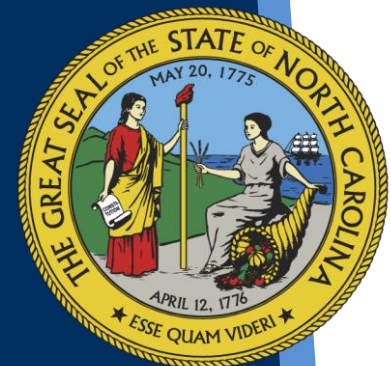


NC Department of Health and Human Services

Inclusion Connects Report Summary

Summary views of key metrics from the [Inclusion Connects Quarterly Report](#) are available in the following sections.

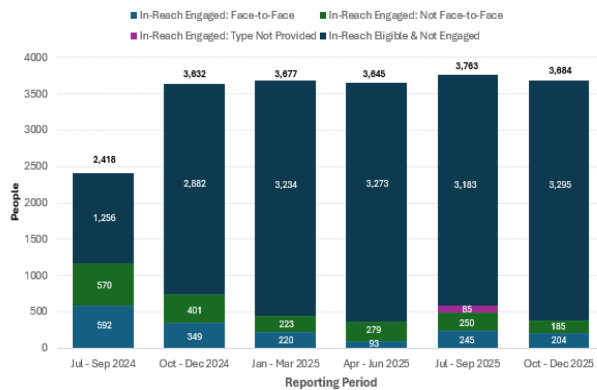
Apr. 15, 2026



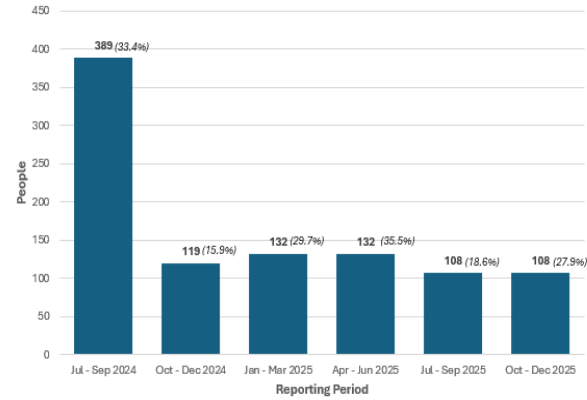
Transition & Housing Overview

Please note metrics may fluctuate as data quality improves, reflecting more accurate populations and cleaner, more reliable data. Current data is sourced from LME/MCO reporting.

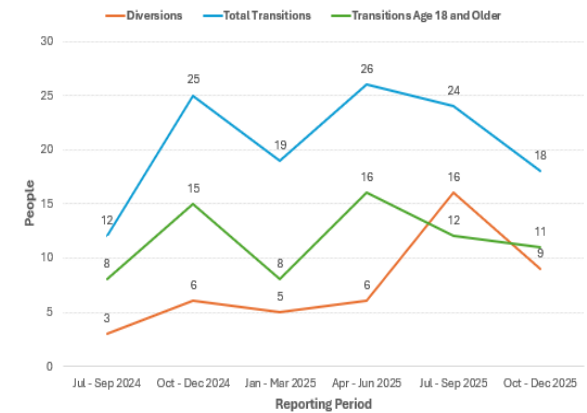
In-Reach



Transition Planning Following In-Reach



Diversion and Transition from Institutional Settings



- The total number of members reported living in institutional settings remains stable across LME/MCOs.
- In-Reach efforts reflect internal policies of each LME/MCO.

