

North Carolina Olmstead Plan Implementation

Third Quarter Summary Report: July 1 – September
30, 2022

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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 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.

The initial implementation work plans and status reports were due on June 15, and September 15, 2022, and covered activity for the first and second quarters of calendar year (CY) 2022, from January 1 through June 30. Subsequent reports were due on December 15, 2022 for the third quarter, from July 1 through September 30, 2022. Additional time for submission of these reports was determined to be necessary to allow for data collection and reporting to occur. While a three-month variance for data reporting is reasonable, the deferred reporting of progress on strategies and action steps has proven to be confusing for some NCDHHS staff, who report progress achieved beyond the quarterly report end date. The timeframe variance also results in the reporting of somewhat dated information to both NCDHHS leadership and to stakeholders.

The Technical Assistance Collaborative, Inc. (TAC) proposes to modify the timelines for progress reporting, to account for activity during the three most recent months prior to submission of the reports. TAC will work with NCDHHS to provide updated guidance to all staff impacted by the change. In the meantime, this current report, titled the *Third Quarter Summary Report*, includes some examples of progress achieved after the September 30th end date. This report and the Fourth Quarter Summary Report will serve to transition from the original guidance to the updated timeframes for reporting progress, while maintaining the three-month variance for reporting data. TAC continues to review each work plan, and to coach divisions and agencies on strengthening their action steps, as needed. TAC also continues to work with lead staff within agencies to identify points of contact for reporting progress with plan strategies and to identify baseline data and targeted measures as needed. In addition, Mathematica is providing NCDHHS lead staff with technical assistance and support in this effort.

Transformation of services and supports 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 progressive status of the Plan strategies through the third quarter, with a few examples as noted reflecting activity into the fourth quarter, in Plan Year 1. More information regarding the cumulative status of all strategies and action steps can be accessed via the following link to the Calendar Year 2022, Quarter 2 Olmstead Plan Progress Report: [North Carolina Olmstead Plan Implementation \(ncdhhs.gov\)](https://www.ncdhhs.gov/olmstead-plan-implementation).

Table 1. Plan Strategies/Action Steps Summary

Complete	In Process	Not Started	Needs Revision/ Clarification	No Longer Under Consideration	New
8	86	5	3	6	3

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

North Carolina continued to progress with strategies during the third quarter of implementation. Examples of progress achieved during the first and second quarters are not repeated below but can be found in the Quarter One and Quarter Two Summary Reports. The following are highlighted examples of progress since July 1, 2022.

Examples of Strategies and Action Steps Completed or In Process Since July 1, 2022

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

The NC Medicaid Division of Health Benefits (DHB) implemented the Remote Supports service definition under the Traumatic Brain Injury (TBI) waiver; the definition will be effective July 15, 2022.

In December, NCDHHS contracted with the University of North Carolina at Chapel Hill (UNC-CH) to develop and manage a child behavioral health data dashboard. Metrics have been finalized and mockups of the dashboard have been prepared and vetted by leadership, including metrics related to the use of Psychiatric Residential Treatment Facilities (PRTF) care and community-based services.

The Community Alternatives Program for Disabled Adults (CAP/DA) waiver is being amended to include an additional 114 slots. Participants have been identified and are already receiving waiver services.

The Division of Health Benefits (DHB) is taking the necessary steps to add Mecklenburg and Orange Counties to the TBI Waiver.

Priority Area #2: Address the Direct Support Professional Crisis

The General Assembly provided a \$210 million recurring appropriation that raised the hourly rate for Innovations Waiver services by \$2.10, allowing for wage increases for many Direct Support Professionals.

DMHDDSAS administered the National Core Indicators Staff Stability Survey, with an August 5, 2022 end date for responses. Results are estimated to be available in January or February of 2023. There was a higher than anticipated response to the survey, which should result in higher validity.

