NC Department of Health and Human Services

Expanding Access to Services and Supports for People with Intellectual and Developmental Disabilities

Inclusion Connects Quarterly Report
Data Collection Period: January 1, 2025, through March 31, 2025

Jul 15, 2025

Table of Contents

Executive Summary

Purpose

In May 2024, the North Carolina Department of Health and Human Services (DHHS or the Department) and Disability Rights North Carolina (DRNC) agreed to a consent order in the Samantha R. et al. vs. DHHS and the State of North Carolina litigation (the Consent Order), outlining specific activities that DHHS will pursue to address gaps in the Intellectual and Developmental Disabilities (I/DD) system. The Consent Order contains detailed reporting requirements to measure progress toward ensuring people with I/DD can access community-based services and move out of institutional settings if they so choose. This report details progress toward improving access to services and support for people with I/DD. The data, analysis, and narrative contained within this report fulfill Consent Order legal requirements and inform an intelligent approach to DHHS efforts in the future. As such, this report includes reporting elements required by the consent order and additional illustrative elements demonstrating DHHS' multifaceted commitment to supporting the I/DD community.

Background

DHHS Commitment

DHHS is committed to focusing on supporting people with I/DD in their communities. As part of this commitment, current services and systems are being transformed to ensure they are more inclusive and responsive to the needs of people with I/DD. DHHS efforts focus on enhancing housing options and connecting people with appropriate services and supports. The goal is to create an empowering environment that facilitates access to essential resources, thus enabling people with I/DD to thrive within their communities.

In late March 2025, DHHS posted the Inclusion Connects Work Plan, North Carolina's complete strategy to improve services for people with I/DD.

Data Collection Process

Under the terms of their respective contracts with DHHS, the Tailored Plans[1] and LME/MCOs[2] (collectively, the LME/MCOs) are required to submit reports to DHHS on a predefined basis (e.g., monthly, quarterly) that include detailed information on the services and supports provided to the I/DD community. DHHS supplements LME/MCO reporting with Claims and Encounter data for Medicaid and State Funded Services to populate this report and drive action. The Department is grateful for the

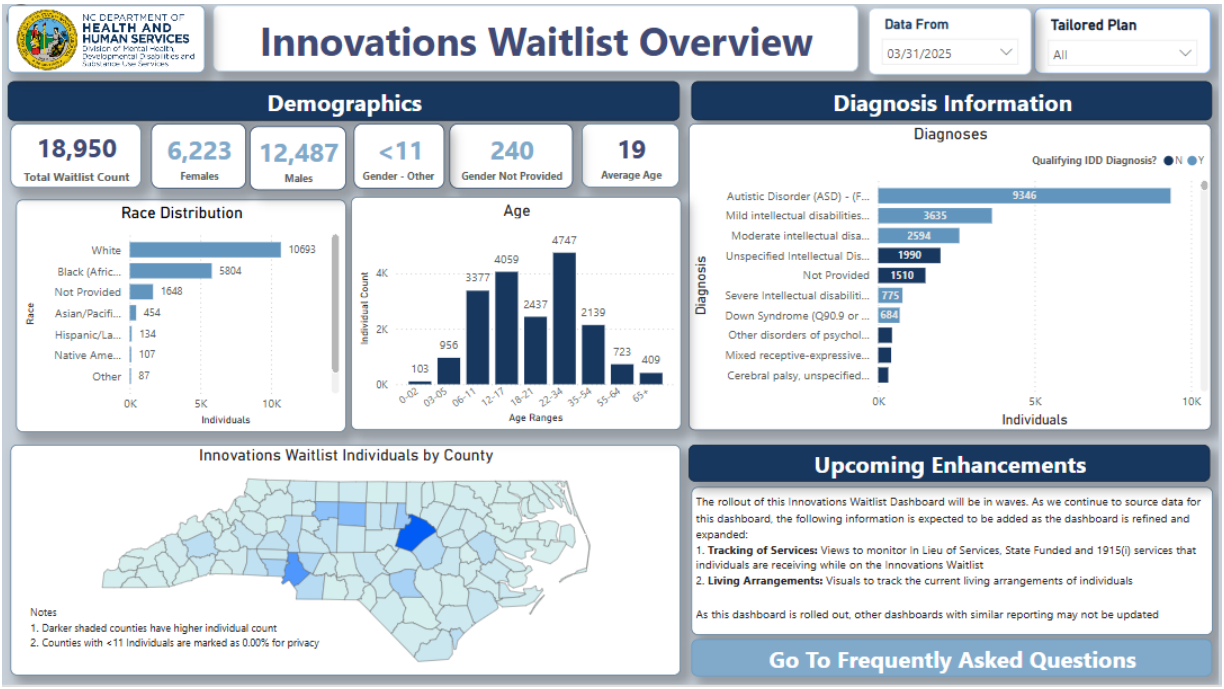
[1] DHHS launched the Behavioral Health and I/DD Tailored Plans (Tailored Plans) on July 1, 2024. Tailored Plans are integrated health plans designed specifically to serve individuals with severe mental illnesses, substance use disorders, or long-term care needs including I/DD and traumatic brain injury. Additional information about Tailored Plans is available at https://medicaid.ncdhhs.gov/tailored-plans.

[2] The Local Management Entity/Managed Care Organizations (LME/MCOs) are companies that: manage NC Medicaid Tailored Plans, coordinate certain services for NC Medicaid Direct beneficiaries, and coordinate certain services for EBCI Tribal Option members. There is one LME/MCO for each county in NC.

continued dedication and collaboration of the LME/MCOs and other stakeholders to support the I/DD community.

As part of continuous efforts to ensure data quality and provide operational oversight, DHHS reviews LME/MCO-submitted reports and works collaboratively with the LME/MCOs to address potential gaps. This ongoing prioritization of data quality improvement helps ensure the most accurate and quality information is collected. DHHS regularly engages with LME/MCOs and providers throughout the data collection period, including one-on-one technical assistance and written feedback.

Once reports are collected and reviewed, DHHS leverages tools such as Power BI for further analysis. Power BI connects various data sources and provides additional data cleansing and transformation tools that allow for in-depth insights and calculations. By leveraging Power BI's features, visuals and tables are generated, many of which are used in this report. In December 2024, DHHS Inclusion Connects[3] launched a Power BI dashboard to analyze the Innovations Waiver Waitlist. The dashboard currently includes demographic and diagnosis information, but the Department intends to continue expanding and developing it to include services-related information for people on the Waitlist.



On September 27, 2024, Hurricane Helene made landfall in North Carolina, significantly impacting communities across the western part of the state. Many areas were heavily affected, and residents are continuing to work to recover and rebuild. DHHS recognizes that the road to recovery is long and has

[3] Inclusion Connects unites people with I/DD to more choices and more access to services and supports. This collaboration among DHHS divisions, including the Division of Mental Health, Developmental Disabilities, and Substance Use Services and Medicaid, to provide resources for connecting individuals with I/DD to services and supports available to live, work and play in their chosen communities.

been providing support where possible. In response, priorities and tasks have been adjusted to support relief efforts. Consequently, service delivery flexibilities, deadlines for filing claims, reports, technical assistance calls, and data collection meetings were adjusted to allow providers and the LME/MCOs to respond to urgent needs of the members in the community.

Hurricane Helene flexibilities related to service provision can be found here, which were extended through February 28, 2025 for NC Medicaid, and through June 30, 2025 for Community Alternatives Program for Children (CAP-C), Community Alternatives Program for Disabled Adults (CAP-DA), and the Innovations Waiver programs. These flexibilities include, but are not limited to, the provision of additional service hours without prior authorization (PA) due to issues related to Hurricane Helene. This flexibility may be affecting our data regarding hours authorized and may continue to have an impact through our upcoming reporting cycles.

For the launch of Tailored Plans, DHHS implemented additional policy flexibilities to ensure beneficiaries receive uninterrupted care. Between July 1, 2024, and September 30, 2024, LME/MCOs did not deny covered services if the request met medical necessity criteria in the following two scenarios:

a. Provider failed to submit PA prior to the service being provided and submits PA after the date of service.
b. Provider submitted for retroactive PA.

Additionally, LME/MCOs were instructed to:

a. Honor existing and active medical PAs on file with NC Medicaid Direct or another health plan for services covered by the health plan for the first seven months after launch, through January 31, 2025, or until the end of the authorization period, whichever occurs first.
b. Not deny claims for the first seven months after launch, through January 31, 2025, for covered services if the request met medical necessity criteria and authorize services for Medicaid-enrolled out-of-network providers equal to that of in-network providers until end of episode of care or seven months, whichever is less.
c. Honor a PA from their original health plan for the life of the authorization by their new health plan for a beneficiary who transitions between health plans after July 1, 2024.

For a full list of Tailored Plan launch flexibilities potentially affecting our reporting, please see here. DHHS expects these impacts to continue through the following cycle.

Findings

This report is structured to align with the reporting requirements listed in section IV of the Consent Order, with minor adjustments to group requirements that are related to a particular area (e.g., transition-related requirements, diversion-related requirements). Each section contains Consent Order requirements, corresponding data, and additional illustrative elements that demonstrate the Department's multifaceted commitment to serving the I/DD community. Specific Consent Order reporting requirements are clearly noted where present and included in a single, combined table in Attachment 1 on page A-1. Consent Order Benchmarks are included where work is ongoing, and all Benchmarks and their associated statuses are included in Attachment 2 on page A-3.