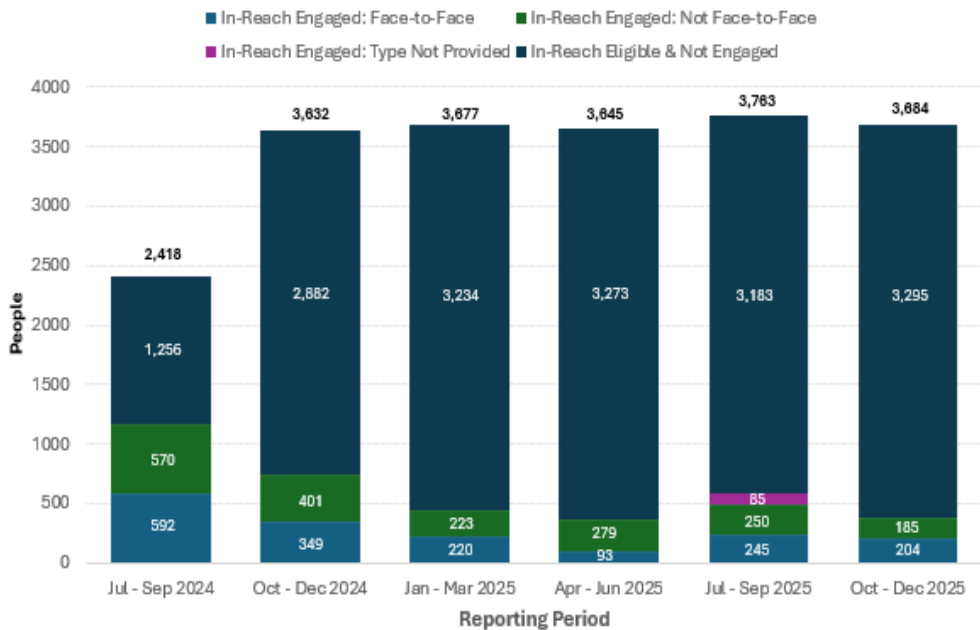
- Percentages are calculated using the number of people engaged in In-Reach during the quarter who decide to move into the “transition planning” phase.

- NCDHHS continues to work with the LME/MCOs¹ to ensure people eligible for diversion are tracked correctly.
- Transition data from the Money Follows the Person program are included. TCL² program data is not included in the above chart.
- All 37 people who moved during Jul – Dec 2024 have remained successfully living in the community for at least 1 year.

1. LME/MCO: Local Management Entity/Managed Care Organization
 2. TCL: Transitions to Community Living

Transition & Housing

In-Reach

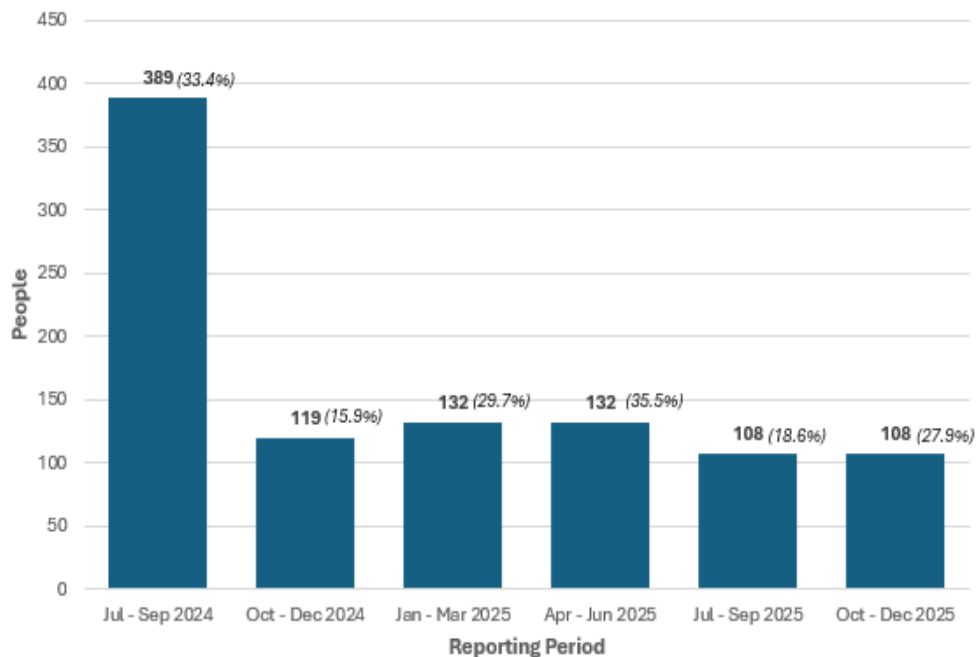


In-Reach

- In-Reach involves educating people with disabilities in institutional settings and their Legally Responsible Person (LRP) on the benefits and availability of community-based services.
- In-Reach staff also offers visits to community-based settings and opportunities to meet other people with disabilities who are living, working and receiving services in inclusive settings.
- In-Reach involves face-to-face and virtual discussions with each person, depending on their preference. The goal is to support people in making the best living decision for themselves.

