

Olmstead Plan Stakeholder Advisory

Quarterly Meeting

March 13, 2023; 2:00-4:00 PM online

Welcome

Holly Riddle, Assistant Director for the Olmstead Plan, Office of the Senior Advisor on the Americans with Disabilities Act (ADA), opened the meeting by introducing Olmstead Plan Stakeholder Advisory (OPSA) Community Co-Chair and Chair of the NC Council on Developmental Disabilities, Bryan Dooley.

Mr. Dooley began the meeting by remembering the life of disability rights leader Judy Heumann, who passed away two weeks ago. He described her as a founder of the Independent Living movement; a teacher; and a leader who opened the door to life in the community for those who came after her.

Opening Remarks

Ms. Riddle welcomed Senior Advisor Sam Hedrick, who introduced Deputy Secretary Debra Farrington as a new member of the Olmstead team. The Office of the Senior Advisor on the ADA, led by Ms. Hedrick, is home to the Olmstead Plan; the office will now report to Deputy Secretary Farrington.

In her remarks, Deputy Secretary Farrington said that she began her career as an intern at a developmental day center and had worked in group homes and residential services for people with intellectual and other developmental disabilities (IDD). Later, she worked with what is now a Local Management Entity/Managed Care Organization (LME/MCO). She came to work for NC Medicaid/Division of Health Benefits (DHB) in October 2016 and served as Chief of Staff. One of her biggest priorities, strategic direction of operations and policy regarding health equity, led to her appointment as the NC Department of Health and Human Services' (NCDHHS) Chief Equity Officer. She thanked the OPSA for its work and pledged to do all she could to be a strong advocate for people with disabilities.

Third Quarter Report and Highlights

This segment of the meeting covered the status of Olmstead Plan and proposed modifications for future progress reporting.

The Technical Assistance Collaborative's (TAC) Sherry Lerch began her presentation with background information. North Carolina's Olmstead Plan is a two-year plan which began on 1/1/23. TAC has received and analyzed three quarters of reports on NCDHHS divisions' progress in the implementation of the Plan's strategies and action steps.

Ms. Lerch reported that TAC is proposing modifications to make the reporting process timelier and more meaningful. Per original guidance, quarterly status reports were due just prior to the end of the subsequent quarter (e.g., 9/15/22 for the 4/1/22 to 6/30/22 quarter). This allowed for the additional time necessary for related data collection to occur. Deferred, or retrospective, reporting of progress on strategies and action steps, however, seemed to cause unnecessary confusion and resulted in outdated

information in the TAC's progress reports, shared with NCDHHS leadership and external stakeholders, including members of the OPSA.

The TAC recently provided the Department's staff with updated guidance. It has instructed staff to include progress up to the time of submission of status reports. The next quarterly summary report, due 3/31/23 and covering October 1, 2022 –March 15, 2023, will serve to fully transition Olmstead Plan activities progress reporting to the new timelines. Unless otherwise noted, data reported will be through December 31, 2022.

The "Third Quarter Summary" includes some activities that occurred after September 30, 2022. The summary of strategies/action steps, reported since July 1, 2022, is as follows:

- 8 strategies completed
- 86 strategies in process
- 5 strategies not yet begun
- 3 strategies need further clarification or revision
- 6 strategies under consideration for moving forward
- 3 new strategies added

Ms. Lerch observed that it is important to see that there is activity and movement reflected in the numbers above.

Ms. Lerch shared a few examples of progress since July 1, 2022:

- The Community Alternatives Program for Disabled Adults (CAP/DA) waiver is being amended to include an additional 114 slots. Participants have been identified and are already receiving waiver services. (Priority Area (PA) 1)
- The Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSUS) administered the National Core Indicators (NCI) Staff Stability Survey. It had an August 5, 2022 end date for responses. Results were estimated to be available in January or February of 2023. There was a higher than anticipated response to the survey, which should result in higher validity. (PA 2)
- In November 2022, the North Carolina Council on Developmental Disabilities (NCCDD) released a white paper on how care extenders with lived experience and their families can advance whole-person care in the IDD system. This is Medicaid reimbursable in the state and an approach that relieves some of the stress on the Direct Support Professional (DSP) workforce. (PA 2)
- As of December 2022, the University of North Carolina-Greensboro (UNC-G) held a contract to provide oversight of children's crisis teams. Funding awards have been sent to the LME/MCOs and teams will start serving youth and families in early 2023. (PA 3)
- NCDHHS submitted the Medicaid 1915(i) option application to the Centers for Medicare and Medicaid Services (CMS). Leadership has had several meetings with CMS regarding the application and implementation of the (i) option, inclusive of reviewing functional assessment requirements. The 1915(i) policies continue to be developed and reviewed in stakeholder work groups. (PA 3)

- The State Developmental Centers ended the use of subminimum wage for any on-campus or off-campus paid work by residents. The Centers have not renewed the expired 14(c) certificates which permitted payment of subminimum wages. The Centers continued completing Career Development Plans for all previously admitted residents. (PA 4)
- The Division of Vocational Rehabilitation Services (DVRS) joined the Vocational Rehabilitation/Special Education/Corrections Community of Practice, sponsored by the National Technical Assistance Center on Transition: Collaborative (NTACT:C). Its goal is strengthening connections among those states who are developing innovative practices to serve justice-involved youth with disabilities. (PA 4)
- On October 3, 2022, NCDHHS announced that the state was awarded a \$13.8 million federal grant to help people with IDD access inclusive jobs with competitive wages and benefits. As part of the initiative, three regional sites across the state will provide intensive support and training to increase access to jobs in growing employment sectors. (PA 4)
- During the third quarter reporting period, 91% of Independent Living Rehabilitation Program (ILRP) participants achieved their goal to live independently. The DVRS is exceeding its Olmstead Plan goal for 80 percent or more of ILRP participants to achieve living independently in their homes and communities. (PA 5)
- NCDHHS leadership has approved one-time funding to support professional parenting (Therapeutic Foster Care program) development; North Carolina Psychiatric Access Line expansion; a Rapid Response Team data system; and NC Systemic, Therapeutic, Assessment, Resources and Treatment (NC START) substance use services. Funds will be spent through June 2023. (PA 6 - Children)
- In October 2022, State Developmental Center staff completed the 24-week Olmstead Plan Institute series. Staff were surveyed to assess their comprehension of the topics presented. As a result of participation in the institute, 69% of Center employees reported an increase in their ability to support transitions to the community. (PA 6 – Adults)
- A Memorandum of Understanding was established between the Division of Aging and Adult Services (DAAS) and the Division of Health Benefits (DHB) for contracts with Trualta and the Center for Digital Equity. The DAAS applied for a \$1.2M grant to support digital equity among older adults, including those with disabilities. (PA – Older Adults)
- Staff of the Office of the Senior Advisor for the ADA presented at the North Carolina Guardianship Association (NCGA) Fall Forum in a presentation titled, *Putting People First: Changing Paradigms for 21st Century Guardianship*. (PA 7)
- NCDHHS provided allocations to LME/MCOs to increase access to Community Support Teams (CST) and Assertive Community Treatment (ACT) teams, expanding services to rural and underserved communities. (PA 8)
- To increase access to services for people living in rural areas, the DHB is working to implement Remote Monitoring for the Community Alternatives Program for Children (CAP/C) and the Community Alternatives Program for Disabled Adults (CAP/DA) by 7/1/2023. Remote Monitoring is currently part of the Traumatic Brain Injury (TBI) waiver. DHB will use its experience with that waiver to guide the process. (PA 8)
- The Division of Child and Family Wellbeing (DCFV), Whole Child Health Section, continues to fund parent consultants and family positions. Additionally, family partners and youth health advisors continue to receive reimbursement for their time informing Section efforts. (PA 9)

- To establish baseline data on consumer-operated services, the DMHDDSAS developed a written inventory of consumer-operated services that support individuals with serious mental illness (SMI), IDD, TBI and co-occurring substance use disorder (SUD). The inventory was to be completed by December 2022. (PA 9)
- The DHB continues to update policies that expand the use of telehealth for services, based on guidance for best practices. (PA 10)
- The DHB Money Follows the Person (MFP) program, in partnership with UNC Cares, awarded one of four, *MFP Building Capacity for Medicaid Home and Community Based Services (HCBS) through Collective Impact* grants to the Land of Sky Regional Council. The project includes a focus on transportation planning. (PA 10)
- Under a contract with NCDHHS, Mathematica has proposed a framework for a quality assurance structure for the state’s Olmstead Plan. (PA 11)
- NCDHHS staff, Mathematica, and TAC continue efforts to identify baseline data and measures for additional strategies/action steps in the Olmstead Plan. (PA 11)

To support Plan implementation:

- NCDHHS will continue to clarify, refine, and strengthen work plans where needed.
- NCDHHS will work with TAC to revise guidance for staff and the timelines for reporting progress on Plan strategies.
- NCDHHS will continue to collaborate with Mathematica and TAC to identify additional baseline data and targeted measures to assess progress with implementation of the plan and the impact of strategies.

Performance Measurement System - Mathematica

Kent Davis, Jessica Ross, and Ben Fischer of Mathematica were present to provide an update from Mathematica. Mr. Davis offered a brief review of his presentation at the last quarterly meeting. The OPSA had offered its feedback at that meeting with respect to Mathematica’s work; in response, Mr. Davis noted, Mathematica had been motivated to think about the Olmstead Plan dashboard as an outcomes tool. He noted that Mathematica continues to look to the OPSA for its input on the evolving framework.

Mathematica is conducting a measure review and alignment analysis of reported Olmstead measures. Its objective is to review the measures identified in Olmstead Plan of December 2021 and subsequent, quarterly progress reports. Mathematica will continue to offer recommendations that support comprehensive Olmstead Plan/Long-Term Service and Supports (LTSS) system measurement.

Such measures will:

- Emphasize system monitoring that recognizes the end goal of consumer choice and control through addition of “experience of care” measures.
- Identify and monitor the full Olmstead Plan population, in all applicable settings, while recognizing the need to prioritize relevant tasks.

Harmonize with state and federal reporting. This means, for example:

- Align measures with CMS' recently published HCBS Quality Measure Set.
- To support monitoring of service access disparities, consider guidance from CMS' Framework for Health Equity, 2022-2032.

Mathematica will utilize existing data and data sources to:

- Integrate existing and relevant data to support the Olmstead Plan, including that of Transition to Community Living, Money Follows the Person, and the NC Integrated Care for Kids model.

Mathematica's staff noted that the Tailored Plan Measure Set will provide valuable insight and will be incorporated into its work. Mathematica submitted a draft report, describing its work, on January 26, 2023.

OPSA Discussion, Suggestions, and Questions

OPSA Community Co-Chair Betsy MacMichael opened this section of the meeting. She stated that she liked TAC's idea of revising the Plan's reporting guidelines. In glancing through the Third Quarter Report, she suggested that it would be helpful to note what has been achieved, what is in progress, and what has not yet been addressed. Ms. Lerch responded that there are some 100 strategies and numerous action steps within each one. She would like to talk further with the NCDHHS about a way to share this information such that it is not cumbersome. Ms. MacMichael suggested an infographic.

Kathy Dowd, a member of the public, raised the concern that hearing assessments were not occurring within 14 days of admission to a skilled nursing facility. Assistant General Counsel Pam Scott, co-convenor with Ms. Riddle of the Plan's Staff Work Group, suggested that this issue, which does not fall directly under *Olmstead*, be addressed outside the meeting. Deputy Secretary Farrington noted that she has communicated with Ms. Dowd and could assist.

Housing Opportunities for People with Exceptionalities' (HOPE) and OPSA member Dotty Foley asked where, within the Olmstead Plan, the state was working on housing resources for people with IDD. Sam Hedrick responded that the state was developing a Strategic Housing Plan to coordinate housing resources more cohesively across all disability groups impacted by Olmstead. She expects it will reach the public comment stage in April.

OPSA member and State Consumer and Family Advisory Committee (SCFAC) member Jessica Aguilar asked about addressing gaps in services for people with dual diagnoses (e.g., IDD and mental health). Ms. Lerch noted that there were action steps addressing the provision of evidence-based care; however, this has not been an area in which TAC has received a lot of input to date.

Disability Rights North Carolina's Tara Muller, for OPSA member Corye Dunn, asked about the status of the Olmstead Plan/Transition to Community Living dashboards, including what data would be included. Ms. Riddle stated that NCDHHS had not yet arrived at the place to put specific measures forward. When Departmental review of the Olmstead Plan measures is concluded, these will come to the OPSA for discussion.

OPSA member and Co-Chair of the Direct Support Professional Work Group Annette Smith noted that families were concerned about the low number of providers who support the Innovations waiver service, Supported Living levels 2 and 3 (SL 2/3). This issue has been a long-standing one. Families need additional information to identify SL 2/3 providers. She urged that the Plan support this goal.

Ms. MacMichael noted the rate discrepancy across the state regarding SL 2/3. She pointed to a need for standardization, stating that the daily rate for the service is different from one LME/MCO to another. She urged that the rate be the same across the state. Ms. Lerch said that the Plan does include a strategy around SL 2/3, but that we do not yet have a lot of data. It is, however, an area of focus and will be measured.

Ms. Aguilar asked, in the context of disparities, about people who speak a language other than English. How, she asked, can people know about the services available and access these? Ms. Riddle acknowledged that this was an important consideration moving forward.

Public Comment

NCCDD's Executive Director Talley Wells stated that his organization wanted to know as much as possible about the services people are getting or not getting. Information gathering, he asserted, should include budget investments; numbers of Innovations waiver slots in use; numbers of people on waiting lists; numbers of people self-directing their services; barriers to choosing self-direction; study of the degree to which self-direction was "the only way...to get a DSP"; service shortages incident to workforce shortages; and the number of people with lived experience and family members serving as Care Extenders.

He stated that the following information would be helpful in an Olmstead Plan data dashboard:

- Number (#) people receiving Innovations waiver services
- DSP rates/increases
- # of people getting 1915(i) services
- # of people in the Tailored Plan
- # of people transitioning out of institutions to community
- # of people in different types of Intermediate Care Facilities (ICFs)
- # of people transitioning to community using MFP
- # of people receiving the Supported Living service, by level
- # of people not able to transition to community due to lack of provider capacity/insufficient resources/lack of DSPs
- # of people not able to transition because of a lack of Innovation waiver slots
- Funds/types of services available to people who choose to transition
- Data from the Unified Waiting List
- Number of IDD waiver slots provided, by year, for the last twenty years
- # of emergency Innovations waiver slots
- # of people requesting emergency Innovations waiver slots
- # of individuals with IDD in subminimum wage employment
- # of people with I/DD in "non-competitive integrated employment"
- # of providers and setting locations providing "non-competitive integrated employment" or subminimum wage employment
- Investments in competitive integrated employment
- Data from the Subminimum Wage to Competitive Integrated Employment (SWTCIE) grant

Beth Field, for the NCCDD's Meet the Need initiative, underlined the importance of "measuring what matters" and amplifying the consumer's experience. Mathematica responded that "nothing about us without us" is not a one-time commitment; it must be ongoing. The team advised that it will "lean on OPSA" to inform the process for this aspect of data collection and others. Deputy Secretary Farrington added that the Department values transparency and the engagement of the people most impacted. While all the specifics are not yet available, these values will inform how NCDHHS goes about this work.

OPSA member Ashley Large, Chair of the Statewide Independent Living Council, observed that many people with lived experience and their families would like to see the income maximums lifted from services.

Ms. Aguilar remarked that the system needs to be simplified so people can understand it, build skills, and advocate for themselves. She also emphasized the importance of early intervention.

John D'Angelo also urged system simplification and adapting information to those who processed information differently.

Closing Remarks

Ms. MacMichael observed that the OPSA's subcommittees offer rich perspectives and a wonderful opportunity to contribute. She had observed two subcommittees and was "very excited by all the energy."

She noted that when the workforce was discussed, the group that is consistently forgotten is those who are family members. Family members who are aging and providing care, she said, are a large and hidden portion of the workforce for adults with disabilities.

Next Steps and Closing

Ms. Riddle thanked the Department's leadership, the OPSA, and the members of the public for attending. In the chat, she specially thanked OPSA member Representative Carla Cunningham for her attendance. Ms. Riddle noted that the Third Quarter Summary Report had been completed late for a variety of reasons, including the shift in report time frames. Moving forward, these reports will be available in advance of the meeting. The OPSA will convene again in the next quarter, with attention to the measurement framework, progress, and the process for developing the next iteration of the Plan. Ms. Riddle observed on behalf of all at NCDHHS that the Department valued the robust participation of this group. "We certainly have the right people at the table and in attendance," she said in closing. The meeting was adjourned.