Diversion and Transition Services

DHHS is committed to **increasing awareness, education, and access to the entire continuum of community-based housing options for people with I/DD**. The following section is organized by key activities. It includes findings from LME/MCO reporting on In-Reach, Transition, and Diversion activities for the I/DD population. DHHS is actively working to revise the I/DD In-Reach, Diversion, Transition Activity Report template used by the LME/MCOs to address challenges with report completion and improve data collection and analysis. The Inclusion Connects team shared template revision recommendations with the LME/MCOs in late March 2025 to gather feedback and collaborate on changes. The Department will continue to work with the LME/MCOs and divisional partners to implement template revisions once reviewed and finalized. The revisions will not remove any reporting required in the Consent Order but serve to improve the accuracy of reporting requirements. The revisions will also provide improvements to definitions and instructions to aid the LME/MCOs in completing the report. The Department continues to prioritize working collaboratively with the LME/MCOs on the revisions prior to implementation because their feedback is critical for making improvements to the reporting tool.

DHHS continued to pursue data collection from Transitions to Community Living (TCL) and was successful in securing data on TCL members with co-occurring I/DD diagnoses that have been incorporated into this report. Outreach to Money Follows the Person (MFP) resulted in the discovery of people that were not included in LME/MCO reporting. The addition of the data from both TCL and MFP has increased numbers for transitions and diversions. The Department started including the data with this reporting period and corrected previous report quarters, thus causing an increase in cumulative totals.

In addition to the metrics derived from LME/MCOs, narrative summaries of DHHS-led initiatives designed to support education and access to community-based housing are included.

In-Reach Activities and Impact

To ensure people living in institutional settings and their legally responsible persons (LRP) are educated on all available housing options, In-Reach remains a vital component of the Department's approach to transition and housing. The Consent Order defines In-Reach as frequent education efforts to individuals residing in institutional settings. The education efforts are designed to inform people and their LRP about home and community-based service options. In-Reach efforts will identify people desiring to

move into a home or community-based setting, and make a referral for transition, if appropriate. Through these activities, people with I/DD and their LRP are provided information about the benefits of community-based services, can visit community-based settings, and are offered opportunities to interact with peers residing in integrated settings. Research and collaboration efforts continue for the development of Peer Mentors to support people with I/DD and TBI. Peer Mentors help with budgeting; learning community navigation (e.g., bus routes); supporting social interaction (e.g., conversations with family and friends); scheduling appointments; and navigating community living. The program will focus on Peer Mentors supporting others with lived experiences. Updates will be provided as more information is shared about the development of the program.

Key findings:

Consent Order Reporting Requirement IV.1.c. Diversion and Transition Services: Number and percentage of individuals with I/DD eligible for In-Reach activities who are engaged in In-Reach activities.

Consent Order Reporting Requirement IV.1.d Diversion and Transition Services: Number and percentage of individuals with I/DD who began transition planning following In-Reach.

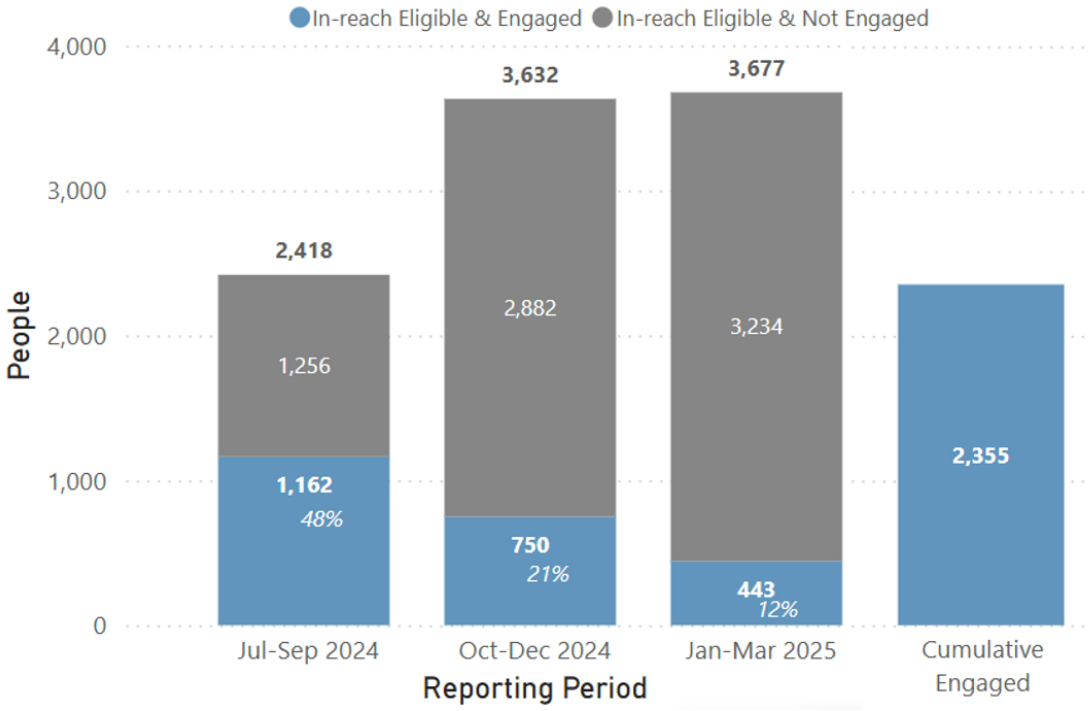
Table 1: Findings for In-Reach Reporting Requirements (IV.1.c and IV.1.d)

IV.1.c Individuals with I/DD Eligible for and Engaged in In-Reach Activities		
Reporting Period	**Number**	**Percentage**
Jul – Sep 2024	1,162	48.0%
Oct – Dec 2024	750	20.6%
Jan – Mar 2025	443	12.0%
IV.1.d Individuals with I/DD who Began Transition Planning Following In-Reach		
Jul – Sep 2024	389	33.4%
Oct – Dec 2024	119	15.9%
Jan – Mar 2025	132	29.7%

Source: LME/MCO Reporting

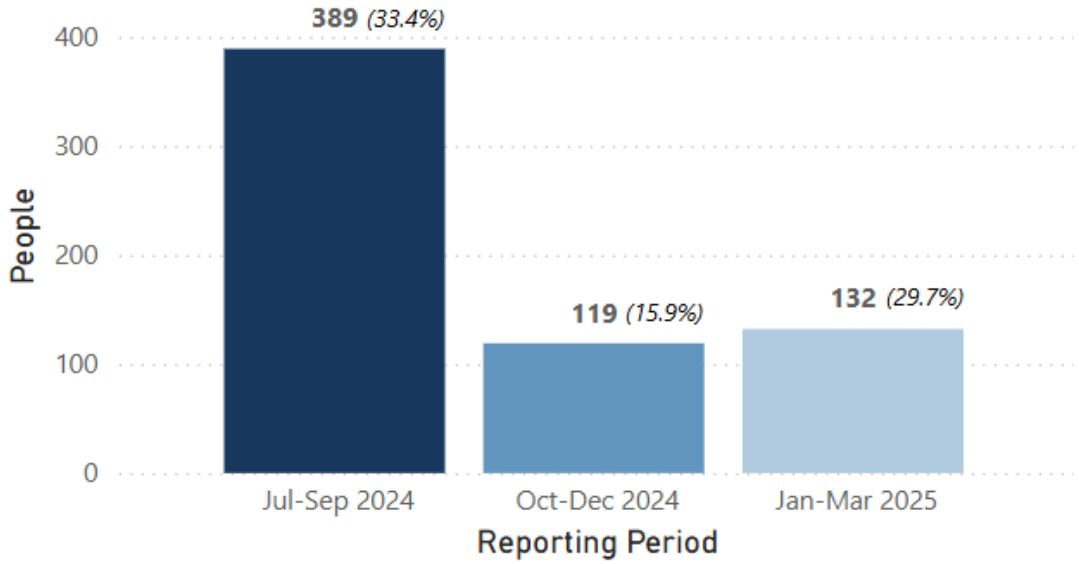
The remainder of this page is intentionally left blank.

Chart 1: Individuals with I/DD Eligible for and Engaged in In-Reach Activities (IV.1.c)



Source: LME/MCO Reporting

Chart 2: Individuals with I/DD who Began Transition Planning Following In-Reach (IV.1.d)



Source: LME/MCO Reporting

In-Reach Reporting Metric Data Narrative:

- This reporting period continues to show an increase in the number of people with I/DD eligible for In-Reach activities. The increase shows the efforts on behalf of the LME/MCOs to identify all people with I/DD eligible for In-Reach activities.
- The number of people engaged with In-Reach continues to decrease, but it's important to note that the amount of decrease between reporting periods is less for this reporting period. The amount of decrease between the 1st reporting period and 2nd reporting period was 19.4%. This 3rd reporting period shows an 8.6% decrease from the 2nd reporting period. Though still a decrease, an 8.6% decrease is much better than a 19.4% decrease.
- The number of people not engaged is not reflective of the LME/MCOs efforts to educate people with I/DD and/or their LRPs about the benefits of receiving services in the community. Ultimately the choice to receive education about community living services belongs to the person with I/DD and/or their LRP.
- The number of people who began transition planning after engaging with In-Reach shows a slight increase in this reporting period. This increase, though small, is still positive news as it shows education is critical to overcoming barriers to community living.

