

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# North Carolina Olmstead Plan 2024 – 2025

**April 1, 2024**

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## Introduction

The Olmstead Plan is a roadmap addressing the health and wellbeing of children and families, youth, adults, and elders with disabilities. The plan, focused on enabling and supporting individual 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, through its outcomes, relevant data, and work plans, this strategically developed plan will shape policy, practices, and funding decisions.

The North Carolina Department of Health and Human Services has established investing in behavioral health and resilience as a key priority. 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 currently guiding the Department and guiding its work going forward, as reflected in the Olmstead Plan. 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 and 2025, guides an evolving system of services and supports. We continue our journey towards inclusive communities welcoming of all, and we are 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

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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 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; 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 principles of the United States Supreme Court’s decision in *Olmstead v. L.C.* It is our steadfast belief that the ongoing implementation of the *Olmstead* decision in North Carolina will strengthen the vibrancy, health, and well-being of the state’s communities and its people.



## North Carolina’s Olmstead Plan

### Background on North Carolina’s Original Olmstead Plan

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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<sup>1</sup> with appropriate, community-based services when they desire or would

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<sup>1</sup> 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

not oppose these, as required by the United States Supreme Court in *Olmstead v. L.C.*<sup>2</sup> In April of 2021, THE TAC had prepared [An Assessment of the North Carolina Department of Health and Human Services' System of Services and Supports for Individuals with Disabilities](#), 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. 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)<sup>3</sup> 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.<sup>4</sup>

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- 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 on the definition of disability that applies to the Olmstead Plan, see "[How is Disability Defined in the Americans With Disabilities Act?](#)", ADA National Network. Retrieved on 2/9/24.

<sup>2</sup> 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.

<sup>3</sup> The renamed Office on Olmstead and Transitions to Community Living is part of the Health Equity Portfolio in the Office of the Secretary, NCDHHS.

<sup>4</sup> North Carolina Department of Health and Human Services (2021). [North Carolina's Olmstead plan](#).

## Role of the Olmstead Plan Stakeholder Advisory

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In the early summer of 2020, the NCDHHS Secretary announced appointments to OPSA, a diverse group of stakeholders from the disability community, including individuals with lived experience and their families; service providers; managers of provider networks (e.g., 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% 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 continued partnership with the OPSA and the broader community it represents.

## Monitoring the Plan Implementation

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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 for Olmstead and Transitions to Community Living (TCL) will continue to use the TAC's quarterly reports on the work plans to monitor completion of tasks and identify barriers that inhibit progress. 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](#).

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, along with new strategies, are described in the following sections, addressing ongoing Priority Areas and efforts to support the 2024 – 2025 Plan.

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

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

Complete: The strategy and 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 or action step(s) was not underway as of the end of the reporting period.

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

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



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## Current Landscape

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 competing priorities, finite resources, and a myriad of challenging circumstances. North Carolina is no exception. The state has encountered and continues to experience increased demands and complexities within its system, but this 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

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Expanding community-based services capacity requires an appropriately trained direct care workforce sufficient to meet the need. Staffing shortages, low wages, the lack of benefits available to direct care workers, and the lack of opportunities for advancement all existed in this workforce but the issues were significantly amplified during and after the pandemic. The North Carolina Department of Health and Human Services (NCDHHS) has prioritized workforce development and engaged partners at all levels in creating solutions. These partners include without limitation, the North Carolina General Assembly, the University of North Carolina, Local Management Entities/Managed Care Organizations (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: [\*Investing in North Carolina's Caregiving Workforce: Recommendations to Strengthen North Carolina's Nursing, Direct Care, and Behavioral Health Workforce\*](#). This report includes insights and recommendations on overcoming the caregiving workforce challenges faced by North Carolina. Recommendations include initiatives to improve the recruitment, training, and quality of professional caregivers in behavioral health and developmental disabilities services. 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.

### Transitions to Community Living Settlement Agreement with the U.S. Department of Justice

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In 2012, the NCDHHS settled an *Olmstead*-based lawsuit with the U.S. Department of Justice (U.S. DOJ). The resulting work within Transitions to Community Living (TCL) assists individuals

with serious mental illness (SMI) or serious 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.* Superior Court Decision**

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On November 2, 2022, Superior Court Judge Allen Baddour entered an order providing injunctive relief to the plaintiffs in *Samantha R., et al. v. State of North Carolina, et al.* The case, filed by Disability Rights NC in May 2017, asserted claims under North Carolina's Persons with Disabilities Protection Act and alleged a lack of adequate home- and community-based services for people with intellectual and other developmental disabilities (I/DD).<sup>5</sup> The Superior Court's order established measurable benchmarks that the state must achieve over a period of years, including:

- Eliminate the Innovations waiver waitlist.
- Address the direct support professionals (DSP) shortage.
- Divert or transition people who want to leave or avoid institutional settings<sup>6</sup> except for respite or short-term stabilization.
- Provide reports regarding each measure ordered by the Court.

Following the issuance of the court's order, the NCDHHS and the state filed an appeal and simultaneously the court ordered a stay on implementation of the injunction pending the outcome of the appeal.

While the litigation is pending in the courts, the NCDHHS has continued to make progress to implement services and supports for individuals with I/DD, some of which are highlighted below:

- Launch of the 1915(i) Medicaid services has provided unprecedented access to services for people with I/DD and serious 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

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<sup>5</sup> Disability Rights North Carolina (2022, November 2). [Fact Sheet and FAQs: \*Samantha R. v. North Carolina\*](#).

<sup>6</sup> Institution or institutional setting is defined in the *Samantha R.* order as a state-operated or privately operated Intermediate Care Facility, including the NCDHHS state-operated developmental centers, or an adult care home.

Health Education Center (AHEC) released a report to the NCDHHS on the topic, and recommendations are under consideration.

- Budget investments have been made to increase provider reimbursement rates.
- 350 additional Innovations slots were approved by the General Assembly.
- Launch of *Inclusion Connects*, a cross-divisional collaboration to provide better access to services for individuals with I/DD through a central, online connection hub. *Inclusion Connects* will enhance access to services and support individuals to live where they choose. Specifically, this collaboration will promote access to appropriate services for all individuals with I/DD in need of services, including those on the Innovations waiver waiting list (Registry of Unmet Needs); increase access to the full array of community housing options; and improve career opportunities and benefits for Direct Support Professionals, with the goal of building a robust workforce that delivers high-quality services and supports to people with I/DD.

