NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

North Carolina

Olmstead Plan Implementation

Summary Report
from October 1 through December 31, 2025

May 1, 2026

Table of Contents

Background and Introduction

In the fourth quarter of 2025 (October 1 to December 31), the North Carolina Department of Health and Human Services (NCDHHS) worked with other state agencies and community partners to carry out the 2024–2025 Olmstead Plan. At the end of the quarter, each agency shared updates on what they did in the Plan's six main areas. These updates help measure how much progress is being made.

This report focuses on two of these areas:

- **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.
- **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.

In Appendix A you can read about progress on other parts of the Plan.

Progress Highlights

Progress Highlights in 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

Home and Community-Based Services (HCBS) help people with disabilities get support in their homes and communities rather than in institutions. North Carolina offers four Medicaid waivers that fund HCBS: (1) the Innovations waiver for people with intellectual and other developmental disabilities (I/DD); (2) the Traumatic Brain Injury (TBI) waiver; (3) the Community Alternatives Program for Children (CAP/C) waiver for children who are medically fragile or medically complex; and (4) the Community Alternatives Program for Disabled Adults (CAP/DA) waiver for adults 18 and older who are medically fragile and at risk of being placed institutions.

In July of 2023, NCDHHS started new Medicaid 1915(i) State Plan services such as community living and supports, respite, and supported employment for people with I/DD and serious and persistent mental illness (SPMI). Now, access to these services no longer requires an Innovations "slot," allowing people to get support while they are on the Innovations waitlist.

Access to Waiver Slots

The Olmstead Plan goal of increasing the number of Innovation and CAP/C waiver slots was met early in the Plan's implementation.

- The Division of Health Benefits (DHB) added **500** additional CAP/C waiver slots to the waiver in March 2024.
- DHB received approval for an additional **350** Innovation Waiver slots. These slots were distributed to the Tailored Plans to assign to people on the waiting list.

NCDHHS posted an Innovations Waiver waitlist dashboard. Along with the number of people on the waitlist, the dashboard includes other information such as demographics (age, race, and gender), time on the waitlist, average wait time by county, and whether people are receiving any services while they wait. This information is the first step in better understanding the needs of people on the waitlist.

The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) made a concerted effort to inform people with I/DD, their families, and caregivers about access to services through the 1915(i) program. As a result, **2,000** more people with I/DD began receiving 1915(i) services in calendar year 2025. There are now **12,000** people receiving these services in the state. This total was determined by actual billing information, not just authorizations.

Progress Highlights in 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

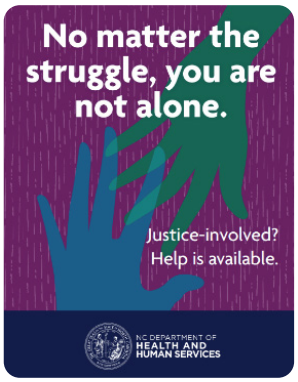
There are many points in the justice system where there are opportunities to help people with mental health disorders, substance use disorders (SUDs), I/DD, or TBI. North Carolina has made progress in developing and implementing interventions across these different points for youth and adults. In February 2025, DMH/DD/SUS announced its **$11 million** investment to strengthen treatment, recovery, and reintegration pathways for justice-involved individuals who need support with mental health, substance use, I/DD, and TBI.

Deflection and Diversion Programs

Progress in the area of preventing people from going to jail or prison includes the launching of four new Law Enforcement-Assisted Diversion (LEAD) programs, which allow police and sheriffs to help people connect to mental health, medical, and social services instead of being arrested. A 2022 study by Duke University showed that North Carolinians who were engaged in LEAD programs had fewer citations and arrests and were more likely to receive treatment. As one LEAD participant noted:

> "It was odd having an officer actually be like, 'Hey, this could benefit you and we don't want you to be arrested, we want to help you, get you some help.' And that was just very weird. I was like, 'What?' That blew my mind..."[1]

DMH/DD/SUS has extended its partnership with law enforcement



Justice reentry and recovery pocket guide.

1. Gilbert, A. R., Siegel, R., Easter, M. M., Caves Sivaraman, J., Hofer, M., Ariturk, D., Swartz, M. S., & Swanson, J. W. (2023). Law Enforcement Assisted Diversion (LEAD): A multi-site evaluation of North Carolina LEAD programs. Duke University School of Medicine.

and others in criminal justice by offering training throughout the justice system to promote trauma-informed, recovery-oriented practices when engaging with people with mental health and SUD needs. NCDHHS is offering free justice reentry and recovery pocket guides to help law enforcement, courts, probation officers, LEAD teams, Community Intervention Teams, and providers connect people to care when they are leaving the justice system. Each guide includes quick links to mental health, substance use, I/DD, TBI, housing, and reentry supports.

