

# Inclusion Connects: Data Summary

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



## Report Overview

- In May 2024, DHHS and DRNC agreed to improve services for people with I/DD, helping them transition from institutions to community-based care.
- This report highlights the progress made toward this goal and DHHS's commitment to better supporting the I/DD community.



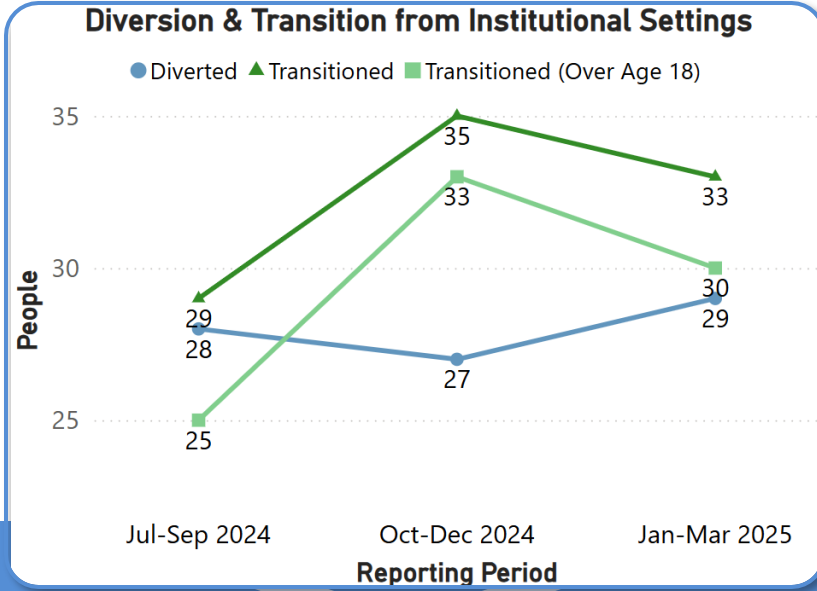
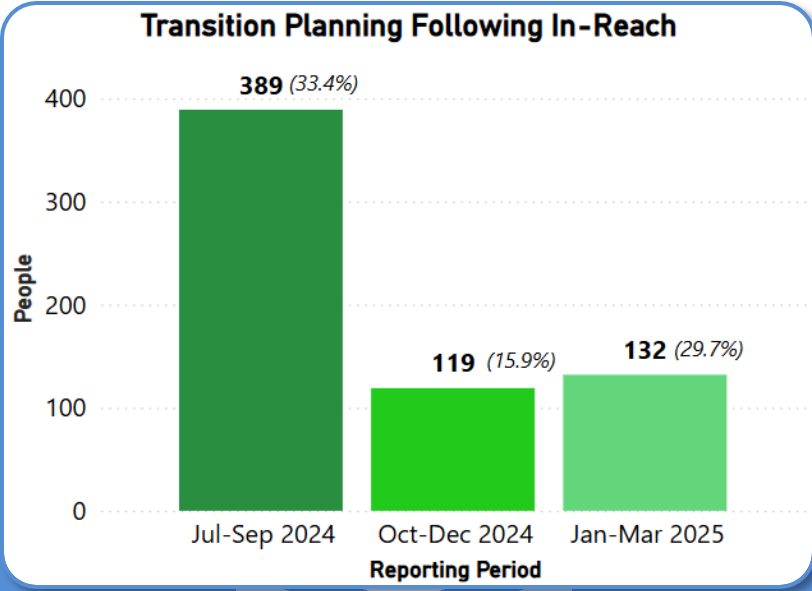
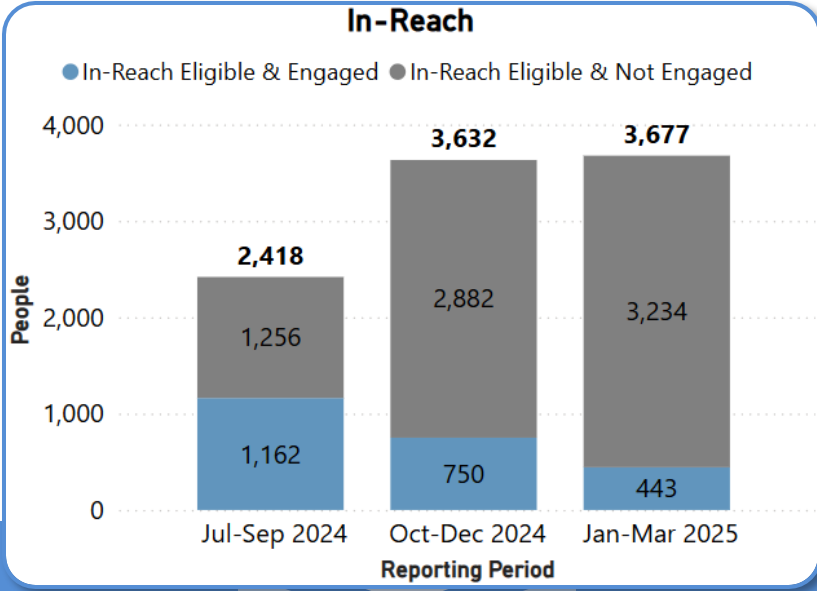
## Data Sources