As the *Samantha R.* litigation has system-wide impact, these areas of progress are also noted at other points in this document.

## Building Support for Systems Transformation

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While many stakeholders support the NCDHHS in its ongoing efforts and plans 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 SMI 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. Notably, employers are 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.

## Improved Access to Data to Support Evaluation and Quality Improvement

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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 Transitions 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 the state's vision. The Plan set forth priorities and strategies intended to continue strengthening the community-based system, affording more individuals the opportunity to live as included members of their communities. Completion of those strategies signified progress with Plan implementation. With this new iteration of the Plan, the North Carolina Department of Health and Human Services (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. Sustainable systems transformation will take time and focus. The Department 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; the ongoing importance of these issues for successful implementation of the new priorities is addressed later in this document.

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 HCBS: (1) the Innovations waiver for individuals with intellectual and other developmental disabilities (I/DD); (2) the Traumatic Brain Injury (TBI) waiver; (3) for children who are medically fragile or medically complex, the Community Alternatives Program for Children (CAP/C) waiver; and (4) for adults 18 and older who are medically fragile and at risk for institutionalization, 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*

- ✓ In December 2022, the Division of Health Benefits (DHB) received approval from the Centers for Medicare and Medicaid Services (CMS) for 114 additional CAP/DA waiver slots. In March 2023, CMS approved the 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.<sup>7</sup>

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<sup>7</sup> 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. The TBI internal expansion team is exploring steps necessary for a further, successful expansion.

- ✓ NC Medicaid submitted a 1915(c) Innovations waiver amendment to CMS to make certain [flexibilities](#) allowed by CMS during the pandemic into permanent revisions,<sup>8</sup> 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.<sup>9</sup>
  - 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.<sup>10</sup>

TBI waiver members had use of the pandemic flexibilities until February 29, 2024. Beginning on March 1, 2024, TBI waiver members have had access to the following approved flexibilities, which will be considered ongoing and included in the approved amendment.<sup>11</sup>

- ✓ 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

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<sup>8</sup> 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.

<sup>9</sup> This is a change from the initial requested increase of \$157,000 and accounts for the Innovations Direct Care Worker increase. See NCDHHS, "[Appendix K Flexibilities](#)."

<sup>10</sup> Waiver slots were not part of the Appendix K flexibilities but were added to align with legislative requirements.

<sup>11</sup> North Carolina Department of Health and Human Services (n.d.). [NC Innovations Waiver](#). Retrieved 1/16/24.



- 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.

## 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<sup>12</sup> (the Registry of Unmet Need). The TBI waiver does not have a waiting list. 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. The NCDHHS consulted with CMS for guidance on expanding the TBI waiver statewide. The TBI internal expansion team, consisting of Division of Health Benefits (DHB) and the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS), is exploring steps necessary for a further, successful expansion. The CAP/C waiver also does not have a waitlist. Between March 2024 and March 2028, 500 additional waiver slots will be added to the CAP/C waiver each year to meet the needs of medically fragile children. There are approximately 370 people on the CAP/DA waiver waiting list. Through CAP/DA, a variety of 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 next ten years, given the 10% increase to North Carolina's population and 41.9% increase to the population over age 65.<sup>13</sup>

## Proposed Strategies for Priority Area 1

- The DHB will fully implement 1915(i) services, and will monitor use of 1915(i) services and work across the NCDHHS to identify any barriers to implementation.
- The DHB added 500 additional CAP/C waiver slots to the waiver in March 2024.
- The DHB received approval for an additional 350 Innovation Waiver Slots.

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<sup>12</sup> North Carolina Department of Health and Human Services [Innovations Waitlist Dashboard](#). Retrieved 1/29/24.

<sup>13</sup> 2019 population estimates, U.S. Census Bureau.

- 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*

As of December 2023, the number of people on the Innovations waitlist is 17,530. There are 14,736 total 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 used to track progress in other priority areas as they represent progress for the overall Olmstead Plan effort. The team will also use other metrics to support monitoring of progress and quality improvement efforts in this priority area.

1. Number of people removed from the Innovations waitlist by status.
2. 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, and Money Follows the Person demonstrations.
3. Number and demographic characteristics of people receiving long-term services and supports (LTSS) in institutional settings.
4. 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 if home is the setting of their choice, 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 for them 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 who no longer require institutional care 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

### *Diversions*

- ✓ 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 expansion; Rapid Response Team data system development and implementation; and Systemic, Therapeutic, Assessment, Resources and Treatment (START) substance use services.
  - High Fidelity Wraparound services<sup>14</sup> 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 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 DSS developed a new Diligent Recruitment and Retention Plan 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 DSS also developed a media campaign to attract resource families, with an emphasis on Kinship Care.

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<sup>14</sup> High Fidelity Wraparound 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 1/4/24.

- ✓ In November 2023, the DSS issued policy, per Senate Bill 20,<sup>15</sup> that allows unlicensed kinship providers<sup>16</sup> meeting kinship requirements to be reimbursed at half the standard board rate for current foster care services.
- ✓ Transitions to Community Living diverted over 2,100 people from institutional care between FY20 and FY23.
- ✓ 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, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), and PRTFs.
- ✓ The LME/MCOs are currently conducting in-reach with 1056 adults with SMI or serious and persistent mental illness (SPMI) in or discharged from 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.
- ✓ At the end of December 2023, more than 3,500 individuals with SPMI who had transitioned from state psychiatric hospitals or diverted from ACHs were living in permanent supported housing through TCL.
- ✓ As the size of the population served in state psychiatric hospitals has more than doubled in the past five years, from 1,825 during SFY 2018 to 3,897 in SFY 2023, annual housing separation rates have remained relatively stable and were slightly lower in post-pandemic years 2022 (17.0%) and 2023 (16.7%) compared to pre-pandemic 2018 (17.2%) and 2019 (17.5%).
- ✓ The Division of State Operated Healthcare Facilities (DSOHF) has made substantial progress in reducing the standard length of stay and the number of extension requests for all adult

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<sup>15</sup> See pp. 41-42 of Session Law 2023-14, Senate Bill 20.

<sup>16</sup> 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. Retrieved on 2/8/24.

