



# **North Carolina Olmstead Plan Implementation**

**Summary Report: October 1, 2022 – March 31, 2023**

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## Background/Introduction

Targeted divisions and offices within the North Carolina Department of Health and Human Services (NCDHHS), working with other state agencies, continue to further develop and refine the work plans that identify high-level action steps and timeframes for completion to implement the State's Olmstead Plan strategies. Staff continue to provide quarterly progress reports to capture changes in strategies and in implementation activities. These inputs provide the foundation for measuring progress towards Plan implementation.

This report is the first summary of progress since transition to the newly adopted timelines for progress reporting, accounting for activity during the fourth quarter of Plan Year One, Calendar Year (CY) 2022, and the first quarter of Plan Year two, CY 2023. Please note that the previous progress report, titled the *Third Quarter Summary Report*, included some examples of progress achieved during the fourth quarter. The May 2023 report completes the transition to the updated timeframes for reporting.

The Technical Assistance Collaborative (TAC) continues to review each work plan, to clarify action steps as needed, and to work with lead staff within agencies to identify points of contact for reporting progress with plan strategies. In addition, TAC is working with NCDHHS and Mathematica, the lead contractor for identifying baseline data and targeted outcome measures for the Plan.

Transformation of services and supports to align with the Olmstead Plan must continue for North Carolinians with disabilities to live as fully included members of their communities. We recognize and commend all staff for the time and thought they continue to invest into this process.

## Status of Strategies

The following categories describe the status of Plan Strategies.

Complete: The strategy/all identified action steps were accomplished as of the end of the reporting period.

In Process: Staff were actively engaged in the strategy/at least one action step had been taken as of the end of the reporting period.

Not Started: Work related to the strategy/action step(s) was not underway as of the end of the reporting period.

Needs Revision/Clarification: The strategy *may* move forward with modification.

No Longer Under Consideration: The strategy is no longer active for Plan implementation.

New: The strategy has been added since the Plan was released in January 2022.

Table 1, below, summarizes the progression of the Plan strategies from January 1, 2022, through March 31, 2023, the first quarter in Plan Year 2.

**Table 1. Plan Strategies/Action Steps Summary**

Complete	In Process	Not Started	Needs Revision/ Clarification	No Longer Under Consideration	New
13	99	11	0	3	0

NCDHHS continues to refine and to modify existing strategies and action steps; TAC is capturing and monitoring these through the progress reports. The status summaries captured in Table 1 continue to change each quarter. TAC will continue to work with the NCDHHS to determine what alterations or technical assistance may be necessary to advance progress on all strategies.

## Highlights of Progress Achieved

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North Carolina continued to progress with strategies during the fourth quarter of Plan Year 1 and the first quarter of Plan Year 2 implementation. Examples of progress achieved during the first, second, and third quarters of Plan Year 1 are not repeated below but can be found in the Quarter One, Quarter Two, and Quarter Three Summary Reports. What follows are highlighted *examples* of progress achieved between October 1, 2022 and March 31, 2023.

### Examples of Strategies and Action Steps Completed or In Process Between October 1, 2022 and March 31, 2023.

#### ***Priority Area #1: Strengthen Individuals’ and Families’ Choice for Community Inclusion through Increased Access to Home and Community Based Services and Supports***

In December 2022, one-time funding was requested and approved to expand access to community-based services for children and youth with behavioral health conditions, including professional parenting development through the Therapeutic Foster Care program; expansion of the North Carolina Psychiatric Access Line; development of the Rapid Response Team (RRT) data system; and Systemic, Therapeutic, Assessment Resources and Treatment (START) substance use services. Funds are slated to be spent through June 2023. As of March 2023, the RRT Data System was in development, to be completed by June 30, 2023. The system will allow for tracking of all children referred to RRT while awaiting recommended behavioral health services.

On February 3, 2023, the Centers for Medicare and Medicaid Services (CMS) gave NCDHHS final approval for its Statewide Transition Plan, developed to bring settings into compliance with the federal home and community-based services (HCBS) regulations.

### ***Priority Area #2: Address the Direct Support Professional Crisis***

NC Medicaid is underwriting two, interconnected initiatives to examine current HCBS direct care workforce competency-based training and credentialing practices and to make recommendations for future design.

Efforts undertaken by the Workforce Engagement with Care workers to Assist, Recognize and Educate (WECARE) initiative include:

- Stakeholder groups meeting to analyze current NC training practices and desired core competencies.
- Listening sessions were scheduled for March 2023, focusing on the lived experience of people who use services and direct care workers. The intent is for these listening sessions to inform subsequent recommendations.
- To inform curriculum design, a crosswalk tracking the current training requirements of NC's HCBS direct care workforce will be developed by June 30, 2023.
- Initial recommendations on proposed competencies will be developed by June 30, 2023.

Regarding the second initiative, NC Area Health Education Centers (NC AHEC) is developing a plan that addresses certification as a strategy to support recruitment and retention of the Home and Community Based Services direct care workforce. NC AHEC has:

- Identified organizations doing relevant work in North Carolina and is assessing the timing, outputs, and applicability of their work to a worker certification plan.
- Met with several of these organizations, including WECARE (and their leadership organizations) and the Arc of North Carolina.
- Connected with the NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services to identify NCDHHS subject-matter experts and other internal and external stakeholders with whom to engage.

During CY 2022, the Division of Services for the Blind's (DSB) Independent Living Older Blind Program delivered 21 virtual Daily Living Skills Classes with 170 participating consumers. Additionally, it provided three remote, technology-specific, training courses with 26 participating consumers. During the first quarter of CY 2023, 60 individual participants in DSB's Independent Living Programs received virtual and in-person instruction to enable them to successfully utilize assistive technology and adaptive devices to enhance their independent functioning in the home, family, community, and workplace.

Between October 2022 and March 15, 2023, the Division of Aging and Adult Services (DAAS) Assistive Technology Program served 2,506 individuals; 719 individuals served had a disability and 436 individuals served were aged 60 and older.

### ***Priority Area #3: Divert and Transition Individuals from Unnecessary Institutional and Segregated Settings***

Governor Cooper's 2024 budget includes a request for funding to expand community-based services including Mobile Outreach Response Engagement Stabilization Crisis Intervention Teams and High-Fidelity Wraparound. High-Fidelity Wraparound continued to expand prior to the budget request with teams operating in 73 of the state's 100 counties.

DHHS prepared a report in response to Senate Bill (SB) 693 Section IV, intended to reduce out-of-home placements for children and youth. Many recommendations within the report mirrored recommendations included in the Coordinated Action Plan. For example, both the Coordinated Action Plan and the SB 693 report indicate a plan to expand High Fidelity wrap-around teams. A Request for Applications (RFA) was finalized and soon to be released by DHHS.

The pre-admission counseling process was developed and was reviewed with Local Management Entities/Managed Care Organizations (LME/MCOs). State Developmental Center Olmstead Specialists and Social Work Directors received training on how to implement the process. Beginning February 1, 2023, all admissions to the Developmental Centers will receive pre-admission counseling following this process.

The Developmental Centers implemented a revised process to reduce the initial stay at the Center under their Memorandum of Agreement (MOA) to a maximum of 6 months. LME/MCOs were notified of the revised process. Key Center employees were trained, and internal procedures established for implementation of this process. Initial MOAs have been reduced to a maximum of 6 months, and extension requests are limited to a maximum of 3 months. In March 2023, the Division of State Operated Healthcare Facilities started to analyze the Community Transition List data that captures the length and number of MOA extensions. In April, the Centers will begin implementation of a plan to meet with LME/MCO leadership at 9 months into a person's total admission if there is not an identified, community-based provider at that point in time.

In December 2022, the Human Services Research Institute submitted to the NC Division of Social Services (DSS) a report on the selection of a Kinship Navigator Model. The report is under review.

The North Carolina Council on Developmental Disabilities (NCCDD) continued to partner with the Alliance of Disability Advocates of North Carolina (ADANC) and the NC Department of Public Safety to reduce the recidivism rate of individuals with intellectual and other developmental disabilities (I/DD). Between October through December 2022, ADANC received 11 referrals of individuals with I/DD and completed 13 Individualized Reentry Plans (IRPs). As of March 23, 2023, this initiative had received 168 referrals since January 2021 and completed 166 IRPs with an 85% success rate. This success rate means that 85% of individuals have not reoffended returned to prison.

### ***Priority Area #4: Increase Opportunities for Supported Education and Pre-Employment Transition Services for Youth with Disabilities, and Competitive Integrated Employment for Adults with Disabilities***

NCDHHS is working with the Department of Public Instruction to promote the inclusion of employment in every Individualized Education Plan (IEP). The Division of Vocational Rehabilitation Services (DVRS) provides ongoing technical assistance to Local Education Agencies and local VR offices to promote

competitive integrated employment (CIE). The NC Collaborative offered new cohort training to 10 new interagency transition teams in October 2022. Transition teams included VR staff, providers, and school partners in the following locations: Bladen, Caswell, Chapel Hill - Carrboro, Craven, Davie, Harnett, Johnston, Lee, Orange, and Wilkes.

During the Fourth Quarter 2022, 2,725 students with disabilities received Pre-Employment Transition Services. During CY 2022, a total 4,996 students received Pre-ETS services. DVRS increased by 19% the number of students served during the same period last year, exceeding their goal of increasing by 5% the total number of students receiving Pre-ETS services.

As of December 2022, all State Developmental Center residents have a person-centered Career Development Plan in place.

The Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) continues providing technical assistance to the LME/MCOs to transition reimbursements for Individual Placement and Support/Supported Employment for individuals with Serious Mental Illness/Severe and Persistent Mental Illness from fee-for-service to milestone payments. Alliance and Vaya LME/MCOs are fully transitioned and continue to operate using milestone payments. Partners LME/MCO began, but has not fully implemented, the transition. Trillium LME/MCO's milestone model was approved and is scheduled for implementation on May 1, 2023. Sandhills LME/MCO plans for transition remain in development.

The DVRS, the Division of Health Benefits (DHB) and the DMH/DD/SAS continue to strengthen their partnerships to support competitive, integrated employment (CIE) opportunities for North Carolinians with disabilities. During the fourth quarter, 2022, DVRS reported 383 individuals served achieved CIE. A total of 1,756 people in total achieved CIE.

### ***Priority Area #5: Increase Opportunities for Inclusive Community Living***

NCDHHS has continued, with consultation and support from TAC's Housing Team, to advance the draft Strategic Housing Plan. NCDHHS expects to release the draft for public comment in May 2023.

NCDHHS approved one-time funding for professional parenting (Therapeutic Foster Care program) development; expansion of the North Carolina Psychiatric Access Line; Rapid Response Team data system; and Sobriety, Treatment and Recovery Teams substance use services. Funds will be spent through June 2023. Funded initiatives have been implemented as of March 2023.

The State Developmental Centers continue to support opportunities for individuals receiving services at the Centers to learn about supported living in community-based settings and to meet with individuals with I/DD who are living in the community with supported living services and supports. Meetings were held with the LME/MCOs to encourage development of educational opportunities for their members.

NCDHHS established performance measurements for LME/MCOs related to housing stability for TCL members, with incentives for high performance. All 6 LME/MCOs satisfactorily achieved at least one performance measure related to increasing stability in independent living.

For Plan Year 1, 86% of Independent Living Rehabilitation Program (ILRP) participants achieved their goal to live independently, exceeding DVRS' Olmstead Plan goal for 80 percent or more of ILRP participants to achieve living independently in their homes and communities.

During the 4<sup>th</sup> Quarter, 2022, the NCATP supported individuals' independence by purchasing \$150,000 in AT devices. Items included: robotics, smart home technologies, 3D printers, aides to daily living, hearing/vision aides, remote monitoring technologies, recreation and accessible gaming and virtual reality technologies. The NCATP also applied for and received grant funding for tele-health/rehab devices. A total of 411 people were served under the two additional grants this past year.

DVRS is partnering with local and state agencies to develop opportunities for reaching individuals in rural parts of the state, to provide increased access to AT devices and services. Presentations made included: Half-day trainings to staff at the Riddle and Murdoch State Developmental Centers; a session at the AT Expo held in the Fall, with over 300 in attendance; at the NC Association of Rehabilitation Facilities to community rehab programs; a training at Wilkes Community College on AT and learning; a training with Alliance LME/MCO on NCDHHS I/DD Competitive Integrated Employment.

NCDHHS continues to provide alternative to placement in an Adult Care Home through the State/County Special Assistance In-Home (SA-IH) program. Between October 2022 and February 2023, on average 23.4% (737) of Special Assistance program participants received In Home assistance each month.

## ***Priority Area #6: Address Gaps in Services***

### **Children**

High Fidelity Wrap Around teams continued to expand throughout the state. As of this report, High Fidelity Wrap Around is now available in 73 counties with the goal to be state-wide in calendar year 2023. A Request for Applications has been finalized and will be released in the Spring of 2023.

NCDHHS continued to enhance access to children's mental health services by expanding mental health services in primary care, schools, and specialty care.

- In partnership with the Department of Public Instruction (DPI), NCDHHS developed a Unified School Behavioral Health Strategic Plan. NCDHHS and DPI leadership agreed on four priorities. A draft document was presented to the state school board leadership in January 2023 and released the week of March 27. The plan includes priorities related to telehealth expansion, Project Aware, and Youth Mental Health First Aid.
- NCDHHS secured funding to expand Youth Mental Health First Aid, training designed for adults who regularly interact with young people in schools. A project manager contract was executed in February 2023. Train-the-trainer sessions have been coordinated for summer implementation. Implementation of Teen Mental Health, designed for teens in grades 10 – 12 (or ages 15 – 18-) to assist them in identifying, understanding, and responding to signs of mental health and substance use challenges among their friends and peers, will follow.



- Expansion of North Carolina Psychiatric Access Line (NC-PAL) to provide psychiatric consultation to primary care, specialty care, and schools. Extension of the Health Resources and Services Administration contract is in process and awaiting execution, expanding NC-PAL to primary care settings. A K-12 COVID NC-PAL contract, focused on expansion to schools, was implemented during the first quarter of Plan Year 2, and supports are currently available in schools. The Medicaid and Mental Health Block Grant contract was executed, supporting the implementation of planned supports to Department of Social Services offices and expanded hubs within the University of North Carolina-Chapel Hill.

The NCDHHS, in partnership with the LME/MCOS, has initiated efforts to increase the supply of outpatient therapists trained to treat children with co-occurring mental health disorders and I/DD. The Division of Health Benefits is working with the cross-division Child Behavioral Health Team, facilitated by Manatt, and is developing recommendations which will include enhancing the workforce. In addition, the Division of Child and Family Wellbeing has provided a series of training courses for clinicians treating children with behavioral health needs and I/DD. From 7/1/22 through 3/31/23, 484 clinicians (the same clinician may have attended multiple sessions and been counted more than once) attended 6 sessions focusing on various topics related to treating children with behavioral health needs and I/DD.

### **Adults**

On March 2, 2023, the Senate and House reached agreement on moving forward with Medicaid Expansion in North Carolina. The proposed bill will be tied to the state budget, which is not expected to pass until this summer (2023).

As of March 2023, the Centers for Medicare and Medicaid Services (CMS) continued to review NCDHHS' 1915(i) State Plan Amendment submission.

Ongoing efforts continued to support strengthening of Peer-Run and Peer Support Services.

- The National Alliance on Mental Illness/North Carolina (NAMI NC) provided programs, trainings, and presentations for peers. These trained program leaders will in turn help more people by using the skills they have learned. NAMI NC also offers ongoing support groups for peers.
- Temple University has continued to provide training and technical assistance to expand peer education around community inclusion and natural supports.

In January 2023, the Division of State Operated Healthcare Facilities finalized the State Developmental Center strategic plan and initiated regular reporting on progress with implementation.

The State Developmental Centers began offering education and training opportunities to community providers with the purpose of building community capacity.

- The Centers completed community training needs exploration in February 2023. The Centers will be partnering with NC START Western, Central, and Eastern teams to develop a statewide training for community-based residential providers to increase their clinical capacity to support people with I/DD in their setting.
- The Centers are piloting a collaborative opportunity with community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) providers with the purpose of sharing resources, building community capacity, and providing technical assistance and consultation. The State Developmental Centers held quarterly meetings with an ICF/IID workgroup and

distributed a quarterly survey to assess the impact. The Centers received two quarters of feedback from the survey. In December, the Centers hosted the second event in the Office Hours series, offering training and technical assistance for ICF/IID providers. Meetings with community ICF/IID providers in the workgroup continued through March 2023. A formalized process was developed for ICF/IID providers to request technical assistance from the State Developmental Centers to better support individuals in community ICFs/IID.

### **Older Adults**

The Division of Aging and Adult Services (DAAS) is focusing its efforts on addressing social isolation by addressing digital equity among older adults. DAAS extended the Tualta learning platform contract for one year to include unlimited slots statewide. This broadens the social support available for new users, including people with disabilities served through Medicaid. Contracts are being developed with Tualta and the Center of Digital Equity. DAAS selected a grant applicant for the award, though funding is still pending. A coordinator has been hired for the Digital Navigator program.

### **Priority #7: Explore Alternatives to Full Guardianship**

NCDHHS and key partners continued efforts to educate the community at large about supported decision-making and other alternatives to guardianship. Actions included:

- The creation of educational materials on supported decision-making and other alternatives to full guardianship. A poster session was presented at the Annual Conference on Exceptional Children and new *Supporting Choice and Self-Determination* videos in English and Spanish were released in early 2023.
- A Lunch and Learn on Guardianship was held in October 2022. Samples of existing guardianship resources were shared with partners. A second Lunch and Learn was held in March 2023 with a presentation by the Arc of NC that included a review of alternative types of guardianship, identification of need for guardianship, and the processes involved in both obtaining guardianship and restoration of rights.

The Division of Aging and Adult Services (DAAS) continues to work with public and private guardianship agencies on supportive decision-making and other alternatives to guardianship.

- New training launched, including a new training titled *Beyond Guardianship: Promoting Pathways to Greater Self-Determination*. The updated basic guardianship training will be delivered a total of eight times this state fiscal year. The new training will be delivered a total of three times this calendar year and will be added to DAAS' standard training calendar.
- The Transition to Community Living (TCL) Team and DAAS internal, continuous quality improvement (CQI) process was expanded in February 2023 to ensure that all TCL individuals, especially those with public guardians, are allowed to participate as fully as possible in their treatment and transition planning process.

DAAS Adult Services staff continue to participate in the Rethinking Guardianship workgroup and TCL Barriers Committee. The CQI-Specialist meets quarterly with all 100 county DSS office staff to discuss barriers to transition and any lack of opportunities to make informed choices regarding community-based services.

From October through December 2022, the initiative involving UNC Cares, NC Council on Developmental Disabilities, Disability Rights North Carolina, the NC Bar Association and the NC Conference of Clerks completed its evaluation of state readiness for supported decision-making legislation and gained consensus around support for amendments to North Carolina General Statute 35A. Senate Bill 308, titled “Guardianship Rights,” was introduced in the North Carolina General Assembly on March 14, 2023, updating General Statute 35A in many important ways: 1) establishing a notice of rights before and after guardianship; 2) prioritization of less restrictive alternatives to guardianship; and 3) provision of monitoring and oversight tools for the clerks.

DAAS continues to provide ongoing training for county Departments of Social Services and corporate guardianship agencies about the process to seek full or partial restoration of rights.

The State Developmental Centers continue partnering with agencies to develop and implement peer support networks for individuals with disabilities to connect with peers in community settings about opportunities for inclusion. In February 2023 a proposal and timeline were drafted to implement the peer mentor cohort within the Centers.

In October 2022, the State Developmental Centers began providing monthly opportunities for residents to expand their self-advocacy skills. Sessions are scheduled through December 2023.

### ***Priority Area #8: Address Disparities in Access to Services***

Community Health Worker (CHW) contracts supported hiring of more than 500 CHWs, including 124 who speak Spanish, across all 100 counties in NC. Originally supported with CARES Act funding that ended in December 2022, work within NCDHHS and across the state with the NC Community Health Worker Association continues. A Center for Disease Control grant supports the efforts and regional coordinators to continue the work. The Office of Rural Health has worked with Medicaid to develop reimbursement policies for CHWs. Organizations in healthcare settings continue to employ CHWs.

NCDHHS will require Standard Plans to collect and report quality data on race and ethnicity to assist the Department in assessing disparities. The Tailored Plans will be required to report as well upon launch.

The NCDHHS Office of Communications currently has a temporary position to translate materials into Spanish and plans to add a second position in May 2023.

The DMH/DD/SAS continues efforts to increase access to substance use disorder treatment for individuals in rural communities. Additional funding included: expanded assistance to Certified Alcohol and Drug Counselors; and financial support for Certified Clinical Supervisor supervision hours. Awards made to cover exam fees for 36 Licensed Clinical Addictions Specialist, Certified Clinical Supervisors and Certified Alcohol and Drug Counselor candidates, plus supervision fees for eight Certified Clinical Supervisors. Scholarships were provided for six individuals to attend the NC Foundation for Alcohol and Drug Studies conference.

### ***Priority Area #9: Increase Input from Individuals with Lived Experience***

The NCDHHS Home and Community Based Services (HCBS) team is currently collaborating with the LME/MCOs to standardize the dissemination process of the My Individual Experience (MIE) surveys statewide. In addition, the survey is under review to ensure accessibility for all HCBS waiver recipients.

DMHDDSAS supports a number of consumer-run initiatives, including Peer-Operated Respite, a Peer-Run Wellness Center, Sunrise Community for Recovery and Wellness and numerous Oxford Houses throughout the state. The Division plans to release a Request for Applications for a Peer Warm Line in May 2023.

Division of Social Services staff provided updates to and sought feedback from members of the Child Welfare Family Advisory Council on implementation of the Olmstead Plan during the November 2 and 17, 2022 meetings.

### ***Priority Area #10: Reduce Transportation Burdens for Individuals with Disabilities***

NCDHHS continues to expand telehealth and scope of practice flexibilities to reduce transportation burdens. The Division of Health Benefits updated policies for outpatient and Children's Developmental Service Agencies to include additional telehealth/telephonic codes for reimbursement.

### ***Priority Area #11: Use Data for Quality Improvement***

NCDHHS has contracted with Mathematica to support more seamless data storage, integration, retrieval, and visualization across the Department.

- Mathematica is creating a technology infrastructure to capture progress on Olmstead Plan implementation. Core infrastructure is complete; near-term updates include creating user IDs and creating pipelines for the Division of Health Benefits and other and other data users to enter the platform.
- Mathematica is creating an Olmstead Plan database and data storage plan and continues to develop the relational database that will inform the Olmstead Plan dashboard application.

Mathematica is creating an Olmstead Plan progress monitoring application. Mathematica initiated and continues the development and refinement of an Olmstead Plan dashboard prototype, based on interviews with the key stakeholders and division leads at NCDHHS. NCDHHS has contracted with Mathematica to expand its capacity to utilize key data points, performance measures, and indicators to assess progress towards achieving Olmstead Plan priorities and revising priorities, strategies, and measures as necessary.

- Mathematica is working with NCDHHS to develop an Olmstead Plan data management solution that prioritizes integration of demographic, program participation, service use, and outcome data at the person level, when feasible.

- Mathematica, TAC and NCDHHS continue to work together to define key measures that will assess the impact of implementation of Olmstead Plan strategies.
- Mathematica and NCDHHS held meetings to identify key data points from a variety of data sources, including but not limited to NCTracks and the Registry on Unmet Needs (RUN) to calculate key measures and other measures that will be available on the Olmstead Plan dashboard and that will allow dashboard users to review the impact of Olmstead Plan strategies.

NCDHHS and Mathematica are working to expand and enhance the existing quality assurance framework and strategies beyond Transitions to Community Living; these may eventually be applied across initiatives impacting individuals with a variety of disabilities.

NCDHHS continues to explore with Mathematica and TAC, training opportunities to help staff better understand the data that is available across the Department; the benefits and limitations of different data resources; how to request data from other divisions; and how to leverage data assets to inform decision-making.

## Challenges for Plan Implementation

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### The Workforce Crisis

Workforce issues continue to present challenges for NCDHHS, [Local Management Entity/Managed Care Organizations](#) (LME/MCOs), and providers. The challenges to hiring staff continue, causing divisions within NCDHHS to re-evaluate timelines for completion of some Olmstead Plan action steps and strategies. There has been considerable progress with the implementation of Plan strategies as identified above; however, some strategies have yet to be assigned. Ongoing staffing shortages and competing demands for staffing at the state, LME/MCO and provider levels may require prioritization of Plan Priority Areas and strategies for the next iteration of the Olmstead Plan.

### Launch of Tailored Plans

On February 27, 2023, NCDHHS announced that the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans would be delayed. The launch was scheduled for April 1 and, as of the date of this report, is now targeted for October 1, 2023, to ensure the nearly 150,000 people who will be impacted are able to seamlessly receive care on day one of implementation. Tailored Plans will serve people with complex behavioral health conditions, Intellectual and other Developmental Disabilities, and Traumatic Brain Injury populations that often require ongoing care from multiple providers.

The delayed start of Tailored Plans allows LME/MCOs, which will operate the Tailored Plans, more time to contract with additional providers to ensure a smooth transition for people using the plans and their care providers. Until the Tailored Plans launch, people who will be covered by the Tailored Plans will continue to receive care through their existing plans. Tailored Care Management, which launched on

December 1, 2022, will continue to support these beneficiaries by providing a care team to coordinate care across providers.

NCDHHS and LME/MCO staff are challenged to maintain efforts for implementing, monitoring, and reporting on Olmstead Plan strategies, while also taking the necessary steps for a successful transition to the new health plans.

## Next Steps in Olmstead Plan Implementation

With support from TAC, as needed:

1. NCDHHS will continue to clarify, refine, and strengthen work plans where needed.
2. NCDHHS will work with TAC to revise guidance for staff and the timelines for reporting progress on Plan strategies.
3. 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.

The next Status Report of activity will be due on June 15, 2023.