Transition & Housing

Transition Planning Following In-Reach

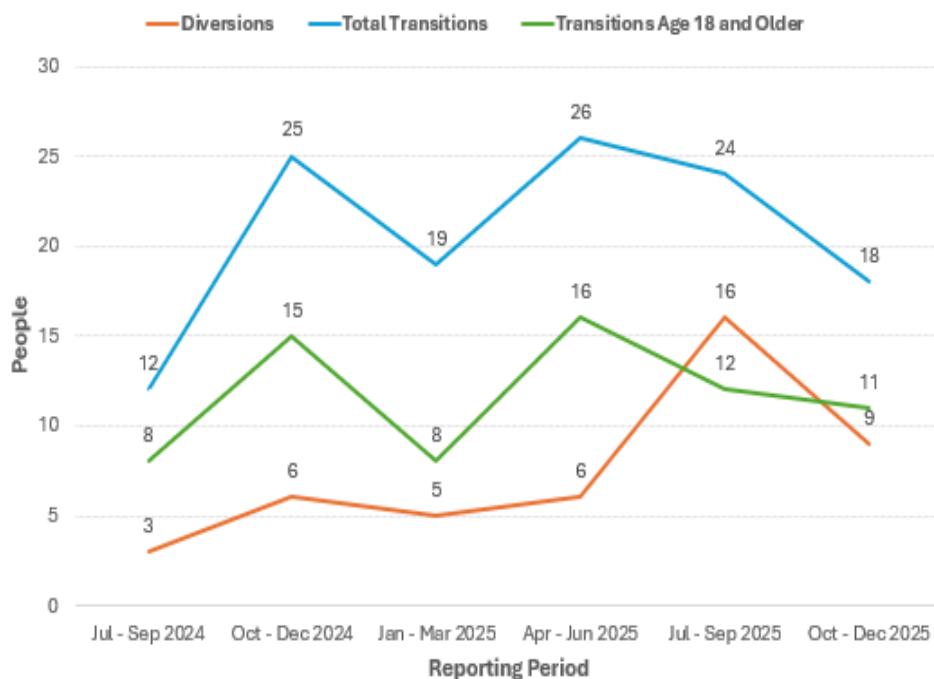


Transition Planning

- In-Reach education allows people with disabilities to make an informed choice about where they want to live and receive services.
- The goal of transition planning is to make sure the person has the supports they need to move into the community living option of their choice, if it is a good fit.

Transition & Housing

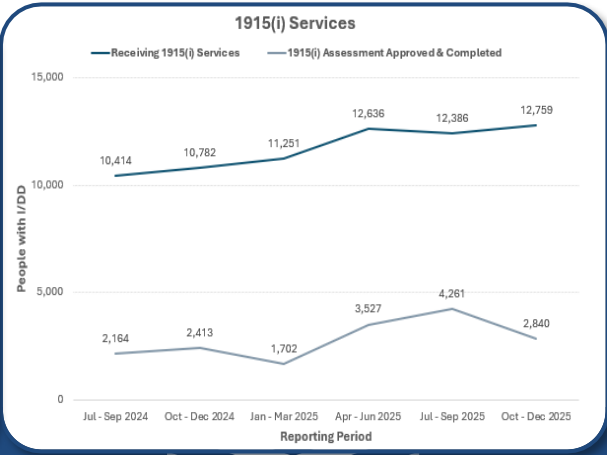
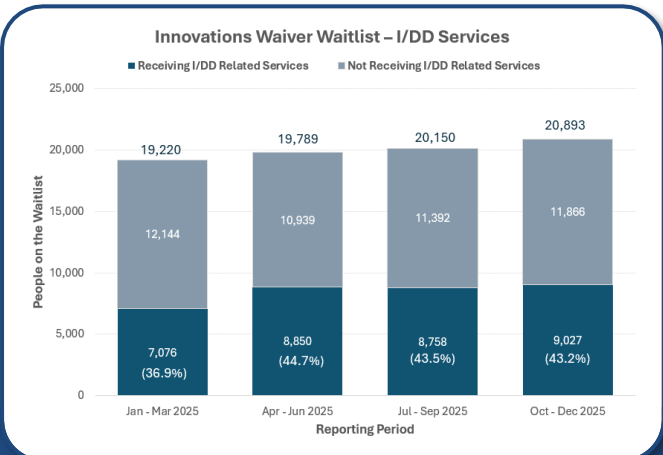
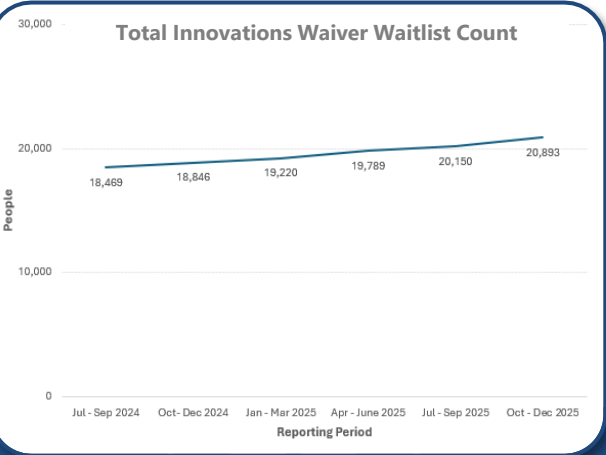
Diversion and Transition from Institutional Settings