DHHS Initiatives to Support In-Reach: The Department continues to work closely with the LME/MCOs to provide technical assistance and guidance on In-Reach. Definitions and populations served continue to be the key areas that need clarity as we work to ensure standardization across the state and adherence to contract requirements. As reports continue to more accurately capture the number of individuals eligible for In-Reach, the Department has noted increases in the number of people with I/DD and their LRPs expressing disinterest in continued education about community-based living options. DHHS supports choice and LME/MCOs being respectful of the person's decision.

- DHHS continues to receive data on In-Reach efforts from LME/MCOs quarterly. The LME/MCOs conduct In-Reach activities to members in a variety of communication types, including but not limited to, face to face visits, phone calls, video conferences and emails. Per data from the LME/MCO reports, the top three types of In-Reach activities are 1) face to face visits with the person 2) phone calls with the LRP and 3) phone calls with the person.
- Regardless of the communication type, LME/MCOs provide In-Reach to educate people with I/DD and their families/LRP about informed decision making and community living options.
- In-Reach barriers are still showing up in high numbers on the LME/MCO reports. Three of the top barriers listed in this reporting period are 1) guardian/LRP objection, 2) person not interested in transitioning, and 3) physical health.

Transition Planning and Discharge

Transition planning is critical to the success of someone interested in moving into a community-based setting of their choice. The LME/MCOs are trained to work with the person with I/DD and their LRP, if applicable, on developing a transition plan. The plan will ensure the appropriate services are in place prior to transition, using person centered planning throughout the process. The teams will also make sure the person with I/DD is prepared for potential challenges upon discharge and help work towards resolutions. The education provided by the LME/MCOs to people with I/DD and LRPs enables them to

participate in the transition planning process and make an informed decision about where they want to live and receive services.

DHHS continues to add information to the Inclusion Connects webpage to help people in the transition process. These tools are designed to help people with I/DD and their LRPs choose the living situation to meet their preferences and needs. If a person decides to move from an institution into a community-based setting, it is captured on the LME/MCO report. All discharges from institutional settings are captured on the report for each reporting period, but people are tracked for one-year after the discharge date before being considered a "successful" transition for Inclusion Connects. DHHS continues to provide technical assistance to the LME/MCOs regarding current submissions. DHHS and the LME/MCOs are also working together to revise the report template to ensure data reported and collected is accurate.

Key findings:

Consent Order Reporting Requirement IV.1.b. Diversion and Transition Services: Number of people transitioned from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.

- DHHS made a concerted effort to collect the data regarding the number of people with I/DD moving from institutional settings to ensure it comes from a variety of sources. The Department continues to collaborate across divisions to track data on transitions for Money Follows the Person (MFP), which includes Community Alternatives Program for Disabled Adults (CAP-DA), Pre-Admission Screening and Resident Review (PASRR), and Transitions to Community Living (TCL), which are DHHS programs that support people with I/DD to move into the community. DHHS will continue to work with other programs to collect data to provide a more accurate reflection of all persons with I/DD who move from institutional settings to community-based settings.
- The Department is modifying the LME/MCO report template to include the funding source / program each person uses to move from institutional settings. This additional information will help inform DHHS of the type of funding and programs needed to assist people with I/DD transition into the community. This information will also help identify gaps in services.

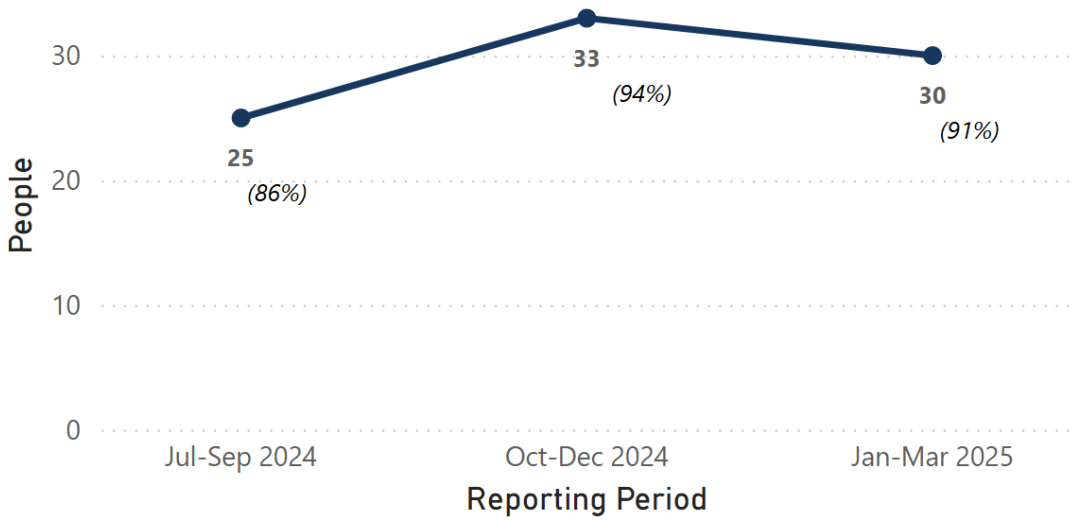
Consent Order Reporting Requirement IV.1.g. Diversion and Transition Services: Number and percentage of individuals with I/DD age 18 and above identified for transition who are discharged through the transition planning process.

Table 2: Findings for Transition Reporting Requirements (IV.1.b and IV.1.g)

IV.1.b Number of Individuals with I/DD Transitioned from Institutional Settings		
Reporting Period	**Number**	
Jul – Sep 2024	29	
Oct – Dec 2024	35	
Jan – Mar 2025	33	
Cumulative (Jul 2024 – Mar 2025)	97	
IV.1.g Individuals with I/DD Age 18 and above Discharged through Transition Process		
Reporting Period	**Number**	**Percentage[4]**
Jul – Sep 2024	25	86%
Oct – Dec 2024	33	94%
Jan – Mar 2025	30	91%

Source: LME/MCO Reporting

Chart 3: Individuals with I/DD Age 18 and Above Discharged Through Transition Process (IV.1.g)



Source: LME/MCO Reporting

Transition Reporting Metric Data Narrative:

- The Department is now receiving data from TCL that captures people with I/DD transitioning into the community. In comparing data received from MFP and LME/MCO reporting, there were people that have not been counted for transition purposes.
- This report shows the addition of new data for the reporting period as well as corrections to the previous reporting periods. The additional MFP data and TCL data increases the cumulative total to 97 transitions thus far for this fiscal year. This surpasses 78 transitions, which is the required number of transitions for this fiscal year per the Consent Order.
- People 18 and over being discharged through the transition process show an increase based on the new data as well, following the trend shown in overall transitions.

[4] The methodology for calculating percentage has been updated to better reflect the inclusion of additional data sources and more accurately capture the proportion of the transition population age 18 and over.

- LME/MCO reporting are already showing improvements, and it is expected the revisions to the report template will help provide more clarity and guidance which in turn will further improve the accuracy of data being reported.

Consent Order Reporting Requirement IV.1.h. Diversion and Transition Services: Information related to both successful and unsuccessful transitions.

- People with I/DD transitioning into community-based settings during this reporting period remained transitioned at the end of the 3-month reporting period. I/DD transitions are considered successful if the person remains in the community for one year.
- Reports continue to show people with I/DD transitioning from institutional settings do not desire permanent supportive housing though it is listed as an option. The top residential settings for transitions during this reporting period are family/natural supports, group homes or AFLs. Supported Living continues to be listed as a type of housing desired, as part of the service package for the Innovations Waiver.
- The transition process continues to vary in the length of time it takes for a person to move into a community-based setting from the start of the process to the date of discharge. Transition periods ranged from 3 - 33 months, depending on the unique needs each person may require in order to be best supported in their transition. Barriers to transition listed on LME/MCO reports during this reporting period include "lack of mental health services," "person with I/DD experienced mental health decline," and "other." The "other" entries do not provide any additional information on the barriers.

Consent Order Reporting Benchmark III.1.A. Transitions: For the fiscal year ending June 30, 2025, Defendants will transition at least 78 individuals with I/DD from institutional to community-based settings.

- Using the data reported by the LME/MCOs, MFP, PASRR, and TCL, **33** people with I/DD moved from institutional to community-based settings from January 1, 2025 – March 31, 2025. Cumulatively since July 1, 2024, **97** people with I/DD have moved into non-institutional settings and the Reporting Benchmark of 78 transitions has been successfully met.

DHHS Initiatives to Support Transitions: The Department supports increased access to community-based services by transitioning eligible individuals who make an informed choice to transition to a community-based setting (Benchmark 1.A).

- DHHS supports the collaboration between Alliance Health and NC Department of Administration, Commission of Indian Affairs (CIA) to establish a limited preference of up to 25 Housing Choice Vouchers (HCVs) for people with disabilities served and referred by Alliance Health. Alliance has successfully submitted nine referrals to the CIA thus far.
    - There has not been any movement with the vouchers as potential participants continue to wait for their application to be processed. The Department continues to reach out to the CIA for updates.
    - HUD provides HCVs to local Public Housing Authorities (PHAs) in NC to administer to very low-income families, the elderly, and the disabled so they may be able to afford decent, safe, and sanitary housing.

