NC Department of Health and Human Services

Expanding Access to Services and Supports for Individuals with Intellectual and Developmental Disabilities

Inclusion Connects Quarterly Report
Data Collection Period: July 1, 2024, through September 30, 2024

Jan 15, 2025
Updated: February 6, 2025

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Change Log

Date	Change Description	Page Number
1/31/2025	Values reported as “<11” were replaced with true value	Throughout Report
1/31/2025	Removed language around reporting values as “<11”	7
1/31/2025	Converted value for IV.1.q from Units to Hours and added data for TP#3 in Table 11 and Attachment 1, which affected total hours and percentage in Table 11 and Attachment 1	18, A-2
1/31/2025	Added data for TP#3 in Table 12 and Attachment 1	18, A-2
1/31/2025	Removed previous footnotes 8 and 9 addressing TP#3	18
1/31/2025	Updated Attachment 1 value for IV.1.n to direct to Table 8	A-2
2/6/2025	Updated Active & Reserve Waiver slot values	15, A-2
2/6/2025	Added footnote regarding Active and Reserve Waiver slots	15

Executive Summary

Purpose

In May 2024, the North Carolina Department of Health and Human Services (DHHS or the Department) 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 address gaps in the I/DD system. The Consent Order contains detailed reporting requirements to measure progress toward ensuring individuals with I/DD can access community-based services and move out of institutional settings if they so choose. This report details progress toward improving access to services and support for individuals with intellectual and developmental disabilities (I/DD). The data, analysis, and narrative contained within this report fulfill Consent Order legal requirements and inform an intelligent approach to DHHS efforts in the future. As such, this report includes reporting elements required by the consent order and additional illustrative elements demonstrating DHHS' multifaceted commitment to supporting the I/DD community.

Background

NC DHHS Commitment

DHHS is committed to focusing on supporting individuals with I/DD in their communities. As part of this commitment, current services and systems are being transformed to ensure they are more inclusive and responsive to the needs of individuals with I/DD. DHHS efforts focus on enhancing housing options and connecting individuals with the appropriate services and supports. The goal is to create an empowering environment that facilitates access to essential resources to enable individuals with I/DD to thrive within their community.

Data Collection Process

This is the first quarterly report required under the Samantha R. Consent Order. Under the terms of their respective contracts with DHHS, the Tailored Plans[1] and LME/MCOs[2] (collectively, the LME/MCOs) are required to submit reports to DHHS on a predefined basis (e.g., monthly, quarterly) that include detailed information on the services and supports provided to the I/DD community. DHHS supplements LME/MCO reporting with Claims and Encounter data for Medicaid and State Funded Services to populate this report and drive action. The Department is grateful for the continued dedication and collaboration of the LME/MCOs and other stakeholders to support the I/DD community.

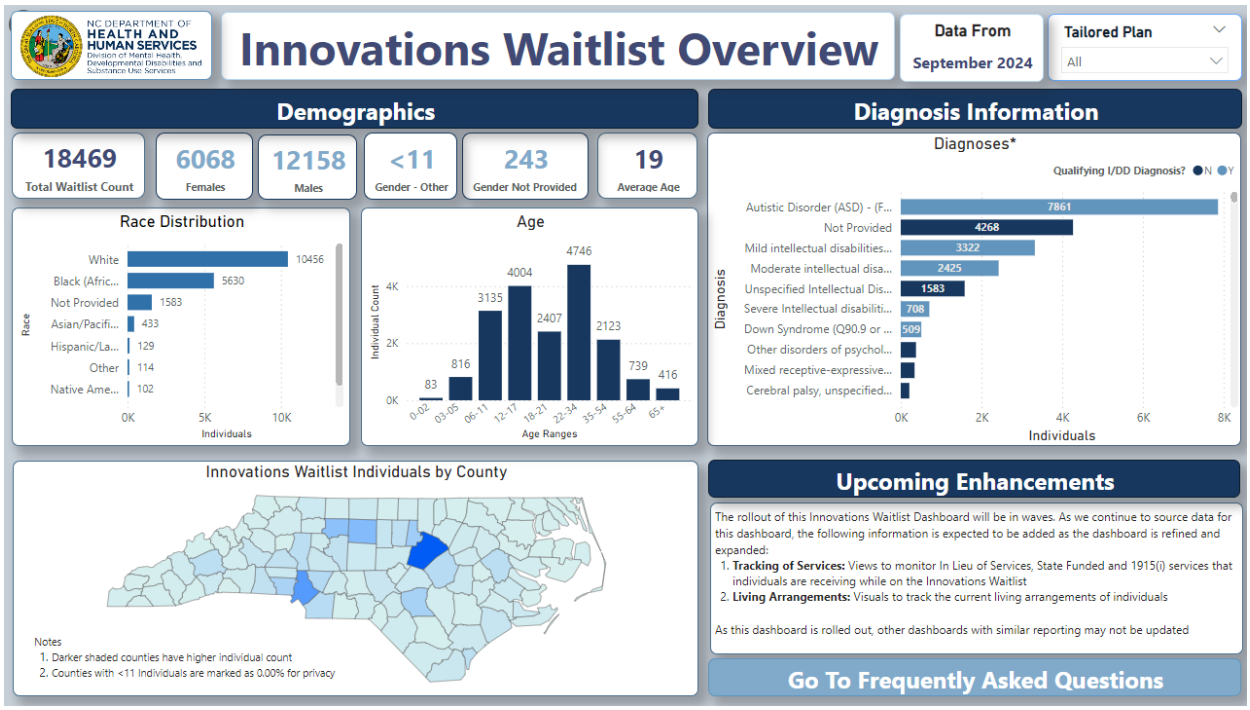
As part of continuous efforts to ensure data quality and provide operational oversight, DHHS reviews LME/MCO-submitted reports and works collaboratively with the LME/MCOs to address potential gaps.