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 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 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 or other 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 make individuals with MOAs aware of the time-limited nature of the admission and of transition expectations; transition planning, led by and in conjunction with the LME/MCO, begins 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 an 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 stays 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, ACHs, and homelessness are requirements of the Department's Transitions to Community Living settlement agreement with the U.S. DOJ.<sup>17</sup>

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<sup>17</sup> North Carolina Department of Health and Human Services (n.d.). [Transitions to community living](#). Retrieved 10/10/24.

## Proposed Strategies for Priority Area 2

### *Diversion*

- The Division of Child and Family Wellbeing (DCFV) will continue to use the Child Behavioral Health Dashboard that provides data on PRTF utilization by each LME/MCO. The data assists in identifying the need for targeted interventions to reduce admissions.
- The NCDHHS will consider incorporating the framework and lessons learned from previous efforts such as the Residential Redesign and Bridging Local Systems initiatives that the DMH/DD/SUS led between 2018 and 2022. Such efforts will involve engaging PRTFs and community-based providers in working together to reduce lengths of stay in PRTFs and decrease recidivism.
- 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.<sup>18</sup>
- The Department's 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 help legally responsible persons 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, ICF/IIDs, and psychiatric residential treatment facilities to meet its annual targets.<sup>19</sup>
- The DMH/DD/SUS will continue supporting the 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.<sup>20</sup>

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<sup>18</sup> North Carolina Department of Health and Human Services (October 5, 2023). [NCDHHS receives \\$14.8 million grant to strengthen behavioral health system for children and families](#). (Press release).

<sup>19</sup> 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.

<sup>20</sup> 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

- 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 an 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 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, ICF/IIDs, and PRTFs.

From July 2019 through July 2023, the number of individuals discharged from state psychiatric hospitals to TCL increased by 49.7%, from 372 to 557, and the number of individuals with SMI diverted from admission to an ACH increased by 149.7%, from 736 to 1,838.<sup>21</sup>

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

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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.

<sup>21</sup> North Carolina Department of Health and Human Services (2021). [2019-2020 annual report of the North Carolina Transitions to Community Living Initiative](#). Report to the Joint Legislative Oversight Committee on Health and Human Services.



### *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-term (90 days or less) or long-term (more than 90 days) stays who are discharged/transitioned to the community, overall and for each institution type.
2. Number of people needing 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 a state psychiatric hospital; the number transitioned from an ACH through TCL; and the number of individuals not diverted from an ACH.
4. Number of individuals with an MOA who transition from the State Developmental Centers to the community.
5. Number of adults at the State Developmental Centers without an MOA who elect to be added to the Community Transition List.
6. 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,<sup>22</sup> effective December 1, 2023, providing an estimated 600,000 North Carolinians with health care coverage for chronic conditions, providing the opportunity to reduce opioid-related complications and improve mental health. In November, the NCDHHS began contacting up to 300,000 people enrolled in Medicaid's limited Family Planning program. These individuals were

<sup>22</sup> North Carolina Department of Health and Human Services: [North Carolina has expanded health care coverage to more people](#) (n.d., retrieved 1/5/24) and NC Medicaid: [NC Medicaid expansion questions & answers](#) (2023).



eligible for full NC Medicaid benefits starting December 1, 2023. Outreach included text messages, phone calls, and emails sent by the Department to help ensure those eligible were aware of the change. As of January 12, 2024, 314,101 people had been enrolled in NC Medicaid Expansion.<sup>23</sup>

- ✓ NC Medicaid received approval from CMS to begin a new way of providing HCBS 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 I/DD, as well as those with TBI, mental health needs, or substance use disorders. Unlike the Medicaid waivers, there is no participant cap for eligible individuals. Starting on July 1, 2023, an array of HCBS 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<sup>24</sup> permits NC Medicaid to continue to offer Medicaid beneficiaries this comprehensive array of behavioral health, I/DD, and 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.<sup>25</sup>
- ✓ In November 2023, the NCDHHS announced an increase in Medicaid reimbursement rates for most mental health, substance use, I/DD, and TBI services. This is the first increase in more than a decade to the state minimum reimbursement rates for many behavioral health and I/DD services. Increasing Medicaid rates is intended to increase access to care.

### *Children*

- ✓ As described earlier in this Plan update, the DCFW received one-time funding 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 Serious Mental Illness*

- ✓ Progress under the TCL settlement agreement includes implementation of a standardized, state-funded Assertive Engagement service to enable better monitoring and engagement

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<sup>23</sup> North Carolina Department of Health and Human Services [Medicaid Expansion Dashboard](#). Retrieved 2/8/24.

<sup>24</sup> North Carolina Department of Health and Human Services (2023, June 30). [NC Medicaid obtains approval of the 1915\(i\) State Plan Amendment](#) (blog post).

<sup>25</sup> For more information, see NC Medicaid: [Fact Sheet: North Carolina's Transition of 1915\(b\)\(3\) Benefits to 1915\(i\)](#), March 2024.

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, ACT 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, which 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 members are a priority for the Department.

### *Children*

Evidence suggests that the most positive outcomes for children and their families occur when the child is maintained in the community. Additional community capacity for services and supports for children in their homes can prevent institutionalization that separates families. North Carolina is making progress in this area, but additional capacity is still needed.

### *Adults*

The NCDHHS has made progress in achieving milestones established under the TCL settlement agreement with the U.S. DOJ, but continues to work toward fully supporting individuals with other types of disabilities outside of congregate settings.

The 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 I/DD and TBI receiving services.

### *Older Adults*

One in three North Carolina residents (34%) age 65 or older has at least one disability.<sup>26</sup> 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 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 Social Isolation, Loneliness, and Elevated Suicide Risk (SILES) task force for older adults:
- This represents a 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 Medicaid Beneficiaries*

- The NCDHHS will expand the Healthy Opportunities Pilots to bring food and transportation services to more parts of the state as well as build out promotional strategies and awareness of the services.

### *Strategies Across all Populations*

- North Carolina will work across multiple disciplines to increase understanding of the needs and complex presentation of individuals living with disabilities in the community. Not all services needed by individuals with I/DD, behavioral health needs, or TBI can be provided by specialty care provider systems that focus on disability-specific services. Training and technical assistance provided to the workforce in primary care, federally qualified health centers, first response, urgent care, and emergency departments, focused on recognizing and addressing the needs of these individuals, will improve care and improve outcomes. These providers will benefit from awareness of and connection to specialty providers in the community for both referral and coordination of care.
  - The NCDHHS will promote awareness of these resources across these disciplines.