Success Story: Supporting Community Reengagement

First Lady Stein and Director Crosbie join Jubilee Home for a ribbon cutting on a new home for women re-entering their communities.

A lot of progress has been made to support people leaving jails and prisons. Funding was provided to Hope Mission, Jubilee Home, Vaya Health, Alamance Academy, and Hope Restorations, Inc. to ensure that people involved in the justice system, including those re-entering their communities, have access to housing and supported employment services that meet their needs. One resident credits Jubilee Home with giving him a “crash course of life skills,” helping him to secure his own apartment and a job and to maintain a strong relationship with his therapist. In November 2025, Jubilee Home opened a new home where women leaving jail or prison can heal and find stability in a safe, supportive place. Women living in the home will receive employment services and wraparound peer support from individuals with lived experience of incarceration.

NCDHHS has expanded the NC Formerly Incarcerated Transition (NC FIT) program to four new counties to connect people with mental health and SUD services, including support from a community health worker, as they leave prison. NC FIT connects people who were in prison and have a chronic disease, mental illness, and/or SUD with essential health services and other resources. These efforts are led by community health workers who have firsthand experience of being in prison or jail.

UNC has established the first residency program for its high-impact FIT Wellness clinics. NC FIT Wellness provides psychiatric and physical health care services along with connections to community supports such as housing, transportation, and other resources for people released from the state prison system and jails who have serious mental health needs. Now, medical residents are being trained in this whole-person approach, which builds capacity for more psychiatrists to offer such services in the future.

Success Story: Creating a "Safe Space" After Incarceration Through NC FIT Wellness

NC FIT Wellness has shown tremendous success and promise for expansion. In particular, the community health worker model has been effective in engaging people who historically have not used health care services and have high mistrust of institutions like hospitals. Some patients have shared that they view the clinic as a safe space to visit, even if they don't have a scheduled appointment.

An NC FIT Wellness patient at the clinic

NCDHHS has launched new Forensic Assertive Community Treatment (FACT) teams covering 12 counties (Mecklenburg, Buncombe, Wake, Durham, New Hanover, Pender, Brunswick, Pitt, Martin, Tyrell, Washington, and Beaufort) to provide intensive, community-based support for individuals with serious mental illness (SMI) who have been incarcerated. These teams include licensed professionals, a psychiatrist or nurse practitioner, a registered nurse, and a peer support specialist. Teams also include people who can help with SUD recovery, school/work needs, and housing. FACT teams can engage faith leaders, probation and parole staff, family members, and service providers to help clients as needed. All funded FACT teams are fully operational and have received referrals.

Supporting Justice-Involved Youth Through Evidence-Based Programs

Both the Division of Employment and Independence for People with Disabilities (EIPD) and DMH/DD/SUS have been coordinating with the NC Division of Juvenile Justice and Delinquency Prevention (DJJDP) to support youth involved in the juvenile justice system by introducing and strengthening evidence-based programs.

EIPD is collaborating with DJJDP to offer Pre-Employment Transition Services (Pre-ETS) to youth in Youth Development Centers (YDCs), educating YDC staff and other juvenile justice programs about the Pre-ETS services available to the youth in their care. EIPD published training materials from some of these sessions to promote program continuity and ongoing relationships between EIPD and juvenile justice staff.

Through a partnership with DJJDP and UNC Greensboro, DMH/DD/SUS has provided training in trauma-informed and evidence-based practices to over **40** juvenile justice clinicians. In addition, DMH/DD/SUS is working to link DJJDP with Ukeru resources for facilities. Ukeru is a simple and effective approach to managing aggressive behavior that offers alternatives to coercive interventions such as seclusion and restraint.

DMH/DD/SUS offers free mental health and well-being support through the Talkspace online therapy platform for youth ages 13–17 who are involved in the criminal justice system. Recent data from North Carolina shows that **100%** of young people in YDCs had at least one mental health diagnosis, with more than half also having an SUD diagnosis.[2] When youth download the app or go to the website, they're connected with a trained clinician who can be matched by age, culture, gender, or other categories. The platform offers 24/7 text, audio, and video access, as well as self-guided activities. Talkspace offers "asynchronous" therapy, allowing therapists and clients to communicate in various formats without scheduled appointments. Clients engage in therapy whenever and wherever is most convenient.