In November, the North Carolina Council on Developmental Disabilities (NCCDD)¹ released a white paper on how care extenders with lived experience and their families, Medicaid reimbursable in NC, can

¹ The North Carolina Council on Developmental Disabilities (NCCDD) is voluntarily providing an update on work that it is doing to further the vision of *Olmstead* in North Carolina. NCCDD is providing this information without interference by North Carolina Department of Human Services (NCDHHS), NCCDD's "designated state agency," as required by the Developmental Disabilities Bill of Rights and Assistance Act (DD Act). The work that NCCDD is funding under the Act is also not based on any interference by NCDHHS but is work that NCCDD has chosen to do with its partners. The Secretary of NCDHHS signs an assurance with the submission of each of NCCDD's five-year state plans. The assurance states that the "designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel,

advance whole person care in the intellectual and other developmental disabilities (I/DD) system, relieving stress on the Direct Support Professional (DSP) workforce.

Between July 1 and September 30, 2022, 2,503 individuals were served in the Division of Aging and Adult Services (DAAS) Assistive Technology program to help alleviate the demand for direct service staff. Of those served, 1,281 had a disability and 334 were over the age of 60.

NCDHHS will continue planning, working with, and engaging with stakeholders for the ongoing development of additional DSP strategies.

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

The Division of Child and Family Welfare (DCFV) continued expansion of High-Fidelity Wrap-Around (HFW) services. As of this report, HFW is now available in 70 counties, with the goal of state-wide availability in calendar year 2023.

As of December 2022, a contract was in place with University of North Carolina-Greensboro (UNC-G) to provide oversight of children's crisis teams. Funding awards were sent to the Local Management Entity/Managed Care Organizations (LME/MCOs) and teams are to start serving youth and families in early 2023.

NCDHHS submitted the 1915(i) option application to the Centers for Medicare and Medicaid Services (CMS). Once approved, it would expand Medicaid covered services and supports to both divert admissions to, and facilitate transitions from, institutional and congregate service settings. NCDHHS leadership has had several meetings with CMS regarding the application and implementation, reviewing functional assessment requirements. 1915(i) policies continue to be developed and reviewed in stakeholder work groups.

The State Developmental Centers (SDCs) have completed drafting internal pre-admission counseling processes and requirements. The SDCs also implemented a cross-divisional, Central Referral Review Committee (CRRC) with referrals received for Caswell and J. Iverson Riddle Developmental Centers' adult Intermediate Care Facilities (ICF) programs. In September, the SDCs developed tracking processes to measure diversion and re-referral rates.

Twenty-three (23) individuals transitioned from the SDCs to the community between January 1 and September 30, 2022.

DHHS staff received 296 Informed Decision-Making tools between July 1 and September 30, 2022, reflecting the process through which these consumers made informed decisions regarding where they prefer to live; 256 were resolved and 40 were reviewed and marked for follow-up.

State plan development or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3)" of the DD Act.

A presentation to support a Kinship First Culture² occurred at the Social Services Institute in August 2022, followed by a presentation for the Children’s Services Committee on September 7, 2022. In December 2022, NC Division of Social Services (DSS) received a report from the Human Services Research Institute 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 I/DD by providing individualized, long-term support upon release from prison. This initiative has received 152 referrals and completed 149 Individualized Reentry Plans (IRPs) in the last two years. ADANC received 20 referrals of individuals with I/DD and completed 23 Individualized Reentry Plans (IRPs). ADANC staff reported that 48 of its 84 referrals in Year 2 requested information about vocational rehabilitation services.

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

The State Developmental Centers ended the use of subminimum wage for any on-campus or off-campus paid work for residents. The SDCs have not renewed expired 14(c)³ certificates. The Centers continued completing Career Development Plans for all previously admitted residents.

DMHDDSAS has been developing an Assertive Engagement Clinical coverage policy that will include enhanced assertive engagement in employment and education. The policy is targeted for release by 4/1/2023.

The Division of Vocational Rehabilitation Services (DVRS) has funded traditional supported employment services for people with I/DD under a milestone funding structure since 2013. The agency is developing a process for conducting an evaluation analysis to ensure rates are accurate and sufficient to support a strong and viable provider network.

There were 156 participants in the Senior Community Service Employment Program at the end of the Calendar Year (CY) third quarter; nineteen (19), or 12% of which, identified as having a disability.