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<sup>26</sup> North Carolina Department of Health and Human Services (2022). [2021 North Carolina aging profiles](#).

- The NCDHHS will partner with public institutions of higher education to promote incorporation of disability training into the curriculum for health care and other professionals.
- The NCDHHS will oversee process improvements such that timelines for completion of administrative requirements (e.g., assessments, plans) do not delay onset of services. Review and revision of these processes may occur at the regulatory and/or LME/MCO and provider levels. The Department may consider utilization of a standardized needs assessment and quality measures to confirm the service array offered matches the needs of the individual. Additionally, the NCDHHS will require that the LME/MCOs fulfill network adequacy requirements for community-based programs and services, including adequate rate setting to meet the clinical and service needs of enrollees.

### *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 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)<sup>27</sup>, 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), 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 caregivers of children with challenging behavioral health needs.

### *Strategies for Adults with Behavioral Health Needs*

- The DMH/DD/SUS will strengthen the crisis system with the goals to:
  - Streamline 988 Suicide and Crisis Lifeline operations to better triage, dispatch services, and track results.
  - Reduce wait times for mobile crisis services.

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<sup>27</sup> North Carolina Department of Health and Human Services (2022). [\*Transforming child welfare and family well-being together: A coordinated action plan for better outcomes, interim report.\*](#)

- 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.
  - Explore funding opportunities to expand the clubhouse model.
  - Increase time spent in meaningful community activities such as those offered through the National Alliance on Mental Illness (NAMI) or the Program of All-Inclusive Care for the Elderly (PACE) programs.
- 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 PRTFs and 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, 1915(i) state plan services, Health Home programs, MFP demonstrations, and other programs.
2. Number and demographic characteristics of people receiving long-term care in institutional settings.
3. Percentage of HCBS users among all long-term services and supports (LTSS) users, by LTSS target group.
4. Percentage of people enrolled in and/or receiving 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

The NCDHHS' Division of Vocational Rehabilitation Services (DVRS) provides vocational rehabilitation services to youth and adults with disabilities, 14 years of age and older, to assist them to obtain, maintain and advance in competitive integrated employment (CIE).<sup>28</sup>

The Vocational Rehabilitation program also provides pre-employment transition services (pre-ETS) to potential eligible students with disabilities, ages 14 to 21, to help them identify their career interests. These services are provided in collaboration with Local Education Agencies under the Department of Public Instruction.

### North Carolina's Priority Area 4 Efforts to Date

#### *Pre-Employment Transition Services for Youth*

- ✓ The NC Division of Vocational Rehabilitation Services (DVRS) has interagency transfer agreements with 83 public 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. From the time period of July 2023 to February 2024, 2,724 additional students with disabilities received pre-ETS.
- ✓ The DMH/DD/SUS was awarded a SAMHSA Healthy Transitions grant through September 30, 2023, targeted for transition-age youth and young adults; the grant focused on screening, assessment, referral, and coordination of services, including access to employment and education services and supports.

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<sup>28</sup> NCDHHS defines [Competitive integrated employment](#) (CIE) as:

- 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. Virtually 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.

### *Competitive, Integrated Employment*

- ✓ Supported Employment is provided through interagency collaboration among the DVRS, NC Medicaid, the DMH/DD/SUS and the LME/MCOs. Supported Employment, through DVRS, is provided on a time-limited basis, for persons with disabilities. Examples of Supported Employment activities include, but are not limited to, the development of and placement in jobs in an integrated setting; intensive on-site jobs skills training and other training by skilled job trainers, coworkers, and other qualified professionals, including fading and stabilization; and extended follow-along services, including regular contact with employers, trainees, parents, guardians, or other advisors to stabilize the job placement. Supported Employment is also a covered service for participants in the Innovations waiver for people with I/DD, the TBI waiver, and the newly approved 1915(i) State Plan amendment, as well as in state-funded services. Supported Employment in the NC Innovations waiver, TBI waiver, and 1915(i) State Plan typically provides ongoing job supports to assist participants with maintaining employment.
- ✓ Related to Individual Placements and Supports/Supported Employment (IPS/SE),<sup>29</sup> the NCDHHS has worked toward standardizing the North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE)<sup>30</sup> 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 the LME/MCOs on February 19, 2024.
- ✓ As of October of 2023, over 2,500 individuals with SMI who are in or at risk of entry to adult care homes received Supported Employment.
- ✓ The 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, the NCDHHS launched the [Inclusion Works](#) initiative to promote competitive integrated employment for people with I/DD. Inclusion Works offers resources

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<sup>29</sup> The [Individual Placement and Support \(IPS\) Supported Employment Program](#) helps people with serious mental illness find competitive, community employment and provides ongoing, individualized services with a focus on employment.

Services include:

- Personalized counseling to understand how work may affect your benefits.
- Ongoing treatment to help you manage medications, symptoms and other behavioral health needs.
- Employment specialist and peer support to help you succeed on the job and advance professionally.

Retrieved on 3/14/24.

<sup>30</sup> 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). See [“Employment services aid recovery for WNC residents”](#) (August 27, 2020).



for people with disabilities seeking employment, those who are currently employed, and employers who hire and retain staff with an I/DD.<sup>31</sup>

- ✓ The DVRS received a \$13.8 million federal grant to increase opportunities for people with I/DD to achieve success in CIE. 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.<sup>32</sup>
- ✓ 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,<sup>33</sup> as defined by a Request for Applications (RFA), since October 2023.

## Why Priority Area 4 Remains a Focus

Competitive integrated employment is an employment outcome that increases an individual's self-esteem, promotes social interaction and financial stability, and develops a greater sense of identity.

Pre-employment transition services provide students with disabilities between the ages of 14 and 21 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 CIE and high expectations for post-secondary outcomes for students with disabilities.

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<sup>31</sup> North Carolina Department of Health and Human Services (n.d.). [Strategic plan for Inclusion Works](#). Retrieved 1/30/24.

<sup>32</sup> North Carolina Department of Health and Human Services (n.d.). [North Carolina's subminimum wage to competitive integrated employment grant award \(Project Spark\)](#). Retrieved 1/5/24.