Expanding Access to Capacity Restoration Programs

North Carolina expanded access to programs for people with mental illness who have been determined "Incapable to Proceed (ITP)" to trial. People in this category require services to restore their ability to understand and continue trial proceedings. Previously, only state hospitals could provide these services, which resulted in these hospitals being overwhelmed with increased demand. In April 2025, DMH/DD/SUS started these capacity restoration services in Wake County, building upon the success of programs in Mecklenburg and Pitt counties. Now, people have quicker access to services and are restored to capacity sooner through detention or community-based capacity restoration programs. From 2023 to 2025, there has been a **135%** increase in people who receive this service in detention or community-based settings.

2. North Carolina Department of Public Safety (n.d.). *Did you know?* Accessed April 14, 2026.

Next Steps in Olmstead Plan Implementation

Quarterly reports will continue documenting progress on the six priority areas of the 2024–2025 Plan. TAC, NCDHHS, and Mathematica will make sure all action steps and measures are useful and will update them when needed. Keeping these goals and steps aligned will help North Carolina track its progress toward building communities where everyone is included.

Appendix A: Progress in Additional Priority Areas

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

This Priority Area is featured under "Status of Strategies" in the main body of this report.

Priority Area 2: Strengthen opportunities to divert and transition individuals from unnecessary institutionalization and settings that separate them from the community

The Division of Child and Family Well-Being (DCFW) finished its goal of expanding High Fidelity Wraparound, an intensive, team-based service. High Fidelity Wraparound helps children with serious emotional or behavior needs and their families. During this quarter, DCFW worked with the Division of Health Benefits (DHB), which provided capacity-building funds to the Tailored Plans for expansion to 12 counties in the state that do not yet have this service.

In Quarter 4, the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS), kept working to improve oversight and quality in psychiatric residential treatment facilities (PRTFs). Progress included ongoing Environment of Care site visits. Most of these visits were either in progress or finished. DMH/DD/SUS provided technical assistance to PRTFs on important state and federal rules about compliance, incident reporting, and yearly attestation.

DMH/DD/SUS began early work to use Ukeru, a trauma-informed behavior management approach that reduces the use of restraint and seclusion. The division certified **26** new trainers, ordered equipment, scheduled trainings, and conducted cultural assessments for trauma-informed care. The division helped participating providers to organize baseline data such as rates of restrictive interventions and behavior incidents.

DMH/DD/SUS also worked on larger system improvements during Quarter 4. This included reviewing rules about restrictive interventions and making recommendations for changes. DMH/DD/SUS chose providers for specialty care pilot programs, explored a pilot program for people with complex trauma, and identified ways to strengthen trauma-informed care across all PRTFs.

DMH/DD/SUS focused on better discharge planning for youth with long stays. The division brought together a cross-divisional workgroup that meets every two weeks to focus on more appropriate PRTF use, shorter stays, stronger discharge planning, and better connection to community-based services.

One challenge identified by DMH/DD/SUS in Quarter 4 was that some incidents may not have been reported when they should have been. The definition of this kind of "incident" is "an adverse event that is not consistent with the routine operation of a facility or service or the routine care of a consumer)."[3] The division expects that reporting will increase as it strengthens monitoring and reviews provider patterns.

In Quarter 4, the Division of State Operated Healthcare Facilities (DSOHF) made progress helping people with disabilities learn about community living choices and supporting smoother transitions out of State Developmental Centers (SDCs). This work uses a survey developed through a contract with the University of North Carolina at Chapel Hill Institute for Developmental Disabilities. The survey is meant to gather information about how people see community-based services and whether they are interested in them. During this quarter, interviewers were trained and went on tours of the SDCs so they could better understand those settings. Survey materials and education materials were finalized. The survey is expected to begin in February or March 2026 and continue through the rest of the contract period, which is about a year and a half.

DSOHF also continued working with the Money Follows the Person (MFP) program and the University of North Carolina Centers for Aging Research and Educational Services (UNC CARES) program. This work included training staff on guardianship and supported decision-making. Supported decision-making is a way for people with disabilities to make their own choices with help from trusted supporters, instead of having someone else make choices for them.

3. North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (2011). *Incident response and reporting manual*.

In Quarter 4, training was completed to support understanding of the SDC memorandum of agreement (MOA) process. An MOA is a written agreement about how work will be done. UNC CARES also began making a video to help residents, families, and other stakeholders understand the MOA. The video will explain expectations for time-limited SDC stays and for transition planning.