[1] DHHS launched the Behavioral Health and I/DD Tailored Plans (Tailored Plans) on July 1, 2024. Tailored Plans are integrated health plans designed specifically to serve individuals with severe mental illnesses, substance use disorders, or long-term care needs including I/DD and traumatic brain injury. Additional information about Tailored Plans is available at https://medicaid.ncdhhs.gov/tailored-plans.

[2] The Local Management Entity/Managed Care Organizations (LME/MCOs) are companies that: manage NC Medicaid Tailored Plans, coordinate certain services for NC Medicaid Direct beneficiaries, and coordinate certain services for EBCI Tribal Option members. There is one LME/MCO for each county in NC.

This ongoing prioritization of data quality improvement helps ensure the most accurate and quality information is collected. DHHS regularly engages with LME/MCOs and providers throughout the data collection period, including one-on-one technical assistance. DHHS is actively working to revise the I/DD In Reach, Diversion, Transition Activity Report template used by the LME/MCOs to address challenges with report completion and improve data collection and analysis. Current results of this report are discussed in the Data in the Transition and Housing section starting on page 6.

Once reports are collected and reviewed, DHHS leverages tools such as Power BI for further analysis. Power BI connects various data sources and provides additional data cleansing and transformation tools that allow for in-depth insights and calculations. By leveraging Power BI's features, visuals and tables are generated, many of which are used in this report. In December 2024, DHHS Inclusion Connects[3] launched a Power BI dashboard to analyze the Innovations Waiver Waitlist. The dashboard currently includes demographic and diagnosis information, but the Department intends to continue expanding and developing it to include services-related information for individuals on the Waitlist.



On September 27, 2024, Hurricane Helene made landfall in North Carolina, significantly impacting communities across the western part of the state. Many areas were heavily affected, and residents are continuing to work to recover and rebuild. DHHS recognizes that the road to recovery is long and has been working to provide support where possible. In response, priorities and tasks have been adjusted to

[3] Inclusion Connects unites people with I/DD to more choices and more access to services and supports. This collaboration among DHHS divisions, including the Division of Mental Health, Developmental Disabilities, and Substance Use Services and Medicaid, to provide resources for connecting individuals with I/DD to services and supports available to live, work and play in their chosen communities.

support relief efforts. Consequently, deadlines for reports, technical assistance calls, and data collection meetings were adjusted to allow providers and the LME/MCOs respond to urgent needs of the members in the community.

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Findings

This section contains elements included in previous reports and additional illustrative elements that demonstrate the Department's multifaceted commitment to serving the I/DD community. This section begins with Transition and Housing covered below, Access to Services on page 11, and Direct Services Professionals (DSP) Workforce on page 16. Consent Order reporting requirements are clearly noted where present.

Transition and Housing

DHHS is committed to **increasing awareness, education, and access to the entire continuum of community-based housing options for individuals with I/DD**. The following section is organized by key activity. It includes findings from LME/MCO reporting on In-Reach, Transition, and Diversion activities for the I/DD population, a report that DHHS is actively working to revise to address challenges with report completion and to improve data collection and analysis. The report is being revised to be more specific to reporting needs and provide the LME/MCOs with more precise, explicit instructions. The revisions will not remove any reporting required in the Consent Order and the Department will work collaboratively with the LME/MCOs on the revisions prior to implementation.

In addition to the metrics derived from LME/MCO reports, narrative summaries of DHHS-led initiatives designed to support education and access to community-based housing are included.

In-Reach Activities and Impact

To ensure individuals living in institutional settings are educated on all available housing options, in-reach remains a vital component of the Department's approach to transition and housing. In-reach is defined as identifying individuals residing in institutional settings whose service needs could be met in a home or community-based setting, engaging them about their desire to transition to a home or community-based setting, and referring them for transition, if appropriate. In-reach activities are conducted to identify and engage members receiving care in institutional settings who may be able to have their needs safely met in a community setting. Through these activities, individuals with I/DD and their legally responsible persons are provided information about the benefits of community-based services, can visit community-based settings, and are offered opportunities to interact with peers residing in integrated settings.

Key findings:

Consent Order Reporting Requirement IV.1.c. Diversion and Transition Services: Number and percentage of individuals with I/DD eligible for In-reach activities who are engaged in in-reach activities.

Consent Order Reporting Requirement IV.1.d Diversion and Transition Services: Number and percentage of individuals with I/DD who began transition planning following in-reach.