<sup>33</sup> [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 1/5/24.



Participation in IPS/SE<sup>34</sup> is a requirement in the U.S. DOJ Transitions to Community Living settlement agreement. As of October of 2023, North Carolina has provided IPS/SE to more than 2,500 individuals with SMI who are in or at risk of entry to adult care homes.

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).<sup>35</sup>
- Success in Priority Area 4 is contingent upon a well-resourced DVRS that maximizes federal funding opportunities. The state is committed to pursuing appropriate funding sources and ensuring adequate staffing to meet the needs of disabled individuals interested in employment. DVRS will facilitate the filling of positions by offering competitive wages and ensuring that job descriptions and classifications are not barriers to having a sufficient number of quality Vocational Rehabilitation Counselors.
- The DVRS will continue to explore ways to increase the number of pre-ETS vendors.
- The DVRS will continue participation with [Work Together NC](#) and the [Post-Secondary Education Alliance](#).
- 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.

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<sup>34</sup> Supported employment is a service to help people find competitive integrated employment or create their own jobs through self-employment.

<sup>35</sup> 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.](#)

The NCDHHS awarded \$4 million over a three-year period to Work Together NC 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 CIE 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 has worked with all LME/MCOs to roll out an IPS/SE<sup>36</sup> Incentive Plan and will continue monitoring quarterly the number of TCL individuals in IPS/SE and in competitive employment. The NCDHHS implemented the standardized NC CORE payment model for IPS/SE that included 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 NCDHHS will invest in Disability Benefits 101 (DB 101)<sup>37</sup> as an educational tool to address these concerns.

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.

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<sup>36</sup> The [Individual Placement and Support \(IPS\) Supported Employment Program](#) helps people with serious mental illness find competitive, community employment and provides ongoing, individualized services with a focus on employment. Retrieved on 1/5/24.

<sup>37</sup> [Disability Benefits 101](#) is an online system that helps people with disabilities understand the connections between work and benefits. Retrieved on 3/14/24.

*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, statewide, at a cost of almost \$16 million.

As of October of 2023, North Carolina had provided supported employment to at least 2,500 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 LTSS target group or by program use.
  - a. Number of Senior Community Service Employment Program participants with and without disabilities
  - b. Percentage of Vocational Rehabilitation (VR) participants who attain their vocational goals
  - c. Number of students with disabilities who are provided pre-ETS
2. Percentage of people in Supported Employment programs by different outcomes, such as skill gain, achieving CIE, pay rates and benefits, length of time in job, and 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 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 reentering 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% success rate.<sup>38</sup>

- ✓ 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 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.<sup>39</sup> This will make it possible for more North Carolinians to receive services and supports when and where they need them.

## Proposed Strategies for Priority Area 5

- The DVRS will continue efforts to increase delivery of pre-ETS to adjudicated youth in the Youth Detention Centers.
- The state will evaluate strategies to incorporate evidence-based behavioral health care services in Youth Detention Centers.
- Expanding services for individuals in the justice system is a priority in the 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 TBI.
- The state will pursue funding to support the use of Medication for Opioid Use Disorder (MOUD) for use in the state’s jails and prisons for both medication continuation and induction. The DMH/DD/SUS will work with the Department of Adult Corrections and sheriffs to develop a plan for MOUD implementation.

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<sup>38</sup> Success equates to reduced recidivism in re-arrests, reconviction, or reincarceration.

<sup>39</sup> For more information, see NCDHHS: [Investing in Behavioral Health and Resilience: A Comprehensive Plan to Strengthen North Carolina’s Mental Health and Substance Use Disorder Treatment System](#). (March 2023)

## Baseline Data/Targeted Measures for Priority Area 5

### *Baseline Data for Priority Area 5*

Approximately 6,000 people, or about 20% of all offenders, currently receive psychiatric services from the state prison system.<sup>40</sup>

Per the SFY 2021 – 2022 prison admission Substance Abuse Subtle Screening Inventory testing results, of the 11,986 offenders screened, 78% or 9,315 indicated a need for intermediate or long-term substance use disorder treatment.<sup>41</sup>

As of September 6, 2023, and since inception of the project, the NCCDD Justice Initiative had received 194 total referrals and completed 185 Individual Reentry Plans with an 85.5% success rate, meaning that individuals did not reoffend or 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 Reentry Plans.
3. Number of individuals with I/DD released from prison who completed Individual Reentry Plans and were referred for support.

## Priority Area 6: Promote Workforce Development, Recruitment, and Retention

### What Priority Area 6 Means

This is a reestablished priority area for the 2024 –2025 plan, based on stakeholder feedback. Direct care workers (DCWs) and a subset of this group, direct support professionals (DSPs), are essential to the delivery of services across LTSS sectors. This priority focuses on recruiting and retaining a frontline workforce composed of DCWs and DSPs who have mastered the core competencies relevant to their work. Strategies address the wages, benefits, competency-based

<sup>40</sup> North Carolina Department of Adult Correction (n.d.). [Comprehensive health services](#). Retrieved 1/11/24.

<sup>41</sup> North Carolina Department of Adult Correction (2023). [Substance use disorder treatment programs annual report](#).

training, and support necessary to recruit and retain these crucial staff and help equip them to deliver quality services and supports appropriate to each individual's needs.

## North Carolina's Priority Area 6 Efforts to Date

- ✓ In January 2024, the Secretaries of the NCDHHS and the North Carolina Department of Commerce published a report, *Investing in North Carolina's Caregiving Workforce: Recommendations to Strengthen North Carolina's Nursing, Direct Care, and Behavioral Health Workforce*. The report sets out the specific strategies on which the two departments will collaborate to address the workforce crisis.
- ✓ In late 2022, the NCDHHS and the Department of Commerce launched the Caregiving Workforce Strategic Leadership Council ("Caregiving Council").
- ✓ In November 2021, the North Carolina General Assembly's approved budget included a rate increase for DCWs employed by ICF/IIDs and Medicaid waiver 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 care workers.
- ✓ The Division of Health Benefits 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 developing recommendations for the delivery of competency-based training curricula for 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/curricula.
- ✓ Concurrently, the NCDHHS tasked the NC Area Health Education Center (AHEC) with developing recommendations for a certification plan for Home and Community Based Services DCWs. The AHEC issued a report offering a [comprehensive plan](#) for implementing DCW worker certification across the state, including concrete recommendations for policy and practices.
- ✓ The NCCDD has supported the Direct Support Professional Work Group, a team of advocates and professionals who have successfully promoted wage increases for DSPs working in the community.
- ✓ In partnership with the NCDHHS, the NC Institute of Medicine, AHEC, and the University of North Carolina (UNC) established the NC Center on Workforce for Health. The NC Center on the Workforce for Health will provide a forum for health employers, workers, educators, regulators, policymakers, and others throughout North Carolina to convene, discuss challenges and opportunities, share best practices and lessons learned, identify potential solutions and metrics for success, and monitor progress.