- The Inclusion Connects Quarterly Report uses data collected from LME/MCOs reporting requirements
- NCDHHS reviews reports from LME/MCOs and collaborates with them to address any gaps
- Read the [full Quarterly Report](#)

*Last updated July 15, 2025*

# Key Metrics: Transition & Housing

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



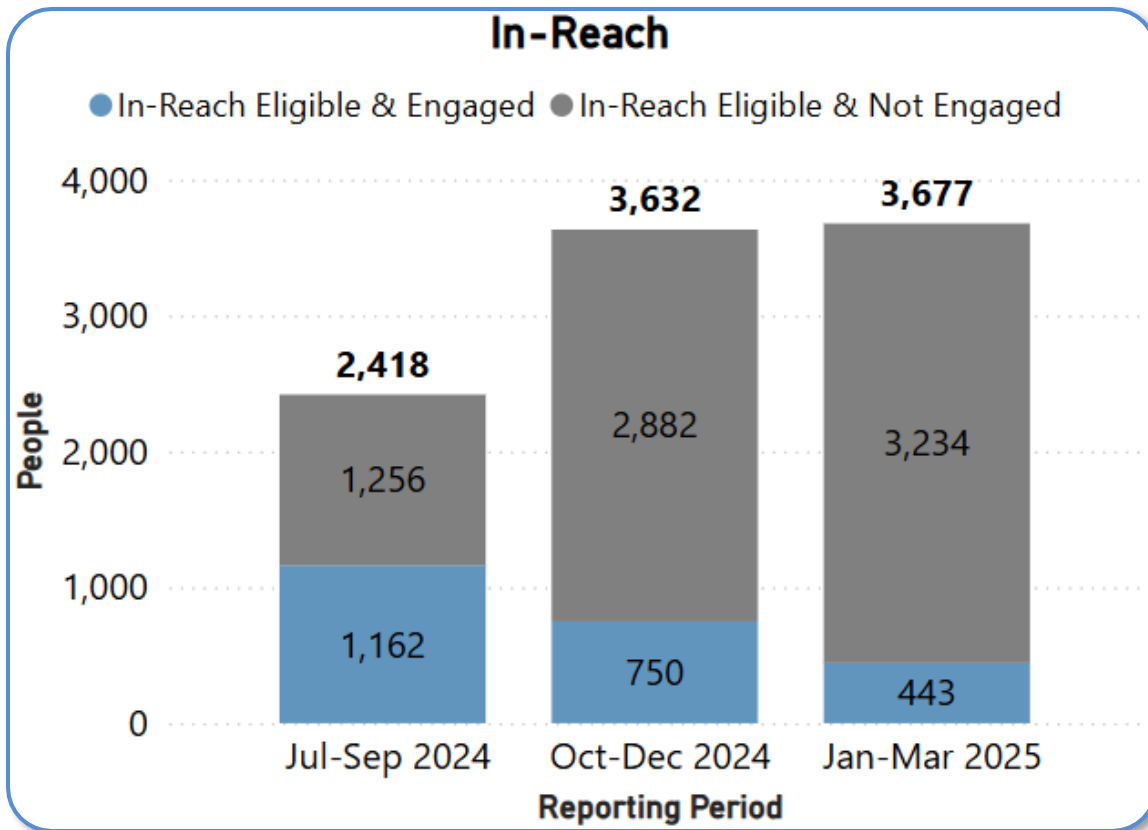
- Member population reported to be living in an institutional setting increased due to regular TA calls with LME/MCOs clarifying institutional settings
- In-Reach efforts reflect internal policies of each LME/MCO

- Percentages are calculated using the number of people eligible for In-Reach each reporting period as reported by each LME/MCO

- DHHS continues to work with the LME/MCOs to ensure people eligible for diversion are included.
- Diversion and transition data from Transitions to Community Living and the Money Follows the Person program have been added.