Table 1: Findings for In-Reach Reporting Requirements (IV.1.c and IV.1.d)

IV.1.c Individuals with I/DD Eligible and Engaged for In-Reach Activities		
Reporting Period	**Number**	**Percentage**
Jul -Sep 2024	1,168	48.3%
IV.1.d Individuals with I/DD who Began Transition Planning Following In-Reach		
Jul – Sep 2024	390	33.4%

DHHS Initiatives to Support In-Reach: The Department actively addresses additional in-reach requirements detailed in the Consent Order and provides oversight of in-reach activities to ensure standardization and adherence to contract requirements.

- DHHS requires **LME/MCOs to engage in and track in-reach efforts (Benchmark 1.A)** through quarterly submissions of the I/DD In Reach, Diversion, Transition Activity Report, which includes information on in-reach visit type, in-reach transition decision, and in-reach barriers for members living in institutional settings.
- Beginning in calendar year 2025, the Department will also require LMEs/MCOs to submit quarterly **Regional Housing Plans**. These plans will capture the LMEs/MCOs' compliance with contract requirements and provide greater detail on specific in-reach activities across the state.
- Lastly, DHHS **added I/DD members to Adult Care Home In-reach obligations in the Winter 2024 Tailored Plan contract amendment (Benchmark 1.A)**, signed on December 9, 2024. This amendment emphasizes the Department's commitment to providing in-reach activities to all individuals with I/DD living in various institutional settings. DHHS will monitor this amendment's implementation and continue assessing the need for additional contract revisions.

Transition Planning and Discharge

Through the in-reach process, individuals who express an interest in living in a community-based setting are supported through transition planning with the goal of successful discharge into the living option of their choice. DHHS ensures individuals with I/DD are provided with the necessary services and support to transition and are educated on all available living options. Notably, a "successful" transition has been defined as living in the community for one-year post-discharge date. LME/MCO transition-related reporting will continue to reflect individuals until they have been in the community for one year. Transitions between institutional facilities are not measured as a "successful" transition.

Key findings:

Consent Order Reporting Requirement IV.1.b. Diversion and Transition Services: Number of people transitioned from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.

- Data on transitions of individuals with I/DD from institutional settings is used for reporting on the Money Follows the Person (MFP) program.

Consent Order Reporting Requirement IV.1.g. 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.

- For this reporting requirement, DHHS interpreted "discharged" to mean a successful transition into a community-based setting.

Table 2: Findings for Transition Reporting Requirements (IV.1.b and IV.1.g)

IV.1.b Number of Individuals with I/DD Transitioned from Institutional Settings		
Reporting Period	**Number**	
Jul - Sep 2024	12	
State Fiscal Year 2024 (Jul 2023 - Jun 2024)	71	
Cumulatively (Jul 2023 - Sep 2024)	83	
IV.1.g Individuals with I/DD Age 18 and above Discharged through Transition Process		
Reporting Period	**Number**	**Percentage**
Jul - Sep 2024	8	2.2%

Consent Order Reporting Requirement IV.1.h. Diversion and Transition Services: Information related to both successful and unsuccessful transitions.

- Using information reported by the LME/MCOs from July- September 2024, the **top barriers to transitions** for individuals with I/DD were "lack of services," "lack of accessible housing," and "guardian objections." DHHS continues to engage with LME/MCOs housing staff, providers, and advocates to understand barriers to transitions and identify needed supports to facilitate successful transitions into community-based settings.
- The **top placements for successful transitions**, as reported by the LME/MCOs during the reporting period, included licensed group homes, alternative family living settings, and natural support homes. The MFP program continues to be an impactful funding source for successful transitions into community-based settings.

Consent Order III.1.A. Transitions: For the fiscal year ending June 30, 2025, Defendants will transition at least 78 individuals with I/DD from institutional to community-based settings.

- In the first quarter of fiscal year 2025, there were **12 transitions of individuals with I/DD** from institutional settings to community-based settings, as reported and funded by the MFP program. Currently, **an additional 89 individuals with I/DD are in the queue for transition** through MFP.

DHHS Initiatives to Support Transitions: The Department supports **increased access to community-based services by transitioning eligible individuals who make an informed choice to transition to a community-based setting (Benchmark 1.A)**.

- On November 4, 2024, the Department released a public-facing **Community Living Resource Guide (the Guide)** on the DHHS Inclusion Connects website[4]. The Guide is an easy-to-use, centralized location for individuals with I/DD and their support systems to find resources related to three priority areas: 1) housing, 2) support, and 3) funding. The Guide will be updated quarterly to ensure all webpage links remain active and add new resources across the three priority areas. The next update will occur on February 1, 2025.