- ✓ Recommendations related to direct care workforce recruitment and retention are anticipated to be reflected in [NC All Ages, All Stages](#), North Carolina’s multi-sector aging plan, as conceptualized in Executive Order 280.
- ✓ Since 2014, North Carolina has participated in the National Core Indicators® (NCI) Survey for I/DD as well as the NCI® State of the Workforce Survey. The NCI® State of the Workforce Survey collects data on the 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 did not participate in the piloting of a State of the Workforce Survey for Aging and Disabilities, initiated in July 2022; however, the state intends to participate in the companion survey NCI – Aging and Disabilities (NCI-AD™) Survey in 2025.
- ✓ The NCDHHS has also highlighted the use of assistive technology as a strategy to relieve the overwhelming demand for direct care workers. For example, the Division of Health Benefits MFP program has promoted the use of “smart home” technology to support individuals with I/DD, TBI, and physical disabilities to live more 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 Olmstead Team will monitor the number of individuals receiving technology training to track progress for this strategy.

## Why Priority Area 6 Remains a Focus

Workforce challenges span all sectors of the *Olmstead* population with far-reaching impacts on other priority areas and initiatives. Without an adequate community-based workforce, the strategies in other areas cannot be actualized. In addition, the competence, stability, and satisfaction of DCWs, inclusive of DSPs, can have a significant impact on the quality of life for individuals with disabilities. While efforts have been made to date, the direct care workforce in North Carolina continues to exhibit high rates of turnover. 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 recruiting individuals for all levels of service delivery and, of equal importance, on retaining them.

## Proposed Strategies for Priority Area 6

- Align Olmstead Plan strategies with the initiatives in the January 2024 NCDHHS and North Carolina Department of Commerce Secretary’s report, *Investing in North Carolina’s Caregiving Workforce: Recommendations to Strengthen North Carolina’s Nursing, Direct Care, and Behavioral Health Workforce*. These include:



- Define the direct care workforce.
- Advance the data landscape for the direct care workforce.
- Create a living wage for direct care workers in the community.
- Expand apprenticeship programs.

Strategies specific to the 2024 – 2025 Olmstead Plan will be:

- Adopt a definition of “direct care workforce” and “direct support professional.”
  - DSPs assist people with I/DD in realizing their full potential and becoming valued and participating members of their communities. Their work is complex and goes well beyond caregiving, requiring skills including independent problem-solving, decision-making, behavioral assessment and prevention, medication administration, health and allied health treatment, teaching new skills, crisis prevention and intervention, and more.<sup>42</sup>
  - Continue to support increased wages for the community-based direct care workforce.
    - Leverage the NC Medicaid rate analysis to understand how rates vary by location and work toward parity with the workforce in institutional settings.
  - Incent the adoption of competency-based curricula; credentialing of direct care workforce; and apprenticeship programs.
    - Promote the recommendation in the AHEC report to build the DSP workforce using “earn as you learn” training and certification programs.
    - Address the issues around wage disparities and professionalization of the direct care workforce by improving training. This will help elevate the quality of care, job satisfaction, and career opportunities.
  - Recognize family caregivers as essential, but not necessarily sustainable, members of the workforce by offering adequate compensation and other supports, including:
    - Flexible and family-centered family support services.
    - Family support is an essential complement to the formal service system. Family support fills needs due to gaps in what formal services cover, and it also provides support and relief to families who are not currently receiving any services, due to either wait lists or not being Medicaid eligible.
    - Family support can include health-promoting opportunities such as car repairs; resolving food insecurity; emergency housing support in domestic violence situations; copays for essential medical care; wheelchair repairs not covered by Medicaid; and uniforms or other expensive, job-related items.
    - Family support should also include information and referral, and future planning support, as needed.
    - Training
    - Mentorship

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<sup>42</sup> National Alliance for Direct Support Professionals (n.d.) [Who are direct support professionals?](#) Retrieved 3/14/24.



- Build out the peer support specialist workforce, including family peer support providers, and broaden definitions of who can offer peer support. Create clear pathways to credentialing peers and help make available adequate training and experience resources.
  - Enable expansion of family peer support to I/DD through legislation that authorizes service for this population.
  - Increase the number of individuals with I/DD, TBI, mental health disabilities, and substance use disorders who are employed as Peer Mentors and Certified Peer Specialists.

## Baseline Data/Targeted Measures for Priority Area 6

This area is inclusive of the initiative in the *Investing in North Carolina's Workforce* report to expand the data landscape of direct care workers. The Olmstead team will follow the report's recommendations, like developing an inventory of workforce data sources to support the measurement of the following:

1. Number of all direct care workers by type, setting, geographic area, and credential status
2. Average and median wages among all direct care workers by type, setting, and geographic area
3. Average staff turnover rates by geographic area
4. Average vacancy rates by geographic area
5. Number of Medicaid- and state-funded service hours for people with I/DD authorized but not delivered

## Areas of Focus Needed for NC to Continue Progress toward *Olmstead* Compliance

Though not identified as “priority areas” in this Plan, the key initiatives in this section require the state’s ongoing attention. Examples of the progress made to date by the 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.<sup>43</sup>

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, I/DD, substance use disorder, and TBI service system.

In October of 2023, the DMH/DD/SUS instituted monthly Side-by-Side virtual meetings hosted by the Division's 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 such committees:

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

The DMH/DD/SUS continues its support for Temple University's work in the state. During FY 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 in trainings related to its community inclusion activities;<sup>44</sup> 3) a series of trainings on building natural supports and other topics for TCL members/recipients and for TCL providers; 4) training for the AHEC, including a possible onsite, multi-day set of trainings for its 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 LME/MCOs and Tailored Plans and their provider networks on topics related to community inclusion, social isolation and loneliness, and addressing the social determinants 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\*](#) of HCBS waiver recipients. The NCDHHS is also an active participant in the

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<sup>43</sup> 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.