² “Kinship first culture” is a system in which innovative strategies support improved outcomes for children and families by supporting and valuing kinship connections. Such policies engage the whole community to strengthen kinship caregivers’ capacity to provide safe, secure, nurturing, and permanent connections for children by increasing placement stability; decreasing the effects of trauma on children; decreasing the use of congregate care; and decreasing the likelihood of disruption in children’s and families’ lives. From a presentation by NCDHHS’ Mary Mackins and Jodi Franck in March 2022.

³ Section 14(c) of the Fair Labor Standards Act allows certain individuals with disabilities to be employed at wages below the statutory minimum. Such employment is permitted only under certificates issued by the Wage and Hour Division. Retrieved on 2.20.23 from <https://www.dol.gov/agencies/whd/special-employment>.

In August, DVRS released a Pre-Employment Transition Services (Pre-ETS) Vendor Toolkit. Training on toolkit resources has been provided through monthly “Students and Youth (SAY) Out Loud!” calls and through regular consultation with Pre-ETS providers to support Pre-ETS Vendor Project implementation and expansion efforts.

DVRS joined the Vocational Rehabilitation/Special Education/Corrections Community of Practice sponsored by the National Technical Assistance Center on Transition: Collaborative (NTACT:C) to connect with states who are using innovative practices to serve justice-involved youth with disabilities.

During the third quarter reporting period, 1,659 students with disabilities received Pre-ETS. 3,711 unduplicated total students were served over three-quarters in CY 2022.

DVRS was selected as a state partner in the Transition Readiness Toolkit National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) Field-Initiated Project Grant that was awarded in September 2022 and will focus on pre/post evaluation of the impact of Pre-ETS services. DVRS will consider incorporating these evaluative measures into its standardized services. Having pre/post scores will allow tracking of longer-term outcomes like competitive integrated employment (CIE) resulting from various Pre-ETS services.)

DVRS successfully applied for the US Department of Education’s Rehabilitation Services Administration Subminimum Wage To Competitive Integrated Employment (SWTCIE) Disability Innovation Fund grant opportunity, specifically to address the CIE needs of those in the I/DD community employed in non-integrated settings. On October 3rd, DHHS announced that NC was awarded a \$13.8 million federal grant to help people with intellectual and developmental disabilities access inclusive jobs with competitive wages and benefits. As part of the project, three regional sites across the State will provide intensive support and training to increase access to jobs in growing employment sectors.

470 VR participants who were provided supported employment or other on-the-job supports achieved Competitive Integrated Employment (CIE) this quarter; 1,385 participants have achieved CIE to date.

In October 2022, Transitions to Community Living (TCL) established a performance incentive plan for each LME/MCO to promote successful TCL referrals to Individual Placement and Support/Supported Employment (IPS/SE) and competitive, integrated employment placements. The LME/MCOs will report data on a quarterly basis.

Priority Area #5: Increase Opportunities for Inclusive Community Living

The State Developmental Centers have entered partnership with an entity to provide opportunities for individuals receiving services at the SDCs 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.

A link to the NCCDD’s Supported Living Guidebook/Resource Manual for Individuals with I/DD has been posted on the North Carolina Assistive Technology Program website.

During the third quarter reporting period, 91% of Independent Living Rehabilitation Program (ILRP) participants achieved their goal to live independently. DVRS is exceeding its Olmstead Plan goal for 80 percent or more of ILRP participants to achieve living independently in their homes and communities.

During the third quarter, DVRS processed 139 referrals for assistive technology, the wait list was decreased to 15, and 85 people received Assistive Technology/Durable Medical Equipment.

DVRS is leading efforts to have a joint training with all Centers for Independent Living, the Statewide Independent Living Council (SILC), and the DVRS Independent Living staff. Housing strategies will be discussed as part of the training. “Working Together for an Inclusive Community” will be an ongoing series of meetings that started with a kickoff event on January 19, 2023.

DMHDDSAS is working with ADANC and one other Center for Independent Living in Winston Salem. This initiative is active in the Eastpointe and Alliance regions, and has expanded to parts of the Sandhills region and again in the Winston-Salem area for Partners. In addition, the TCL team is working with a Partners Aligned Toward Health (PATH) provider in six counties in the Vaya region, ramping up to start training in February 2023. Once that begins, and if the initiative is meeting certain performance metrics, NCDHHS plans to expand to Alamance County, Mecklenburg County, and Gaston County with the same PATH provider, and hopes to be working in the top 20 urban counties in NC.

