” as a strategy to “Promote Mental Wellness, Increase Recovery and Reduce Stigma,” a priority in the Division’s 2024 - 2029 Strategic Plan. The Division also identified a goal to “raise public awareness on substance misuse and accessibility of services and supports.”

**Addressing Disparities in Access to Services**

In North Carolina, measurable differences continue in access to health care and services between white people with disabilities and people of color with disabilities. Access to health care and services also varies among geographical areas of the state. These differences in access contribute to the overrepresentation of people of color with disabilities in more restrictive settings. Such settings separate these individuals, especially in rural areas, from the benefits of community inclusion, as well as from opportunities to achieve their full potential.

To champion equitable health outcomes for North Carolinians, and support internal workforce diversity, equity, and inclusion efforts, the NCDHHS established a new Health Equity Portfolio in 2021. The Portfolio is composed of three offices: the Office of Rural Health, the Office of Diversity, Equity, and Inclusion,[[66]](#footnote-67) and the Office of Health Equity. The Office of Health Equity includes the former NCDHHS Office of Minority Health and Health Disparities combined with Latinx and Hispanic Policy and Strategy. The NCDHHS is actively developing, implementing, facilitating, and embedding health equity strategic initiatives into the NCDHHS’ programs, services, actions, outcomes, and internal employee culture. The NCDHHS is also increasingly providing public information on its website in Spanish. The work of the portfolio is grounded in the NCDHHS’ commitment to fostering a diverse, equitable, and inclusive workforce and advancing health equity within the NCDHHS and across North Carolina.

The Office of Rural Health (ORH) established a robust network of community health workers to connect individuals to human services in historically undeserved communities and has worked with the Division of Health Benefits (DHB) to provide sustainable coverage for their services. In 2024, the ORH proposes to host webinars for grantees to facilitate individuals with disabilities living in rural areas getting the support and care they need. Finally, the ORH proposes to support grantees interested in using a portion of next year’s Community Health Grants funds and Rural Health Center funds to adopt and use educational materials in their primary care sites. The DMH/DD/SAS is also engaged in efforts to improve access to services for individuals living in rural communities.

The DMH/DD/SUS continues to expand the Collegiate Recovery Program.[[67]](#footnote-68) Nine contracts were executed through June 30, 2024. Additionally, the contract with the University of North Carolina (UNC) General Administration is underway, through the period ending June 30, 2024, for 14 schools in the UNC system. There will be 18 collegiate recovery programs across the state in total, including five Historically Black Colleges and Universities (HBCUs) and two minority-serving institutions.

Alternatives to Overly Restrictive Guardianship

Full guardianship can be a barrier to realizing the intent of *Olmstead*, restricting an individual’s rights beyond what is needed. For example, guardians can oppose an individual’s transition from institutional care to the community, overriding the individual’s desire to transition. Most individuals with disabilities can make responsible decisions about many areas of their lives and need only limited decision-making supports, if any. Supported decision-making is an alternative to guardianship. In this approach, individuals with disabilities, whose decision-making autonomy might otherwise be limited or removed, can make and communicate their own decisions, with informal support from trusted family and friends.[[68]](#footnote-69)

On September 28, 2023 Governor Roy Cooper signed Senate Bill 615 into law as SL 2023-134, making several important changes to North Carolina’s statutes on guardianship including:

* Identifying criteria for use in determining when a person does *not* lack the capacity to make his or her own decisions.
* Requiring notice of nearly twenty enumerated rights regarding legal guardianship for adults, from the initial notice of an incompetency petition to the rights of adjudicated incompetents, covering various aspects such as the right to legal representation, hearings, appeals, and even the right to marry and drive.
* Identifying alternatives to guardianship, including supported decision making.

These changes went into effect January 1, 2024. It is imperative that the NCDHHS continue to promote and educate individuals with disabilities and their families about these new provisions. NCDHHS also plans to continue monitoring the number of public guardianships that are terminated and the number of individuals under guardianship who had their competency restored.

In addition, the DSOHF should continue to promote greater independence for residents of State Developmental Centers. The Centers have implemented training for a cohort of residents at each center, using the Project STIR (Steps Toward Independence and Responsibility) materials. Similarly, Transitions to Community Living (TCL) should continue to promote the Informed Decision-Making (IDM) tool for individuals with serious mental illness in State Psychiatric Hospitals and Adult Care Homes.

Use Data for Quality Improvement

Regularly collecting and reporting data allows for objective assessment of the provision of services and progress towards achieving identified goals and outcomes, as opposed to strictly determining the number of services delivered. Data should be used to identify, inform, and improve areas of service provision. Ultimately, data analysis will be essential to determine the extent to which North Carolina is achieving its Olmstead Plan priorities.