[4] Community Living Guide is available at: Inclusion Connects: Community Living Guide | NCDHHS

- In January 2025, DHHS Secretary Kinsley sent a request to the US Department of Housing and Urban Development (HUD) to seek the endorsement to **expand the current remedial tenet selection preference to also apply to individuals included under Inclusion Connects** covered under the Samantha R. Consent Order. HUD's endorsement of the remedial preference expansion would allow individuals included under Inclusion Connects to gain priority for federal public housing programs and the Housing Choice Voucher, as administered by the state's Public Housing Authorities (PHAs). Upon endorsement, DHHS will collaborate with HUD and the PHAs to disseminate the new remedial preference guidance and oversee implementation. Updates will be included in future reports.
- Additionally, the Inclusion Connects team collaborates with DHHS' Transitions to Community Living team and other states, identified by the National Association of State Directors of Developmental Disabilities Services, to leverage **informed decision-making tools** and **transition standardization strategies.** By using best practices from across DHHS and other states, the Department can aim to improve support for individuals who make an informed choice to live in community-based settings.
- Lastly, the Department has been engaging with the LME/MCOs to better understand their current in-reach and transition policies to inform discussions around standardization. DHHS will bring these conversations to upcoming I/DD Director's meetings and Inclusion Connects workgroup meetings to identify gaps and best practices in transition policies and provide standardized guidance across the LME/MCOs. Also, the **Regional Housing Plans** will offer greater insight into LME/MCO transition activities and inform standardization guidance.

Diversion Activities and Engagement

Diversion, identifying individuals living in the community at risk of requiring care in an institutional setting and providing more intensive support, remains an essential component of the Department's approach to ensuring individuals can live successfully in their chosen settings. Individuals engaged in diversion activities can be diverted to various community-based settings (e.g., developmental disabilities group homes, their own home, natural support homes, etc.). The diversion process also involves providing individuals with the necessary services and support to ensure successful community-based living. These services can include waiver slots, Medicaid home and community-based services, Medicaid In Lieu of Services (ILOS), or state-funded services.

Key findings:

Consent Order Reporting Requirement IV.1.a Diversion and Transition Services: Number of individuals diverted from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.

- As this is the baseline report, the cumulative count will be updated quarterly, beginning in the following report.

Consent Order Reporting Requirement IV.1.e. Diversion and Transition Services: Number and percentage[5] of individuals with I/DD are eligible for diversion activities.

Consent Order Reporting Requirement IV.1.f. Diversion and Transition Services: Number and percentage of individuals with I/DD who remain in the community after engaging in diversion activities.[6]

Table 3: Findings for Diversion Reporting Requirements (IV.1.a, IV.1.e, and IV.1.f)

IV.1.a Individuals with I/DD Diverted from Institutional Settings		
Reporting Period	**Number**	
Jul - Sep 2024	3	
IV.1.e Individuals with I/DD Eligible for Diversion Activities[5]		
Reporting Period	**Number**	**Percentage**
Jul - Sep 2024	7	0.003%
IV.1.f Individuals with I/DD who Remain in the Community Following Diversion Activities[6]		
Jul - Sep 2024	See footnote 6	See footnote 6

DHHS Initiatives to Support Diversions: The Department monitors and standardizes LME/MCO diversion efforts to help individuals with I/DD integrate **into the community of their choice**.

- The **Regional Housing Plans** will capture information on the LME/MCOs' ongoing diversion activities and detail how diversion teams engage with individuals, offer housing options, and connect individuals with support and services.
- The Department's recently released **Community Living Guide** (the Guide) will help provide resources and support to individuals hoping to remain living in community settings and those who may become at risk for institutionalization. The Guide will be updated quarterly to meet best the needs of individuals with I/DD living in institutional and noninstitutional settings.
- Additionally, the Department has significantly invested in strengthening **the state's behavioral health system**. These investments focus on building capacity within the crisis system, professionalizing and expanding peer and family support for individuals with I/DD, enhancing services for children and youth, and developing a stronger behavioral health workforce. DHHS' behavioral health investment work supports diversion efforts by providing more intensive

[5] To capture the denominator of all individuals with I/DD eligible for diversion activities, DHHS utilized North Carolina 2020 Census Data to estimate the total population of individuals with I/DD in the state (~2% of the total population) as all individuals with I/DD could be considered eligible. The Department is currently working to build a more comprehensive metric to calculate the state's total population of individuals with I/DD for this reporting requirement. DHHS is continuing to refine the methodology and improve the required data to more accurately track this population.

[6] The LME/MCO report used to calculate Diversion and Transition Service metrics does not currently track individuals past their diversion into a community-based setting, 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.

community support and services to ensure individuals can live successfully in their chosen setting.

- Lastly, the Inclusion Connects transition and housing team is collaborating with **cross-departmental aging programs** to research initiatives to support individuals with I/DD who are aging and may need greater support. As the team works to identify specific initiatives for this population, more information will be shared in future reports.

Access to Services

NC DHHS is committed to ensuring that individuals with I/DD access the appropriate services and support necessary to live fulfilling lives in their communities. Through targeted outreach, strategic partnerships, and program expansions, the Department aims to improve service accessibility and address the unique needs of individuals with I/DD across the state. In line with this commitment, NC DHHS launched the 1915(i)-waiver program in July 2023, providing expanded opportunities for individuals to receive home and community-based services. These reporting requirements pertain to the benchmarks for transitions and diversions from institutional settings, with key provisions in place to ensure compliance and transparency.

Reporting Requirements for 1915(i) Services

DHHS is committed to ensuring that individuals with I/DD have timely access to the services and supports necessary for their well-being and community inclusion. To enhance access, DHHS launched the 1915(i) State Plan in July 2023, which expanded a range of community-based services tailored to individual needs. This program is critical in addressing service gaps and reducing extended wait periods.