Transition & Diversion

- **Transition** involves moving from an institutional setting into a community-based setting, if a person chooses to do so.
- A “successful” transition is counted as living in the community for one year.
- Diversion involves identifying people with I/DD who may be at risk of moving into an institution and **providing them with extra supports and services** to help them stay in their own homes and neighborhoods.
- **Diversion** means making sure every person can get important services like Medicaid Home and Community-Based Services (HCBS), 1915(i) services, special waivers, or state programs to help them remain living in the community

Services Overview

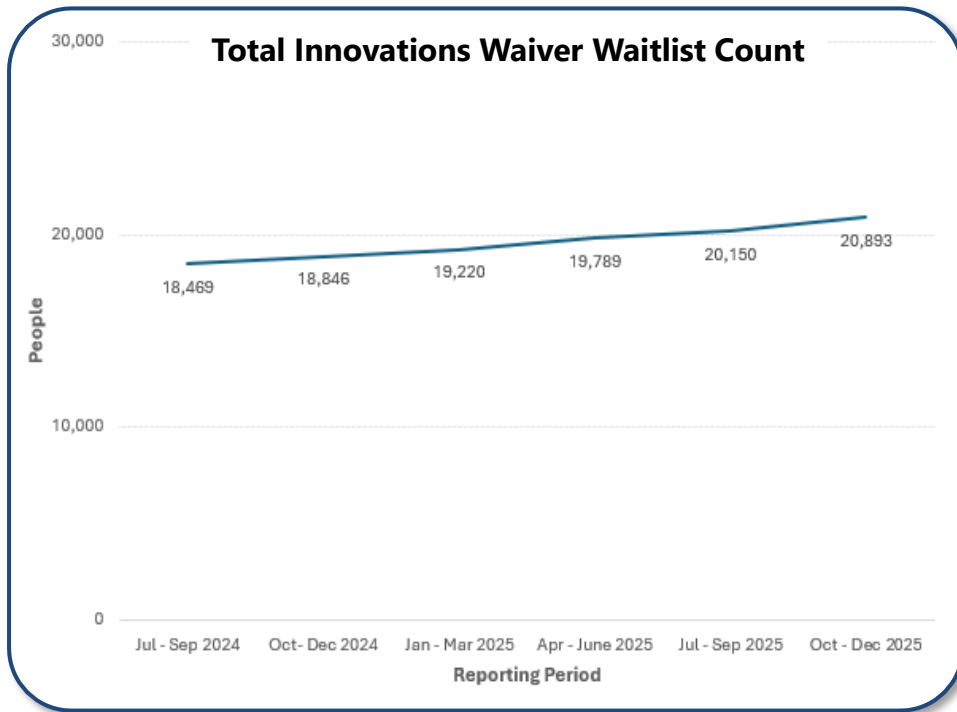


- The Innovations Waiver Waitlist continues to grow, reflecting **increasing awareness and need for services within the I/DD community.**

- The number of people receiving I/DD services continues to grow relative to growth of the Innovations Waiver - showing that while the **demand for services increases, access is also expanding.**

- People with approved 1915(i) assessments are new each reporting period, but those receiving 1915(i) services may overlap across periods.