North Carolina has sharpened its focus on quality, developing a robust compliance and quality improvement strategy that ensures sustainable improvements. The NCDHHS has updated Local Management Entity/Managed Care Organization (LME/MCO) contracts to establish continuous quality improvement and quality assurance and performance improvement standardized monitoring, as well as a quality improvement process for quality and performance issues related to the TCL settlement agreement.

### North Carolina’s Quality Improvement Efforts to Date

* The NCDHHS staff continue working with Mathematica to enhance TCL data quality and integration, performance measurement, and use of program data for evaluation and decision-making. The partnership is also establishing a quality assurance structure and outcomes evaluation for the state’s Olmstead Plan.
	+ The NCDHHS executed a data use agreement with Mathematica on September 6, 2023 to facilitate access to data needed to support Olmstead Plan monitoring and continues to work with Mathematica to identify data sources for Olmstead Plan measures.
	+ Mathematica will continue operation and maintenance of the Transitions to Community Living (TCL) dashboard and provide TCL data for analysis in the Olmstead Plan.
* The Olmstead Plan progress monitoring dashboard will be expanded in 2024 to facilitate improved tracking and analysis of the 2024 - 2024 Olmstead Plan measures, as outlined in each of the priority area targeted measures sections. The dashboard will allow users to look at number of people enrolled in various Home and Community-Based Services (HCBS) programs by LME/MCO and other demographic characteristics over time; this will inform quality improvement and program planning efforts.
* The NCDHHS has developed an LME/MCOs dashboard which reflects data-driven performance on selected measures.
* The Innovations Waitlist Dashboard displays waitlist counts by LME/MCO and county.[[69]](#footnote-70)
* The State Barriers Committee continues to meet monthly, functioning within the TCL Quality Assurance and Performance Improvement System to address and resolve local and systemic barriers to state psychiatric hospital transitions.

### Proposed Strategies for Quality Improvement

* The NCDHHS will continue to expand its capacity to utilize key data points, performance measures, and indicators to assess progress towards achieving Olmstead Plan priorities, revising priorities, strategies, and measures as necessary.
* The NCDHHS will conduct training to help staff understand the data that is available across the Department; the benefits and limitations of different data resources; how to request data from other divisions; and how to leverage data assets to inform decision-making.
* The NCDHHS will work with Mathematica to expand and enhance its quality assurance framework and strategies across Olmstead-related initiatives.



# Plan Implementation and Oversight

The NCDHHS continues to evolve its approach for oversight and accountability of Olmstead Plan implementation. The NCDHHS has, for example, established a governance structure for cross-divisional Olmstead Key Initiatives. These require investment, accountability, and ownership from more than one division. The Olmstead Plan itself is part of the Department’s Olmstead Key Initiatives portfolio.

## Ongoing Role of the Olmstead Plan Stakeholder Advisory

In addition to its internal structure, the NCDHHS will continue to convene quarterly meetings of the Olmstead Plan Stakeholder Advisory (OPSA) and to seek the stakeholder group’s regular input and feedback regarding progress in implementing the Olmstead Plan and future revisions. The NCDHHS values the lived experiences and diverse points of view of this advisory and identifies OPSA as key to the plan’s success.



# Conclusion

The NC Department of Health and Human Services (NCDHHS) developed the 2024 - 2025 Olmstead Plan to serve as a cross-population road map, addressing the health and wellbeing of children and families, youth, adults, and elders with disabilities. The Plan builds on work undertaken in the 2022 – 2023 Olmstead Plan. As did the earlier plan, this plan incorporates the many actions and policies North Carolina has already undertaken to advance independence, integration, inclusion, and self-determination and builds on these successes. The 2024 – 2025 Plan recognizes that much has been achieved; yet challenges remain if all North Carolinians with disabilities are to be afforded the opportunity to live and thrive in the State’s diverse communities.

The identification of measures and outcomes to assess the impact of the Olmstead Plan is of particular importance to people with disabilities, families, and other stakeholders. This is a major step forward in transforming our system. The capacity to assess results elevates the importance of our partnerships with stakeholders and holds us accountable.

The 2024 - 2025 Olmstead Plan continues to be a living, breathing document, responsive to the environment in which it is unfolding. With the renewed commitment and support of the State and our stakeholders, the Olmstead Plan will continue to guide an evolving system of services and supports in North Carolina towards a future that is inclusive of all.

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### Appendix A

###  Olmstead Plan Stakeholder Advisory and

### Staff Workgroup

Implementation Phase, 2024 – 2025

**NCDHHS Mission:** In collaboration with our partners, the North Carolina Department of Health and Human Services provides essential services to assist people with disabilities to reside in and experience the full benefit of inclusive communities.