DSOHF made progress on its escalation process for people who face major barriers to leaving SDCs. An escalation process is a step-by-step way to raise difficult cases for more help and review. DSOHF issued revised guidance to SDC Olmstead Specialists about how to prioritize people on the Community Transition List. The Olmstead Specialists are expected to start using the guidance in January 2026. DSOHF also set up a plan for escalation meetings to address barriers to transition. These meetings are expected to begin in February 2026.

DSOHF worked toward its goal of training community providers so they can better support people with developmental disabilities in the community. It continued the monthly meetings of the Intermediate Care Facility Provider Collaborative. It also organized and planned the Intellectual and Developmental Disabilities Clinical Collaborative, which is expected to begin in February 2026.

In Quarter 4, the Division of Social Services (DSS) made progress on kinship care by continuing unlicensed kinship care payments, expanding kinship training, and moving forward with early parts of a kinship-specific licensing approach. Kinship care means children are cared for by relatives or other close family connections. Unlicensed kinship care payments are payments to kinship homes that are not yet licensed as foster homes. As of November 2025, **1,855** children resided in kinship homes that received these payments.

DSS also continued rolling out a national training development curriculum for kinship families. This included offering a shorter 15-hour pre-service training option for relatives related by blood, marriage, or adoption. From June through November 2025, **317** staff from county child welfare agencies and private child-placing agencies completed train-the-trainer instruction. This increased the state's ability to deliver kinship-specific training.

As of November 2025, **31.07%** of children in foster care were placed with kin. Two point seven four percent were placed with licensed kin. Another **5.86%** were placed in non-treatment group settings. In State Fiscal Year 24-25, **37.83%** of children in foster care were initially placed with kin.

During Quarter 4, DSS built more of the structure needed to support kinship licensing. Since January 2025, the state has approved five training modifications and nine waivers related to kinship licensure. It also developed a kinship-specific licensing form. DSS continues to face challenges because the current state law and rules do not allow a separate kinship licensing track. This means kinship foster homes still have to meet the same stan-

dards as other foster homes. DSS is still working through the policy, legal, and operational changes needed.

Priority Area 3: Address gaps in community-based services

DHB has a large role in making sure community-based services are available. DHB oversees the work of the Tailored Plans to make sure enough providers and services are available for people who need care ("network adequacy"). In Quarter 4, DHB reported more collaboration and problem-solving between DHB and Tailored Plan staff on these issues. This included a shared understanding of how to submit required reports.

DCFW focused on filling gaps in community-based care for children, youth, and families by expanding intensive alternative family treatment (IAFT) and therapeutic foster care (TFC), As of Quarter 4, DCFW reported that it completed its goal of contracting with Rapid Resources for Families for expansions of IAFT, and that implementation was underway.

DCFW also reported progress on expanding respite services. Respite services give caregivers a short break by providing temporary support for the person they care for. DCFW reported that funding was given to three of the four Tailored Plans, and those Tailored Plans are working to build more respite capacity.

In Quarter 4, DMH/DD/SUS continued several efforts to strengthen community-based supports for people with I/DD and traumatic brain injury (TBI). This work focused on improving workforce capacity, expanding crisis access, and supporting transitions from institutions through the Transitions to Community Living program.

DMH/DD/SUS continued implementing Inclusion Connects and Inclusion Works. These efforts connect people with I/DD and their caregivers to services and supports, including employment opportunities. DMH/DD/SUS used several outreach efforts to increase awareness and participation, including: a Medicaid Deep Dive; a Housing Summit presentation; activities for National Disability Employment Awareness Month; an "Empower to Work" lunch and learn session; and Advisory Committee meetings. Through the Inclusion Connects Advisory Committee, DMH/DD/SUS also created a working subcommittee focused on the issue of intimate partner violence.

To help people understand which services are available to them and how to access them, DMH/DD/SUS developed an I/DD Services Navigator program. The division also created postcards with information about supports and services for people on the Innovations waitlist.

DMH/DD/SUS worked with DHB to change how often reports are made for metrics that show unmet service needs among people getting 1915(i) services.