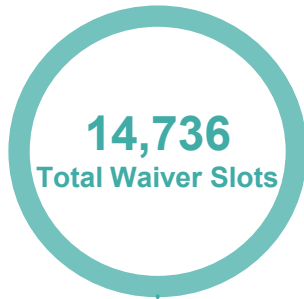
Services



Innovations Waiver

- The Innovations Waiver gives people with I/DD the most services and support at home, in the community, and at work. It helps them live and do well in community settings. The waiver offers person-centered plans made to fit each person's needs.
- There are not enough waiver slots to allow for everyone, which leads to a growing waitlist.

Innovations Waiver



Active Slots	14,161
Remaining Reserve Slots	89
Inactive Assigned Slots	486
Total Waiver Slots	14,736

Inactive Assigned Slots - Some Reasons Slots May be Assigned to Member but Inactive:



At Beginning of Slot Assignment Process
(Can last up to 90 days)



Disability Determination In Progress



Deceased
(Slot Not Yet Reassigned)

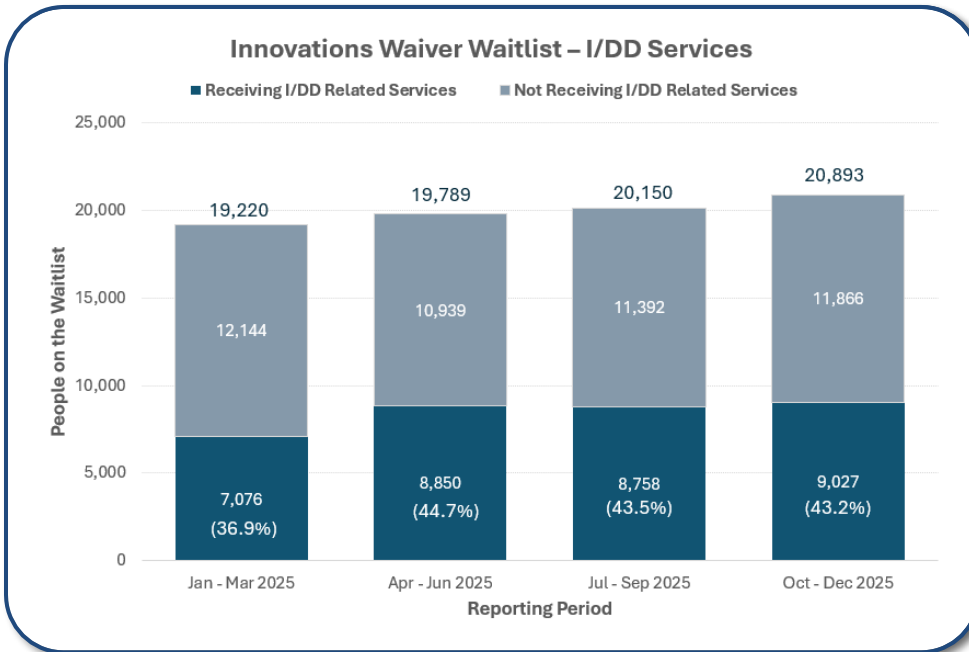


In Institutional Setting
(Assigned Slot Temporarily Held at Member's Request)