**Olmstead Plan Stakeholder Advisory (OPSA) Vision Statement:** North Carolina champions the right of all people with disabilities to choose to live life fully included in the community.

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1. **Promise Resource Network** – Cherene Allen-Caraco, CEO, ccaraco@promiseresourcenetwork.org

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8. Sen. Michael Lee
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9. Jeff Horton
10. Jessie Tenenbaum

#

# Olmstead Plan Stakeholder Advisory Staff Work Group

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# Appendix B: Glossary of Terms

**(b)(3) Services** – Additional supports for people who have Medicaid insurance. They are offered in addition to the services in the North Carolina Medicaid State Plan. These services focus on helping people remain in their homes and communities and avoid higher levels of care, such as hospitals. North Carolina’s Local Management Entities/Managed Care Organizations (LME/MCOs) can offer these additional services because of savings from the Medicaid waivers. The term “(b)(3)” refers to the section of the federal Social Security Act that allows states to offer these services under a Medicaid waiver.

**1915(i) State Plan Option** **–** Allows the state to provide Medicaid coverage for certain home and community-based services (HCBS) to people with disabilities who do not meet the criteria for an institutional level of care and who have incomes lower than 150 percent of the federal poverty level.

**Assertive Community Treatment** –An evidence-based practice that provides community*-*based, multidisciplinary mental health treatment for individuals with severe and persistent mental illness.

**Assistive Technology** –Comprises both devices and services:

Assistive technology as a device can be any item or piece of equipment that helps a person with a disability to increase, maintain, or improve their ability to function. Assistive technology as a device can range from “low-tech” devices, such as a cane or wheelchair, to “high-tech” devices, such as a software program on a computer, or screen readers. Note: Medical devices that are surgically implanted are not considered assistive technology.

* Assistive technology as a service can involve any combination of the following:
* Evaluation of an individual’s needs
* Acquisition of assistive technology devices (e.g., purchasing, leasing, or loaner programs).
* Selection, fitting, or repairing of a device.
* Training an individual with a disability or their caregivers on how to use assistive technology.

**Behavioral Health Disorders** –Mental health disorders, substance use disorders, or co-occurring mental health and substance use disorders.

**Behavioral Health I/DD Tailored Plans** –North Carolina will launch the Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan on a date still to be determined. This plan is an integrated health plan designed for individuals with significant behavioral health needs and intellectual and other developmental disabilities (I/DDs). The Behavioral Health I/DD Tailored Plan 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.

**CAP/C Waiver** –A 1915(c) Home and Community-Based Services waiver that provides Medicaid services for medically fragile children under 21 who are at risk of institutional care. By providing in-home nursing care, case management, and other supports, CAP/C can help these children stay at home with their families.

**CAP/DA Waiver** – This waiver program provides a cost-effective alternative to institutionalization for a Medicaid beneficiary who is medically fragile and at risk for institutionalization if these Home and Community-Based services were not available. The services allow the beneficiary to remain in or return to a home- and community-based setting.

**Competitive Integrated Employment** – Defined by the Rehabilitation Act as work that is performed on a full-time or part-time basis for which an individual is: (a) compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience; (b) receiving the same level of benefits provided to other employees without disabilities in similar positions; (c) at a location where the employee interacts with other individuals without disabilities; and (d) presented opportunities for advancement similar to other employees without disabilities in similar positions.

**Direct Support Professional** – Staff who work one-on-one with individuals with disabilities with the aim of assisting them to become integrated into the community or the least restrictive environment.

**Healthy Opportunities** –An NCDHHS initiativedesigned to test and evaluate the impact of providing select, evidence-based, non-medical interventions related to housing, food, transportation, and interpersonal safety to high-needs Medicaid enrollees.

**High Fidelity Wraparound** – An evidence-informed and standardized supportive care coordination service for youth (3-20 years old) with serious emotional disturbance and youth with serious emotional disturbance plus a co-occurring substance use disorder or intellectual and other developmental disability. “In Lieu Of” service definitions have been developed to promote the use of high-fidelity wraparound services across the state. “In Lieu Of” services are alternative mental health, substance use disorder, or intellectual and other developmental disability services that are not included in the state Medicaid plan or managed care contract but that are clinically appropriate, cost-effective alternatives to State Plan services. These services are not required and are provided at the discretion of Local Management Entities/Managed Care Organizations.

**Home and Community-Based Services** – Health and human services that address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing. Home and Community-Based Services are often designed to enable people to stay in their homes, rather than moving to a facility for care. Medicaid funds Home and Community-Based Services through its waivers as well as through the 1915(i) State Plan amendment.

