**Inclusion Connects Advisory Committee**

**Charter**

**Purpose**

The workgroup is responsible for researching, recommending, and providing support/guidance for future implementation of best or promising practices to meet the needs of Individuals with Intellectual/Developmental Disabilities. This includes reviewing, planning, improving and/or establishing services and supports for this population. This workgroup will be composed of community partners and Subject Matter Experts (SMEs) from DHHS and DPI with the intent to work collaboratively with shared vision and planning.

**Scope**

To present and review evidence-based, evidence informed and promising practices to a group of community stakeholders with the shared interest of supporting the I/DD community in NC. Items presented will include, but not be limited to, Medicaid and state-funded service definitions, waiver updates, I/DD survey data, and strategic planning to support various initiatives. The workgroup will be responsible for providing feedback with supporting evidence to support the Department in making informed decisions around the I/DD service delivery system in NC.

**Duration & Time Commitment**

The workgroup will meet at least quarterly for a minimum of 1 hour and more frequently based on need. When needed, ad hoc committees may be formed to obtain more information about a specific topic and guests will be invited to attend/present when appropriate. The meeting purpose/charter will be reassessed annually in July of each year. Meetings are closed to non-members and minutes will be posted within 5 business days after a meeting on the Inclusion Connects webpage.

**Membership**

Membership will be representative of stakeholders from across the state. Except for state and designated staff, Members will serve two-year terms with one-half of Members rotating off annually. Members may fulfill two consecutive terms with Selection Committee approval. In the inception year, one-half of members will serve a 1-year term with an option for a second term (total of three years). These members may fulfill a third term (total of five years) with selection committee approval. Volunteers will be solicited annually. It is at the discretion of the Workgroup Leads to allow more than 1, but no more than 3 members of each position noted below.

In the event a member is not able to fulfill their commitment, they will be replaced allowing the replacement to complete the term. Members missing more than three consecutive meetings without providing a designee to represent them will be replaced at the discretion of the selection committee.

Selection Committee: The Selection committee will be compromised of core representation from the State Staff including DMH/DD/SUS, DHB, DSOHF, and at least one other State agency. This committee is tasked with ensuring stakeholder representation meets the intent of the charter and is representative of stakeholders from across the state.

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| **Position** | **Agency/Entity/Representation** |
| **State and Designated Staff** | |
| **LEAD**: IDD Team Lead | DMH/DD/SUS |
| **Co-LEAD:** IDD Manager or designee | DHB |
| Developmental Center Program Manager | DSOHF |
| Executive Director or designee | NCCDD |
| CAP-C Program Staff | NC Medicaid |
| CAP-DA Program Staff | NC Medicaid |
| Chief of Employment Services and Program or designee Development | DVRS |
| Special Education Representative | DPI |
| Early Intervention | DPH |
| Children and Youth Branch | DPH |
| DSS Representative | DSS |
| Child Behavioral Health Manager or designee  LME/MCO Representative – Alliance  LME/MCO Representative - Partners  LME/MCO Representative - Trillium  LME/MCO Representative - Vaya | DCFW |
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| Community Members (up to 3 members) |  |
| Persons with Lived IDD experience |  |
| Family Member of Person with Lived Experience Receiving Innovation Waiver Services |  |
| Family Member of Person with Lived Experience Receiving Medicaid (1915(i), in lieu of services, ICFs, State Developmental Centers) |  |
| Family Member of Person with Lived Experience Receiving State-funded Services or Not Receiving Services |  |
| Family Member of Person who is self-directing or is EOR |  |
| Direct Support Professional |  |
| Provider Agency Representative | Provider Agency-Community Based Provider |
| Provider Agency Representative | Provider Agency-Employment Provider |
| Provider Agency Representative | Provider Agency-Residential Provider |