Inpatient and Transitioning

Services



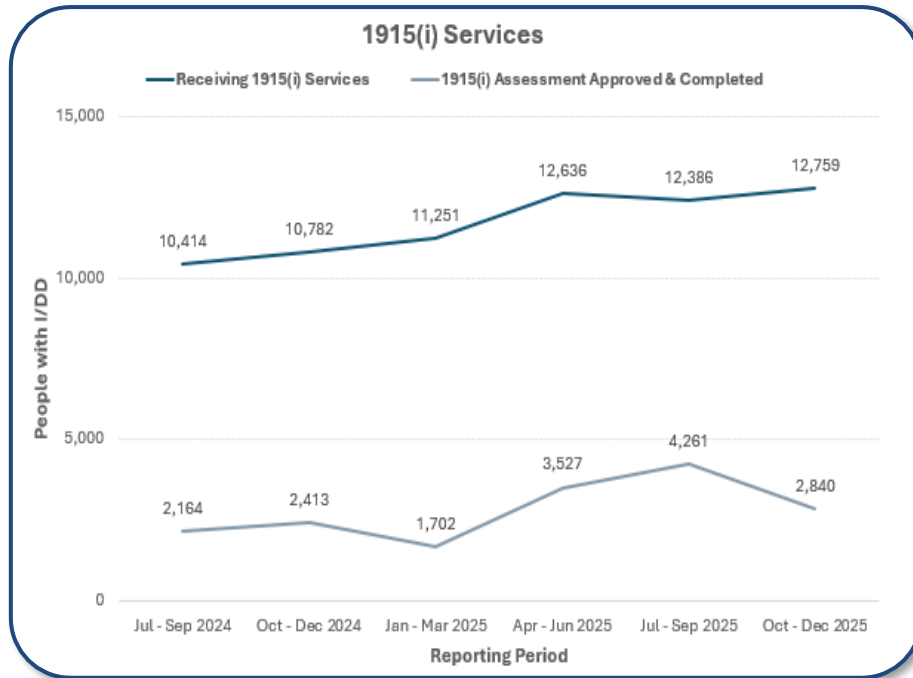
To reduce confusion and align with the data used in the [Innovations Waiver Waitlist Dashboard](#), this data was updated to use the same set of I/DD service codes as the Dashboard.

I/DD Services

- Like the Innovations Waiver, I/DD services in North Carolina provide for people with I/DD to help them live independently and fully in their communities. This can help improve quality of life and reduce reliance on institutional care.
- Over **one third of people** on the waitlist are currently receiving I/DD services outside of the Innovations Waiver while they wait for a slot.

Services

1915(i) Services



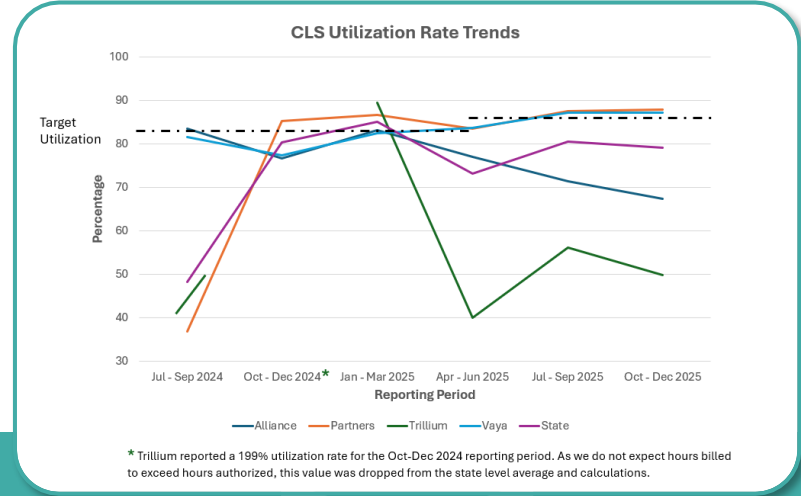
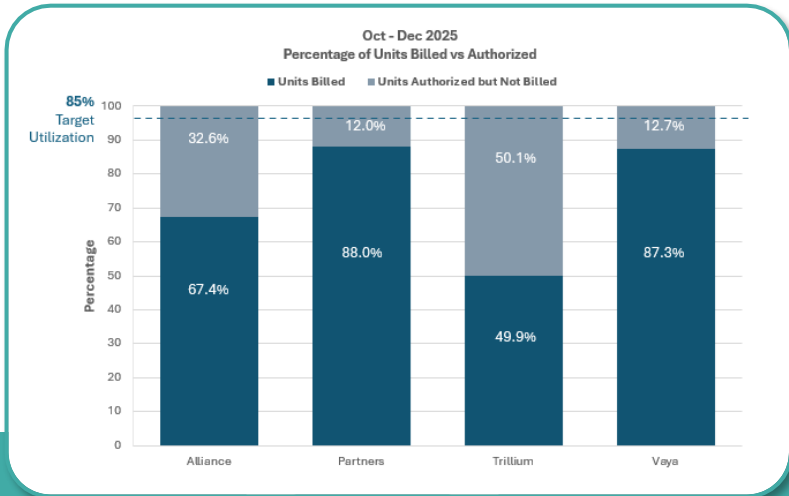
1915(i) Services Include:*

