North Carolina Olmstead Plan - Frequently Asked Questions and Answers (FAQ)

Question: Why is it called the Olmstead Plan?

Answer: Olmstead is the last name of Tommy Olmstead. Mr. Olmstead was part of an important 1999 U.S. Supreme Court case called Olmstead v. L.C. Two women with disabilities living in an institution in Georgia were also part of this case. Their names were Lois Curtis (L. C.) and Elaine Wilson. They wanted to live in the community. Tommy Olmstead worked for state government in Georgia. The women’s lawyers filed a lawsuit and the case went to the U.S. Supreme Court. The Court studied the Americans with Disabilities Act (ADA) and based its decision on that Act. The ADA gives people with disabilities a right to live and work in the community. The Court decided that the two women should be able to live in the community. The Court said that people with disabilities have a right to get services and supports in the community. To read more about the Olmstead decision see Olmstead: Community Integration for Everyone on the ADA.gov website.

Question: Why does North Carolina have an Olmstead Plan?

Answer: The Olmstead case suggested that states have a “comprehensive, effective working plan.” An Olmstead Plan helps states, like North Carolina, make changes that support people with disabilities to live and work in the community. The North Carolina Department of Health and Human Services (NCDHHS) has developed its Olmstead Plan under the leadership of the NCDHHS Office of the Senior Advisor on the ADA. North Carolina’s Olmstead Plan is a blueprint, or roadmap, for the way that the NCDHHS and other state agencies will work together to improve the lives of people with disabilities.

Question: Have people with disabilities and their families had input into North Carolina’s Olmstead Plan?

Answer: In the spring of 2020, the state hosted 15 listening sessions. People with disabilities and families were invited to attend and offer their input. In the early summer of 2020, the NCDHHS brought together the Olmstead Plan Stakeholder Advisory (OPSA). The OPSA is a group of diverse stakeholders from the disability community. It includes individuals with lived experience and their families; service providers; managers of provider networks (for example, the Local Management Entities/Managed Care Organizations or LME/MCOs); professional associations; NCDHHS policymakers; and state legislators from both sides of the aisle. The OPSA has provided on-going input and feedback on development of the Plan. The OPSA will continue to work with NCDHHS to put the Olmstead Plan into action.

Question: How will the Olmstead Plan help me or my loved one with a disability?

Answer: The Plan envisions a future where all people with disabilities can access the services that they need to live in the community, side-by-side with friends, family and neighbors. There are 11 key areas, or priorities, in the Plan. These priorities are intended to improve the lives of people with disabilities. These priorities are about:

- Making it easier to get services and supports in the community.
- Hiring, training and keeping employed the direct support professionals (frontline staff) and, also, finding new ways to assist people to live, work and do well in their own homes and communities.
- Helping people make the change to living in their own home and supporting people to keep them from having to go to an institution.
- Creating more chances for youth and adults with disabilities to go to school and earn a living.
• Increasing opportunities for inclusive community living.
• Bridging gaps in services.
• Exploring other ways, besides guardianship, to help people make decisions.
• Making access to services fair to everyone.
• Increasing the participation of people with lived experience and families in public policymaking.
• Finding ways to help people with the problem of limited transportation.
• Using data to make improvements in services and to see whether North Carolina is meeting the Olmstead Plan’s goals.

**Question:** Is North Carolina closing its state operated health care facilities?

**Answer:** There are no plans at this time to close state facilities (for example, developmental centers and psychiatric hospitals). They will continue to serve individuals whose needs cannot currently be met by a community-based provider. However, NCDHHS is committed to reducing reliance on our state facilities by strengthening its community-based services and to increasing the expertise among community providers for people with disabilities. NCDHHS champions the right of all people with disabilities to choose to live life fully included in the community.

For more information on the Olmstead Plan see the NCDHHS web page here.