<sup>44</sup> This includes the provision of technical assistance on the expansion of community inclusion activities and affiliate participation in community inclusion grant opportunities.

[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:

- 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 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 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 the Department 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, LME/MCOs<sup>45</sup> have been responsible for statewide management and oversight of the public system (including mental health, I/DD, 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 OPSA. Several of the initial Plan's strategies and achievements reflected LME/MCO initiatives undertaken in response to the TCL settlement agreement with the U.S. DOJ. 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 Director for the Office for 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 will continue to work toward standardizing data submitted across the LME/MCOs. 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 has consolidated 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.

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<sup>45</sup> 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 the NC Medicaid fact sheet "[What is the LME/MCO Consolidation?](#)" (January 2024).

- ✓ 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 Technical Assistance Collaborative (TAC) trainers to provide a curriculum and series of training sessions on permanent supportive housing (PSH)<sup>46</sup> best practices to strengthen providers' abilities to support TCL members in independent living.
- ✓ NCDHHS staff provided numerous in-person and virtual sessions to train provider staff on informed decision making.<sup>47</sup>
- ✓ In 2023, the 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, I/DD, and 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. North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE) has been implemented.

## 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 non-medical 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.

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<sup>46</sup> [Permanent supportive housing](#) (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and [supportive services are provided](#) to assist households with at least one member (adult or child) with a disability in achieving housing stability. Retrieved 1/9/24.

<sup>47</sup> [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 1/9/24.

The statewide adoption of select non-medical interventions, such as transportation, for Medicaid enrollees could redress these barriers to inclusive community life.

The North Carolina State University Institute for Transportation Research and Education has submitted a request for federal funding to expand micro-transit pilot sites. This approach has demonstrated success in meeting the transportation needs of individuals with disabilities living in the community.

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 MFP Demonstration Project is addressing barriers to transition, including transportation. Through a grant from MFP, Land of Sky Regional Council is working collaboratively on an initiative to assist individuals to be more connected to their community. The initiative is exploring the lack of choice in transportation options and how that affects seniors' ability to live independently. Through collaborative efforts with multiple organizations, Land of Sky is engaging with people with lived experience in transportation-related decision making, identifying transportation decision-making bodies, making travel training available for older adults, and training transportation workers to support riders with I/DD and other disabilities.

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 determinants 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.<sup>48</sup> Access to safe, decent, affordable housing is severely limited in many parts of North Carolina, especially in areas where the services, supports, and amenities such as stores, jobs, and transportation exist.

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<sup>48</sup> Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](#). *Health Affairs*.

Recognizing the growing need for affordable and supportive housing for the populations NCDHHS serves, in early 2021 the Department's 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 TCL settlement agreement,<sup>49</sup> the NCDHHS' housing priorities over the next several years will continue to support people with disabilities.
- The NCDHHS is committed to seeing that this Strategic Housing Plan creates community-based housing opportunities necessary for people with disabilities to live as integrated and thriving members of their communities.

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 SMI or SPMI. 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% were 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 has worked with the Housing Leadership Group

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<sup>49</sup> North Carolina reached a settlement agreement with the U.S. Department of Justice in 2012 to facilitate the transition of adults with serious persistent mental illness from adult care homes 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](#).



to develop a one-year action plan to guide implementation of the Strategic Housing Plan, which is targeted to be released in April 2024.

### *Supported Living*

Stakeholders continue to advocate for community-based living arrangements with supports for individuals with I/DD as an alternative to ICF/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 [online Guidebook](#). Two videos highlighting the support of individuals who receive Supported Living Level 3 have been developed for inclusion on the website.

In July and August 2023, the 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 Pilots 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 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 Available Services and Supports**

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,<sup>50</sup> 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 underserved communities and has worked with the DHB to provide sustainable coverage for its 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.<sup>51</sup> Nine contracts were executed through June 30, 2024. Additionally, the contract with the 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 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

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<sup>50</sup> The Office on Olmstead and Transitions to Community Living is part of the Health Equity Portfolio's Office of Diversity, Equity, and Inclusion.

<sup>51</sup> Collegiate recovery programs offer support in recovery from addiction for individuals seeking undergraduate and graduate educational opportunities.

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.

On September 28, 2023 Governor Roy Cooper signed Senate Bill 615 into law as SL 2023-124, 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 20 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 rights 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 whose competency is 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, 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 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 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 the number of people enrolled in various 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.
- ✓ 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 North Carolina Department of Health and Human Services (NCDHHS) continues to evolve in its approach to oversight and accountability in Olmstead Plan implementation. The NCDHHS has, for example, established a governance structure for cross-divisional Olmstead Key Initiatives. The Olmstead governance structure includes the Olmstead Plan, Transitions to Community Living (TCL), competitive integrated employment (CIE), *Inclusion Connects*, psychiatric residential treatment facilities (PRTFs), and justice involved populations. Olmstead Key Initiatives provides a cross-divisional governance structure for initiatives that are not fully owned by one division, creating a clear path for managing decisions and risks or issues. Standardized roles are established for each initiative and individuals are assigned to those roles with clear responsibilities set. Guidance and standards on administrative components, such as meetings and reporting, are kept as simple as possible, while still creating the necessary structure.

### Ongoing Role of the Olmstead Plan Stakeholder Advisory

In addition to its internal structure for governance, Olmstead Key Initiatives, 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 the OPSA as key to the plan's success.

### Ongoing Role of the Olmstead Plan Advisors

Coordination of *Olmstead* activities includes consistent engagement of consulting advisors throughout the process. The Technical Assistance Collaborative (TAC) is contracted to assist with the development and monitoring of the Olmstead Plan and coordinates this work with Mathematica and the NCDHHS through biweekly meetings focused on outcome measurement and reporting. The TAC also contracts with North Carolina to develop and monitor the state's Strategic Housing Plan as well as component, yearly action plans. The TAC additionally facilitates training and technical assistance to the LME/MCO providers of supportive services for the TCL population. This training is focused on services needed to support community tenure. The TAC's internal teams working in these three areas meet monthly to ensure coordination across these initiatives.



## Conclusion

The NC Department of Health and Human Services (NCDHHS) developed the 2024 – 2025 Olmstead Plan to serve as a cross-population roadmap, addressing the health and wellbeing of children and families, youth, adults, and elders with disabilities. This 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 as we strive to address the challenges so that all North Carolinians with disabilities are able to have 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 its 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

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**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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# Appendix B: Abbreviations Used in this Document

<b>ACH</b> – Adult Care Home	<b>HCBS</b> – Home and Community-Based Services
<b>ACT</b> – Assertive Community Treatment	<b>HUD</b> – U.S. Department of Housing and Urban Development
<b>ADA</b> – Americans with Disabilities Act	<b>ICF/IID</b> – Intermediate Care Facility for Individuals with Intellectual Disabilities
<b>ADA/NC</b> – Alliance of Disability Advocates of North Carolina	<b>I/DD</b> – Intellectual and other Developmental Disabilities
<b>ADVP</b> – Adult Developmental Vocational Program	<b>IDM</b> – Informed Decision Making
<b>AHEC</b> – Area Health Education Center	<b>IPS/SE</b> – Individual Placement Support - Supported Employment
<b>CAP</b> – Coordinated Action Plan	<b>LME/MCO</b> – Local Management Entity/Managed Care Organization
<b>CAP/C</b> – Community Alternatives Program for Children	<b>LTSS</b> – Long-Term Services and Supports
<b>CAP/DA</b> – Community Alternatives Program for Disabled Adults	<b>MFP</b> – Money Follows the Person
<b>CIE</b> – Competitive Integrated Employment	<b>MORES</b> – Mobile Outreach Response Engagement Stabilization
<b>CMS</b> – Centers for Medicare & Medicaid Services	<b>NCCDD</b> – North Carolina Council on Developmental Disabilities
<b>CY</b> – Calendar Year	<b>NC CORE</b> – North Carolina Collaborative for Ongoing Recovery through Employment
<b>DAAS</b> – Division of Aging and Adult Services	<b>NCDHHS</b> – North Carolina Department of Health and Human Services
<b>DCFW</b> – Division of Child and Family Wellbeing	<b>NC FIT</b> – North Carolina Formerly Incarcerated Transitions Program
<b>DCW</b> – Direct Care Workers	<b>NCI</b> – National Core Indicators <sup>52</sup>
<b>DHB</b> – Division of Health Benefits	<b>NC-PAL</b> – North Carolina Psychiatry Access Line
<b>DMH/DD/SUS</b> – Division of Mental Health, Developmental Disabilities and Substance Use Services	<b>NC START</b> – North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment
<b>DPI</b> – Department of Public Instruction	<b>OPSA</b> – Olmstead Plan Stakeholder Advisory
<b>DSB</b> – Division of Services for the Blind	<b>ORH</b> – Office of Rural Health
<b>DSOHF</b> – Division of State Operated Healthcare Facilities	<b>Pre-ETS</b> – Pre-Employment Transition Services
<b>DSP</b> – Direct Support Professional	<b>PRTF</b> – Psychiatric Residential Treatment Facility
<b>DSS</b> – Division of Social Services or local Department of Social Services	
<b>DVRS</b> – Division of Vocational Rehabilitation Services <sup>52</sup>	
<b>EMS</b> – Emergency Medical Services	
<b>FFY</b> – Federal Fiscal Year	

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<sup>52</sup> 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.

**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

**SILES** – Social Isolation, Loneliness, and  
Elevated Suicide Risk

**SFY** – State Fiscal Year

**SMI** – Serious Mental Illness

**SPMI** – Serious and Persistent Mental Illness

**START** – Sobriety Treatment and Recovery  
Teams

**SUD** – Substance Use Disorder

**SWTCIE** – Subminimum Wage to Competitive  
Integrated Employment

**TAC** – Technical Assistance Collaborative

**TBI** – Traumatic Brain Injury

**TCL** – Transitions to Community Living

**UNC** – University of North Carolina

**U.S. DOJ** – United States Department of  
Justice

**WECARE** – Workforce Engagement with Care  
workers to Assist, Recognize and Educate

**WIOA** – Workforce Investment Opportunity Act



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## Appendix C: 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 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% of the federal poverty level.

**Assertive Community Treatment** – An evidence-based practice that provides community-based, multidisciplinary mental health treatment for individuals with serious 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** –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. North Carolina

will launch the Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan on a date still to be determined.

**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** – A 1915(c) Home and Community-Based Services waiver that 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** – As defined by the Rehabilitation Act, 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.

North Carolina's [Rule 10A NCAC 27G .0104, Staff Definitions](#), includes this definition of Direct Support Professional: "Direct Support Professional" means an individual who has a GED or high school diploma hired to provide intellectual disability, developmental disability, or traumatic brain injury services.

**Healthy Opportunities** – An NCDHHS initiative designed 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, including those with 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 serious mental illness and other debilitating disorders to find competitive, integrated community employment and provides ongoing, individualized services with a focus on employment.

**Innovations Waiver** – A 1915(c) Home and Community-Based Services waiver that supports children and adults with intellectual and other developmental disabilities 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)** – A program that 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 and Medicaid Services in May 2007 and began supporting individuals to transition to community living in 2009.

**North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE)** – 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)** – A free telephone consultation and education program to help health care providers address the behavioral health needs of their patients.

**Olmstead v. L.C** – A United States Supreme Court case concerning discrimination against people with disabilities. The court held that under the 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, 0 to 18 years old, determined by DSM-IV Diagnosis to cause moderate to severe impairment in functioning. Also referred to as Serious Emotional Disturbance.

**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.

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

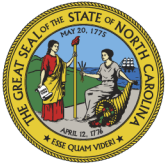
**Supported Decision-Making** – A method that allows individuals with disabilities to make choices about their own lives with support from a team of people they choose. In this approach, people with disabilities choose people they know and trust to be part of a support network to help with day-to-day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

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

**Supported Living** – A [service definition](#) in the North Carolina Innovations waiver that provides people with significant disabilities the opportunity to live in their own homes.

**Transitions to Community Living (TCL)** – A settlement agreement entered into by North Carolina 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)** – A law signed on July 22, 2014 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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