# Transition & Housing

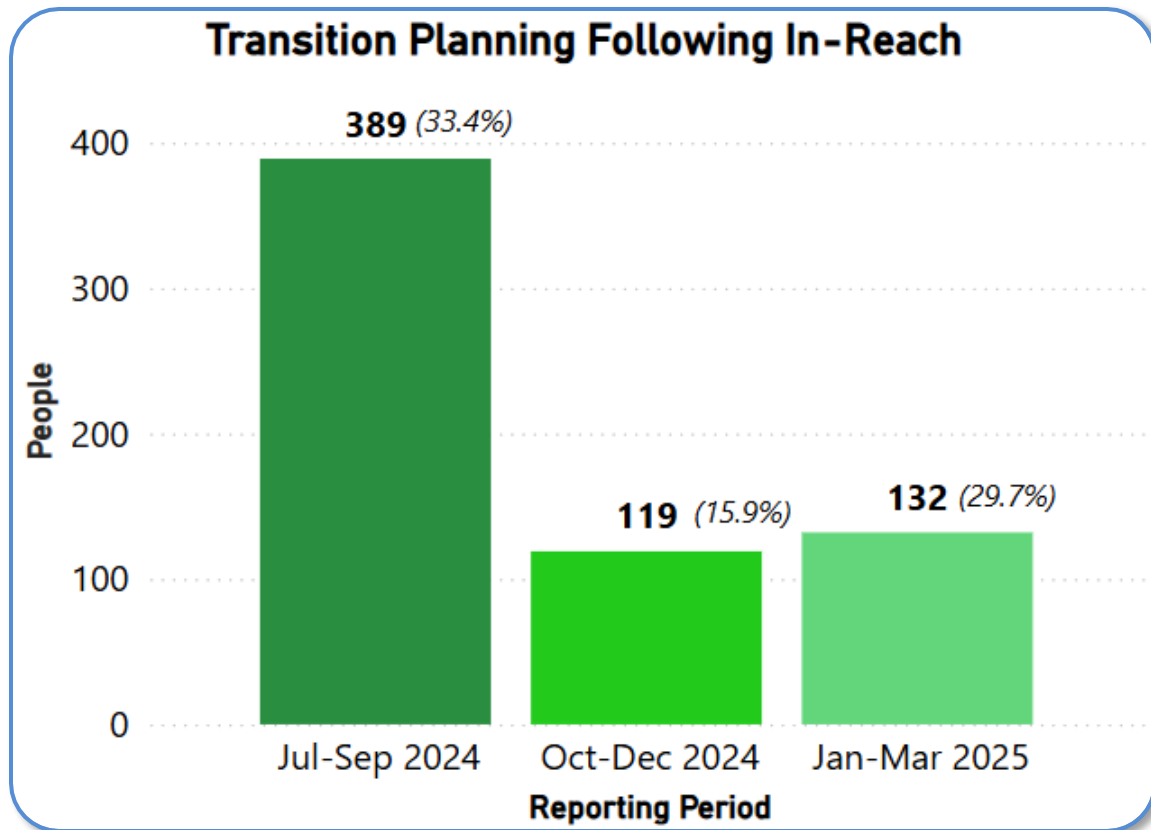
## In-Reach



- Educating people with disabilities in institutional settings on the benefits of community-based services.
- Facilitating visits in community-based settings and offering opportunities to meet other people with disabilities who are living, working and receiving services in integrated settings.
- Involves different methods of communication including face-to-face interaction to establish rapport and build successful relationships.