The 1915(i) reporting requirements focus on tracking critical benchmarks for individuals with I/DD receiving services. These include the number of individuals who have completed the assessment and approval process and those actively receiving 1915(i) services. The report also measures timeliness, capturing the number of individuals assessed within 90 days of requesting an assessment and those who waited beyond 90 days, including extended waiting periods. The report provides data on the number and percentage of individuals on the Innovations Waiver Waitlist receiving I/DD-related services during the quarterly reporting period, encompassing services provided through 1915(i), HCBS, State-Funded Services, and In-Lieu of Services.

Key Findings:

Consent Order Reporting Requirement IV.1.i: Number of individuals with I/DD for whom the 1915(i) assessment and approval process has been completed.

Table 4: 1915(i) Implementation (IV.1.i)

Individuals with I/DD for whom 1915(i) Assessment and Approval Process has been Completed	
Reporting Period	**Number**
Jul - Sep 2024	2,164

Consent Order Reporting Requirement IV.1.j: Number of individuals with I/DD receiving 1915(i) services.

Table 5: 1915(i) Implementation (IV.1.j.)

Individuals with I/DD Receiving 1915(i) Services	
Reporting Period	**Number**
Jul - Sep 2024	10,414

Consent Order Reporting Requirement III.1.b: By June 30, 2024, DHHS must have completed the assessment and approval process for 3,000 individuals with I/DD eligible under 1915(i) services.

From the initial launch of 1915(i) in July 2023 through June 2024, DHHS completed **6,800** total 1915(i) assessments. While DHHS was unable to separate data for individuals with I/DD from the larger assessment population, the Department was tracking **56** individuals with an I/DD diagnosis remaining to transition that had not completed an assessment.

Consent Order Reporting Requirement IV.1. k.: Eligible individuals who indicate interest in 1915(i) services must undergo assessment, and LME/MCOs must complete the approval process within 90 days from the date the individual's interest is documented. As the Consent Order outlines, this process is distinct from the responsibilities of LME/MCOs to approve individual support plans (ISPs) and provide services.

Consent Order Reporting Requirement IV.1. f.: **By June 30, 2024, all individuals currently receiving 1915(b)(3) services must have transitioned to 1915(i) services, ensuring seamless continuity of care.**

In collaboration with CMS, DHHS has extended the LME/MCO transition deadline to December 31, 2024, due to the high volume of transitions, impacts of LME/MCO consolidation, and impacts of federal poverty limit requirements. The deadline extension helps avoid disruption in HCBS services as individuals transitioned from 1915 b(3) to 1915(i) or other appropriate service. As of December 31, 2024, the state had identified one TP with four individuals with I/DD that had not yet completed the transition to 1915(i) and is working closely with the LME/MCO to ensure those members are not going without services.

Table 6: 1915(i) Implementation (IV.1.k., IV.1.l)

After June 30, 2024, eligible individuals with I/DD who express interest in 1915(i) services will receive assessments, and Defendants will complete the approval process within 90 days of a documented interest.	
Reporting Period	**Number**
Jul - Sep 2024	DHHS does not currently have a mechanism to track the number of days from the 1915(i)-assessment request to the completion of the evaluation. DHHS is working on a Contract Amendment and report modification to track this metric.
Number of individuals who waited, or have waited, more than 90 days for an assessment	
Jul - Sep 2024	DHHS does not currently have a mechanism to track the number of days from the 1915(i)-assessment request to the completion of the evaluation. DHHS is working on a Contract Amendment and report modification to track this metric.

Communication and Stakeholder Engagement

In line with the requirements for quarterly or as-needed discussions, DHHS has implemented various communication mechanisms to ensure continuous stakeholder engagement regarding the implementation and outcomes of 1915(i) services. These include monthly I/DD managers meetings to discuss service outcomes, challenges, and adjustments. Additionally, the Department launched the Inclusion Connects website, providing a centralized platform for information sharing and public consultation.

Plain-Language Campaign:

- First communication issued on **June 30, 2024**, detailing service purpose, eligibility, and role in I/DD supports.

Public Engagement:

DHHS participated in multiple engagements to provide updates on 1915(i) services. A complete list of webinars, presentations, and fact sheets can be found here.

Stakeholder Engagement: Behavioral Health Clinical Coverage Policy Update:

- **Date/Time:** Jan 12, 2023, 9:30-10:30 a.m.
- **Summary:** This webinar involves discussions on the 1915(i) Option Community Living and Supports and Supported Employment Draft Policies, enhancing stakeholder understanding of 1915(i) service provisions and implementation strategies.

Joint NC DMHDDSUS and NC DHB Consumer Webinar:

- **Date:** Jan 23, 2023
- **Summary:** Run jointly between the NC Department of Mental Health, Developmental Disabilities and Substance Use Services (NC DMHDDSUS) and the NC Medicaid Division of Health Benefits (NC DHB), this webinar offers updates relevant to the 1915(i) plan, focusing on how the changes affect consumers and providers in the mental health, developmental disabilities, and substance use areas.

Person-Centered Planning Training:

- **Dates:** Multiple sessions in early 2023 (January 11, February 22, February 28, March 8, May 9)
- **Summary:** Provides training on person-centered planning, a key component of the 1915(i) plan, which emphasizes individual choice and control over the services and supports they receive in the community.

Fact Sheet North Carolina's Transition of 1915(b)(3) Benefits to 1915(i):

- **Date:** Mar 15, 2024
- **Summary**: This fact sheet provides details about North Carolina's transition from 1915(b)(3) to 1915(i) services, outlining how the Department is expanding eligibility and ensuring a seamless shift to maintain critical home and community-based services for Medicaid enrollees with significant behavioral health needs and intellectual/developmental disabilities.

Flyer: 1915(i) Medicaid home and community-based services:

- **Date: First published** Jun 12, 2024. Updated Aug 12, 2024.
- **Summary**: A printable flyer that explains available 1915(i) services to support Tailored Plan members and caregivers at home.

Accessing Community-Based Services Through 1915(i):

- **Date:** Jul 8, 2024
- **Summary:** Focuses explicitly on new services available through the 1915(i) amendment, educating participants on eligibility criteria and access methods to enhance community-based support in line with the 1915(i) objectives.

1915(i) Updates for Providers:

- **Date:** Aug 26, 2024
- **Summary:** Outlines North Carolina's comprehensive plan for transitioning Medicaid beneficiaries from 1915(b)(3) services to 1915(i) services, emphasizing the continuity of care and expansion of eligibility.

Innovations Waiver Waitlist Dashboard:

- **Date:** Dec 11, 2024
- **Summary:** Presentation and review of the Innovations Waiver Waitlist Dashboard, providing key metrics and updates on managing the waitlist for Innovations Waiver services, crucial for stakeholders tracking the allocation of resources and support for individuals with disabilities.

Impact Assessment:

- Quarterly reports assess messaging effectiveness and service access.

Continuing Unmet Needs

This section addresses the Department's ongoing responsibility to track and report the unmet needs of individuals with I/DD who remain on service waitlists or require additional services beyond their current provisions. This section outlines the key metrics DHHS must report to ensure transparency and accountability in addressing service gaps for the I/DD population.

The Innovations Waiver Waitlist, formerly the Registry of Unmet Needs, includes individuals waiting for services under the Innovations Waiver program. This program provides home and community-based services to individuals with I/DD to help them live more independently. Due to funding limitations, the waitlist tracks eligible individuals who have not yet been enrolled. To reduce service and wait times and improve access, the state monitors and evaluates the waitlist through quarterly reporting and continuous data tracking.

Key Findings:

Consent Order Reporting Requirement IV.1.m Continuing Unmet Needs: Number and percentage of people on the Registry receiving I/DD-related services for the reporting quarterly period, including 1915(i), HCBS, State-Funded Services, or In-Lieu of Services.

Table 7: Continuing Unmet Needs (IV.1.m)

Number of Individuals on the Innovations Waiver Waitlist that are receiving I/DD-related services		
Reporting Period	**Number**	**Percentage**
Jul - Sep 2024	6,722	36.4%

Consent Order Reporting Requirement IV.1.n Continuing Unmet Needs: Number and percentage of individuals receiving 1915(i) services who need additional services in addition to their approved 1915(i) services.

Table 8: Continuing Unmet Needs (IV.1.n)

The number and percentage of Individuals Receiving 1915(i) Services Need Additional Services in addition to their Approved 1915(i) Services.			
Reporting Period	**Number**	**Percentage**	**Service Received**
Jul - Sep 2024	**1,522** unique individuals on the Innovations Waiver Waitlist received 1915(i) services during the reporting period. The current data does not allow the Department to see who needs additional services. DHHS is exploring the best options to assess the needs of everyone on the waitlist, regardless of whether they receive services.		

Consent Order Reporting Requirement IV.1.o Continuing Unmet Needs: Number of people remaining on the Waitlist and the number removed from the Waitlist during the data reporting fiscal quarter, each preceding fiscal year (if applicable), and cumulatively**.**

Table 9: Continuing Unmet Needs (IV.1.o)

Number of People Remaining on the Waitlist		
Reporting Period	**Number Remaining on Waitlist**	**Number Removed from Waitlist**
Jul - Sep 2024	18,457	409

Consent Order Reporting Requirement IV.1.p Continuing Unmet Needs: Waiver slots and reserve capacity use status.

Table 10: Continuing Unmet Needs (IV.1.p)[7]

Status of the use of Waiver Slots and Remaining Reserve Capacity		
Reporting Period	**Number Active**	**Remaining Reserve Capacity**
Jul - Sep 2024	13,938	132

[7] For fiscal year 2024-2025 there are 14,736 approved active slots for the Innovations Waiver, with 161 slots retained for reserve capacity. Values reported are from the end of the first fiscal quarter, 9/30/2024 and are expected to continue to decrease as year progresses.

Direct Service Professionals (DSP) Workforce

According to State of the Workforce Survey Report for 2023[8], by National Core Indicators Intellectual and Developmental Disabilities, North Carolina had the second lowest turnover rate, and the highest percent of DSPs employed over 36 months. This does not mean however there is not work to be done, as available and accessible DSPs are critical to ensuring that individuals with I/DD can receive appropriate services in a setting of their choice. North Carolina is currently facing a crucial shortage of DSPs, which is significantly affecting the availability and quality of home and community-based services for individuals with I/DD.

A TP Contract Amendment was executed to raise the minimum utilization rate of authorized CLS services to qualified individuals on the Innovations Wavier to at least 82%, as required by the Consent Order. The Amendment language is as follows:

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:

By the fiscal year ending June 30, 2025, individuals authorized to receive CLS services through Innovations Waiver, or 1915(i), will utilize at least eighty-five percent (85%) of authorized CLS Services.

DSP Workplan Initiatives

DHHS released a multi-year DSP Workforce Plan on Jun 14, 2024, describing key DHHS initiatives intended to develop a robust, high-quality DSP workforce with the ability and capacity to serve NC's I/DD population. Implementation of the DSP Workforce Plan began on Jul 1, 2024. The Department will continue to evaluate and update DSP initiatives and may issue revisions to the DSP Workforce Plan.

As a part of the Department's overall Workforce development initiatives, the Educate, Employ, Elevate framework has been applied. This framework, "the 3 E's" for short, directs the Department's efforts individually as well as with collaborative partners. **Educate** focuses on making high-quality, skilled training available at low, or no, cost to the participants. **Employ** emphasizes getting individuals that are seeking employment matched to a role based on their skills and gets them performing that role at or above expectations. **Elevate** connects individuals with opportunities for additional skills trainings to take an individual into higher positions, whether that is a managerial role, specialization or higher education.

Direct Support Professional Recruitment and Retention Grant — The Department recently closed grant applications where providers who employ DSPs could apply to DHHS for funding to implement incentive and retention programs to support the DSP workforce. The application closed on November 29, 2024. Additionally, DHHS launched grant opportunities to financially support DSPs working in the self-directed/employer of record (EOR) model on November 4, which closed on December 16, 2024. Both grant programs are expected to inform recipients in the coming weeks.

[8] 2023-NCI-IDD-SoTW_241126_FINAL.pdf

In September 2024, Hurricane Helene devastated the western part of North Carolina. As a result, DHHS is opening another round of grants targeting DSPs living and working in Western North Carolina. The application will launch in January 2025 and be open state-wide, with priority given to providers and EORs living and working in counties with a disaster declaration as of October 15, 2024, per FEMA guidelines.

North Carolina Direct Support Professional Database—DHHS is in the process of assessing options in the development of a recruitment platform for DSPs. The Department plans to employ a phased approach for launching the platform. The first phase is planned to focus on employment (Employ of the 3E's framework) and connect DSPs with providers in need of their services in a secure digital environment. The second phase will include credential and certification tracking, allowing individuals to post their certifications and potential employers to verify their validity.

North Carolina Direct Support Professional Training and Certification Program — To provide advancement opportunities, the Department is partnering with community organizations to create a Core Competency Curriculum, which will address basic training that an individual will need to be a DSP in the state of North Carolina, and secondly an Advanced Training that aims to diversify their skillsets and makes them more marketable and eligible for advancement.

The Core Competency Curriculum addresses essential DSP learning, as outlined in *NC Rule 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals* and *Medicaid and Health Choice Clinical Coverage Policy No: 8-P*. These topics, in addition to others, including Interpersonal Violence (IPV) will represent the basic foundational knowledge that an individual will need to know to work as a DSP in the field upon completion. Additionally, upon completion of the training, the DSP will receive a certificate stating that they have met the requirements to work as a DSP statewide. The Department is partnering with the NC Community College System to create an advanced training and education program to provide more opportunities for direct support professionals to advance in their careers. The program will initially be offered for enrollment at Asheville-Buncombe Technical Community College, Stanly Community College, and Forsyth Community College beginning in Fall 2025, with expansion to additional community colleges by 2026. The credits students receive, after completing the course, will be eligible to be used towards an associate degree. DHHS will offer scholarship opportunities to support DSP enrollment and advancement.

Medicaid Funding Rate Increase – On Nov 14, 2023, DHHS announced a Medicaid rate increase for Innovations Waiver services supported by $176 million in state and federal recurring funding appropriated by the NC General Assembly in the 2023 State Appropriations Act. This funding aims to benefit DSPs directly, have a measurable impact on increasing wages, and increase the number of available DSPs in the workforce, thus increasing the number and percentage of utilized CLS hours.

Key Findings:

The data contained in Tables 11 and 12 is part of a new TP report to capture CLS utilization. The first submittal from LME/MCOs was received on Jan 8, 2025. DHHS continues to partner with LME/MCOs, to include technical assistance calls with each LME/MCO, on improving the data reported and understanding the context around individual plan's reported rates. Additional information related to data quality improvement and partnership with the LME/MCOs is included in the Data Collection Process section on page 3.

Consent Order Reporting Requirement IV.1.q. DSP Availability: Overall percentage of authorized Community Living and Supports (CLS) billed hours.