In relation to TBI side, DMH/DD/SUS worked to expand the TBI waiver by educating stakeholders for advocacy with the General Assembly, gathering feedback from Tailored Plans on waitlist/registry of interest procedures, and presenting approved waitlist reports to the State Budget Office, the Expansion and Reinvestment Committee, and DHB Plan Administration. The division also worked to improve access to high-quality TBI services by reviewing current service use, updating available service options, and assessing procedures for collecting data, including data related to screening and prevalence.

DMH/DD/SUS supported the Brain Injury Advisory Council (BIAC) to meet more frequently, and to gather in person more often. DMH/DD/SUS established regular report-out sessions with the BIAC to request its feedback and input on program implementation. The division started developing a TBI State Action Plan by creating a stakeholder survey and finishing the first stakeholder feedback session. The TBI State Action Plan will be posted for public comment from 3/27/26 to 4/27/26, and will be implemented beginning on 7/1/26. Through the TCL program, a total of **129** people with serious and persistent mental illness (SPMI) or serious mental illness (SMI) and co-occurring I/DD moved from institutional settings in Fiscal Year 2025.

The Division of Social Services funds and carries out Sobriety, Treatment, and Recovery Teams (START) pilot program, which helps parents with SUD to access treatment and keep their families together. START is being expanded, along with training, to more counties in North Carolina. The six counties now in this pilot program are hiring staff and are getting close to being able to serve families. The Craven County pilot site is fully staffed and has accepted its first START client. DSS will host its first START Summit with service providers in August 2026.

Priority Area 4:
Increase opportunities for pre-employment transition services for youth with disabilities, and competitive integrated employment for adults with disabilities

The Division of Employment and Independence for People with Disabilities (EIPD) took several steps toward its goals in this priority area during Quarter 4. In November, EIPD helped coordinate a statewide career fair and provided funding for people who had to travel long distances to attend. EIPD had a booth at the fair along with other state agencies and universities. More than **1,700** people registered for the event; others also attended without registering.

To attract enough workers in to deliver services, EIPD funded paid internships for college students as a recruitment strategy. It adopted a temporary-to-permanent employment process to make hiring easier. It also adopted Workday, a new human resources platform, to speed up job posting, hiring, and onboarding.

EIPD reported challenges that kept them from making more progress in Quarter 4. A hiring blitz in an earlier quarter filled a number of vacant positions, but EIPD reported that the lack of a state or federal budget for salary raises has led some staff to leave. EIPD reported that staff turnover rates stayed steady in Quarter 4.

EIPD also reported progress on increasing Pre-Employment Transition Services (Pre-ETS) by approving new vendors to work in areas that were underserved. Pre-ETS are services that help youth with disabilities get ready for work.

EIPD continued working with Work Together North Carolina and the Post-Secondary Education Alliance during this quarter. EIPD staff joined ongoing monthly advisory and leadership committee meetings to receive feedback about services and to learn about resources for people with I/DD, including college and other post-secondary education opportunities.

EIPD continued another partnership with Work Together North Carolina to improve and simplify services that help people with I/DD get competitive integrated employment (CIE). CIE means a job in the community where a person with a disability works alongside nondisabled workers and earns the same pay as others doing similar work. The joint effort between EIPD and Work Together provides employment assessments and supports for workers with disabilities. People who say they are interested in CIE are connected with a CIE Liaison from EIPD or their Tailored Plan to get help with referral and application.

EIPD also continued its partnership with the North Carolina community college system to place case managers from the Bridge to Success program in six community colleges. A fourth college now has case managers in place. The four colleges are Alamance Community College, Asheville-Buncombe Technical Community College, College of the Albemarle, and Wilkes Community College. Eighty-eight students are now served through Bridge to Success. The case managers provide and coordinate vocational rehabilitation services for students with I/DD. Outreach and expansion in Quarter 4 were limited by staff turnover and vacancies.

EIPD also made progress on the Project Spark grant. This grant provides wraparound supports to help participants get and keep competitive employment. Project Spark increased enrollment to **128** people receiving services through three pilot sites: Chatham Trades, Tri-County Industries, and Wake Enterprises. Project Spark currently has **135** people receiving services through these same three pilot sites. To date, **26** Project Spark participants are now competitively employed. Four of these individuals moved from subminimum wage work to CIE. The other **22** were considering subminimum wage work but were redirected to CIE.

These numbers are higher than in earlier quarters. Success stories continue to be shared through social media, newsletters, and internal and external meetings.

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

This Priority Area is featured under "Status of Strategies" in the main body of this report.