# Transition & Housing

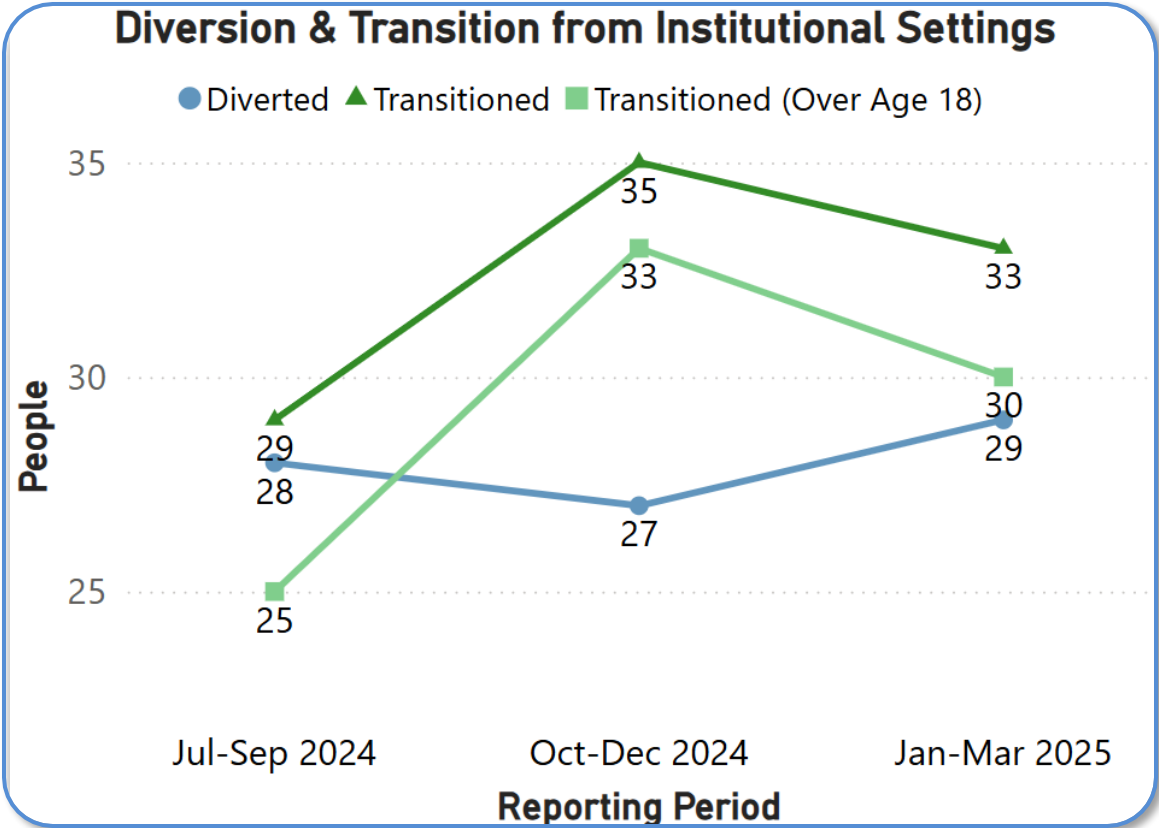
## Transition Planning



- The education provided through In-Reach enables people with disabilities to make an informed decision about where they want to live and receive services.
- People who express an interest in living in a community-based setting are supported through transition planning with their local LME/MCO.
- The goal of transition planning is for the person to have the supports needed to move into the community living option of their choice, if appropriate.

# Transition & Housing

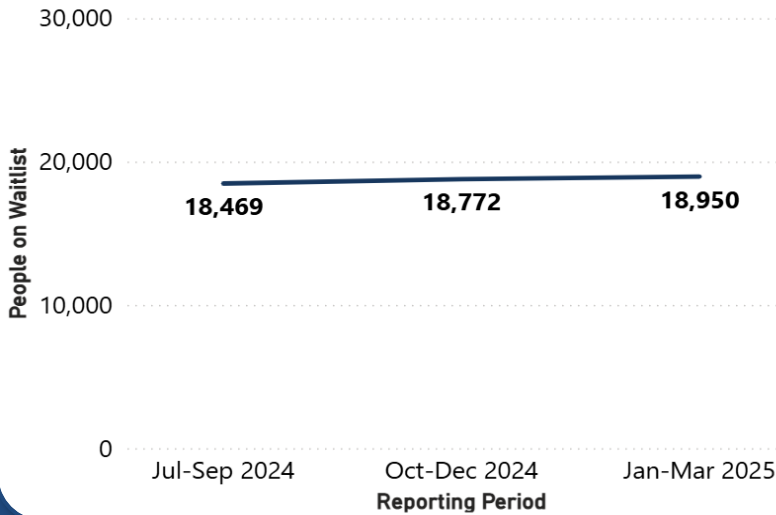
## Diversion



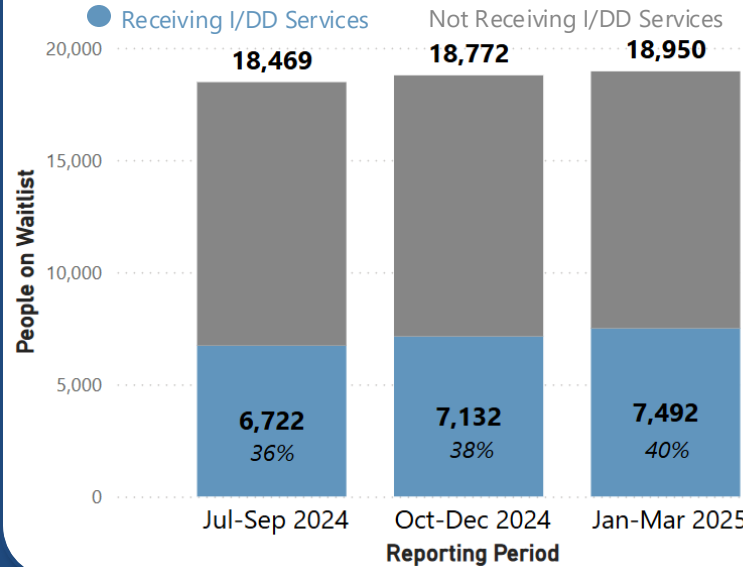
- Proactive process of identifying individuals with I/DD who are at risk of requiring institutional care and providing them with intensive support and services to help them stay in their own community-based settings
- **Diversion involves arranging access to essential services** like Medicaid HCBS (Innovations Waiver, 1915(i), In-Lieu of Services) or state-funded supports, to maintain their independence and prevent institutionalization.