**Individual Placement and Support /Supported Employment (IPS/SE)** – An evidence-based practice that assists individuals with severe mental illness and other debilitating disorders to find competitive, integrated community employment and provides ongoing, individualized services with a focus on employment.

**Innovations Waiver** –This Medicaid waiver supports children and adults with intellectual and other developmental disabilities (I/DD) who meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care criteria or are a risk of being placed in an ICF/IID, to live in the community.

**Mobile Outreach Response Engagement and Stabilization Services** – An enhanced mobile intervention targeting families and children, ages 3-21, who are experiencing escalating emotional or behavioral symptoms or traumatic circumstances that have compromised the child’s ability to function at their baseline within the family, living situation, school, or community environments. This program will support the enhancement of the current mobile crisis response to be more child- and family-focused in meeting behavioral health crisis needs.

**Money Follows the Person (MFP)** –The MFP program helps Medicaid-eligible North Carolinians who live in inpatient facilities to move into their own homes and communities with the appropriate supports. North Carolina was awarded its initial MFP grant from the Centers for Medicare & Medicaid Services (CMS) in May 2007 and began supporting individuals to transition to community living in 2009.

**North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE)** –The NC CORE initiative is an innovative payment structure that addresses the discrepancy between fee-for-service (FFS) and milestone payments by switching both the state and Medicaid FFS payments to milestones for supported employment services.

**North Carolina** – **Psychiatry Access Line (NC-PAL)** –[NC-PAL](https://ncpal.org/node/3) is a free telephone consultation and education program to help health care providers address the behavioral health needs of their patients.

***Olmstead v. L.*C** – The *Olmstead* decision was the result of a United States Supreme Court case concerning discrimination against people with disabilities. The court held that under the [Americans with Disabilities Act](https://en.wikipedia.org/wiki/Americans_with_Disabilities_Act) individuals with disabilities have the right to live in the community rather than in institutions if “the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others” with disabilities.

**Substance Abuse and Mental Health Services Administration** –A branch of the U.S. Department of Health and Human Services charged with improving the quality and availability of treatment and rehabilitative services to reduce illness, death, disability, and the cost to society resulting from substance use disorders and mental illnesses.

**Serious Emotional Disorders** – Conditions experienced by children, birth to 18 years old, determined by DSM-IV Diagnosis and moderate to severe impairment in functioning. Also referred to as [Serious Emotional Disturbance](https://ccfhh.org/what-is-serious-emotional-disturbance-sed/).

**Serious Emotional Disturbance** –See “Serious Emotional Disorders.”

**Serious and Persistent Mental Illness** – A mental illness or disorder (but not a primary diagnosis of Alzheimer’s disease, dementia, or acquired brain injury) experienced by a person, 18 years of age or older, that is so severe and chronic that it prevents or erodes development of functional capacities in primary aspects of daily life, such as personal hygiene and self-care, decision-making, interpersonal relationships, social transactions, learning and recreational activities; or satisfies eligibility for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) due to mental illness.

**Sheltered Employment** – A wide range of congregate vocational and nonvocational programs for individuals with disabilities, such as sheltered workshops, adult activity centers, work activity centers, and day treatment centers. These programs differ extensively in terms of their mission, services provided, and funding sources.

S**ocial Determinants of Health** – Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of social determinants include safe housing, access to transportation, access to nutritious foods, and air quality.

**Subminimum Wage** – Section 14(c) of the Fair Labor Standards Act authorizes employers, after receiving a certificate from the Wage and Hour Division, to pay special minimum wages – wages lower than the federal minimum wage – to workers whose capacities for the work being performed are impaired by a physical or mental disability.

**Supported Decision-Making** –Supported Decision-Making allows individuals with disabilities to make choices about their own lives with support from a team of people they choose. In this approach, people with disabilities choose people they know and trust to be part of a support network to help with day-to-day decision-making.

**Supportive Housing** –Provides rental assistance and access to services that assist individuals with a disability to live independently.

**Supported Living** –The North Carolina Innovations waiver includes a [Supported Living service definition](https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/nc-innovations-waiver/supported-living-service) that enables people with significant disabilities the opportunity to live in their own homes.

**Transitions to Community Living (TCL)** – The State of North Carolina entered into the TCL settlement agreement with the United States Department of Justice in 2012. The purpose of this Olmstead-based agreement was to make sure that eligible adults with serious mental illness can live in their communities in the least restrictive settings of their choice. The NCDHHS has developed in-reach, transition, diversion, and community-based services to support those who are in the TCL target population to remain in the community or transition from facilities to the community.

**Workforce Innovation and Opportunity Act (WIOA)** – Signed into law on July 22, 2014, WIOA is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. Under the Act, each U.S. state and territory submits a Unified or Combined State Plan to the U.S. Department of Labor and Department of Education that outlines its workforce development system's four-year strategy, and updates the plan as required after two years. WIOA empowers North Carolina to train its workforce and guides how the NCWorks initiative connects job seekers to employers.