1. Community Living and Supports
2. Supported Employment
3. Respite
4. Community Transition

- 1915(i) is a Medicaid program in North Carolina that helps people with I/DD, mental health needs, substance use disorders, or traumatic brain injuries get care at home or in their communities.
- To get started, a person contacts their LME/MCO to request an assessment, which is completed within 90 days. After this, a personalized support plan is created for each person.
- The program gives people important services that can help with all their needs. It also supports people while they are on the Innovations Waiver waitlist. 1915(i) services may even fully meet a person's needs, making the Innovations Waiver unnecessary.

*1915(i) Services do **NOT** include Tailored Care Management (TCM).

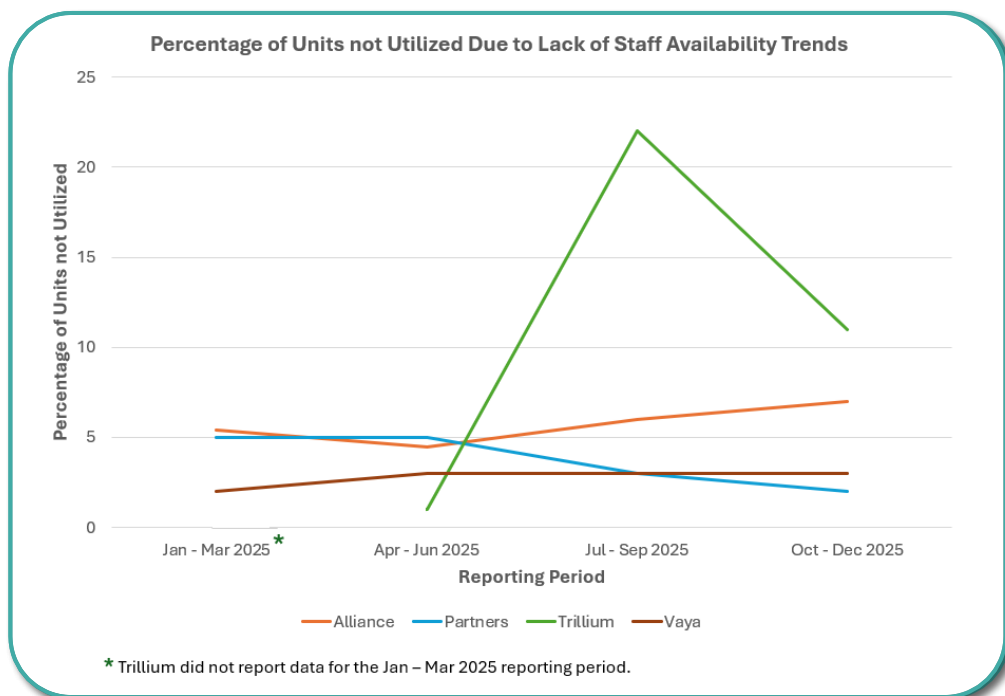
Direct Support Professional (DSP) Workforce Overview



- **Utilization rates** represent authorized Community Living and Support (CLS) services provided to people on the **Innovations Waiver**.
- The Department is looking into utilization rate data quality and taking necessary steps to ensure all LME/MCOs report this information in the same way.

- While improvements in data quality have been seen, the Department continues to engage with the LME/MCOs to understand discrepancies in reporting and ensure accurate data.
- Starting in the Jan – March 2025 period, the collection group was limited to members whose plans ended during the reporting period, resulting in different populations each quarter. Future year-over-year comparisons may support better trend analysis.

DSP Workforce



CLS Staffing

- North Carolina currently does not have enough **Direct Support Professionals (DSPs)**. This makes it harder for people with I/DD to get the help they need at home and in their communities.
- To give good care, **Community Living and Support (CLS)** services need DSPs who are well-trained, supported, and have clear paths to grow in their jobs. This helps make sure people with I/DD get steady and high-quality support.
- Utilization rates represent CLS services provided to individuals on the **Innovations Waiver**.

NC Department of Health and Human Services

Inclusion Connects Report Summary

Contact: DMHIDDContact@dhhs.nc.gov

Apr. 15, 2026