Priority Area 6: Promote workforce development, recruitment, and retention

In Quarter 4, DMH/DD/SUS continued its work with the community college system to build a high-quality curriculum for direct service professionals (DSPs). DSPs are workers who help people with disabilities with daily support and services. DMH/DD/SUS launched its Advanced DSP curriculum with early adopter groups at Stanley Community College, Asheville-Buncombe Technical Community College, and Forsyth Technical Community College. Each course was filled to capacity and had a waitlist. DMH/DD/SUS expects the first group of DSPs to be fully certified by spring 2026.

In Quarter 4, DHB continued its work to support higher wages for the community-based direct care workforce.

DHB took part in a direct technical assistance program led by Tennessee's Medicaid program through the Quality Improvement in Long-Term Services and Supports (QuILTSS) initiative. Through QuILTSS, part of the Medicaid program's payment to nursing facilities is tied to performance and quality measures.

DHB reported that competing budget priorities and other barriers have slowed their progress in securing adequate wages and supports for family caregivers.

Appendix B: Glossary of Key Terms

1915(i) State Plan Option – Allows the state to provide certain Home and Community-Based Services to a target population that does not have to meet institutional level of care. In North Carolina, these services target children and adults with mental health conditions, substance use disorders, traumatic brain injuries, and intellectual/developmental disabilities.

Community Alternatives Program for Children (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. CAP/C can help these children stay at home with their families by providing in-home nursing care, case management, and other supports.

Community Alternatives Program for Disabled Adults (CAP/DA) Waiver – A 1915(c) Home and Community-Based Services waiver that provides an alternative to institutionalization for a Medicaid beneficiary who is medically fragile and at risk for institutionalization. The services allow the beneficiary to remain in a home- and community-based setting, to or return to the community from an institutional stay.

Assistive Technology – An item or piece of equipment that helps a person with a disability to increase, maintain, or improve their ability to function. Assistive technology can range from “low-tech” devices, such as a cane or wheelchair, to “higher tech” devices, such as a software program on a computer, or screen readers.

Behavioral Health I/DD Tailored Plans – An integrated health plan for individuals with significant behavioral health needs and intellectual and other developmental disabilities (I/DDs). The Behavioral Health I/DD Tailored Plan also serves people who are enrolled in the Innovations and Traumatic Brain Injury (TBI) waivers or are on the waitlist. The Tailored Plan is responsible for managing the state’s non-Medicaid behavioral health, developmental disabilities, and TBI services for people in North Carolina who don’t have enough health insurance to cover the services.

Competitive Integrated Employment (CIE) – A full or part-time job for a person with a disability who is paid at least minimum wage. This can include self-employment. The person should be paid the same as nondisabled coworkers doing a similar job, and they should get the same level of benefits. The job should be at a location where the employee interacts with other individuals without disabilities, and the disabled employee should have opportunities for advancement similar to nondisabled employees in similar positions.

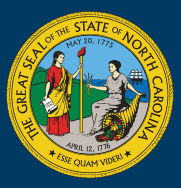
Direct Support Professional (DSP) – A staff member who works one-on-one with individuals with disabilities and helps them become integrated into the community or the least restrictive environment. North Carolina's Rule 10A NCAC 27G.0104, Staff Definitions, includes this definition: "'Direct Support Professional' means an individual who has a GED or high school diploma hired to provide intellectual disability, developmental disability, or traumatic brain injury services."

High Fidelity Wraparound – Care coordination for children and 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 services that a managed care plan can offer in place of a state plan service. The individual has to choose this service over the state plan service. "In Lieu Of" services are not required. Managed care organizations choose which ones they may want to provide. These services must be cost-effective and approved by the State.

Innovations Waiver – A 1915(c) waiver that helps children and adults with intellectual and developmental disabilities who meet the level of care provided by Intermediate Care Facilities for individuals with Intellectual and Development Disabilities (ICF-IDDs) to live in the community

Money Follows the Person (MFP) – A program that helps Medicaid-eligible people who live in institutional facilities to move into their own homes and communities with the support they need. North Carolina was awarded its initial MFP grant from the Centers for Medicare and Medicaid Services in 2007 and began supporting individuals to transition to community living in 2009.

Transitions to Community Living (TCL) – An *Olmstead* settlement agreement between NCDHHS and the United States Department of Justice to make sure that eligible adults with serious mental illness living in, or at risk of being admitted to, an adult care home (ACH) can instead live in their communities in the least restrictive settings of their choice. This program has in-reach, transition, diversion, housing and community-based services to help people remain in the community or transition from facilities to the community.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES