

**NC Department of Health and Human Services**  
**Inclusion Connects: Samantha R. Reporting Status Update**



**Reporting Period: Apr 1, 2024 – Jun 30, 2024**

**Dec 5, 2024**

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## Reporting Update

In May 2024, North Carolina Department of Health and Human Services (DHHS) 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 support individuals with intellectual and/or developmental disabilities (I/DD). DHHS is required to compile quarterly reports on specified measures to demonstrate compliance with the Consent Order. This report summarizes DHHS' approach to report on each measure and provides insight into the status of data collection required to fulfill Consent Order reporting requirements.

DHHS collects most data required under the Consent Order from the Local Management Entities / Managed Care Organization and the Tailored Plans (collectively, the LME/MCOs) reporting (monthly or quarterly). DHHS reviews and evaluates LME/MCO reporting to identify discrepancies and draw conclusions that can drive action. It is important to note that, while data quality from initial LME/MCO reporting has been inconsistent, DHHS continues to work directly with LME/MCOs to improve the quality and accuracy of the data. Additionally, the population measured from April 1 - June 30, 2024, differs from the population measured post July 1, 2024, as Tailored Plans (TP) went into effect on this date. It is also important to note that since the TP contract utilizes a bi-annual amendment cycle, the Winter TP amendments currently undergoing negotiation represent the first opportunity for DHHS to modify language. DHHS projects this amendment will be signed by the TPs during the winter holidays and will provide an update in the Jan 15, 2025, report.

In addition to the LME/MCO-reported data, DHHS also relies on claims and encounters data to draw insights on service delivery, utilization, etc. To ensure the most accurate, reliable insights from claims and encounters data, DHHS does not pull data extracts for analysis until at least 90 days after the end of a specific reporting period. As such, claims and encounters data prior to July 1, 2024, is not included in current reporting. Similarly, DHHS does not yet have access to some LME/MCO data because certain LME/MCO reports are not yet required to be submitted. For example, the first submission of the report being used to measure DSP availability metrics is due to DHHS on Jan 2, 2025.

This report is intended to be a status summary of the availability of data required to meet Consent Order reporting requirements. DHHS intends to submit the first full quarterly report required under the Consent Order to DRNC on Jan 15, 2025.

Reporting Period: April 1, 2024 – June 30, 2024

The table below includes reporting requirements specified in Section IV (Quarterly or Semi-Annual Reporting) of the Consent Order. Unless otherwise noted in the “Comments” column, data is collected via monthly and quarterly reports from LME/MCOs.

Consent Order Section	Reporting Category	Reporting Requirement	Number	Percentage	Comments
IV.1.a <sup>1</sup>	Diversion and Transition Services	Number of individuals diverted from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.	Preceding fiscal quarter: <ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: less than 11</li> <li>TP#3: No response</li> <li>TP#4: less than 11</li> </ul> Preceding fiscal year: N/A Cumulatively: less than 11 (see comments)		<ul style="list-style-type: none"> <li>Cumulative calculation includes numbers reported by TP#2 and TP#4 through the LME/MCO report from the reporting period of April 1, 2024 – June 30, 2024. This number will be updated each quarter using LME/MCO reporting.</li> </ul>
IV.1.b <sup>1</sup>	Diversion and Transition Services	Number of people transitioned from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.	Preceding fiscal quarter: <ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: less than 11</li> <li>TP#3: No response</li> <li>TP#4: 13</li> </ul> Preceding fiscal year: 71 Cumulatively: 15 (see comments)		<ul style="list-style-type: none"> <li>Preceding fiscal year number comes from MFP program reporting on transitions for individuals with I/DD from July 1, 2023- June 30, 2024.</li> <li>Cumulative calculation includes transition counts reported by TP#2 and TP#4 through the LME/MCO report from the reporting period of April 1, 2024 – June 30, 2024. This number will be updated each quarter using LME/MCO reporting.</li> </ul>
IV.1.c <sup>1</sup>	Diversion and Transition Services	Number and percentage of individuals with I/DD eligible for In-reach activities who are engaged for In-reach activities.	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: 78</li> <li>TP#3: Incomplete response</li> <li>TP#4: 18</li> </ul>	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: 98%</li> <li>TP#3: Incomplete response</li> <li>TP#4: 3%</li> </ul>	<ul style="list-style-type: none"> <li>TP#1 and TP#3 did not submit complete responses for in-reach data fields needed to calculate this reporting requirement.</li> </ul>
IV.1.d <sup>1</sup>	Diversion and Transition Services	Number and percentage of individuals with I/DD who began transition planning following In-reach.	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: less than 11</li> </ul>	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: 5%</li> </ul>	<ul style="list-style-type: none"> <li>DSHOF reports less than 11 Adult ICF MOA admissions during the reporting period of April 1, 2024 – June 30, 2024.</li> </ul>

<sup>1</sup> Diversion, In-Reach, and Transition data, which informs consent order sections IV.1.a- IV.1.g, is reported by the LME/MCOs quarterly and persistent issues with data quality have been identified. DHHS continues to work with the LME/MCOs towards improved data quality through technical assistance calls and written feedback. Although the Department is limited by the responses provided by the LME/MCOs, DHHS is hopeful that data quality will improve for the January 15<sup>th</sup> report required by the Consent Order.

- TP#1 did not submit complete responses for data fields needed to calculate reporting requirements. DHHS addressed these concerns during technical assistance calls on 11/6 and is actively working with TP#1 towards improved data quality.
- DHHS is working with TP#2 to ensure all members with I/DD living in institutional settings are included on their report. For the April- June reporting period, the Department carried out calculations using the population provided by TP#2.
- TP#3 did not report data pertaining to Diversion and Transition reporting requirements for this reporting period. DHHS addressed these concerns during technical assistance calls on 11/6 and is actively working with TP#3 towards improved data quality.
- DHHS is working with TP#4 to ensure data is reported using valid values provided in the report template.

Consent Order Section	Reporting Category	Reporting Requirement	Number	Percentage	Comments
			<ul style="list-style-type: none"> <li>TP#3: No response</li> <li>TP#4: 17</li> </ul>	<ul style="list-style-type: none"> <li>TP#3: No response</li> <li>TP#4: 94%</li> </ul>	
IV.1.e <sup>1</sup>	Diversion and Transition Services	Number and percentage of individuals with I/DD eligible for diversion activities.	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: less than 11</li> <li>TP#3: No response</li> <li>TP#4: less than 11</li> </ul>	<ul style="list-style-type: none"> <li>See comments</li> </ul>	<ul style="list-style-type: none"> <li>Denominator to be defined for Jan 15, 2025, report, as this reporting period's data serves as a baseline for new transitions into the community.</li> </ul>
IV.1.f <sup>1</sup>	Diversion and Transition Services	Number and percentage of individuals with I/DD who remain in the community after engaging in diversion activities.	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: less than 11</li> <li>TP#3: No response</li> <li>TP#4: less than 11</li> </ul>	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: 100%</li> <li>TP#3: No response</li> <li>TP#4: 100%</li> </ul>	<ul style="list-style-type: none"> <li>The LME/MCO report used to calculate Diversion and Transition Service metrics does not currently track individuals past their diversion decision, 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 future reports, DHHS will work to verify if individuals remain in the community post-diversion through comparison of quarterly reports of members' living in institutional settings.</li> </ul>
IV.1.g <sup>1</sup>	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.	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: less than 11</li> <li>TP#3: No response</li> <li>TP#4: 12</li> </ul>	<ul style="list-style-type: none"> <li>TP#1: Incomplete response</li> <li>TP#2: 100%</li> <li>TP#3: No response</li> <li>TP#4: 80%</li> </ul>	<ul style="list-style-type: none"> <li>For this reporting requirement, DHHS interpreted "discharged" to mean a successful transition into a community-based setting.</li> </ul>
IV.1.i	1915(i) Implementation	Number of individuals with I/DD for whom the 1915(i) assessment and approval process has been completed.	<ul style="list-style-type: none"> <li>See Comments</li> </ul>		<ul style="list-style-type: none"> <li>Prior to July 2024 there were 6,100 assessments completed for individuals with open authorizations, DHHS was unable to separate data for individuals with I/DD from the larger assessment population and cannot report for April – June 2024.</li> <li>As of July 1, 2024, the limitations for reporting have been resolved and individuals with I/DD can be isolated from larger assessment population. For the first quarter (July 1, 2024 – September 30, 2024), 75% of those assessed for 1915(i) services were diagnosed with I/DD.</li> <li>It is reasonable to expect that the population from the first quarter is homologous to the population assessed prior to July 1, 2024. We estimate with confidence that approximately 4500 individuals with IDD were assessed for 1915(i) services prior to July 1, 2024.</li> </ul>
IV.1.j	1915(i) Implementation	Number of individuals with I/DD receiving 1915(i) services.	<ul style="list-style-type: none"> <li>10,131</li> </ul>		<ul style="list-style-type: none"> <li>Data is reported from quarterly data pulls from DHHS claims and encounters database.</li> </ul>
IV.1.k	1915(i) Implementation	Number of individuals who received an assessment for 1915(i) services within 90 days of requesting an evaluation.	<ul style="list-style-type: none"> <li>TP#1: See Comments</li> <li>TP#2: See Comments</li> <li>TP#3: See Comments</li> <li>TP#4: See Comments</li> </ul>		<ul style="list-style-type: none"> <li>DHHS does not currently have a mechanism to track the number of days from 1915(i) assessment request to completion of the evaluation. DHHS is working on a Contract Amendment and report modification to track this metric.</li> </ul>

Consent Order Section	Reporting Category	Reporting Requirement	Number	Percentage	Comments
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.	<ul style="list-style-type: none"> <li>TP#1: 15</li> <li>TP#2: 18</li> <li>TP#3: 12</li> <li>TP#4: less than 11</li> </ul>		<ul style="list-style-type: none"> <li>Data is current as of Nov 8, 2024, and is based upon reports from the LME/MCOs.</li> <li>TP#2: 66% individuals waiting &gt;90 days have been unresponsive to outreach attempts.</li> </ul>
IV.1.m	Continuing Unmet Need	Number and percentage of people on the Innovations Waiver Waitlist <sup>2</sup> receiving I/DD-related services for the reporting quarterly period including 1915(i), HCBS, State-Funded Services, or In-Lieu of Services.	<ul style="list-style-type: none"> <li>5,703</li> </ul>	<ul style="list-style-type: none"> <li>31%</li> </ul>	<ul style="list-style-type: none"> <li>Data is reported from quarterly data pulls from DHHS claims and encounters cross-reference against LME/MCO monthly report. (Innovation/TBI/Waiver Slot Report)</li> </ul>
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.	<ul style="list-style-type: none"> <li>1,341</li> </ul>	<ul style="list-style-type: none"> <li>See Comments</li> </ul>	<ul style="list-style-type: none"> <li>The reported number accounts for individuals on the Waitlist receiving 1915(i) services during the reporting period. The current data does not allow the department to see who currently needs additional services. DHHS is working with the LME/MCOs on a solution to track this requirement.</li> </ul>
IV.1.o	Continuing Unmet Need	Number of people remaining on the Innovations Waitlist, and the number removed from the Innovations Waitlist during the data reporting fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.	<ul style="list-style-type: none"> <li>17,900 Remaining</li> <li>336 Removed</li> </ul>		<ul style="list-style-type: none"> <li>Data as of June 2024</li> </ul>
IV.1.p	Continuing Unmet Need	Status of the use of waiver slots and reserve capacity.	<ul style="list-style-type: none"> <li>13,899 Active Slots</li> <li>115 Reserve Slots</li> </ul>		<ul style="list-style-type: none"> <li>Data as of June 2024</li> </ul>
IV.1.q	DSP Availability	The overall percentage of authorized hours of Community Living and Supports (CLS) that were billed.		<ul style="list-style-type: none"> <li>See Comments</li> </ul>	<ul style="list-style-type: none"> <li>First LME/MCO report that tracks this metric is due to DHHS on Jan 2, 2025, which will cover the reporting period from Jul 1, 2024 – Sep 30, 2024. DHHS will not have data for the Apr – Jun reporting period.</li> </ul>
IV.1.r	DSP Availability	Number of units of CLS authorized, by LME/MCO.	<ul style="list-style-type: none"> <li>TP#1: See Comments</li> <li>TP#2: See Comments</li> <li>TP#3: See Comments</li> <li>TP#4: See Comments</li> </ul>		<ul style="list-style-type: none"> <li>First LME/MCO report that tracks this metric is due to DHHS on Jan 2, 2025, which will cover the reporting period from Jul 1, 2024 – Sep 30, 2024. DHHS will not have data for the Apr – Jun reporting period.</li> </ul>
IV.1.s	DSP Availability	Number of units of CLS billed, by LME/MCO.	<ul style="list-style-type: none"> <li>TP#1: See Comments</li> <li>TP#2: See Comments</li> <li>TP#3: See Comments</li> <li>TP#4: See Comments</li> </ul>		<ul style="list-style-type: none"> <li>First LME/MCO report that tracks this metric is due to DHHS on Jan 2, 2025, which will cover the reporting period from Jul 1, 2024 – Sep 30, 2024. DHHS will not have data for the Apr – Jun reporting period.</li> </ul>

<sup>2</sup> Previously referred to as “Registry” or “Registry of Unmet Needs.” This term has been retired by DHHS and will no longer be used.

Consent Order Section	Reporting Category	Reporting Requirement	Number	Percentage	Comments
IV.1.t	DSP Availability	Number of units of CLS not utilized because of lack of provider or staff availability, by LME/MCO	<ul style="list-style-type: none"> <li>TP#1: See Comments</li> <li>TP#2: See Comments</li> <li>TP#3: See Comments</li> <li>TP#4: See Comments</li> </ul>		<ul style="list-style-type: none"> <li>First LME/MCO report that tracks this metric is due to DHHS on Jan 2, 2025, which will cover the reporting period from Jul 1, 2024 – Sep 30, 2024. DHHS will not have data for the Apr – Jun reporting period.</li> </ul>

## General Consent Order Requirements

The table below includes general Consent Order requirements that are not explicitly included in Section IV (Quarterly or Semi-Annual Reporting) of the Consent Order.

Consent Order Section	Reporting Requirement	Status
III.A. Transitions	<p>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.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p><b>In Progress</b> - DHHS continues to explore ways to leverage informed decision-making tools and transition standardization strategies.</p> <ul style="list-style-type: none"> <li>Progress on the number of transitions from SFY2025 (July 2024 - Dec 2024) will be included in the Jan 15, 2025, report.</li> </ul>
III.A. Transitions	<p>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).</p>	<p><b>In Progress</b> - DHHS tracks LME/MCO In-reach data through quarterly LME/MCO reporting and Regional Housing Plans, which will begin in CY2025.</p>
III.A. Transitions	<p>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.</p>	<p><b>In Progress</b> - There is a TP Contract Amendment currently being negotiated to remove the limitation that In-reach obligations pertain to members with Serious Mental Illness only. DHHS projects that this amendment will be signed by the TPs during the winter holidays. An update will be provided in the Jan 15, 2025, report.</p>
III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data Relating to Its Implementation.	<p>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.</p>	<p><b>In Progress</b> – From July 2023 to April 2024, a total of <b>6,100</b> assessments were completed for individuals with open authorizations for 1915(b)(3) services. However, DHHS was unable to separate data for individuals with I/DD from the larger assessment population for the April – June 2024 reporting period.</p> <ul style="list-style-type: none"> <li>This issue has since been resolved and DHHS can isolate the I/DD population for assessment data beginning in July 2024.</li> </ul>
III.1.B. Diversion and Addressing Unmet Needs Through the Medicaid 1915(i) Service Option and Collecting Data Relating to Its Implementation.	<p>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.</p>	<p><b>In Progress</b> – From July 2023 to April 2024, a total of <b>6,100</b> assessments were completed for individuals with open authorizations for 1915(b)(3) services. However, DHHS was unable to separate data for individuals with I/DD from the larger assessment population for the April – June 2024 reporting period.</p>

Consent Order Section	Reporting Requirement	Status
		<ul style="list-style-type: none"> <li>This issue has since been resolved and DHHS can isolate the I/DD population for assessment data beginning in July 2024.</li> </ul>
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: <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>Ongoing</b> - DHHS facilitates quarterly discussions with LME/MCOs, service providers, community stakeholders, and the public, providing crucial updates and guidance on 1915(i) service 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 implementation of 1915(i) services, DHHS will do the following: <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>Complete</b>
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: <ul style="list-style-type: none"> <li>Ensure that trainings are in place for LME/MCOs, Tailored Care Management entities, and Tailored Care Management providers.</li> </ul>	<b>Complete</b>
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.	<p><b>In Progress</b> – There is a TP Contract Amendment currently being negotiated to raise the minimum utilization rate of authorized CLS services to qualified individuals on the Innovations Waiver to at least 82%, as required by the Consent Order. DHHS projects that this amendment will be signed by the TPs during the winter holidays. An update will be provided in the Jan 15, 2025, report.</p> <p>Current language in the draft amendment due to be signed:</p> <p><i>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:</i></p> <p><i>By the fiscal year ending June 30, 2025, individuals authorized to receive CLS services through Innovations Waiver or 1915(i) will utilize no less than eighty-five percent (85%) of authorized CLS Services.</i></p>
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.	<b>Complete</b>



Consent Order Section	Reporting Requirement	Status
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 IDD, family members, DSPs, providers, and other stakeholders to garner feedback.	<b>Complete</b>
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' 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.	<b>Complete</b>
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	<b>Complete</b>
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.	<b>Complete</b>