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1. The Workforce Investment Opportunity Act (WIOA) Unified State Plan for the State of North Carolina changes the name of the Division of Vocational Rehabilitation Services to the Division of Employment and Independence for People with Disabilities (EIPD). The name change for the Division will occur during calendar year 2024. [↑](#footnote-ref-2)
2. The Americans with Disabilities Act (ADA) defines a person with a disability as someone who:

	* Has a physical or mental impairment that substantially limits one or more major life activities, or
	* Has a history or *record* of an impairment (such as cancer that is in remission), or
	* Is *regarded* as having such an impairment by others even if the individual does not actually have a disability (such as a person who has scars from a severe burn that does not limit any major life activity). For more information the definition of disability that applies to the Olmstead Plan, see <https://adata.org/factsheet/ada-definitions>. Retrieved on 2/9/24. [↑](#footnote-ref-3)
3. On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that the unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the Americans with Disabilities Act. The Court held that public entities must provide community-based services to persons with disabilities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity. [↑](#footnote-ref-4)
4. Technical Assistance Collaborative, Inc., and Human Services Research Institute (2021). [*An assessment of the North Carolina Department of Health and Human Services’ system of services and supports for individuals
with disabilities*](https://www.ncdhhs.gov/media/12607/download?attachment) [PDF], Raleigh, NC: North Carolina Department of Health and Human Services, <https://bit.ly/3uZFBPB>, retrieved on 1/16/24. [↑](#footnote-ref-5)
5. The office has been re-named the Office on Olmstead and Transitions to Community Living. The office is part of the Health Equity Portfolio in the Office of the Secretary, NCDHHS. [↑](#footnote-ref-6)
6. Retrieved on 1/16/24 from <https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead>. [↑](#footnote-ref-7)
7. See <https://www.ncdhhs.gov/investing-north-carolinas-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment>. Retrieved on 2/8/24. [↑](#footnote-ref-8)
8. # Fact Sheet and FAQs: *Samantha R*. v. *North Carolina*. Published November 2, 2022. Retrieved on 1/16/24 from <https://disabilityrightsnc.org/news/fact-sheet-faqs-samantha-r-v-north-carolina/>.