# Key Metrics: Services

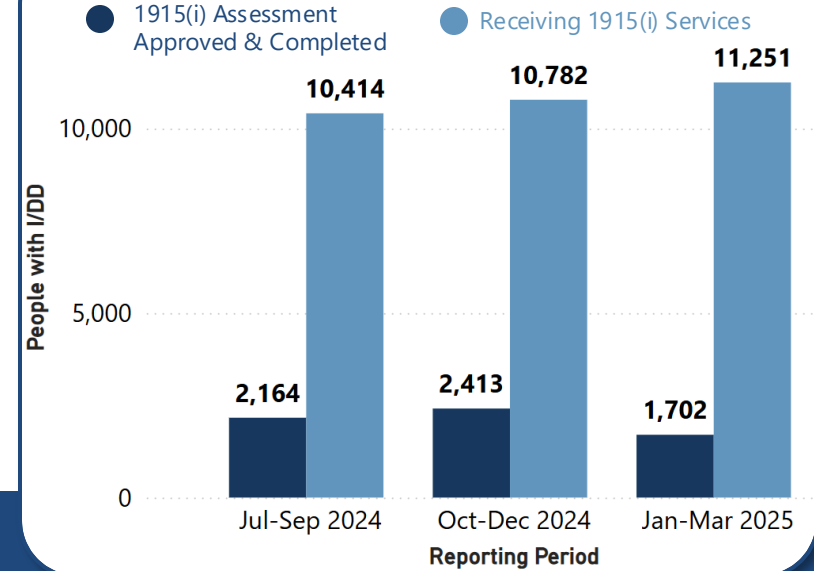
### Total Innovations Waiver Waitlist Count



### Innovations Waiver Waitlist – I/DD Services



### 1915(i) Services



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

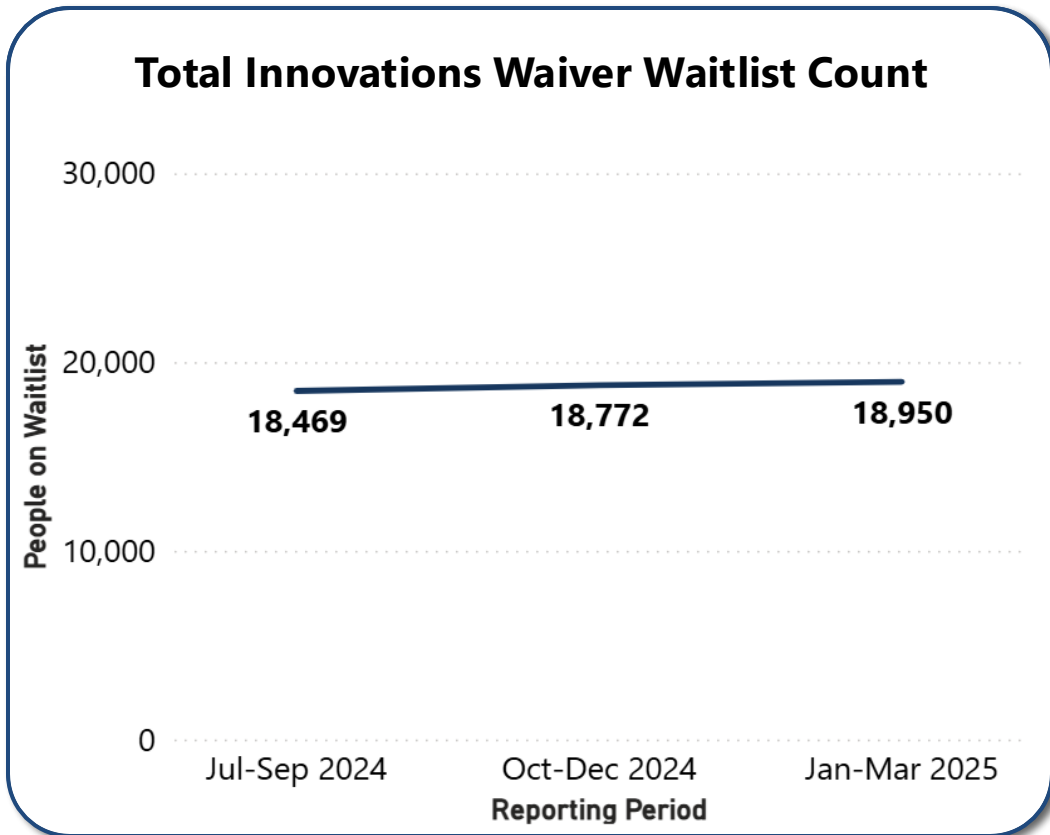
- Individuals receiving I/DD services continues to grow relative to growth of the Innovations Waiver - indicating that while the **demand for services continues to grow, access is also expanding.**

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

# Services

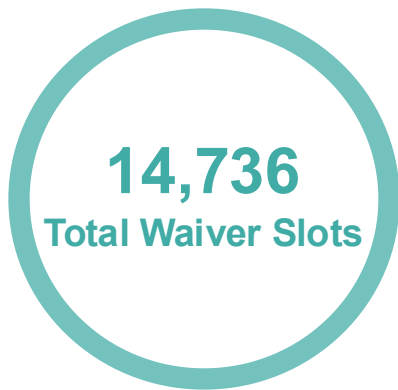
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## Innovations Waiver



- Provides largest number of services and supports in one's home, community, and workplace to help people with I/DD live and succeed in the community. The waiver offers person-centered plans tailored to each individual's needs.
- Unfortunately, there are not enough total slots to allow for everyone, which leads to a growing waitlist.