- DHHS continues to reach out to HUD for a response to the remedial preference request to prioritize people included under Inclusion Connects for federal housing programs and vouchers that was sent in January 2025. Updates, as received, will be placed in future reports.

Diversion Activities and Engagement

Diversion, identifying people living in the community at risk of requiring care in an institutional setting and providing more intensive support, remains an essential component of the Department's approach to ensuring people can live successfully in their chosen settings. People with I/DD engaged in diversion activities live in various community-based settings (e.g., developmental disabilities group homes, their own home, natural support homes, etc.). The diversion process also involves providing people with the services and support for the continued ability to live successfully in the community. These services can include Medicaid home and community-based services including the 1915(c) Waivers, Medicaid In Lieu of Services (ILOS), Medicaid State Plan Services, or state-funded services.

Key findings:

Consent Order Reporting Requirement IV.1.a Diversion and Transition Services: Number of individuals diverted from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.

Consent Order Reporting Requirement IV.1.e. Diversion and Transition Services: Number and percentage[5] of individuals with I/DD are eligible for diversion activities.

Consent Order Reporting Requirement IV.1.f. Diversion and Transition Services: Number and percentage of individuals with I/DD who remain in the community after engaging in diversion activities.[6]

[5] The Department is currently working with the LME/MCOs to build a more comprehensive methodology to calculate the percentage for reporting requirement IV.1.e. DHHS is continuing to refine the approach and improve the required data to more accurately capture the population of individuals with I/DD eligible for diversion. Additionally, data on diversion eligibility through the TCL program will be added to future reporting periods, as this data becomes available.

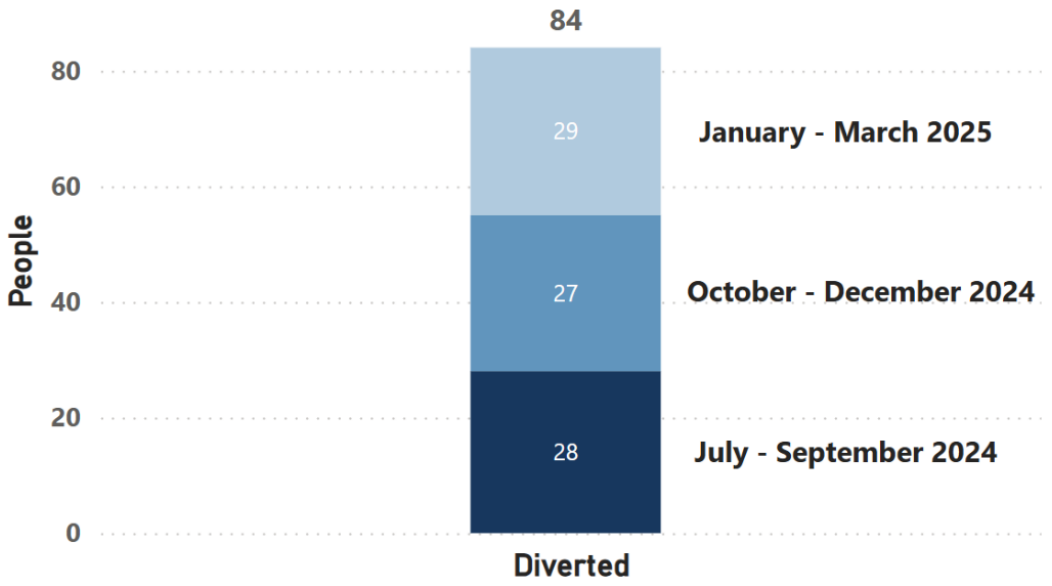
[6] The LME/MCO report used to calculate Diversion and Transition Service metrics does not explicitly track individuals past their diversion into a community-based setting, as these individuals will not be residing in an institutional setting. DHHS reports a diversion to a community-based setting as a successful diversion. For the July 2025 report, DHHS confirmed that four out of the six individuals who were reported as "diversions" in the April 2025 report remained in the community by ensuring these members did not appear on this quarter's Member report. Additionally, successful diversions through the TCL program were added to the current and previous reporting periods.

Table 3: Findings for Diversion Reporting Requirements (IV.1.a, IV.1.e, and IV.1.f)

IV.1.a Individuals with I/DD Diverted from Institutional Settings		
Reporting Period	**Number**	
Jul – Sep 2024	28	
Oct – Dec 2024	27	
Jan – Mar 2025	29	
Cumulative (Jul 2024 – Mar 2025)	84	
IV.1.e Individuals with I/DD Eligible for Diversion Activities[5]		
Reporting Period	**Number**	**Percentage**
Jul – Sep 2024	7	Not Available
Oct – Dec 2024	7	Not Available
Jan – Mar 2025	10	Not Available
IV.1.f Individuals with I/DD who Remain in the Community Following Diversion Activities[6]		
Jul – Sep 2024	N/A	N/A
Oct – Dec 2024	22	79%
Jan – Mar 2025	23	85%

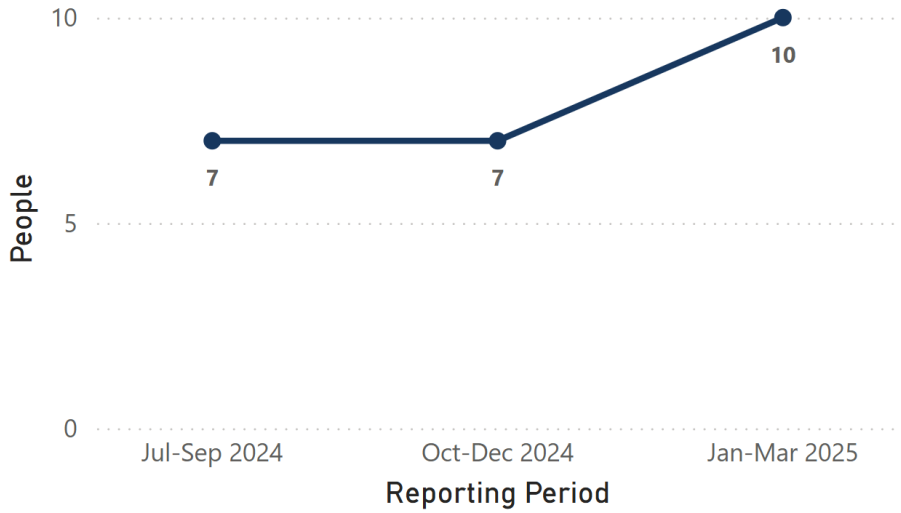
Source: LME/MCO Reporting

Chart 4: Individuals with I/DD Diverted from Institutional Settings (IV.1.a)



Source: LME/MCO Reporting

Chart 5: Individuals with I/DD Eligible for Diversion Activities (IV.1.e)



Source: LME/MCO Reporting

Diversion Reporting Metrics Data Narrative:

- The Department has further identified data sources on people with I/DD that should be included for some of the diversion reporting requirements. These people were not previously captured on LME/MCO reports and therefore have been missing from previous reporting periods.
- This report shows the addition of the new data for this reporting period as well as corrections to previous reporting periods. The addition of this data increases the cumulative total to 84 people diverted from institutional settings thus far for this fiscal year. This is a significant increase compared to the cumulative total of 9 people from the last reporting period. This further supports the importance of sharing data across divisions and programs to ensure accurate reporting.
- The creation of the definition of diversion eligibility will provide clarity and guidance to the LME/MCOs to capture people with I/DD that are eligible for diversion activities. The Department anticipates that a consistent definition of this population will capture consistent data across the plans.
- Diversion numbers have been low since The Department started submitting the DRNC reports. However, more complete data has resulted in a better picture of the various diversion activities being done across various departmental programs.

DHHS Initiatives to Support Diversions: The Department monitors and standardizes LME/MCO diversion efforts to help people with I/DD at risk of institutionalization receive services and supports to prevent further decline and help people **remain in the community.**

- DHHS continues to work with LME/MCOs to make sure all people eligible for diversion, receiving diversion and those diverted from institutional settings are being counted on the quarterly

reports. The Department believes that the numbers included in past reports were likely lower than the actual numbers of individuals diverted and continue to work with LME/MCOs to improve data completeness and accuracy for future reports.

- The Inclusion Connects team has drafted a definition of diversion eligibility to ensure all people at risk of institutionalization will receive diversion assistance and be captured on the quarterly reports. This definition will be shared and implemented once finalized with stakeholders.
- DHHS will continue efforts to connect with appropriate staff involved with The All Ages, All Stages, NC plan[7] to ensure collaboration as the plan applies to people with I/DD living in the community.
    - The Department's diversion efforts align with the plan seeking to help people with I/DD living in the community and at risk of institutionalization remain in the community by receiving the necessary services and supports to prevent further decline.
    - The plan includes the population of younger people living with family caregivers who may not be able to continue to provide the level of care needed in the future. The plan states it is necessary to make sure people with I/DD continue to have adequate housing and supportive services when their caregivers are no longer able to provide care. The Department continues to hear concerns of LRPs and advocates desiring to make sure this subpopulation will have opportunities to live independently in communities of their choosing.
- DHHS needs funding to support rental assistance programs for people with I/DD that are interested in living more independently in community-based settings.

Services: 1915(i) and Continuing Unmet Needs

DHHS is committed to ensuring that people with I/DD access the appropriate services and support to live fulfilling lives in their communities. Through targeted outreach, strategic partnerships, and program expansions, the Department aims to improve service accessibility and address the unique needs of people with I/DD across the state. In line with this commitment, DHHS launched the 1915(i) Home and Community Based Services (HCBS) Medicaid State Plan in July 2023. This program is critical in addressing service gaps and reducing extended wait periods.

Reporting Requirements for 1915(i) Services

The 1915(i) reporting requirements focus on tracking benchmarks for people with I/DD receiving services. These include the number of people who have completed the assessment and approval process and those actively receiving 1915(i) services. The report provides data on the number and percentage of people on the Innovations Waiver Waitlist receiving I/DD-related services during the quarterly reporting period, encompassing services provided through 1915(i), other HCBS, State-Funded Services, and In-Lieu of Services.

Key Findings:

Consent Order Reporting Requirement IV.1.i: Number of individuals with I/DD for whom the 1915(i) assessment and approval process has been completed.

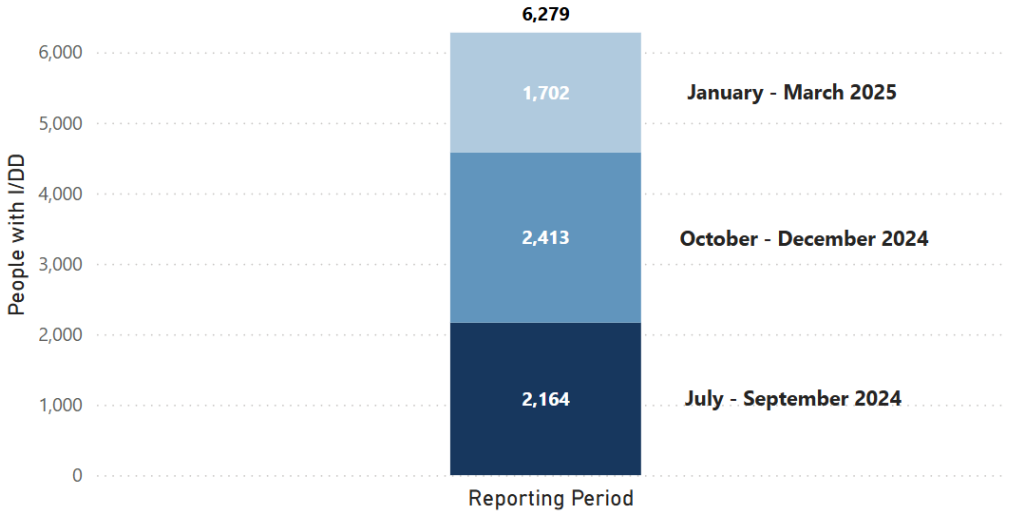
[7] All Ages, All Stages NC (NC's Multisector Plan for Aging)

Table 4: 1915(i) Implementation (IV.1.i)

Individuals with I/DD for whom 1915(i) Assessment and Approval Process has been Completed	
Reporting Period	**Number**
Jul – Sep 2024	2,164
Oct – Dec 2024	2,413
Jan – Mar 2025	1,702

Source: 1915(i) Assessment Data

Chart 6: Individuals with I/DD for whom 1915(i) Assessment and Approval Process has been Completed (IV.1.i)



Source: 1915(i) Assessment Data

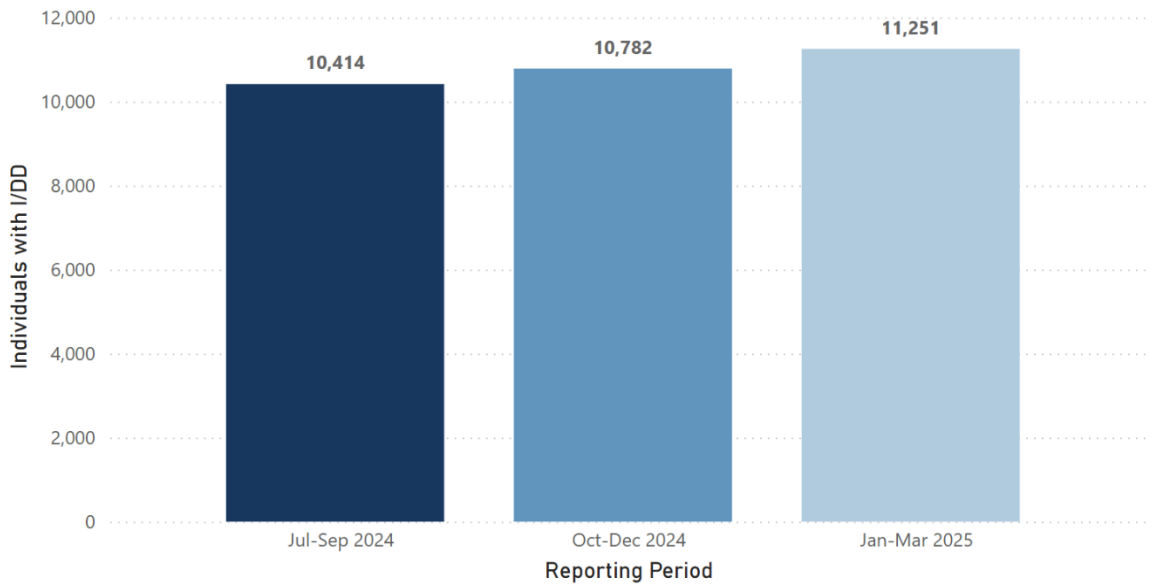
Consent Order Reporting Requirement IV.1.j: Number of individuals with I/DD receiving 1915(i) services.

Table 5: 1915(i) Implementation (IV.1.j.)

Individuals with I/DD Receiving 1915(i) Services	
Reporting Period	**Number**
Jul – Sep 2024	10,414
Oct – Dec 2024	10,782
Jan – Mar 2025	11,251

Source: Claims and Encounters Data

Chart 7: Individuals with I/DD Receiving 1915(i) Services (IV.1.j)



Source: Claims and Encounters Data

Consent Order Reporting Requirement IV.1.k.: Number of individuals who received an assessment for 1915(i) services within 90 days of requesting an evaluation.

Consent Order Reporting Requirement IV.1.l.: Number of individuals who waited, or have waited, more than 90 days for an assessment, including the number of additional days waiting.

Table 6: 1915(i) Implementation (IV.1.k., IV.1.l)

Number of individuals who received an assessment for 1915(i) services within 90 days of requesting an evaluation	
Reporting Period	**Number**
Jul – Sep 2024	Not Available
Oct – Dec 2024	Not Available
Jan – Mar 2025	Not Available
Number of individuals who waited, or have waited, more than 90 days for an assessment	
Jul – Sep 2024	Not Available
Oct – Dec 2024	Not Available
Jan – Mar 2025	Not Available

Source: N/A

Data Narrative for 1915(i) Implementation

- DHHS continues to review access to 1915(i) services to determine any needed support. DHHS is improving trainings on 1915(i) for certified Tailored Care Management providers, with the most recent training occurring on March 27, 2025.
- DHHS also attends and hosts community events, including those with Exceptional Children's Assistance Center and Grupo Poder y Esperanza, to provide education. There continues to be a

focus on the DHHS Plain-Language Campaign, with the Innovations Waiver toolkit released on April 24, 2025 (which can be found here).

- The report aims to provide timeliness measures, including the number of people assessed within 90 days of requesting an assessment and those who waited beyond 90 days, including extended waiting periods. However, a reporting mechanism for this information was not in place during this review period. Assessment forms for 1915(i) services have been updated to require this information; this change is anticipated to occur during quarter three with data becoming available during the last quarter of this year.
- Tailored Care Manager manuals have been updated to include specific timelines for the 1915(i)-onboarding process, which will also be included in future contract language with LME-MCOs.

Communication and Stakeholder Engagement

In line with the requirements for quarterly or as-needed discussions (Benchmark III.1.B.), DHHS has employed and implemented various communication mechanisms for stakeholder engagement regarding the implementation and outcomes of 1915(i) services. These include monthly I/DD Director's meetings to discuss service outcomes, challenges, and adjustments. Additionally, the Department launched the Inclusion Connects Advisory Committee which is held each quarter and related subcommittees (including a workgroup specifically focused on Access to Services that meets monthly) to gather feedback and input from a variety of stakeholders.

Continuing Unmet Needs

This section addresses the Department's ongoing responsibility to track and report the needs of people with I/DD who remain on service waitlists or require additional services beyond their current provisions. This section outlines the key metrics DHHS must report to ensure transparency and accountability in addressing service gaps for the I/DD population.

The Innovations Waiver Waitlist, formerly the Registry of Unmet Needs, includes individuals waiting for services under the Innovations Waiver program. This waiver program provides home and community-based services to people with I/DD to help them live more independently. Due to the limited number of Innovation Waiver slots approved by the General Assembly, the waitlist tracks potentially eligible people who have not yet been assigned a Waiver slot. To improve access, the state monitors and evaluates the waitlist through quarterly reporting and continuous data tracking.