 [↑](#footnote-ref-9)
9. Institution or institutional setting is defined in the *Samantha R*. order as a state-operated or privately-operated Intermediate Care Facility, including the three NCDHHS state-operated developmental centers, or an Adult Care Home. [↑](#footnote-ref-10)
10. In October 2023, the NC General Assembly instructed the NCDHHS, through Session Law 2023-134, House Bill 259-9E.16.(d), to expand the Traumatic Brain Injury (TBI) waiver if expansion did not exceed the authority of the Division of Health Benefits (DHB) and did not create recurring cost to the State that would exceed future authorized budgets for the Medicaid program. In November 2023, the NCDHHS began planning TBI waiver statewide expansion activities in response to the Session Law. The NCDHHS consulted with CMS for guidance and formed an internal team with DHB and the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS). The TBI internal expansion team is exploring steps necessary for a further, successful expansion. [↑](#footnote-ref-11)
11. These flexibilities are known as “Appendix K flexibilities.” Retrieved on 1/16/24 from <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/nc-innovations-waiver#UPDATEAppendixKFlexibilitiesforInnovationsandTraumaticBrainInjuryApproved-Dec2023-2855>. [↑](#footnote-ref-12)
12. On November 22, 2023, CMS approved NC Medicaid to continue these flexibilities in the Innovations Waiver and the TBI Waiver amendment, effective March 1, 2024. The flexibilities had previously been extended to February 29, 2024 to avoid disruptions in services. [↑](#footnote-ref-13)
13. This is a change from the initial requested increase of $157,000 and accounts for the Innovations Direct Care Worker increase. Retrieved on 1/16/24 from <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/nc-innovations-waiver#UPDATEAppendixKFlexibilitiesforInnovationsandTraumaticBrainInjuryApproved-Dec2023-2855>. [↑](#footnote-ref-14)
14. Waiver slots were not part of the Appendix K flexibilities but were added to align with legislative requirements. [↑](#footnote-ref-15)
15. Retrieved on 1/16/24 from <https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/nc-innovations-waiver#UPDATEAppendixKFlexibilitiesforInnovationsandTraumaticBrainInjuryApproved-Dec2023-2855>. [↑](#footnote-ref-16)
16. See [Innovations Waitlist Dashboard | NC Medicaid (ncdhhs.gov)](https://medicaid.ncdhhs.gov/reports/dashboards/innovations-waitlist-dashboard); retrieved on 1/29/24. [↑](#footnote-ref-17)
17. 2019 population estimates, U.S. Census Bureau. [↑](#footnote-ref-18)
18. High fidelity wraparound (HFW) is an intensive, team-based, person-centered supportive service that provides coordinated, integrated, family-driven care to meet the complex needs of children, youth and young adults ages 3 – 20 years who are involved with multiple systems (e.g., mental health, child welfare, juvenile/criminal justice, special education), who are experiencing serious emotional or behavioral difficulties, have dual diagnosis (MH and/or SUD, and I/DD) with complex needs, and are at risk of placement in therapeutic residential settings, or other institutional settings, or have experienced multiple crisis events. Retrieved on 1/4/24 from <https://www.alliancehealthplan.org/document-library/59391/>. [↑](#footnote-ref-19)
19. Retrieved on 1/4/23 from <https://www.ncdhhs.gov/nc-diligent-recruitment-and-retention-plan-2024-2029/open>. [↑](#footnote-ref-20)
20. See pp. 41-42 of Session Law 2023-14, Senate Bill 20. [↑](#footnote-ref-21)
21. Kinship foster care is when a child/youth comes into foster care and is temporarily placed with a relative or kin. "Kin" can be related to the child/youth by birth or have a "family-like" relationship with them, such as a close friend of the family or the child/youth's foster parent. Through kinship foster care, a child/youth can better maintain connections with family, making it the preferred resource when home removal is necessary. See <https://www.ncdhhs.gov/kinshipcare#Whatiskinshipfostercare-5073>. Retrieved on 2/8/24. [↑](#footnote-ref-22)
22. Retrieved on 1/4/23 from <https://www.ncdhhs.gov/joint-communication-bulletin-j415-clarification-transitions-community-living-reach-function-05132022/download?attachment>. [↑](#footnote-ref-23)
23. North Carolina Department of Health and Human Services (n.d.). [*Transitions to community living*](https://www.ncdhhs.gov/about/department-initiatives/transitions-community-living), Retrieved 10/10/24 from <https://bit.ly/3FxEwU8>. [↑](#footnote-ref-24)
24. See <https://www.ncdhhs.gov/news/press-releases/2023/10/05/ncdhhs-receives-148-million-grant-strengthen-behavioral-health-system-children-and-families>, retrieved on 1/4/23. [↑](#footnote-ref-25)
25. MFP has an annual target of transitioning 168 individuals out of institutional care into the community, including 68 individuals with I/DD, 50 people with physical disabilities, and 50 people who are 65 and older. [↑](#footnote-ref-26)
26. The Transitions to Community Living target populations are:

1. Individuals with SMI who reside in an adult care home determined by the State to be an Institution for Mental Disease (“IMD”) - Population 1.
2. Individuals with SPMI who are residing in adult care homes licensed for at least 50 beds and in which 25% or more of the resident population has a mental illness - Population 2.
3. Individuals with SPMI who are residing in adult care homes licensed for between 20 and 49 beds and in which 40% or more of the resident population has a mental illness - Population 3.
4. Individuals with SPMI who are or will be discharged from a State psychiatric hospital and who are homeless or have unstable housing - Population 4.
5. Individuals diverted from entry into adult care homes pursuant to the pre-admission screening and diversion provisions of Section III(F) of this Agreement - Population 5.

Retrieved on 1/17/24 from Settlement Agreement, p. 5 at <https://www.ncdhhs.gov/nc-settlement-olmstead/open>. [↑](#footnote-ref-27)
27. North Carolina Department of Health and Human Services (2021). [2019-2020 annual report of the North Carolina Transitions to Community Living Initiative](https://www.ncdhhs.gov/media/10458/open) [PDF]. Report to the Joint Legislative Oversight Committee on Health and Human Services, https://www.ncdhhs.gov/media/10458/open [↑](#footnote-ref-28)
28. TCL’s category 5 is comprised of individuals diverted from entry into adult care homes pursuant to the preadmission screening and diversion provisions of the settlement agreement. [↑](#footnote-ref-29)
29. Individuals diverted from entry into an adult care home pursuant to the preadmission screening and diversion provisions established by the state. [↑](#footnote-ref-30)
30. Retrieved on 1/5/24 from <https://medicaid.ncdhhs.gov/north-carolina-expands-medicaid> and https://medicaid.ncdhhs.gov/medicaid-expansion-questions-and-answers-english/open. [↑](#footnote-ref-31)
31. Retrieved on 2/8/24 from https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard. [↑](#footnote-ref-32)
32. Retrieved on 1/5/24 from <https://medicaid.ncdhhs.gov/blog/2023/06/30/nc-medicaid-obtains-approval-1915i-state-plan-amendment> . [↑](#footnote-ref-33)
33. For more information, see <https://medicaid.ncdhhs.gov/north-carolinas-transition-1915b3-benefits-1915i/download?attachment>, retrieved on 2/8/24. [↑](#footnote-ref-34)
34. Retrieved on 1/5/24 from [2021 NC Aging Profiles (ncdhhs.gov)](https://www.ncdhhs.gov/2021-north-carolina-aging-profiles/open). [↑](#footnote-ref-35)
35. Retrieved on 1/5/24 from <https://www.ncdhhs.gov/transforming-child-welfare-family-well-being-together-coordinated-action-plan/download?attachment>. [↑](#footnote-ref-36)
36. Retrieved on 1/5/24 from <https://ncpal.org/>. [↑](#footnote-ref-37)
37. Retrieved on 1/5/24 from <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/crisis-services/988>. [↑](#footnote-ref-38)
38. Competitive integrated employment (CIE) means:

Working in the community alongside other employees without disabilities.

Earning at least minimum wage.

Getting the same workplace benefits and opportunities as other employees doing the same job.

CIE includes full-time and part-time work for an employer, as well as self-employment and small business ownership. All North Carolinians - even those with the most significant disabilities - can work in CIE with the right job supports in place. CIE does not include work in sheltered, non-integrated settings, work that pays less than minimum wage, or work that does not offer advancement opportunities. Retrieved on 1/5/24 from <https://www.ncdhhs.gov/about/department-initiatives/inclusion-works/what-cie>. [↑](#footnote-ref-39)
39. Retrieved on 1/5/24 from <https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/north-carolinas-subminimum-wage-competitive-integrated-employment-grant-award>. [↑](#footnote-ref-40)
40. Customized Employment is a flexible process designed to personalize the employment relationship between a job candidate or employee and an employer in a way that meets the needs of both. It is based on identifying the strengths, conditions, and interests of a job candidate or employee through a process of discovery. Retrieved on 1/5/24 from <https://www.ncdhhs.gov/about/department-initiatives/inclusion-works/frequently-asked-questions#WhatisCustomizedEmployment-3189>. [↑](#footnote-ref-41)
41. A student with a disability, age 14 to 22, is eligible for transition services as part of their Individualized Education Plan (IEP), so long as that student is enrolled in a public school, including charter schools. [↑](#footnote-ref-42)
42. NC CORE is a pilot project in which fee-for-service Medicaid reimbursement and state funding was replaced with a shared funding model. Both Vaya Health and DVRS fund the achievement of milestones for the provision of Individual Placement Support – Supported Employment (IPS/SE). Retrieved on 1/5/24 from <https://www.vayahealth.com/employment-services-aid-recovery-for-wnc-residents/>. [↑](#footnote-ref-43)
43. See <https://www.ncdhhs.gov/about/department-initiatives/inclusion-works> and https://www.ncdhhs.gov/about/department-initiatives/inclusion-works/strategic-plan-inclusion-works. Retrieved on 1/30/24. [↑](#footnote-ref-44)
44. Supported employment is a service to help people find competitive integrated employment or create their own jobs through self-employment. [↑](#footnote-ref-45)
45. U.S. Department of Education (July 12, 2017). [Individuals with Disabilities Education Act: Sec. 300.320 Definition of individualized education program - Individuals with Disabilities Education Act](https://sites.ed.gov/idea/regs/b/d/300.320), <https://bit.ly/3ap1a2y>. Retrieved on 1/5/24. [↑](#footnote-ref-46)
46. See <https://worktogethernc.com/>. Retrieved on 1/30/24. [↑](#footnote-ref-47)
47. See <https://thinkcollege.net/resources/whats-happening-in-your-state/states/north-carolina>. Retrieved on 1/30/24. [↑](#footnote-ref-48)
48. The Individual Placement and Support (IPS) Supported Employment Program helps people with severe mental illness find competitive, community employment and provides ongoing, individualized services with a focus on employment. Retrieved on 1/5/24 from https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/employment-services-people-disabilities/individual-placement-and-support. [↑](#footnote-ref-49)
49. Success equates to reduced recidivism in re-arrests, reconviction, or reincarceration. [↑](#footnote-ref-50)
50. For more information, see <https://www.ncdhhs.gov/investing-behavioral-health-and-resilience/download?attachment>. [↑](#footnote-ref-51)
51. See <https://www.servicesource.org/north-carolina-pre-ets/>. Retrieved on 1/30/24. [↑](#footnote-ref-52)
52. Retrieved on 1/11/24 from [Comprehensive Health Services | NC DAC](https://www.dac.nc.gov/divisions-and-sections/comprehensive-health-services).. [↑](#footnote-ref-53)
53. Retrieved on January 11, 2024 from [Annual 21-22.pdf (nc.gov)](https://files.nc.gov/dac/documents/2023-11/Annual%2021-22.pdf?VersionId=.hpfZOByipUq0n8xsnT5nhKXPkPVXWFY). [↑](#footnote-ref-54)
54. Most, but not all members of the OPSA, represent statewide groups. While some are compensated for their time through the organizations they represent, others are not. [↑](#footnote-ref-55)
55. This includes the provision of technical assistance on the expansion of community inclusion activities and affiliate participation in community inclusion grant opportunities. [↑](#footnote-ref-56)