# Key Metrics: Innovations Waiver



Active Slots	14,420
Remaining Reserve Slots	25
Inactive Assigned Slots	291
<u>Total Waiver Slots</u>	<u>14,736</u>

## 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)

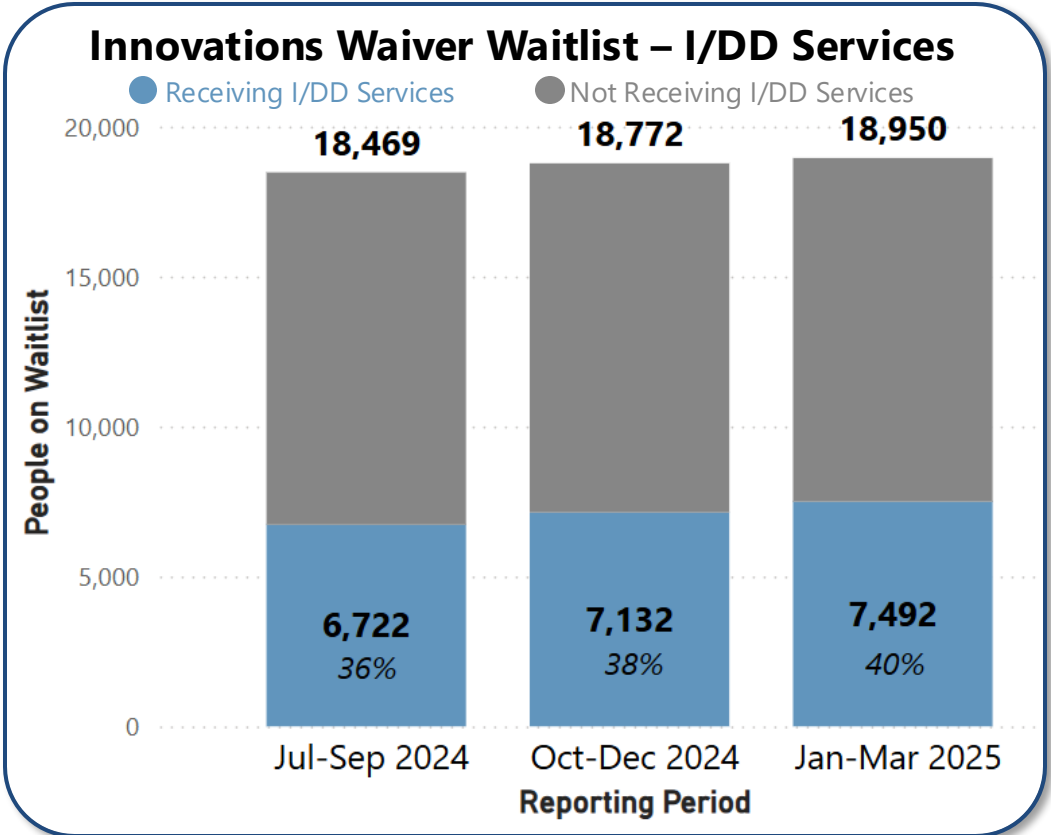