Table 11: Findings for Overall DSP Availability (IV.1.q)

Authorized Hours of CLS Billed		
Reporting Period	**Total Number Hours Authorized**	**Percentage**
Jul - Sep 2024	8,921,654	Total: 48.3% TP#1: 83.5% TP#2: 36.9% TP#3: 40.0% TP#4: 81.6%

Consent Order Reporting Requirement IV.1.r. DSP Availability: Number of units of CLS authorized by LME/MCO.

Consent Order Reporting Requirement IV.1.s. DSP Availability: Number of units of CLS billed by LME/MCO.

Consent Order Reporting Requirement IV.1.t. DSP Availability: Number of units of CLS not utilized because of lack of provider or staff availability by LME/MCO.

Table 12: Findings for DSP Availability by Number of Units (IV.1.r, IV.1.s and IV.1.t)

Number of Units of CLS Authorized				
Reporting Period	**Number by LME/MCO**			
	TP#1	TP#2	TP#3	TP#4
Jul - Sep 2024	4,462,758	10,244,700	17,782,750	3,196,408
Number of Units of CLS Billed				
Jul - Sep 2024	3,724,916	3,776,753	7,123,906	2,609,513
Number of Units of CLS not Utilized due to Lack of Provider or Staff Availability[9]				
Jul - Sep 2024	Not Reported	Not Reported	Not Reported	Not Reported

[9] Values for Number of Units of CLS not Utilized due to Lack of Provider or Staff Availability were not reported by TP's during this reporting period. This will be corrected and included on the April 15, 2025, report.

Conclusion

DHHS is committed to connecting people with I/DD to more choices and more access to services and supports. Inclusion Connects is a collaboration among DHHS divisions, including the Division of Mental Health, Developmental Disabilities, and Substance Use Services and Medicaid, to provide resources that connect individuals with I/DD to services and supports available to live, work, and thrive in their chosen communities. DHHS will continue to gather performance metrics from the initiatives above and adjust the workplan as necessary to meet and exceed the needs of the I/DD population in North Carolina.

Attachment 1 - Summary of Metrics

Consent Order Section	Reporting Requirement	Current Quarter (Jul – Sep 2024)
IV.1.a	Number of individuals diverted from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.	3
IV.1.b	Number of people transitioned from institutional settings during the preceding fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.	Preceding Fiscal Quarter: 12 Preceding Fiscal Year: 71 Cumulative: 83
IV.1.c	Number and percentage of individuals with I/DD eligible for In-reach activities who are engaged in In-reach activities.	1,168 (48.3%)
IV.1.d	Number and percentage of individuals with I/DD who began transition planning following In-reach.	390 (33.4%)
IV.1.e	Number and percentage of individuals with I/DD eligible for diversion activities.	7 (0.003%)
IV.1.f	Number and percentage of individuals with I/DD who remain in the community after engaging in diversion activities.	See footnote 6 (page 10)
IV.1.g	Number and percentage of individuals with I/DD age 18 and above identified for transition who are discharged through the transition planning process.	8 (2.2%)
IV.1.h	Information related to both successful and unsuccessful transitions.	N/A
IV.1.i	Number of individuals with I/DD for whom the 1915(i) assessment and approval process has been completed.	2,164
IV.1.j	Number of individuals with I/DD receiving 1915(i) services.	10,414
IV.1.k	Number of individuals who received an assessment for 1915(i) services within 90 days of requesting an evaluation.	See comment in Table 6 above (page 12)
IV.1.l	Number of individuals who waited, or have waited, more than 90 days for an assessment, including the number of additional days waiting.	See comment in Table 6 above (page 12)
IV.1.m	Number and percentage of people on the Registry receiving I/DD-related services for the reporting quarterly period, including 1915(i), HCBS, State-Funded Services, or In-Lieu of Services.	6,722 (36.4%)

Consent Order Section	Reporting Requirement	Current Quarter (Jul – Sep 2024)
IV.1.n	Number and percentage of individuals receiving 1915(i) services who need additional services in addition to their approved 1915(i) services.	See comment in Table 8 above (page 15)
IV.1.o	Number of people remaining on the Registry and the number removed from the Registry during the data reporting fiscal quarter, each preceding fiscal year (if applicable), and cumulatively.	Remaining: 18,457 Removed: 409
IV.1.p	Status of the use of waiver slots and reserve capacity.	Active: 13,938 Reserve: 132
IV.1.q	The overall percentage of authorized hours of Community Living and Supports (CLS) that were billed.	Total Number Hours Authorized: 8,921,654 Percentage Total: 48.3% TP#1: 83.5% TP#2: 36.9% TP#3: 40.0% TP#4: 81.6%
IV.1.r	Number of units of CLS authorized by LME/MCO.	TP#1: 4,462,758 TP#2: 10,244,700 TP#3: 17,782,750 TP#4: 3,196,408
IV.1.s	Number of units of CLS billed by LME/MCO.	TP#1: 3,724,916 TP#2: 3,776,753 TP#3: 7,123,906 TP#4: 2,609,513
IV.1.t	Number of units of CLS not utilized because of lack of provider or staff availability by LME/MCO.	TP#1: Not Reported TP#2: Not Reported TP#3: Not Reported TP#4: Not Reported