56. See <https://www.ncdhhs.gov/about/department-initiatives/home-and-community-based-services-final-rule/survey-my-individual-experience>. Retrieved on 1/18/24. [↑](#footnote-ref-57)
57. Retrieved on 1/8/24 from <https://www.nationalcoreindicators.org/>. [↑](#footnote-ref-58)
58. The North Carolina General Assembly directed the Secretary for the North Carolina Department of Health and Human Services to reduce the number of Local Management Entity/Managed Care Organizations (LME/MCOs). This change will make it easier for beneficiaries to gain access to health care and help with the start of the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans (Tailored Plan). For more information, see <https://medicaid.ncdhhs.gov/fact-sheet-what-lmemco-consolidation-english/download?attachment>. Retrieved on 2//8/24. [↑](#footnote-ref-59)
59. Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and [supportive services are provided](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/supportive-services/) to assist households with at least one member (adult or child) with a disability in achieving housing stability. Retrieved on 1/9/24 from <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/permanent-supportive-housing/#:~:text=Permanent%20Supportive%20Housing%20(PSH)%20is,disability%20in%20achieving%20housing%20stability>. [↑](#footnote-ref-60)
60. Informed decision making is a person-centered approach to ensure that an individual has been fully educated regarding choices, keeping in mind their preferences and values. Retrieved on 1/9/24 from <https://mco.eastpointe.net/DocumentBrowser/file/TCLI/Informed%20Decision-Making%20Training%209-22-20.pdf>. [↑](#footnote-ref-61)
61. Direct Services Worker, Direct Support Professional, and Direct Care Worker are used interchangeably in this document. [↑](#footnote-ref-62)
62. NC AHEC’s report, Recommendations for HCBS Certification, may be found at <https://www.ncdhhs.gov/nc-ahec-recommendations-dcw-hcbs-worker-certification/download?attachment>. Retrieved on 1/30/24. [↑](#footnote-ref-63)
63. Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](https://www.healthaffairs.org/do/10.1377/hpb20180313.396577/full/), *Health Affairs*, <https://bit.ly/3Bzdidp>. Retrieved on 1/18/24. [↑](#footnote-ref-64)
64. North Carolina reached a settlement agreement with the U.S. Department of Justice (DOJ) in 2012 to facilitate the transition of adults with serious persistent mental illness from adult care homes (ACHs) into more integrated settings. The substantive provisions of the agreement dictate a timeline and benchmarks for transitioning and sustaining eligible individuals in community-based supportive housing slots through in-reach, discharge planning, and transition services, as well as mental health services including Assertive Community Treatment (ACT) teams, community support teams, case management, peer support, psychosocial rehabilitation services, crisis services, and supported employment. For more information on the *Olmstead* settlement agreement, please see [the NCDHHS website](https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead). [↑](#footnote-ref-65)
65. The Superior Court issued an order to the State of North Carolina to develop and implement a plan includes (a) reduction of reliance on institutional settings, including state facilities and ICFs/IID; (b) elimination of the Innovations waiver waiting list over a period of 10 years by reallocating funds, seeking additional funding, and developing alternative services; and (c) addressing the direct support professional workforce crisis through credentialing and increased pay. The NCDHHS appealed the order in part, resulting in a stay in the order while the appeal moves forward. [↑](#footnote-ref-66)
66. The Office of the Senior Advisor on Olmstead and Transitions to Community Living is part of the Health Equity Portfolio’s Office of Diversity, Equity, and Inclusion. [↑](#footnote-ref-67)
67. Collegiate recovery programs offer support in recovery from addiction for individuals seeking undergraduate and graduate educational opportunities. [↑](#footnote-ref-68)
68. [National Resource for Supported Decision-Making](http://www.supporteddecisionmaking.org/). See <http://www.supporteddecisionmaking.org>. Retrieved on 1/18/24. [↑](#footnote-ref-69)
69. See <https://medicaid.ncdhhs.gov/reports/dashboards/innovations-waitlist-dashboard>. Retrieved on 2/8/24. [↑](#footnote-ref-70)