NCDHHS has engaged TAC consultants to develop and deliver comprehensive training and coaching support for best-practice, tenancy-sustaining services to increase housing stability and successful community tenure for TCL participants.

Priority Area #6: Address Gaps in Services

Children

NCDHHS leadership has approved one-time funding to support professional parenting (Therapeutic Foster Care program) development; North Carolina Psychiatric Access Line expansion (state match for the US Health Resources and Services Administration (HRSA) extension); a Rapid Response Team data system; and NC Systemic, Therapeutic, Assessment, Resources and Treatment (NC START) substance use services. Funds will be spent through June 2023.

In partnership with the NC Department of Public Instruction (DPI), NCDHHS will develop a Unified School Behavioral Health Strategic Plan. NCDHHS and DPI leadership have agreed on four priorities. The Plan document is in draft form and scheduled for presentation to state school board leadership in January.

Adults

NCDHHS submitted the 1915(i) state plan amendment to CMS for review and approval. Leadership has had several meetings with CMS regarding the application and implementation of the 1915(i) state plan services.

Activity is underway to expand the TBI Waiver to Mecklenburg and Orange Counties, with a goal of the waiver becoming statewide within five years. Initiatives have started to increase the knowledge, skill, and abilities of providers in TBI within the overall, statewide behavioral health system. Specialized training and core competency development are an integral part of this initiative. Some activities will be

started as pilot programs, with the goal of replicating to the larger service network across the continuum of care.

The State Developmental Centers hosted community listening sessions for stakeholders, family members or legally responsible persons, and residents, to learn about the SDC strategic plan and to provide feedback on the draft plan. The Division of State Operated Health Facilities revised the draft based on stakeholder input and feedback. In December, the draft plan will be released for final public review.

In October, SDC staff completed the 24-week Olmstead Plan implementation institute series. Staff were surveyed to assess comprehension of topics presented. As a result of participation in the Institute, 69% of SDC employees reported an increase in their ability to support transitions to the community.

Older Adults

A Memorandum of Understanding was established between the Division of Aging and Adult Services (DAAS) and the Division of Health Benefits for contracts with Trualta⁴ and the Center for Digital Equity. DAAS applied for a \$1.2M grant to support digital equity among older adults, including those with disabilities.

Priority #7: Explore Alternatives to Full Guardianship

As a result of collaboration between UNC Cares, NCCDD, Family Support Network of North Carolina, First In Families of North Carolina, The Arc of North Carolina, DAAS, NC Department of Social Services (DSS), and Disability Rights North Carolina, the Rethinking Guardianship website was refreshed, including the addition of a new satisfaction survey to collect feedback about the materials on the website. The contractor, UNC Cares, submitted a proposal for a poster session at the Exceptional Children Conference in November 2022.

DMHDDSAS facilitated a partnership with Rethinking Guardianship and The Arc of NC Guardianship Program. Partners reviewed existing guardianship resources and held a lunch-and-learn on Guardianship this past October.

The initiative, a collaboration between NC DAAS, NC DSS, UNC Cares, and NCCDD, presented about guardianship and advocacy at the Money Follows the Person (MFP) Summer Olmstead Institute to 55 social workers from across North Carolina and administrators of the State Developmental Disabilities Centers (SDCs), and the initiative presented to 120 NC Division of Vocational Rehabilitation Services (DVRS) Independent Living Specialists/staff.

Staff of the Office of the Senior Advisor on the Americans with Disabilities Act presented at the North Carolina Guardianship Association (NCGA) Fall Forum on "Putting People First: Changing Paradigms for 21st Century Guardianship."

⁴ Trualta is a personalized, skills-based training platform for family members caring for aging loved ones at home. Retrieved on 2/21/23 from <https://nc-caregivers.com>.

The SDCs have partnered with a community peer support network agency to provide quarterly peer support networking opportunities between residents and people with lived experience in the community.

The SDCs have contracted with an agency to develop and deliver guardianship alternative education sessions to occur at minimum once per quarter beginning in the Fall of 2023.

TCL staff continued reviewing Informed Decision-Making (IDM) assessments from six LME/MCOs to demonstrate a standardized process for individualized decision-making when individuals are at risk of entering or reside in publicly funded, segregated settings. As of 9/30/22, 672 IDM tools have been received and reviewed.

Priority Area #8: Address Disparities in Access to Services

NCDHHS provided allocations to LME/MCOs to increase access to Community Support Team (CST) and Assertive Community Treatment (ACT) programs, expanding services to rural and underserved communities.

To increase access to services for individuals living in rural areas of NC, DHB is working to implement Remote Monitoring for the Community Alternatives Program for Children (CAP/C) and the Community Alternatives Program for Disabled Adults (CAP/DA) Medicaid waiver participants by 7/1/2023. Remote Monitoring is currently part of the TBI waiver. DHB will use experience with TBI waiver Remote Supports to guide the process.

In September, DMHDDSAS posted a Request for Applications (RFA) to expand collegiate recovery programs. Nine applications were received in December, including four from new schools throughout NC. Work is underway to execute contracts.

In December 2022, NCDHHS renewed its contract with the Governor's Institute, with additional funding to support addictions treatment staff in rural areas of the state. The state included funding to expand assistance to Certified Alcohol and Drug Counselors. Previously, assistance was provided only to Licensed Clinical Addiction Specialists and Certified Clinical Supervisor (CCS) candidates. The new contract also increased funding to allow for financial support for CCS supervision hours.

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

NCDHHS staff facilitates a workgroup with LME/MCO staff to discuss issues and challenges in serving members. Future sessions may include discussion of barriers for members in using self-direction.

The DCFW Whole Child Health Section continues to fund parent consultants and family positions. Additionally, family partners and youth health advisors continue to receive reimbursement for their time informing Section efforts. Staff have started to share resources across family and child advocacy groups to increase training and support opportunities.

To establish baseline data on consumer-operated services, DMHDDSAS developed a written inventory of consumer-operated services that support individuals with serious mental illness (SMI), I/DD, TBI and co-occurring substance use disorder (SUD). The inventory is to be completed by December 2022.

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

To reduce the need for transportation to access services, the DHB has been working to add Remote Monitoring for CAP/C and CAP/DA waiver participants, with a proposed implementation date of 7/1/2023.

DHB continues to update policies that expand the use of telehealth for services, based on guidance for best practices.

The DHB Money Follows the Person (MFP) program, in partnership with UNC Cares, awarded one of four MFP Building Capacity for Medicaid Home and Community Based Services (HCBS) through Collective Impact grants to the Land of Sky Regional Council. The project includes a focus on transportation planning.

Priority Area #11: Use Data for Quality Improvement

Under a contract with NCDHHS, Mathematica has proposed a framework that can support a quality assurance structure for the state's Olmstead Plan.

NCDHHS staff, Mathematica and TAC continue efforts to identify baseline data and measures for additional strategies/action steps in the Olmstead Plan.

Challenges for Plan Implementation

The Workforce Crisis

Workforce issues continue to present challenges for NCDHHS, LME/MCOs, and providers. NCDHHS is experiencing staff turnover at all levels within the agency, including key, senior staff. Numerous staff with years of experience in serving people with disabilities in North Carolina left the agency in the first three quarters of the year or planned to leave in the last quarter of 2022, resulting in not only reduced "manpower," but considerable loss of history and knowledge. When positions are filled, it will take new staff time to learn and to establish relationships with key system partners. The challenges to hiring staff continue, causing divisions within NCDHHS to re-evaluate timelines for completion of some Olmstead Plan action steps and strategies. Certain strategies have yet to be assigned. In addition, staff resources are shifting as necessary to respond to the *Samantha R.* litigation in intellectual and other developmental disabilities. The Olmstead Plan may also be impacted pending the outcome of that litigation.

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 will be delayed. The launch was scheduled for April 1 and is now targeted for October 1, 2023. This will ensure that 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/developmental disabilities and traumatic brain injury, who often require ongoing care from multiple providers.

The delayed start of Tailored Plans allows [Local Management Entity/Managed Care Organizations](#), 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 Dec. 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 March 31, 2023.