**Inpatient and Transitioning**



# Services

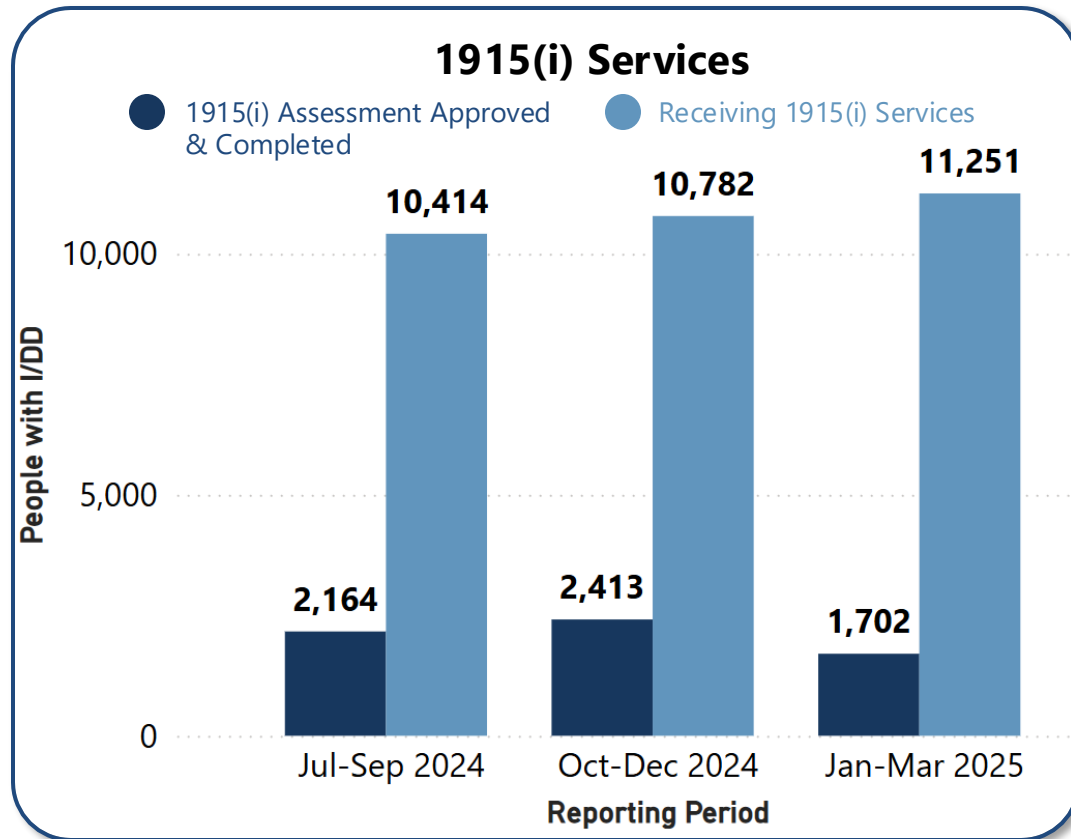
## I/DD Services



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

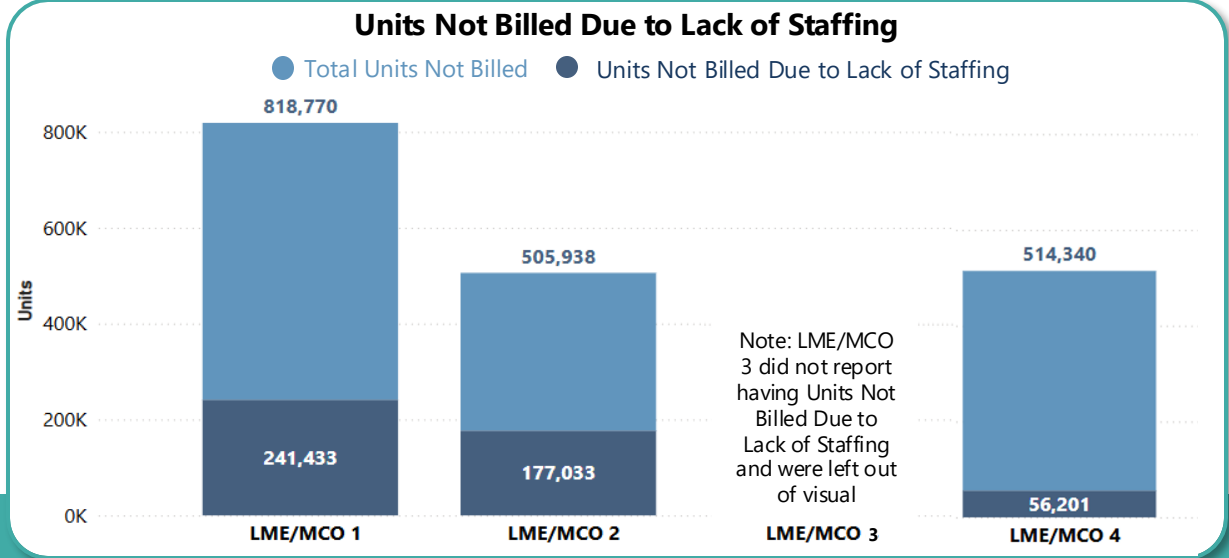
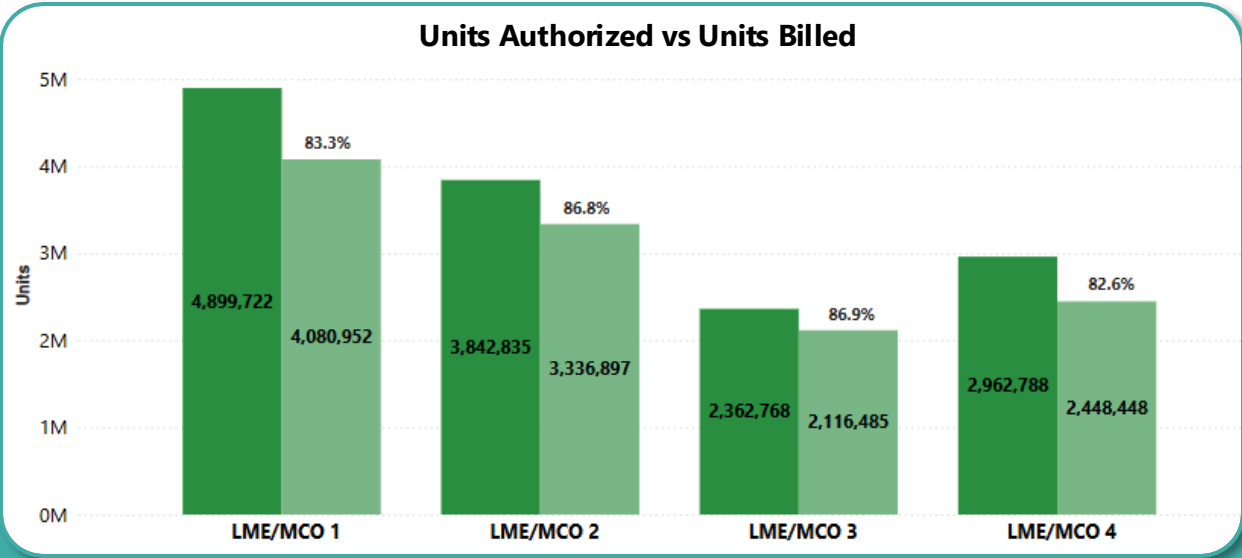
# Services