Key Findings:

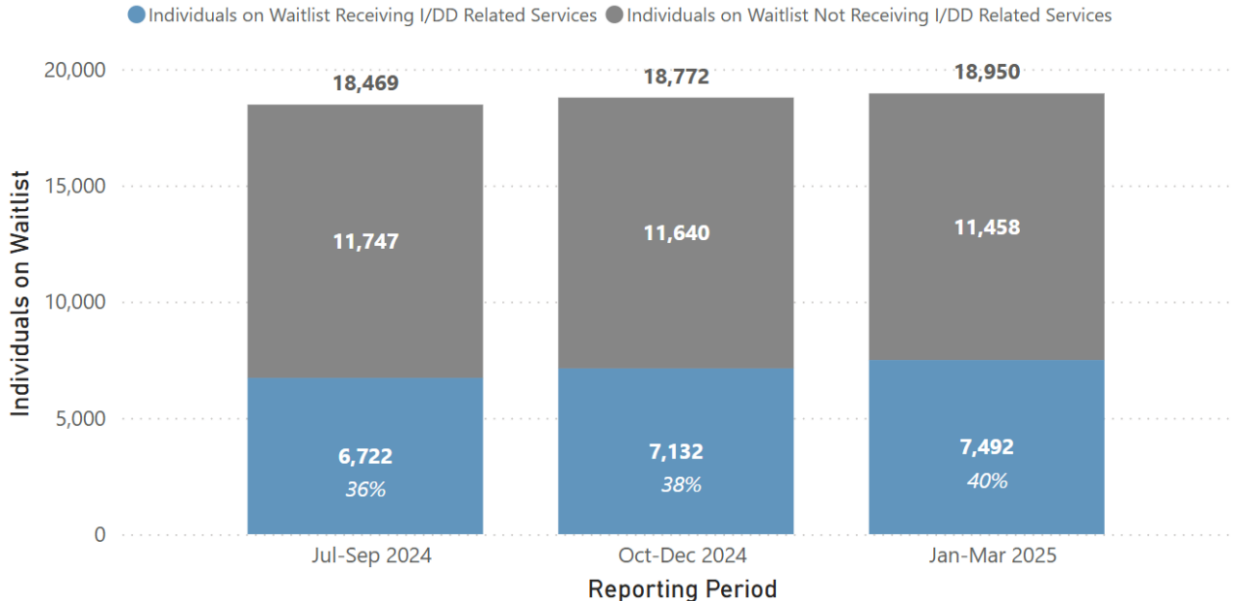
Consent Order Reporting Requirement IV.1.m Continuing Unmet Needs: Number and percentage of people on the waitlist receiving I/DD-related services for the reporting quarterly period, including 1915(i), HCBS, State-Funded Services, or In-Lieu of Services.

Table 7: Continuing Unmet Needs (IV.1.m)

Number of Individuals on the Innovations Waiver Waitlist That Are Receiving I/DD-Related Services		
Reporting Period	**Number**	**Percentage**
Jul - Sep 2024	6,722	36.4%
Oct – Dec 2024	7,132	38.1%
Jan – Mar 2025	7,492	39.5%

Source: Claims and Encounters Data

Chart 8: Number of Individuals on the Innovations Waiver Waitlist That Are Receiving I/DD-Related Services (IV.1.m)



Source: LME/MCO Reporting, Claims and Encounters Data

The remainder of this page is intentionally left blank.

Consent Order Reporting Requirement IV.1.n Continuing Unmet Needs: Number and percentage of individuals receiving 1915(i) services who need additional services in addition to their approved 1915(i) services.

Table 8: Continuing Unmet Needs (IV.1.n)[8]

Number and percentage of individuals receiving 1915(i) services who need additional services in addition to their approved 1915(i) services.				
Measure	**Jul-Sep 2024**	**Oct-Dec 2024**	**Jan-Mar 2025**	**Apr-Jun 2025**
Care Plans/ISPs that were revised, as applicable, by the Care Manager to address members' changing needs	177 (1.5%)	433 (3.6%)	Expected August 2025	Expected November 2025
Care Plan/ISPs that address identified health and safety risk factors	1,149		Expected August 2025	
Care Plans/ISPs in which the services and supports reflect beneficiary assessed needs and life goals	Expected November 2025			
Beneficiaries reporting that their Care Plan/ISP has the services that they need	Expected November 2025			

Source: LME/MCO Reporting

Consent Order Reporting Requirement IV.1.o Continuing Unmet Needs: Number of people remaining on the Waitlist and the number removed from the Waitlist during the data reporting fiscal quarter, each preceding fiscal year (if applicable), and cumulatively**.**

Table 9: Continuing Unmet Needs (IV.1.o)

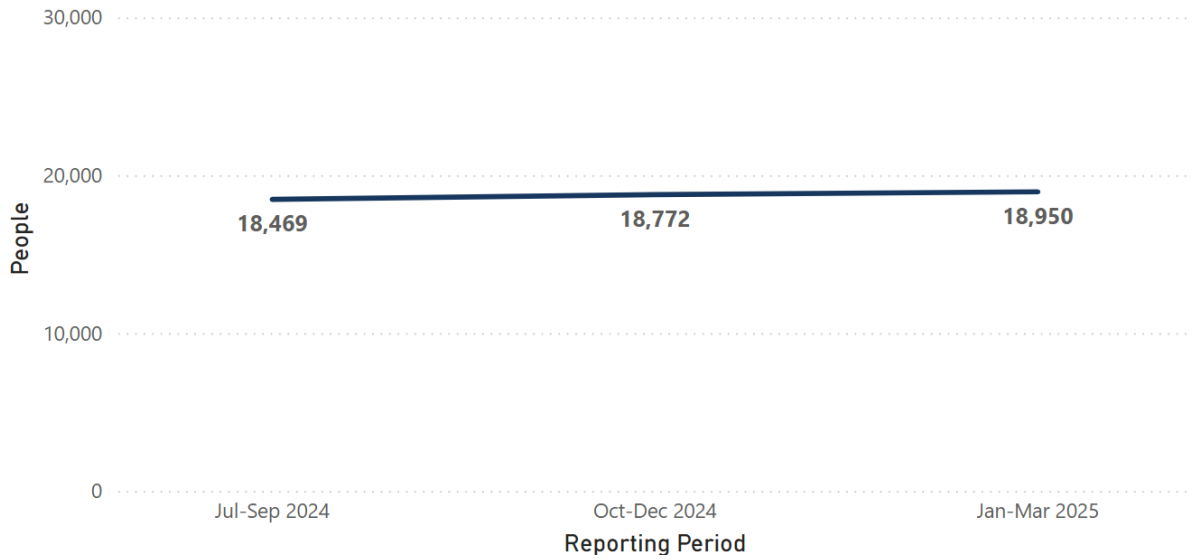
Number of People Remaining on the Waitlist		
Reporting Period	**Number Remaining on Waitlist**	**Number Removed from Waitlist**
Jul - Sep 2024	18,457[9]	409
Oct – Dec 2024	18,772	291
Jan – Mar 2025	18,950	245

Source: LME/MCO Reporting

[8] The data source for Table 8 operates on a 5-month delay, meaning data will be available 5 months after the last day of the reporting period. Due to this, Quarterly values of Jan - Mar 2025 will be reported in August 2025 submission and Annual values will reported in November 2025 submission.

[9] The data source for this metric has changed and a new report from LME/MCOs is now used to generate Waitlist related values. This results in a slight variation between the table value from Jul – Sep 2024 and the number displayed in the visual for the same reporting period.

Chart 9: Number of People Remaining on the Waitlist (IV.1.o)



Source: LME/MCO Reporting

Consent Order Reporting Requirement IV.1.p Continuing Unmet Needs: Waiver slots and reserve capacity use status.

Table 10: Continuing Unmet Needs (IV.1.p)[10]

Status of the use of Waiver Slots and Remaining Reserve Capacity		
Reporting Period	**Number Active**	**Remaining Reserve Capacity**
Jul - Sep 2024	13,938	132
Oct – Dec 2024	14,308	89[11]
Jan – Mar 2025	14,420	25

Source: LME/MCO Reporting

Data Narrative for Continuing Unmet Needs

- While the number of people on the Innovations Waiver waitlist has grown, the percent increase of those receiving services has surpassed that of the waitlist during this quarter.
- Current 1915(i) assessments are being updated to require both the date the assessment was requested in addition to the date it was completed. This update will occur in quarter three of 2025, with reportable data anticipated for the January 2026 report.
- Table 8 represents performance standards for 1915(i) services across all service recipients and the anticipated date of data submission, as applicable. Additional measures will be reported when they become available. The possibility of moving all measures to a quarterly reporting cadence is currently being explored.

[10] For fiscal year 2024-2025 there are 14,736 approved active slots for the Innovations Waiver, with 161 slots retained for reserve capacity. Values reported are from the end of each fiscal quarter, 9/30/2024, 12/31/2024, and 3/31/25 and are expected to continue to change as year progresses.
[11] This value is an estimate as not all LME/MCOs have submitted the requested information.

- LME-MCO reporting tools have also been updated in an attempt to assist with gathering this information while a formal assessment process is still being designed; the first submission of the updated report is anticipated in September 2025.
- DHHS has contracted a consultant to support program and process design of how to assess the needs for people currently on the Innovations Waiver waitlist. This work is to start 7/1/2025 and will include expert and stakeholder input.

Direct Service Professionals (DSP) Workforce

According to State of the Workforce Survey Report for 2023[12], by National Core Indicators Intellectual and Developmental Disabilities, North Carolina had the second lowest turnover rate, and the highest percent of DSPs employed over 36 months. This does not mean however there is not work to be done, as available and accessible DSPs are critical to ensuring that people with I/DD can receive appropriate services in a setting of their choice. North Carolina is currently facing a critical shortage of DSPs, which is significantly affecting the availability and quality of home and community-based services for people with I/DD.

A Tailored Plan Contract Amendment was executed to raise the minimum utilization rate of authorized Community Living and Supports (CLS) services to qualified individuals on the Innovations Waiver to at least 82%, as required by the Consent Order. The Amendment language is as follows:

To increase Member access to 1915(i), 1915(c), and 1915(b)(3) services for Community Living and Supports (CLS), Community Networking, Supported Employment, and Supported Living, BH I/DD Tailored Plans shall achieve the following utilization rates as demonstrated through the BH I/DD Tailored Plan's submission of the 1915 Services Authorization Report:

By the fiscal year ending June 30, 2025, individuals authorized to receive CLS services through Innovations Waiver, or 1915(i), will utilize at least eighty-five percent (85%) of authorized CLS Services.

The remainder of this page is intentionally left blank.

[12] 2023-NCI-IDD-SoTW_241126_FINAL.pdf

Key Findings:

Consent Order Reporting Requirement IV.1.q. DSP Availability: Overall percentage of authorized Community Living and Supports (CLS) billed hours.

Table 11: Findings for Overall DSP Availability (IV.1.q)

Authorized Hours of CLS Billed		
Reporting Period	**Total Number Hours Authorized**	**Percentage**
Jul - Sep 2024	8,921,654	Total: 48.3% LME/MCO#1: 83.5% LME/MCO#2: 36.9% LME/MCO#3: 40.0% LME/MCO#4: 81.6%
Oct – Dec 2024	3,541,357	Total: 80.5%[13] LME/MCO#1:76.8% LME/MCO#2: 85.3% LME/MCO#3: 199.0%[13] LME/MCO#4: 77.5%
Jan – Mar 2025	3,517,028	Total: 85.2% LME/MCO#1: 83.3% LME/MCO#2: 86.8% LME/MCO#3: 89.6% LME/MCO#4: 82.6%

Source: LME/MCO Reporting

Consent Order Reporting Requirement IV.1.r. DSP Availability: Number of units of CLS authorized by LME/MCO.

Consent Order Reporting Requirement IV.1.s. DSP Availability: Number of units of CLS billed by LME/MCO.

Consent Order Reporting Requirement IV.1.t. DSP Availability: Number of units of CLS not utilized because of lack of provider or staff availability by LME/MCO.

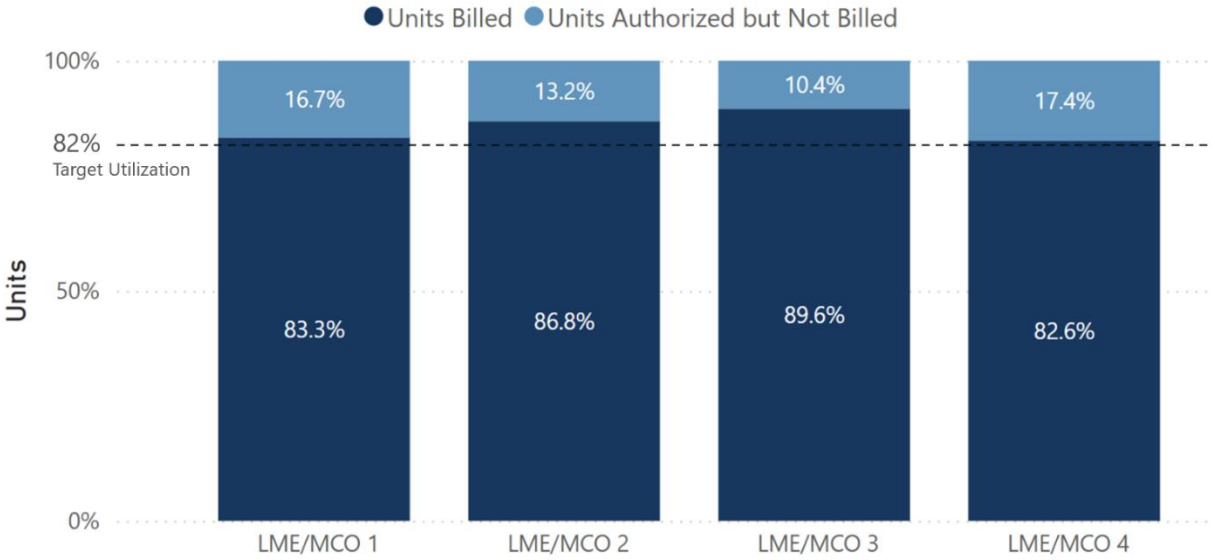
[13] We do not expect hours billed to exceed hours authorized. For the Oct – Dec 2024 Reporting Period, LME/MCO#3 reported hours billed exceeding hours authorized due to prior authorization waivers, resulting in a percentage greater than 100%. We have excluded LME/MCO#3 from our total percentage as we investigate their methodology used.

Table 12: Findings for DSP Availability by Number of Units (IV.1.r, IV.1.s and IV.1.t)

Number of Units of CLS Authorized				
	Number by LME/MCO			
Reporting Period	LME/MCO#1	LME/MCO#2	LME/MCO#3	LME/MCO#4
Jul - Sep 2024	4,462,758	10,244,700	17,782,750	3,196,408
Oct – Dec 2024	3,142,980	4,792,859	2,944,769	3,284,822
Jan – Mar 2025	4,899,722	3,842,835	2,362,768	2,962,788
Number of Units of CLS Billed				
Jul - Sep 2024	3,724,916	3,776,753	7,123,906	2,609,513
Oct – Dec 2024	2,412,263	4,086,047	5,861,142	2,544,260
Jan – Mar 2025	4,080,952	3,336,897	2,116,485	2,448,448
Number of Units of CLS not Utilized due to Lack of Provider or Staff Availability[14]				
Jan – Mar 2025	241,333	177,033	Not Reported	56,201

Source: LME/MCO Reporting

Chart 10: Percentage of Authorized Units Billed (IV.1.r and IV.1.s)



Source: LME/MCO Reporting

DSP Workforce Metrics Data Narrative

- The data contained in Tables 11 and 12 is part of the LME/MCO report to capture CLS utilization. The third submittal from LME/MCOs was received in June 2025. DHHS continues to partner with LME/MCOs, to provide technical assistance calls with each LME/MCO, on improving the data reported and understanding the context around individual plan's reported rates.

[14] The value for units not utilized due to lack of staffing was reported by 3 out of 4 LME/MCOs. The Department is working with all LME/MCOs to collaboratively create a unified plan to track these units in a consistent and reliable manner. Data was not provided before the January - March 2025 period.

DHHS DSP Workforce Initiatives

- To support the recruitment and retention of Direct Support Professionals (DSPs), DHHS has created funding opportunities for provider agencies and Employer of Records (EORs). In the first round, $3 million was awarded to help fund hiring and retention bonuses, on-the-job training, and supports to make DSP roles more appealing. A second round of incentives focused on recruitment and retention launched in spring 2025. Awards from round two will be announced in late summer and fund distribution is expected in late Fall 2025.
- The DSP Advanced Training Certificate Program, offered through the North Carolina Community College System, provides specialized education for Direct Support Professionals to improve their skills and career opportunities. Starting in Fall 2025, the program will be available at three community colleges: Asheville-Buncombe Technical Community College, Stanly Community College, and Forsyth Community College, with the possibility of expansion to other community colleges in future semesters. The two courses will focus on advanced knowledge for supporting people with intellectual and developmental disabilities. This program is part of DHHS's effort to build a stronger, better trained DSP workforce to improve care quality.

Conclusion

DHHS is committed to connecting people with I/DD to more choices and more access to services and supports. Inclusion Connects is a collaboration among DHHS divisions, including the Division of Mental Health, Developmental Disabilities, and Substance Use Services and Medicaid, to provide resources that connect people with I/DD to services and supports available to live, work, and thrive in their chosen communities. DHHS will continue to gather performance metrics from the initiatives above and adjust the workplan as necessary to meet and exceed the needs of the I/DD population in North Carolina.

Attachment 1 - Summary of Consent Order Reporting Requirements

Consent Order Section	Consent Order Subject Area	Reporting Requirement	Current Quarter (Jan - Mar 2025)
IV.1.a	Diversion and Transition Services	Number of individuals diverted from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.	Previous Quarters: (Jul – Sep 2024): 28 (Oct – Dec 2024): 27 Current Quarter: 29 Cumulative (Jul 2024 – Mar 2025): 84
IV.1.b	Diversion and Transition Services	Number of people transitioned from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively	Previous Quarters: (Jul – Sep 2024): 29 (Oct – Dec 2024): 35 Current Quarter: 33 Cumulative (Jul 2024 – Mar 2025): 97
IV.1.c	Diversion and Transition Services	Number and percentage of individuals with I/DD eligible for In-Reach activities who are engaged in In-Reach activities.	443 (12.0%)
IV.1.d	Diversion and Transition Services	Number and percentage of individuals with I/DD who began transition planning following In-Reach.	132 (29.7%)
IV.1.e	Diversion and Transition Services	Number and percentage of individuals with I/DD eligible for diversion activities.	10
IV.1.f	Diversion and Transition Services	Number and percentage of individuals with I/DD who remain in the community after engaging in diversion activities.	23 (85%)
IV.1.g	Diversion and Transition Services	Number and percentage of individuals with I/DD age 18 and above identified for transition who are discharged through the transition planning process.	30 (91%)
IV.1.h	Diversion and Transition Services	Information related to both successful and unsuccessful transitions.	See page 12
IV.1.i	1915(i) Implementation	Number of individuals with I/DD for whom the 1915(i) assessment and approval process has been completed.	1,702
IV.1.j	1915(i) Implementation	Number of individuals with I/DD receiving 1915(i) services.	11,251
IV.1.k	1915(i) Implementation	Number of individuals who received an assessment for 1915(i) services within 90 days of requesting an evaluation.	Not Available

Consent Order Section	Consent Order Subject Area	Reporting Requirement	Current Quarter (Jan - Mar 2025)
IV.1.l	1915(i) Implementation	Number of individuals who waited, or have waited, more than 90 days for an assessment, including the number of additional days waiting.	Not Available
IV.1.m	Continuing Unmet Need	Number and percentage of people on the Registry receiving I/DD-related services for the reporting quarterly period, including 1915(i), HCBS, State-Funded Services, or In-Lieu of Services.	7,492 (39.5%)
IV.1.n	Continuing Unmet Need	Number and percentage of individuals receiving 1915(i) services who need additional services in addition to their approved 1915(i) services.	See page 21
IV.1.o	Continuing Unmet Need	Number of people remaining on the Registry and the number removed from the Registry during the data reporting fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.	Remaining: 18,950 Removed: 245
IV.1.p	Continuing Unmet Need	Status of the use of waiver slots and reserve capacity.	Active: 14,420 Reserve: 25
IV.1.q	DSP Availability	Overall percentage of authorized hours of Community Living and Supports (CLS) that were billed. Consent Order Target Utilization by June 30, 2024: 82% Consent Order Target Utilization by June 30, 2025: 85%	Total Number Hours Authorized: 3,517,028 Percentage Total: 85.2% LME/MCO#1: 83.3% LME/MCO#2: 86.8% LME/MCO#3: 89.6% LME/MCO#4: 82.6%
IV.1.r	DSP Availability	Number of units of CLS authorized by LME/MCO.	LME/MCO#1: 4,899,722 LME/MCO#2: 3,842,835 LME/MCO#3: 2,362,768 LME/MCO#4: 2,962,788
IV.1.s	DSP Availability	Number of units of CLS billed by LME/MCO.	LME/MCO#1: 4,080,952 LME/MCO#2: 3,336,897 LME/MCO#3: 2,116,485 LME/MCO#4: 2,448,448
IV.1.t	DSP Availability	Number of units of CLS not utilized because of lack of provider or staff availability by LME/MCO.	LME/MCO#1: 241,333 LME/MCO#2: 177,033 LME/MCO#3: Not Reported LME/MCO#4: 56,201

Attachment 2 - Summary of Consent Order Reporting Benchmarks

Consent Order Section	Benchmark	Current Quarter (Jan – Mar 2025)
III.A. Transitions	Defendants will support increased access to community-based services by transitioning eligible individuals who make an informed choice to transition to a community-based setting, and for whom a community-based setting is appropriate, as provided in the schedule below. These transitions may be facilitated and funded through Money Follows the Person and/or other appropriate funding sources. • For the fiscal year ending June 30, 2025, Defendants will transition at least 78 individuals with I/DD from institutional settings to community-based settings. • For the fiscal year ending June 30, 2026, Defendants will transition at least 83 individuals with I/DD from institutional settings to community-based settings. • For the fiscal year ending June 30, 2027, Defendants will transition at least 88 individuals with I/DD from institutional settings to community-based settings.	**Complete for fiscal year ending June 30, 2025 –** 97 transitions reported from July 1, 2024 – March 31, 2025. The October 15, 2025, Report will include the total number of transitions from July 1, 2024 – June 30, 2025.
III.A. Transitions	Defendants will require LME/MCOs to engage in and track In-Reach efforts, as defined above, about individuals with I/DD living in the following settings: (1) Intermediate Care Facilities for Individuals with Intellectual Disabilities not operated by the State, (2) State Developmental Centers, (3) State psychiatric hospitals, (4) Psychiatric Residential Treatment Facilities, and (5) Adult Care Homes (at present, for member with Serious Mental Illness only).	**Ongoing -** DHHS continues to receive data on In-Reach efforts from LME/MCOs quarterly.
III.A. Transitions	With respect to In-Reach within Adult Care Homes, DHHS will update its contract language with LME/MCOs to remove the limitation that In-Reach obligations pertain to members with Serious Mental Illness only.	**Complete**
III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data	By June 30, 2024, Defendants will have completed the assessment and approval process for 3,000 individuals with I/DD for eligibility for 1915(i) services. Completing the approval process may include approving for services, denying services, or approving in part and denying in part requested services. DHHS will document evidence of the number of individuals with I/DD who are not interested in being assessed for 1915(i) services, in the quarterly report.	**Complete**

Consent Order Section	Benchmark	Current Quarter (Jan – Mar 2025)
Relating to Its Implementation.		
III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data Relating to Its Implementation.	By June 30, 2024, all 1915(i) eligible individuals with I/DD with open authorizations for 1915(b)(3) services will be transitioned to appropriate 1915(i) services.	**Complete**
III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data Relating to Its Implementation.	To advance implementation of 1915(i) services, DHHS will do the following: • Initiate and participate in quarterly and as-needed discussions with LME/MCOs, providers, community stakeholders and the public about the implementation of 1915(i) services.	**Ongoing** - DHHS regularly engages with the LME/MCOs (ensuring member transitions, clarity on process flow, policy clarification/questions), provider training, and creation of educational materials (FAQ, fact sheets). DHHS also regularly attends the NC Council on Developmental Disabilities, NC Provider Council meeting where updates on 1915(i) are provided. Other stakeholder engagement activities include, regular TCM engagement, monthly Office Hours with health plans, and a bi-monthly benefits call with the health plans.
III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data	To advance implementation of 1915(i) services, DHHS will do the following: • Create a plain-language messaging campaign for potential beneficiaries of the 1915(i) service. DHHS will issue at least one communication using plain language to explain the 1915(i) service, and the implementation of same, to potential beneficiaries by June 30, 2024.	**Complete**

Consent Order Section	Benchmark	Current Quarter (Jan – Mar 2025)
Relating to Its Implementation.		
III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data Relating to Its Implementation.	To advance the implementation of 1915(i) services, DHHS will do the following: • Ensure that trainings are in place for LME/MCOs, Tailored Care Management entities, and Tailored Care Management providers.	**Complete**
III.2.A. Establish minimum utilization rates for Community Living and Supports.	To increase access to CLS, DHHS will provide for the following minimum utilization percentages for CLS, revising or amending its contracts with the LME/MCOs as needed: • By June 30, 2024, the minimum utilization rate of authorized CLS services provided to qualified individuals on the Innovations Waiver will be 82 percent. • By June 30, 2025, the minimum utilization rate of authorized CLS services provided to qualified individuals on the Innovations waiver will be 85 percent.	**Complete** – DHHS continues to monitor quarterly for compliance to the minimum utilization rate.
III.2.B. Issues Relating to Training and Credentialing for DSPs.	DHHS will evaluate recommendations from the AHEC Report and Best Practices to determine actionable activities to address the DSP Training and Credentialing Needs.	**Complete**
III.2.B. Issues Relating to Training and Credentialing for DSPs.	DHHS will present a draft DSP Workforce Plan to address DSP workforce deficits to an advisory committee consisting of stakeholders including individuals with I/DD, family members, DSPs, providers, and other stakeholders to garner feedback.	**Complete**
III.2.B. Issues Relating to Training and Credentialing for DSPs.	DHHS will provide a draft DSP Workforce Plan to Plaintiffs' Counsel by May 1, 2024. Plaintiffs' Counsel will provide any input or proposed changes to the draft to Defendants within 21 days of receipt. Defendants will receive and evaluate Plaintiffs'	**Complete**

Consent Order Section	Benchmark	Current Quarter (Jan – Mar 2025)
	proposed changes, if any. The parties agree to meet and confer on or before June 5, 2024, on any issues that cannot reasonably be resolved.	
III.2.B. Issues Relating to Training and Credentialing for DSPs.	DHHS will develop a final DSP Workforce Plan with specific actions and identified implementation dates no later than June 14, 2024. Plaintiffs retain the right, after evaluation of the final DSP Workforce Plan, to file a motion to challenge one or more terms of the Plan	**Complete**
III.2.B. Issues Relating to Training and Credentialing for DSPs.	DHHS will launch implementation of DSP Workforce Plan no later than July 1, 2024. Nothing in this Consent Order shall be construed to preclude future orders by the Court regarding training or credentialing for DSPs or other matters related to availability of DSPs.	**Complete**