## 1915(i) Services



- 1915(i) is a Medicaid program in North Carolina that offers in-home and community-based services for people with I/DD, mental health needs, substance use disorders, or traumatic brain injuries.
- Individuals contact their LME/MCO to request an assessment, which is completed within 90 days, followed by a personalized support plan.
- Provides **access to essential services** that may meet all needs, while providing supports individuals who may have more extensive needs while they wait on a waiver waitlist.

# Key Metrics: Direct Support Professional (DSP) Workforce



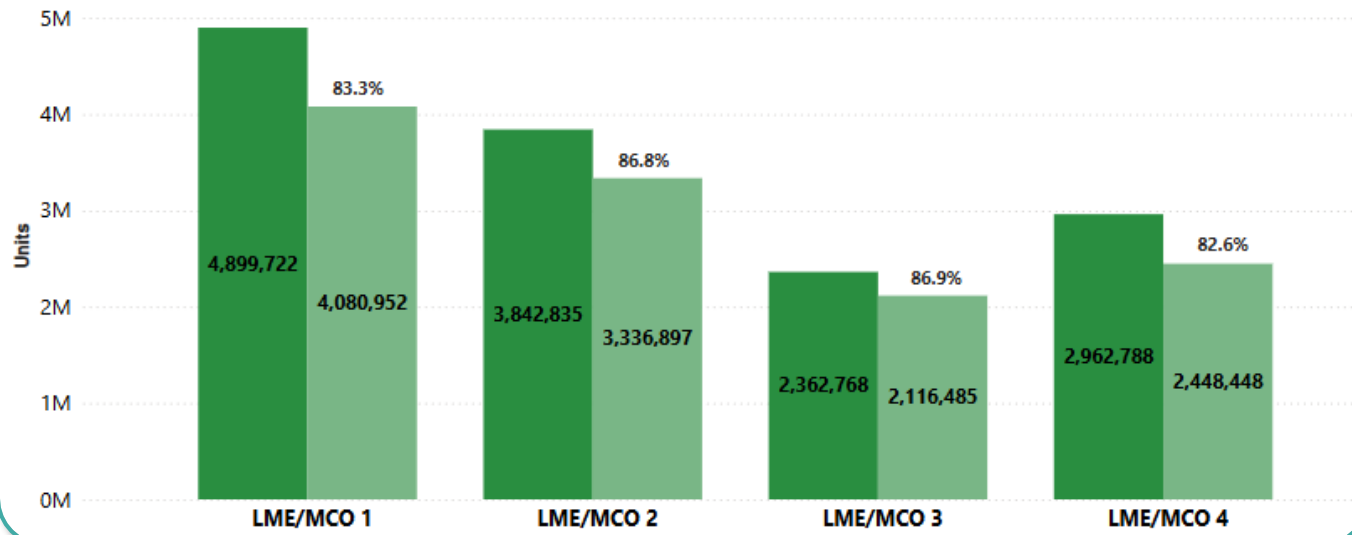
- Currently all LME/MCOs meet the target service utilization of 82%
- Department is looking into utilization rate discrepancies and taking necessary steps to ensure consistency in data reporting across LME/MCOs.

- Across the three LME/MCOs for which we have data, about 25% of authorized but unused units were not provided due to lack of staffing (as represented in dark blue).

# Direct Support Professional (DSP) Workforce

## Direct Support Professionals

Units Authorized vs Units Billed



- DSPs provide hands-on support to people with I/DD by assisting with personal care, daily living skills, medication reminders, and community participation to promote independence and quality of life
- **Authorized units** refer to the specific amount of service time, measured in 15-minute billing increments, that has been approved in an individual's Person-Centered Plan (PCP)
- Each service provided by a DSP is billed in units (also in 15-minute increments)

# Direct Support Professional (DSP) Workforce

## CLS Staffing

- North Carolina is currently facing a crucial shortage of DSPs, which is significantly affecting the availability and quality of home and community-based services for individuals with I/DD
- Strong Community Living and Support (CLS) services depend on well-trained, supported Direct Support Professionals (DSPs) with clear career paths to ensure consistent, high-quality care for individuals with I/DD

